Overview of Health in Hertfordshire & West Essex ICB

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Executive Summary

The 2025 Overview of the Health and Wellbeing of the Hertfordshire and West Essex Population (Overview of the Population) presents information on key population health indicators. The report aligns to strategic priorities in the ICB's Medium Term Plan, the strategic programmes across the ICS as well as presenting Population Health indicators on the whole population. The Overview of the Population supports strategic decision making and strategic commissioning through the identification of key trends in health outcomes and identifying opportunities for strategic programmes and Health and Care Partnerships.

- Hertfordshire & West Essex ICB (HWE) is characterised as having better health outcomes across most areas compared to the England average, with lower levels of deprivation, which are an important determinant of health outcomes. However, there is variation in outcomes, particularly in areas of deprivation.

- The population of HWE is growing faster than predicted and is expected to see significant increases in the older age groups over the next 5-10 years. Growth in working age adults is increasing faster than predicted and the growth in older adults is returning to pre-pandemic trajectory.

- Life expectancy remains stable having plateaued in the last 5-10 years. Healthy life expectancy varies by geography, with close association to levels of deprivation. The time spent in ill health for women is greater than men and people living in higher levels of deprivation spend more of their lives in ill health.

- Prevalence of long term conditions, including cardiovascular diseases, frailty and diabetes continue to increase, associated with changes to the age profile and behavioural risk factors. In addition, there is underdiagnosis within HWE, representing a cohort of people at high risk of developing complications and requiring emergency care. The spend on emergency care is increasing, though there is variation across HCPs. Whilst the rate in West Essex (WE) is stable, there is significant increase across both East & North Herts (ENH) and South West Herts (SWH). This is despite rates of emergency admission for chronic ambulatory care sensitive conditions, frailty and in the last year of life remaining comparatively stable.

- On the background of increasing costs of emergency care, an ageing population and increasing prevalence of risk factors such as obesity and diabetes, managing risk factors, supporting healthy ageing and delivering proactive models of care will deliver the shift in care from reactive, hospital based care to preventative, community based care and ensure financial sustainability in the local health system.

- Rates of emergency admission for self-harm and admission to mental health services are lower than the national average and either stable or decreasing. However, increasing prevalence of depression, serious mental illness and dementia will require proactive care to avoid additional pressure on acute and mental health services.

HWE Population Demographics

1. Overarching Population Health Indicators

2. Children and Young People

3. Cardiovascular disease and Long Term Conditions

4. Mental Health

5. Planned Care & Cancer

6. Frailty & End of Life

HWE ICS
Hertfordshire and West Essex Integrated Care System

Executive Summary

South West Hertfordshire

South West Hertfordshire (SWH) has a similar profile to the ICB average, with general levels of good health.

There are areas of deprivation in Watford, Hemel Hempstead and Borehamwood that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and die before the age of 75 years.

SWH has the highest rate of emergency admission and spend on emergency care. There is an increasing trend in the rate of emergency admissions and spend within SWH across disease areas.

Among older adults, SWH has a statistically significantly higher rate of emergency admissions for falls and the proportion of the people with three or more emergency admissions in the last 90 days of life compared to both the ICB and national averages. Whilst the proportion of older adults living in a care home is higher in SWH compared to the other areas, a smaller proportion of the population is identified as being moderately or severely frail or in the last year of life.

East & North Hertfordshire

East & North Hertfordshire (ENH) has a similar profile to the ICB average, with general levels of good health.

There are areas of deprivation in Stevenage, Broxbourne and Hatfield that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and die before the age of 75 years.

Spend on emergency care in ENH is in line with the ICB average, and there has been a 5.8% increase in spend compared to the year before.

There is growth in rates of emergency admissions across children and young people (particularly aged under 5 years and older adults as well as for chronic ambulatory care sensitive conditions (though in ENH the rate of admission for ACSC is the lowest across the ICB).

ENH has the highest rate of contacts with mental health secondary care services and has seen a levelling off in the rate of emergency admission for self-harm after seeing improvements between 2021/22 and 2023/24.

Among older adults, the rate of emergency admission is increasing, despite fewer people having multiple admissions in the last days of life and a stable rate of admission for falls.

West Essex

West Essex (WE) has a similar population profile to the ICB average, with general levels of good health.

There are areas of deprivation in Harlow and Epping that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and die before the age of 75 years. Harlow has the poorest health outcomes within the ICB.

Total cost of emergency care and overall trends in rates of emergency care in WE have remained stable or decreased when compared to the previous year. WE now has the lowest spend on emergency care across the three HCP areas.

Prevalence of certain long term conditions (including diabetes, heart failure, dementia and frailty) in WE are higher compared to the ICB average, however are likely to be due to improved diagnosis. Fewer people with a long term condition receive core care as part of annual reviews representing an opportunity for further proactive support and risk management.

Among older people, that has been a reduction on the rate of emergency admission, admissions for falls and the proportion of people with multiple admissions in their last days of life.

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ICB Medium Term Plan Priorities

Reducing waiting times for children's services

Reducing inequality, with a focus on heart disease and hypertension (high blood pressure)

Reducing demand for urgent and emergency care by delivering more anticipatory and same day care

Providing better care to people in a mental health crisis

Continuing to reduce waiting times for urgent and non-emergency surgery and diagnostic tests

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Legend

- Indicators are reported at ICB, HCP and District levels, where data is available in national and local systems, allowing for benchmarking and comparison to national and regional averages. Where blanks present in tables, then no data available for corresponding area.

- Trend analysis from national benchmarking (Fingertips) assesses long term changes, rather than direct comparison between most recent reporting periods. As a result, some trend analysis is impacted by the effects of the Covid-19 pandemic.

- All rates are reported as Directly Standardised Rates per 100,000 unless otherwise stated. Directly standardised rates adjust for differences in age profile within the population and enable comparison in care and outcomes across areas.

- Some indicators for areas are from different years but this will be noted with a symbol in the year and area's value column.

Compared to England value or percentiles

| Not compared |
| Similar |
| Better |
| Worse |
| Lower |
| Higher |

Recent Trend

- ■ Not compared or Could not be calculated
- → No significant change
- ↑ Increasing and getting worse
- ↓ Decreasing and getting better
- ↑ Increasing and getting better
- ↓ Decreasing and getting worse
- ↑ Increasing
- ↓ Decreasing

Glossary of key terms:

- Index of Multiple Deprivation (IMD): A relative measure of the level of deprivation affecting small geographic areas, considering information across seven domains (Income; Employment; Education, Skills and Training; Health and Disability; Crime; Barriers to Housing and Services; Living Environment). Levels of deprivation are grouped into deciles (10%) and quintiles (20%) of the England population.

- Inequalities: The unfair and avoidable differences in health access, experience and outcomes between different groups within society.

- Emergency department (A&E) attendance: An attendance at a type 1 & 2 departments (24-hour consultant led services) or type 3 & 4 departments (urgent treatment centres, Minor Injuries Units, Walk-in Centres).

- Emergency admission: An admission to an inpatient hospital settings where the admission was unplanned and non-elective.

- Premature mortality and Under 75 mortality: Terms used interchangeably to describe deaths in people under the age of 75 years.

- Frailty: a health state related to the ageing process where multiple body systems gradually lose their reserves, leading to increased risks of adverse events and reduced functional capacity and capability.

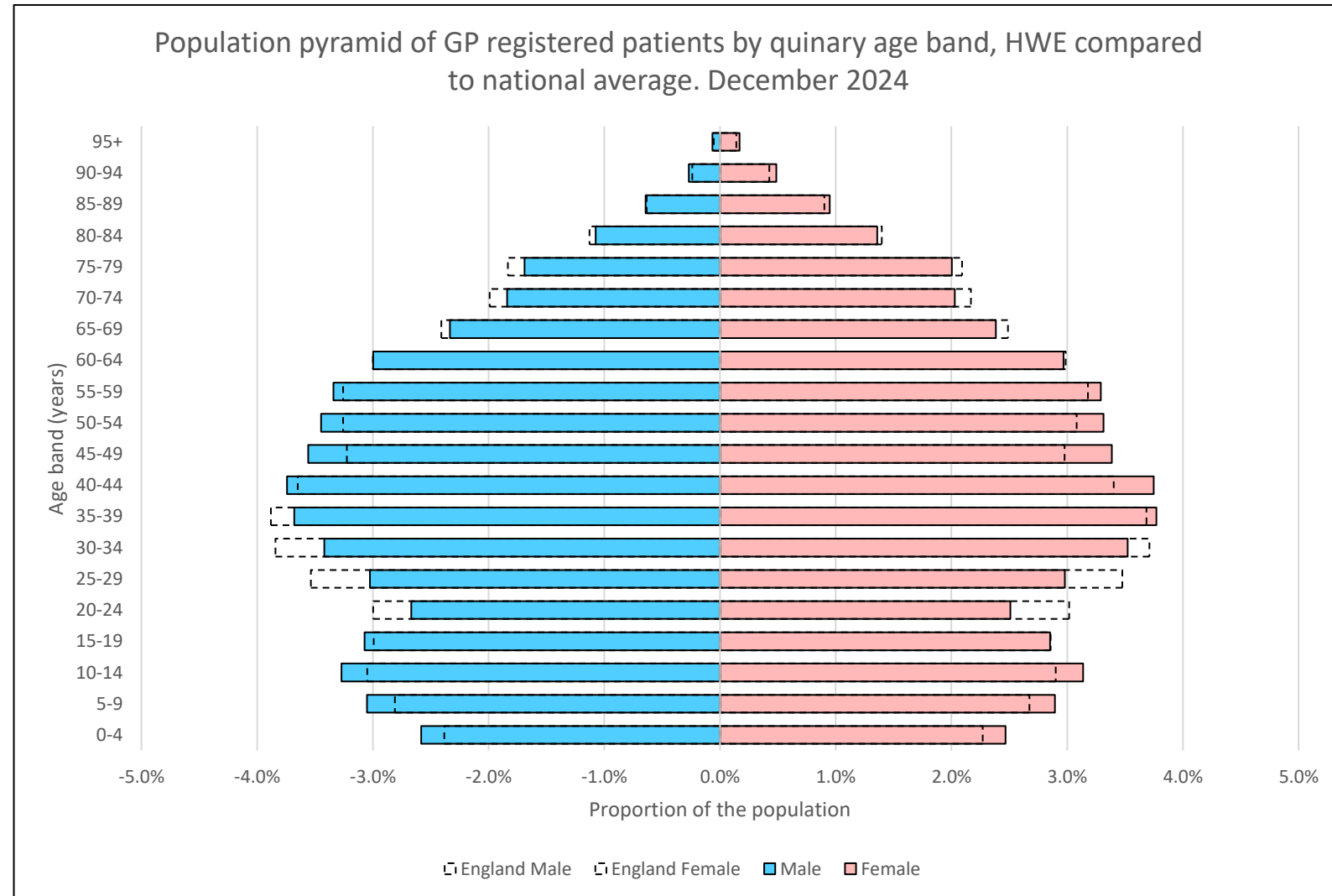**Hertfordshire and West Essex Integrated Care System**

HWE Population Demographics

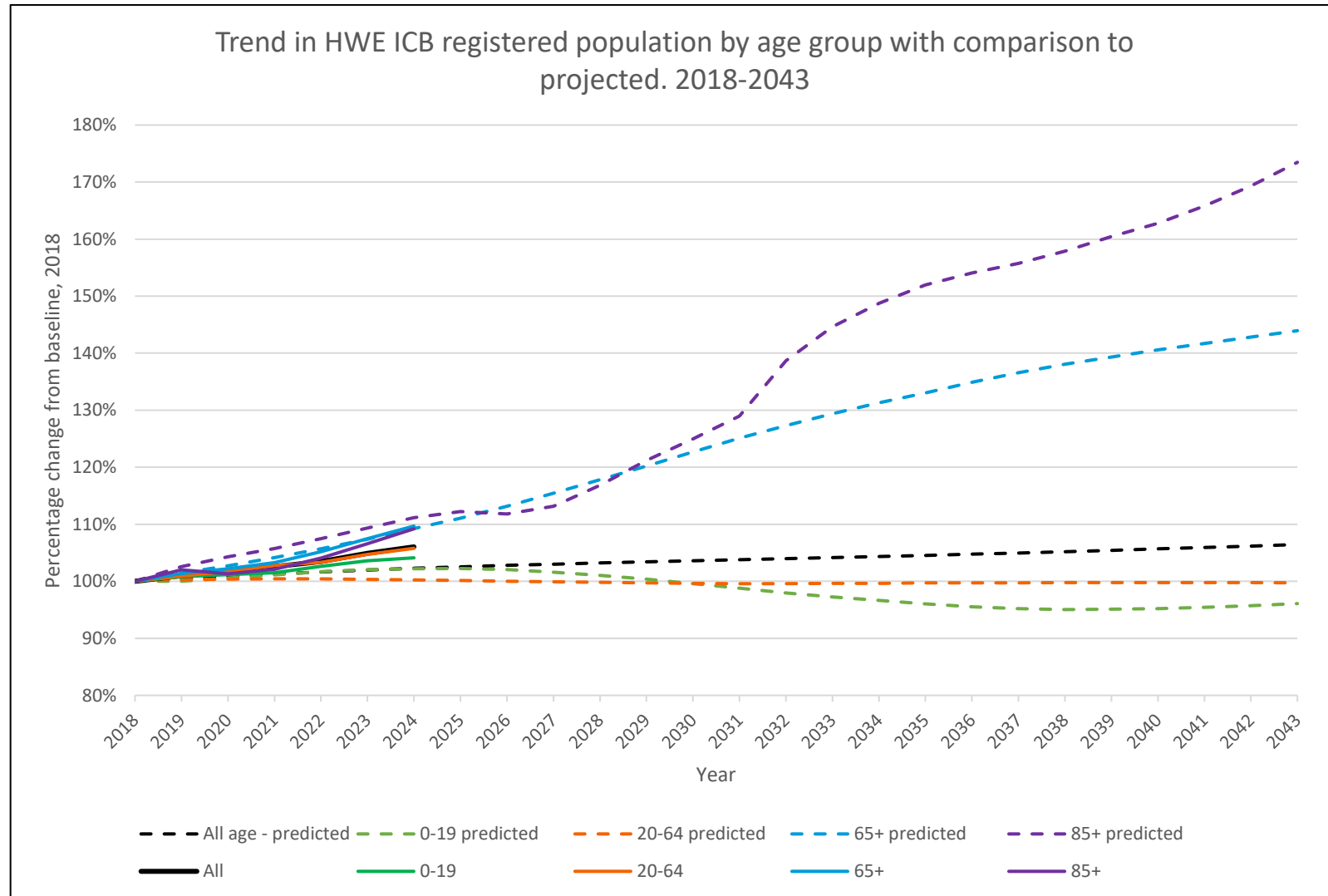**Working together**
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Population profile

- The ICB has a higher proportion of the population aged 0-19, and 40-64 years, compared to the national average.

- The proportion of the HWE population aged 20-39 years is lower than the national average. This is likely to be a due to a lower student population and high housing prices, making it less affordable for younger adults to live in the area.

- Among older age groups, the ICB has a higher proportion of the population aged 85+ (2.6% compared to 2.4%) but a lower proportion aged 65-84 years (14.7% vs 15.5%).

- Changes in the age profile of the population will develop over a longer time period, but as the population ages, the pyramid will become more 'columnar'. Greater variation may develop between urban areas, with higher numbers of young families, and smaller towns and villages, with an older population.

Population pyramid of GP registered patients by quinary age band, HWE compared to national average. December 2024

Age band (years)

95+
90-94
85-89
80-84
75-79
70-74
65-69
60-64
55-59
50-54
45-49
40-44
35-39
30-34
25-29
20-24
15-19
10-14
5-9
0-4

-5.0% -4.0% -3.0% -2.0% -1.0% 0.0% 1.0% 2.0% 3.0% 4.0% 5.0%

Proportion of the population

England Male ☐   England Female ☐   Male ☐   Female ☐

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Population profile

- Trends in HWE registered population show the total population has increased by 6% since 2018, from 1.57m in December 2018 to 1.66m in December 2024.

- The total population is increasing more than projected by Office for National Statistics (ONS), which estimated a 3% increase in population between 2018-2024. This is predominantly as a result of a larger than expected increase in the working age adult population.

- The fastest growth is observed in the 65+ and 85+ age groups (10% and 9% increase respectively). Rapid growth in these age groups is predicted, linked with the ageing population and people born after 1945.

- The increase in the older population, particularly the population aged 85+, is lower than predicted, driven by the impact of the COVID pandemic which disproportionately affected older age groups and resulted in higher mortality. This can be observed by the deviation in the predicted and actual trends in 85+ ages between 2020 and 2022. Since 2022 the actual proportion of the population aged 85+ years is returning to the predicted.

Trend in HWE ICB registered population by age group with comparison to projected. 2018-2043

Legend: All age - predicted, 0-19 predicted, 20-64 predicted, 65+ predicted, 85+ predicted, All, 0-19, 20-64, 65+, 85+
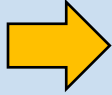
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1. Overarching Population Health Indicators

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Overarching Population Health Indicators

Outcome	Current – 2024	Trend	Previous year
Improve life expectancy	Female 84.8 years (2022)	⬆	84.1 years (2021)
	Males 80.9 years (2022)	⬆	80.7 years (2021)
Improve healthy life expectancy (source ONS.gov.uk)	Females Hertfordshire 66.0 years (2021-23) Essex 63.3 years (2021-23)		Hertfordshire 67.7 years (2020-22) Essex 65.1 years (2020-22)
	Males Hertfordshire 65.4 years (2021-23) Essex 63.0 (2021-23)		Hertfordshire 66.2 years (2020-22) Essex 63.9 years (2020-22)
Reduce the rate of Chronic ambulatory care sensitive emergency hospital admissions	54.6 per 100,000 (12 months to October '24)	➡	51.4 per 100,000 (12 months to October '23)
Reduce the overall spend on emergency hospital admissions	£2,267,411 (12 months to October '24)	⬆	£2,251,494 (12 months to October '23)

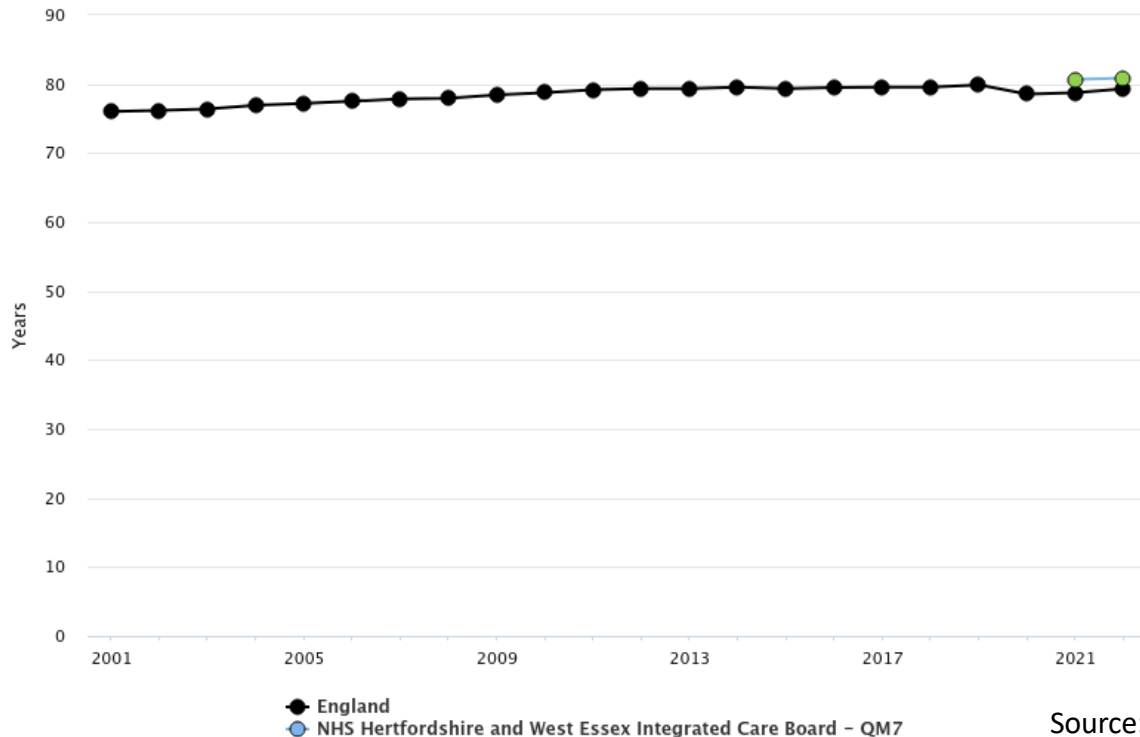Hertfordshire and West Essex Integrated Care System

Life Expectancy

Male

- On average, the life expectancy in HWE is 80.9 years for males. This is statistically significantly higher than the national (79.3 years) and regional (80.1 years) averages.

- Comparable data at ICB level has only been published nationally for 2021 and 2022. However, comparable data at District Council level is available as a 3-year rolling average. This shows that for most areas, life expectancy for both males and females peaked around 2014-16 and subsequently dropped, with a marked decline as a result of the pandemic.

A01b – Life expectancy at birth (Male) for NHS Hertfordshire and West Essex Integrated Care Board – QM7

Legend: England; NHS Hertfordshire and West Essex Integrated Care Board – QM7

Female

- On average, the life expectancy in HWE is 84.8 year for females. This is statistically significantly higher than the national (83.2 years) and regional (83.7 years) averages.

- Comparable data at ICB level has only been published nationally for 2021 and 2022. However, comparable data at District Council level is available as a 3-year rolling average. This shows that for most areas, life expectancy for both males and females peaked around 2014-16 and subsequently dropped, with a marked decline as a result of the pandemic.
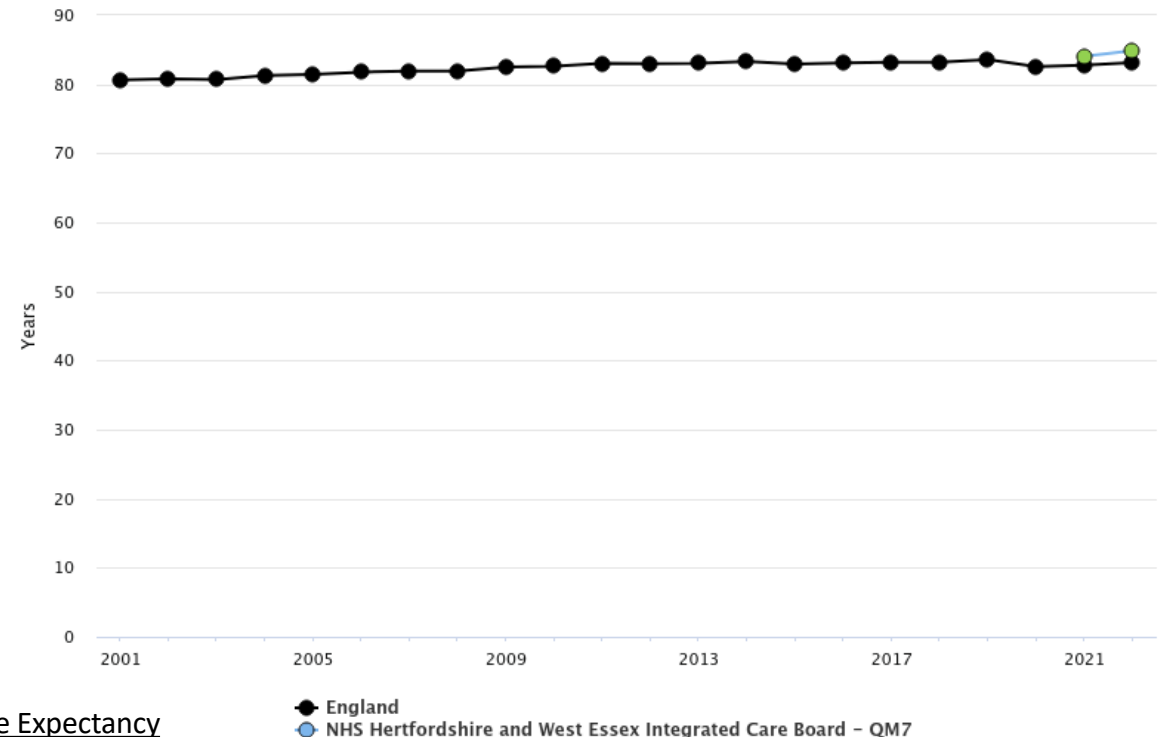
A01b – Life expectancy at birth (Female) for NHS Hertfordshire and West Essex Integrated Care Board – QM7
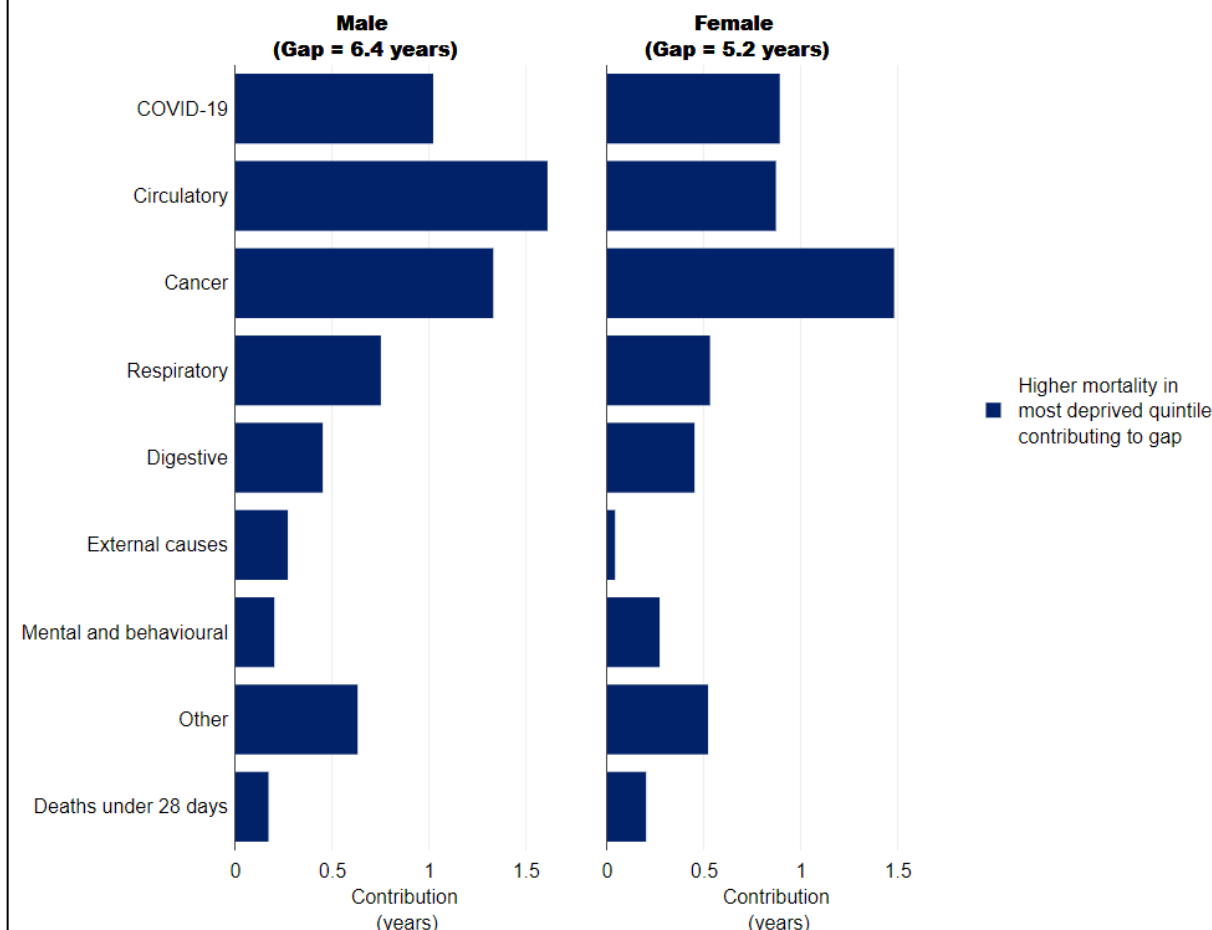

Legend: England; NHS Hertfordshire and West Essex Integrated Care Board – QM7

Source: OHID Life Expectancy

Life Expectancy Gap Between the Most and Least Deprived

- Deprivation is a significant cause for variation in health outcomes, with males in HWE living in the most deprived quintile on average living 6.4 years less than males in the least deprived quintile. Females living in the most deprived quintile on average live for 5.2 years fewer than females living in the least deprived quintile.

- The gap in life expectancy in HWE is lower than regional and national averages but is increasing, having been 6.2 for males and 4.5 years for females in 2017-19.

- The chart to the right shows the breakdown of the causes that contribute to the life expectancy gap between people living in the most and least deprived areas of Hertfordshire and West Essex.

- Circulatory Disease and Cancer contribute the most to the life expectancy gap between the most and least deprived. Circulatory diseases account for 25% of the variation in life expectancy for males and 16.6% of the variation in life expectancy for females. Cancers account for 20.7% of the variation in life expectancy for males and 28.2% of the variation in life expectancy for females.

- As the most recent data are for 2020-2021, the Covid pandemic is an important factor driving inequality in life expectancy.

Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Hertfordshire and West Essex by cause of death, 2020 to 2021

Male (Gap = 6.4 years) / **Female (Gap = 5.2 years)**

Categories (top to bottom): COVID-19, Circulatory, Cancer, Respiratory, Digestive, External causes, Mental and behavioural, Other, Deaths under 28 days

Contribution (years): axis 0 to 1.5

Legend: Higher mortality in most deprived quintile contributing to gap

Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

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Source: OHID Segment Tool

Disease Free Life Expectancy

- Most recent national data on disease free life expectancy is published at Upper Tier Local Authority level for the period 2018-20.

- For males, in Hertfordshire the average man can expect to live for 64.4 years in good health. This is statistically significantly higher than the national average (62.4 years).

- For females, in Hertfordshire, the average woman can expect to live for 61.2 years in good health , which is similar to the average in Essex of 61.6 years. Both Hertfordshire and Essex are statistically similar to the national average of 60.9 years.

- The maps to the right, reproduced from Herts Health Evidence, show current estimates of disease free life expectancy for females and males for Middle-layer Super Output Areas (MSOA). MSOAs usually have between 7000-10,000 people living in them. This shows greater variation, with lower disease free life expectancy in areas with greater deprivation.

- Areas with the lowest disease free life expectancy are in Hemel Hempstead, Stevenage and Harlow. However, other urban areas, including Watford, Waltham Cross, Hatfield, Borehamwood and Welwyn Garden City have areas of inequalities.

- Hemel Hempstead has the area with the lowest disease free life expectancy, where men on average can expect to live for 59.7 years without disease and women on average can expect to live for 61.3 years.
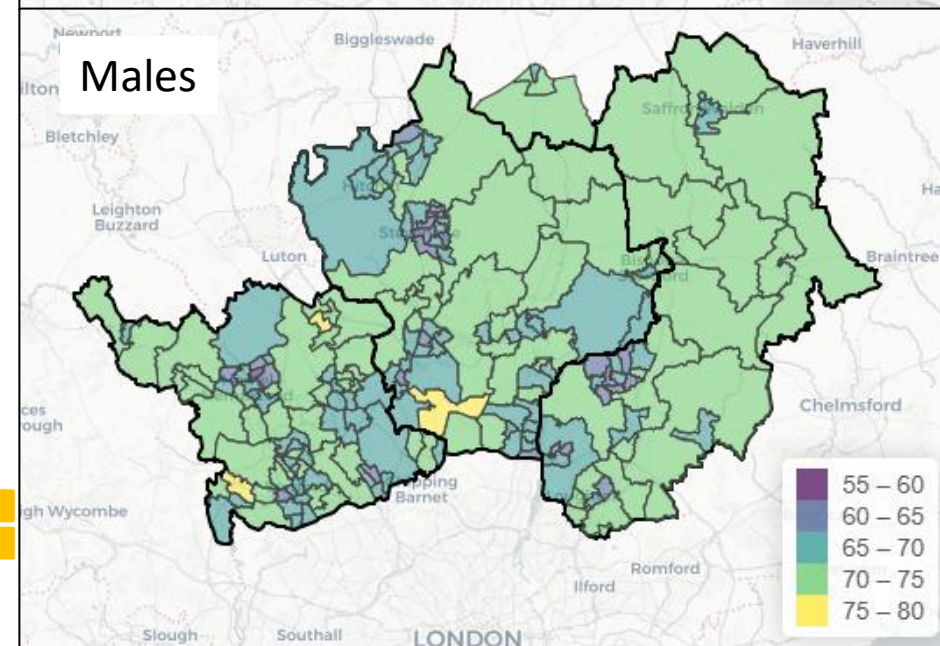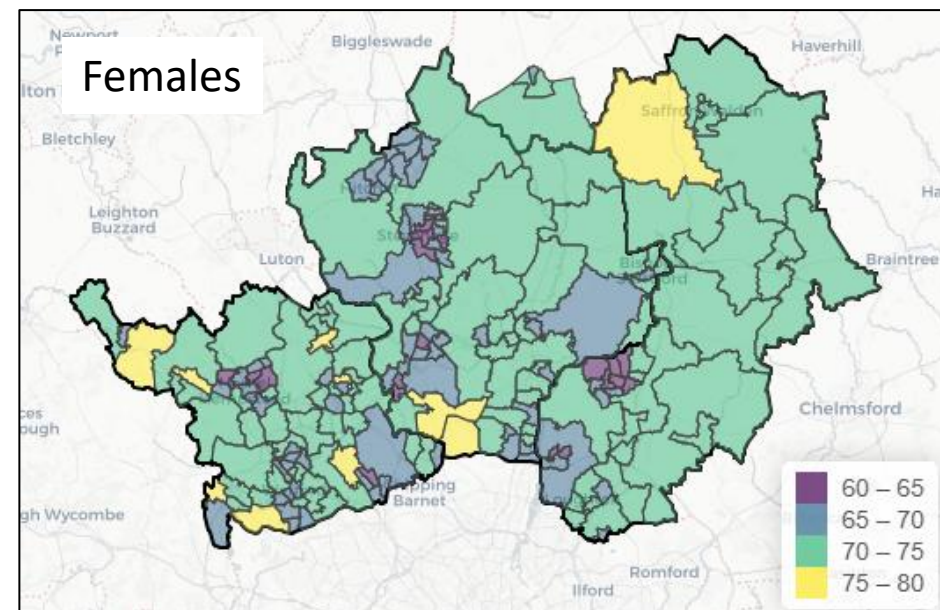
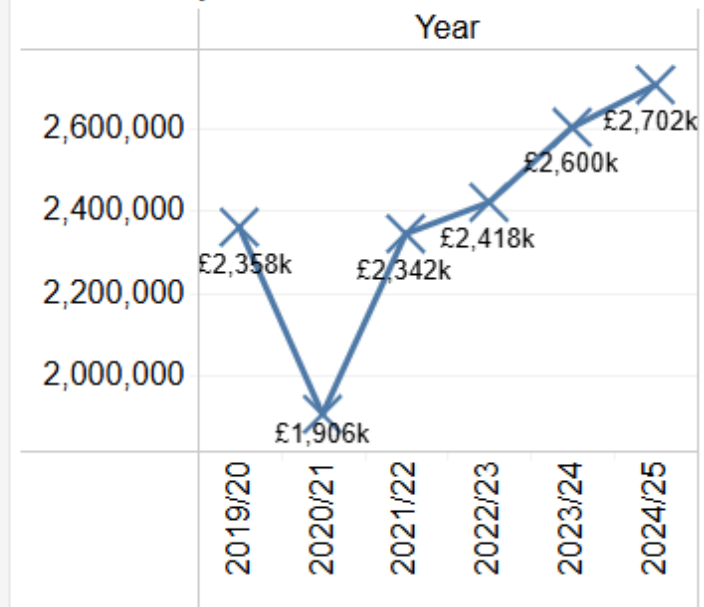**Hertfordshire and West Essex Integrated Care System**

Source: Herts Health Evidence

Females

60 – 65
65 – 70
70 – 75
75 – 80

Males

55 – 60
60 – 65
65 – 70
70 – 75
75 – 80

Overall cost of emergency care

Total cost of emergency care per month. Directly standardised cost per 100,000 population

- The total monthly emergency care spend per 100,000 population (including Emergency department attendances and emergency inpatient spells) in the 12 months to October 2024 was £2.7m. Rates are directly standardised to adjust for differences in age.

- The overall expenditure on emergency care is increasing, with a 6.3% increase observed compared to the previous year.

- The highest spend per capita is in SWH (£2.86m per 100,000), which has also seen the highest increase in spend compared to the previous year (9.9%). ENH and WE HCPs have a similar spend per capita of £2.54-£2.56m per 100,000). Compared to the year before, ENH has seen 5.8% increase, whilst WE has remained statistically similar (-0.1%).

- Average costs increase sharply with age after 65 years, with people aged 90 years and over experiencing the greatest cost per person (£25.7m per 100,000). Of note, the cost of emergency care for the older population, aged 90 years and over has seen a decrease in the last 12 months compared to the previous year and may represent improved identification and care of people who are in their last year of life. This decrease has been observed in WE and SWH areas.

- There is a strong social gradient, with people in the most deprived quintile having the highest spend per capita (£3.8m per 100,000) compared to the least deprived quintile (£2.2m per 100,000) and is observed across all age groups.

Annual Analysis

Year

2,600,000 — £2,702k
£2,600k
2,400,000 — £2,358k — £2,418k
£2,342k
2,200,000
2,000,000
£1,906k

2019/20 2020/21 2021/22 2022/23 2023/24 2024/25

Place Summary
Last 12 Months | Same Period Last Year | 95% Confidence Interval
Place Description

Place Description	Value
East and North Herts	£2,564k
South and West Herts	£2,856k
West Essex	£2,541k
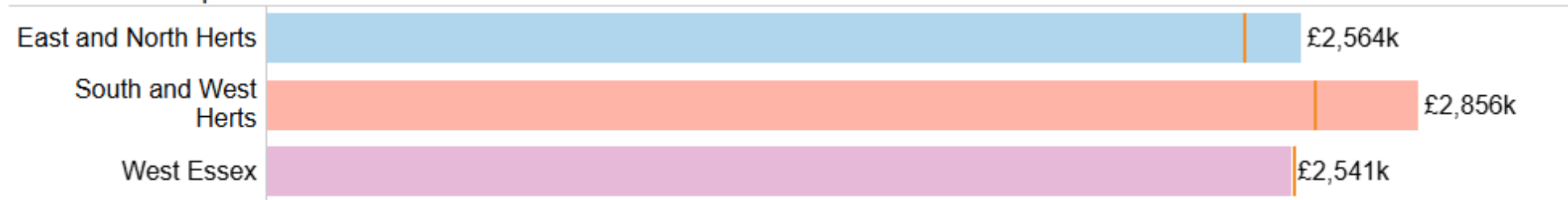
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Chronic ambulatory care sensitive emergency hospital admissions

Emergency Admission for Chronic Ambulatory Care Sensitive Conditions. Directly Standardised Rate per 100,000

- Emergency admissions for Chronic ambulatory care sensitive conditions (ACSC) are admissions that are associated with long term conditions, are amenable to proactive care and are potentially avoidable. These include certain admissions associated with disease such as diabetes, COPD and heart failure. Locally, the rate of chronic ACSC has remained stable following the pandemic and is lower than the pre-pandemic rate.

- In 2023/24, there were 9933 emergency admissions for ACSCs, with an average length of stay of 5.8 days. These admissions are associated with a cost of £29.1m. ACSC account for approximately one in 14 emergency admissions in HWE.

- COPD and Heart failure represent the most common causes of admission for ACSC, followed by atrial fibrillation/flutter, diabetes and asthma. Cardiac (43%) and respiratory (31%) conditions combined account for the majority of ACSC.

- There is variation within the ICS, with the highest rate of chronic ACSC admissions in SWH (DSR of 65.0 per 100,000), which is 3.4% higher than the previous year. ENH has the lowest rate at 42.5 per 100,000, but has seen an 18% increase when compared to the previous year. The rate in WE in 24/25 is lower compared to the previous year (56.0 vs 58.1 per 100,000) however, data has greater variability due to the smaller population and this is not a statistically significant difference.

Annual Analysis — Year

Year	Rate
2019/20	58.7
2020/21	41.1
2021/22	51.7
2022/23	49.5
2023/24	53.0
2024/25	53.4

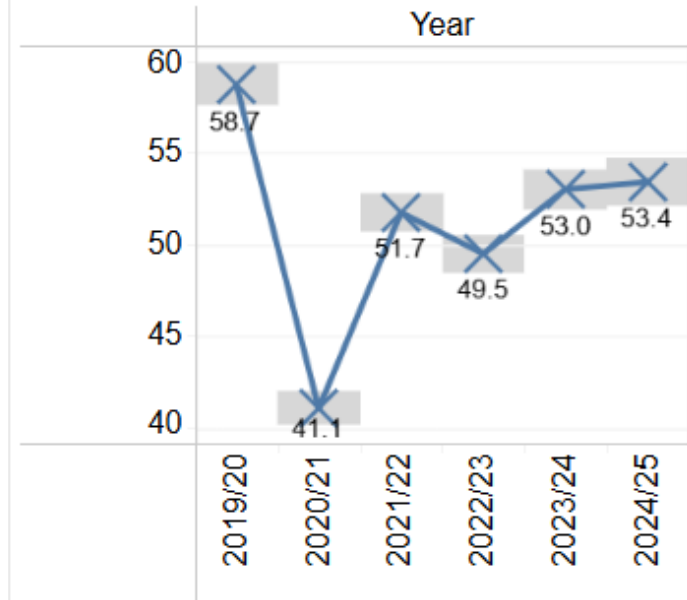**Place Summary**
Last 12 Months | Same Period Last Year | 95% Confidence Interval

Place Description	Rate
East and North Herts	42.5
South and West Herts	65.0
West Essex	56.0
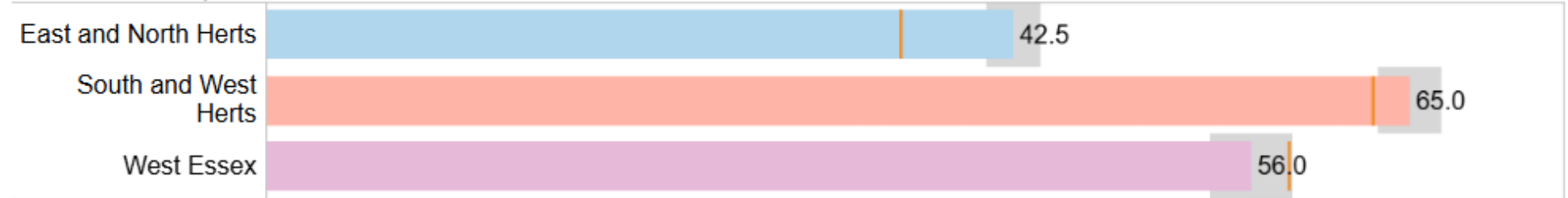
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Overarching Indicators

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Emergency readmissions within 30 days of discharge from hospital (Persons All ages) %	2023/24	14.8	13.8	13.2		11.7	12.1	13.5	13.7	13.1		13.9	13.1	13.3	13.2	13.5		13.4	13.3	11.8	#	#
Under 75 mortality rate from all causes (Persons <75 yrs)	2022*/ 2023	341.6	*312.4	*280.6		298.5	263.0	285.7	353.5	290.4		307.6	263.6	272.7	288.8	348.8		288.2	390.1	231.9	292.5	318.9
Under 75 mortality rate from causes considered preventable (Persons <75 yrs)	2022*/ 2023	153.0	*134.9	*119.8		136.0	116.7	119.7	147.8	119.2		125.3	113.0	115.7	121.0	151.3		114.3	189.9	106.0	124.2	135.5
Mortality rate from a range of specified communicable diseases, including influenza (Persons All ages)	2021 - 23/ 2022*/ 2023^	^16.4	*11.1	*11.2		7.8	10.4	14.4	10.8	15.1		13.5	16.5	12.0	14.9	13.1		8.5	12.8	10.7	12.9	10.8

#Value missing in source data

- Additional indicators on the health of the HWE population show a similar or better position compared to the national average.

- A lower proportion of people in HWE are readmitted in the 30 days following an emergency admission.

- The local trend for under 75 mortality from all causes and causes considered preventable is stable. Areas with higher levels of deprivation, most notably Harlow, Watford, Stevenage and Broxbourne have higher rates of premature mortality.

- Whilst the national trend in deaths from communicable diseases has an upward trend, this is not observed locally. Data at District Authority level are reported over a 3-year average (due to small geography) and so will incorporate higher numbers of deaths from Covid-19 compared to 22/23 data for the ICB.

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![Hertfordshire and West Essex Integrated Care System logo]

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2. Children and Young People

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Pregnancy, birth and early years

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Obesity in early pregnancy (Female All ages) %	2023/24	26.2	26.5	23.3																	23.2	#
Smoking in early pregnancy (Female All ages) %	2023/24	13.6	11.6	10.1																	10.3	9.1
Smoking status at time of delivery (Female All ages) %	2023/24	7.4 ↓	7.2	4.9	4.9 ↓	4.9 ↓	4.9 ↓	5.6 ↓	4.9 ↓	4.9 ↓	4.7 →	4.7 →	4.7 →	4.7 →	4.7 →	4.7 →	5.6 ↓	5.6 ↓	5.6 ↓	5.6 ↓	4.9 ↓	7.3 ↓
Low birth weight of all babies (Persons 0 yrs) %	2018*/ 2022	7.2 →	6.8	6.2	*5.9						*6.8						*5.2				6.3 →	6.4 →
Very low birth weight of all babies (Persons 0 yrs) %	2018*/ 2022	1.0 ↓	1.0 →	0.9	*0.8						*1.1						*0.7				0.9 →	0.9 →
Stillbirth rate (Persons 0 yrs) per 1,000	2017-19*/ 2020-22	3.9		3.3	*3.0						*3.8						*3.4				3.5	3.6
Infant mortality rate (Persons <1 yr) per 1,000	2021 - 23	4.1				!3.3	!0.9	!2.5	!4.9	!3.5		!2.3	!2.4	!1.4	!3.9	!4.0		!0.9	!2.4	!1.9	2.7	2.9

#Value not published for data quality reasons;

!Interpret with caution - see definition link Fingertips infant mortality rate definition

- Levels of obesity and smoking during pregnancy are lower in HWE compared to the national average. However, nearly one in 4 pregnant women are obese and one in 10 smoke during pregnancy. Women from areas of higher deprivation have a higher prevalence of obesity during pregnancy with national data showing that approximately a third (32.4%) of women living in the most deprived decile nationally are obese in early pregnancy compared to approximately one fifth (19.8%) in the least deprived decile.

- A lower proportion of women smoke in early pregnancy and half of smokers in early pregnancy have quit by the time of delivery. This is a greater reduction compared to regional and national averages. All Districts in ENH and WE are showing a reduction in the proportion of mothers smoking at the time of delivery, whilst all Districts in SWH have shown no change.

- Low and very low birth weight is associated with poorer outcomes, including stillbirth and infant mortality. More babies in SWH are born with low birth or very low birth weight. This may reflect the different ethnicity profile across geographies, with a higher proportion of births in SWH to mothers from ethnic minorities (21.2% compared to 13.5% in ENH and 12.2% in WE; 2020/21 data) and low birth weight more common in mothers of Asian or Black ethnicity.

Hertfordshire and West Essex Integrated Care System

Children & Young People

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Reception prevalence of overweight (Persons 4-5 yrs)	2023/24	12.4 ↓	12.0 ■	11.7 →	11.4 →	10.6 →	11.5 →	12.1 →	11.4 →	11.4 →	11.4 →	11.9 →	13.3 →	10.0 →	12.2 →	10.2 →	12.8 →	11.9 →	13.4 →	13.3 →	11.4 →	12.5 →
Reception prevalence of overweight (including obesity) (Persons 4-5 yrs)	2023/24	22.1 ↓	20.5 ■	19.8 →	19.8 →	19.7 →	18.8 →	18.9 →	21.9 →	20.1 →	18.7 →	19.3 →	22.5 →	15.3 →	19.4 →	18.7 →	21.7 →	20.2 →	24.4 →	20.5 →	19.2 →	21.0 ↓
Year 6 prevalence of overweight (Persons 10-11 yrs)	2023/24	13.8 ↓	13.4 ■	12.6 →	12.1 →	12.1 →	13.6 →	10.3 →	12.6 →	11.9 →	12.6 →	12.4 →	12.0 →	12.9 →	12.9 →	12.6 →	13.4 →	13.8 →	15.5 →	10.6 →	12.4 →	13.4 →
Year 6 prevalence of severe obesity (Persons 10-11 yrs)	2023/24	5.5 →	4.7 ■	4.0 ↑	4.1 ↑	6.3 →	3.0 →	3.3 →	4.9 →	4.4 →	3.8 ↑	4.6 ↑	4.3 →	2.1 →	3.3 ↑	4.9 ↑	4.3 →	3.8 →	5.7 →	3.0 ↑	3.9 ↑	4.6 ↑

- By age 4-5 (Reception year) nearly one in five children is overweight or obese, however this is statistically significantly lower than the national average. Children in ENH and WE have higher levels of overweight or obesity compared to SWH and data at smaller geographies show a close association between the proportion of children who are overweight or obesity and deprivation.

- Whilst there has been a reduction in the proportion of children who are overweight or obese nationally, local data show no significant trend either at ICB, HCP or District level. WE has changed from having a statistically significantly lower prevalence of overweight and obesity in 22/23 to having a similar prevalence in 23/24.

- The long term trend in obesity (including severe obesity) in HWE is increasing. However, following a peak in obesity among year 6 children during the pandemic, data for the last 3 consecutive years has shown a decrease (from 19.2% in 21/22 to 17.9% in 23/24).

- One in 25 children aged 10-11 years are severely obese. Whilst this is statistically significantly lower than the national average, the proportion has remained the same since 21/22 whilst there has been a reduction nationally (from 5.8% to 5.5%).

- In HWE approximately two thirds of children aged 10-11 years are classified as being a healthy weight (67.7%). This is statistically significantly higher than the national average (62.5%) and regional (65.0%) averages.

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Children & Young People

Indicator Name	Time period	England	East of England	HWE ICB	Hertfordshire	Essex
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons 5 yrs)	2022/23	67.2 ■	67.3 ■	68.0 ■	67.7 ■	68.9 ■
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (Persons 5 yrs)	2022/23	51.6 ■	48.6 ■	46.6 ■	45.7 ■	49.0 ■
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons Primary school age)	2022/23	2.8 →			3.4 ↑	2.8 ↑
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2022/23	3.3 →			3.6 ↑	3.3 ↑
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2022/23	3.5 →			3.4 ↑	3.8 ↑

- Whilst approximately two thirds of all children reaching the end of Reception Year are achieving a good level of development, there are inequalities, with less than half of children eligible for free school meals achieving this milestone.

- A statistically significantly higher proportion of children in HWE achieve school readiness compared to the national average, but statistically significantly lower for children receiving free school meals.

- A statistically significantly higher proportion of school aged pupils in Hertfordshire have social, emotional and mental health needs compared to the national average.

- Whilst Essex has a similar proportion to the national average, both Hertfordshire and Essex are observing an increasing trend in the proportion of children, a trend that is not seen nationally.

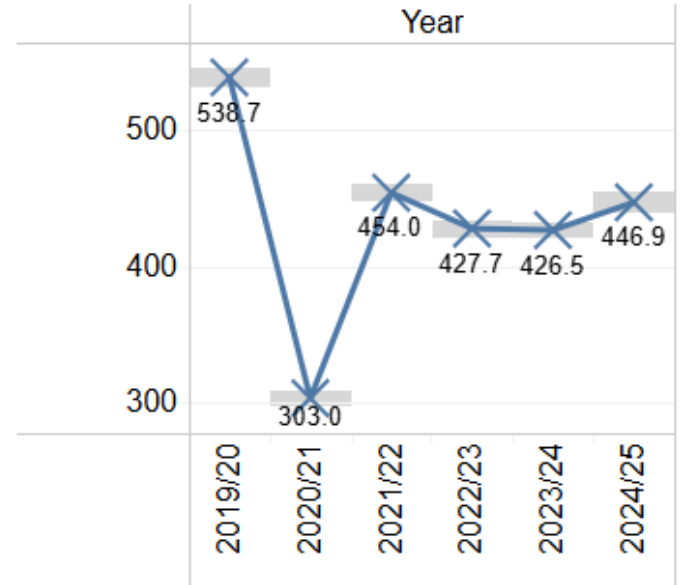**Hertfordshire and West Essex Integrated Care System**

Children & Young People

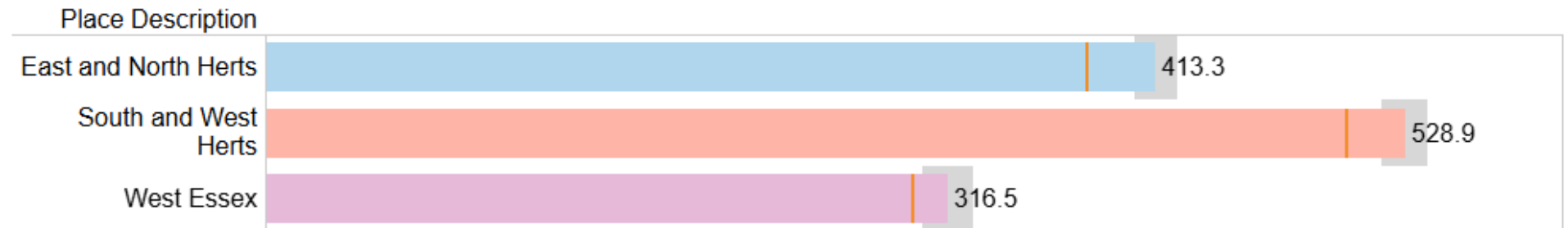## Emergency admissions. Crude rate per 100,000, people aged 0-17 years.

- The crude rate of emergency admission in children aged 0-17 years is statistically significantly higher in 2024/25 compared to the previous year. This is observed across all 3 geographic HCPs. However, there is marked variation in the rate of admission by geography, with the highest rates in SWH, followed by ENH and WE has the lowest rates of admission per 100,000 children.

- Rates of emergency admission are highest in the youngest ages, with the rate plateauing by age 6-7 years.

- Children living in the highest levels of deprivation have statistically significantly higher rates of emergency admission compared to the least deprived areas (quintile 1 = 520.4 per 100,000, vs. Q5 = 392.3 per 100,000).

- Males have a higher rate of emergency admission compared to females, primarily driven by higher rates in younger males. By ages 13 onwards the pattern is reversed, with females having higher rates of emergency admission. This is a pattern observed across all three place based geographies, though less apparent in WE. The higher rate in younger males will partially be attributed to differences in asthma prevalence by gender and the contribution of asthma to overall admissions.

Annual Analysis

Year

Year	Rate
2019/20	538.7
2020/21	303.0
2021/22	454.0
2022/23	427.7
2023/24	426.5
2024/25	446.9

Place Summary
Last 12 Months | Same Period Last Year | 95% Confidence Interval

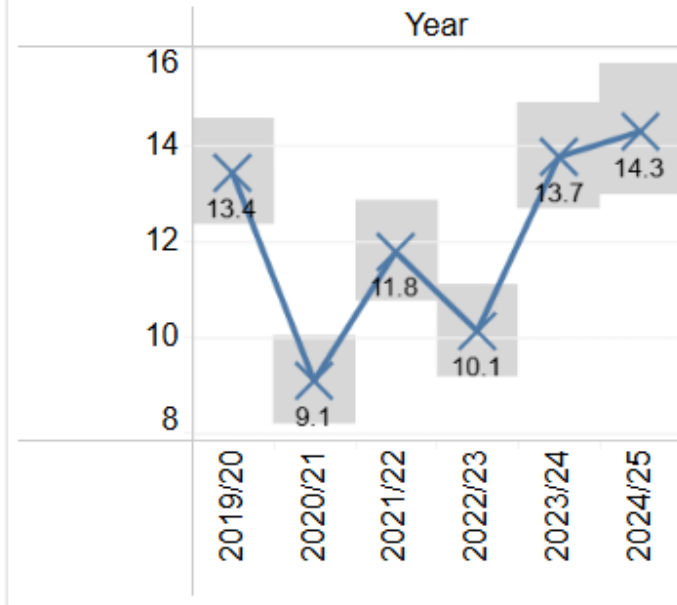| Place Description	Rate
East and North Herts	413.3
South and West Herts	528.9
West Essex	316.5

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Children & Young People

Emergency admissions for asthma, diabetes and epilepsy. Crude rate per 100,000, people aged 0-18 years.

- The rate of emergency admission in children for asthma, diabetes and epilepsy is a measure of potentially avoidable admissions. In 2023/24 there were 612 emergency admissions in children aged 0-18.

- Asthma is the main contributory condition, accounting for nearly half of all admissions in this group (46%), followed by epilepsy (33%) and then diabetes (20%), note numbers don't sum to 100% due to rounding.

- The rate of emergency admission has increased in recent years, following a decrease during the Covid-19 pandemic and is now at a similar rate to the period before the pandemic. Children aged 4-6 years have the highest rate of emergency admission.

- There is geographic variation, with the highest rates in SWH. ENH and WE have similar rates. However, the rate in ENH is increasing whilst it is decreasing in WE (not statistically significant changes).

- Assessing variation across deprivation quintiles is difficult to assess due to wide confidence intervals in the lowest deprivation group. However, a trend is observable, with higher rates in more deprived groups.

Annual Analysis

Year

Year	Rate
2019/20	13.4
2020/21	9.1
2021/22	11.8
2022/23	10.1
2023/24	13.7
2024/25	14.3

Place Summary
Last 12 Months | Same Period Last Year | 95% Confidence Interval

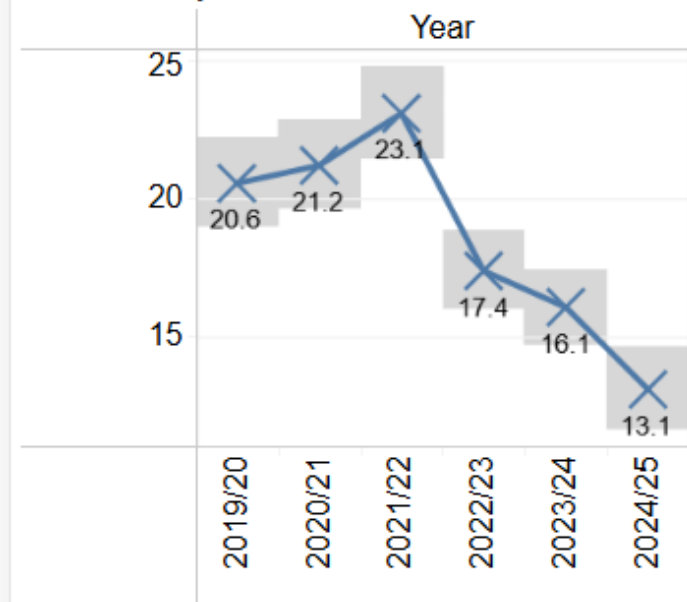| Place Description	Rate
East and North Herts	11.5
South and West Herts	17.0
West Essex	12.1

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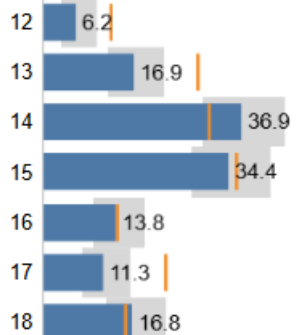
Children & Young People

Rate of emergency admission for self-harm. Directly standardised rate per 100,000, aged 10-24 years.

- The rate of emergency admission for self-harm in children and young people aged 10-24 years has been decreasing year on year since a peak in 2021/22. Whilst comparable data is not available nationally for all years, a similar decrease was seen nationally between 2021/22 and 2022/23.

- The highest rate of admission is in SWH, followed by ENH and WE. Whilst SWH and WE have seen statistically significant reductions compared to the previous year, there has been no significant change in the rate for ENH compared to the previous year.

- The rate of emergency admission in females is significantly higher compared to males (23.2 per 100,000 vs. 4.9 per 100,000). Both genders have seen a decrease from the previous year.

- The highest rates of emergency admission for self-harm are in children aged 14-15 years (see chart in bottom left). Of note, the rate of admission for children aged 13 is significantly lower than the previous year (16.9 compared to 28.6 the previous year). This suggests that the group of children currently aged 14 may be vulnerable. In this age group, an even more exaggerated gender variation is seen, with the rate in females 13 times higher than in males.

- Variation by level of deprivation shows no significant trend, with statistically similar rates across all deprivation quintiles.

Annual Analysis

Year

Year	Rate
2019/20	20.6
2020/21	21.2
2021/22	23.1
2022/23	17.4
2023/24	16.1
2024/25	13.1

Age Group

Age Group	Rate
12	6.2
13	16.9
14	36.9
15	34.4
16	13.8
17	11.3
18	16.8

Place Summary
Last 12 Months | Same Period Last Year | 95% Confidence Interval

Place Description	Rate
East and North Herts	12.4
South and West Herts	17.9
West Essex	8.1

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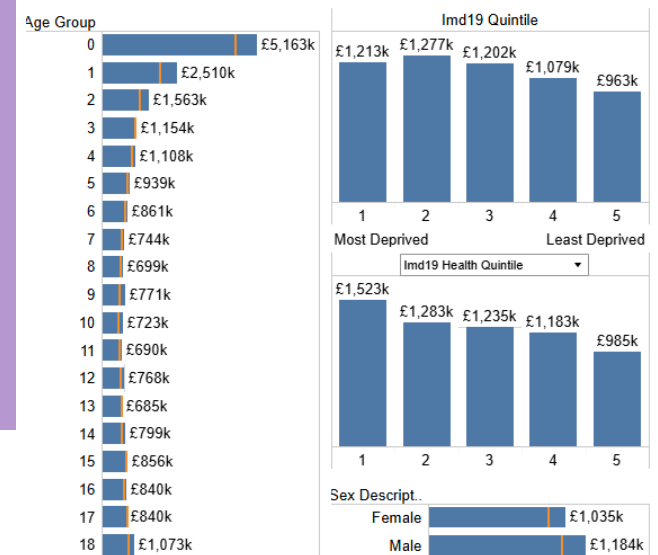
Source: DELPPHI

Children & Young People

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Admissions of babies under 14 days (Persons <14 days) per 1,000	2020/21*/ 2022/23	84.8 ↑				*43.5	*69.9	*140.6	*110.0	*97.8		*62.3	*67.6	*105.7	*72.6	*85.0		*57.1	*35.6	*60.8	104.5 →	75.5 ↑
A&E attendances (under 1 year) (Persons <1 yr) per 1,000	2022/23	1132.3				1298.2	1142.9	1040.8	1296.6	1341.6		1394.1	1334.5	978.0	1247.3	1375.5		1213.8	1687.9	966.8	1239.8	1112.1
A&E attendances (0 to 4 years) (Persons 0-4 yrs) per 1,000	2022/23	797.3				870.2	767.9	730.2	925.1	959.3		898.8	844.6	652.9	761.7	837.1		780.0	1148.0	602.9	820.7	805.8
Emergency admissions (0 to 4 years) - registered population (Persons 0-4 yrs) per 1,000	2020/21 - 22/23	137.2	123.7	109.2	135.3						106.5						68.6					
Child mortality rate (1-17 years) (Persons 1-17 yrs)	2018 - 20*/ 2020 - 22	10.4			*8.0						*10.7						*8.1			8.0	10.0	

- ICB and HCP level data on emergency admission in the first year of life are not available for comparison to national, regional and local rates at District level. For children aged 0-4 years data at District data and ICB/HCP levels are reported using different metrics, making comparison difficult.

- Admissions in the first 14 days of life are statistically significantly higher across 4/13 Districts in HWE, primarily in Districts in ENH.

- The pattern of emergency admission for children aged <1 year and 0-4 years show less geographic consistency, with areas of high admission rates seen across areas with higher levels of deprivation (Broxbourne, Stevenage, Welwyn Hatfield, Dacorum, Hertsmere, Watford and Harlow). There is variation at HCP level with the highest rate in ENH approximately twice the rate in WE.

- The total monthly cost of emergency care per 100,000 (chart on the right) for children aged 0-18 years is £1.14m, an increase from £0.99m the year before, with the greatest increases in ENH and SWH. Cost of emergency care is highest in younger ages and in more deprived quintiles.

Demographic Summary
Selected | Same Period Last Year | 95% Confidence Interval

Age Group
0	£5,163k
1	£2,510k
2	£1,563k
3	£1,154k
4	£1,108k
5	£939k
6	£861k
7	£744k
8	£699k
9	£771k
10	£723k
11	£690k
12	£768k
13	£685k
14	£799k
15	£856k
16	£840k
17	£840k
18	£1,073k

Imd19 Quintile
1	2	3	4	5
£1,213k	£1,277k	£1,202k	£1,079k	£963k
Most Deprived — Least Deprived

Imd19 Health Quintile
1	2	3	4	5
£1,523k	£1,283k	£1,235k	£1,183k	£985k

Sex Descript..
| Female | £1,035k |
| Male | £1,184k |

Hertfordshire and West Essex Integrated Care System

3. Cardiovascular disease and Long Term Conditions

Hertfordshire and West Essex Integrated Care System

Working together for a healthier future

Long-Term Conditions – Cardiovascular disease

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs) (Persons 45+ yrs) (Persons 45+ yrs)	2019/20*/2023/24	86.8 →	87.3 →	86.4 →	86.3 →						85.8 →						87.5 →				*88.6 ■	*91.0 ■
Hypertension: QOF prevalence (Persons All ages) (Persons All ages)	2023/24	14.8 ↑	15.1 ■	13.9 ↑	13.8 ↑	14.4 →	13.8 →	14.1 →	13.6 ↑	13.2 ↑	13.6 ↑	14.7 ↑	14.0 ↑	12.2 ↑	15.1 ↑	12.0 ↑	14.8 ↑	14.8 ↑	14.4 ↑	15.2 →	13.7 ↑	15.7 ↑
Last BP reading of patients (<80 yrs, with hypertension), in the last 12 months is <= 140/90 mmHg (denominator incl. PCAs) (Persons <80 yrs) (Persons <80 yrs)	2023/24	66.7 ↑	66.7 ↑	67.0 ↑	67.7 ↑						66.6 ↑						66.7 ↑					
Last BP reading of patients (80+ yrs, with hypertension), in the last 12 months is <= 150/90 mmHg (denominator incl. PCAs) (Persons 80+ yrs) (Persons 80+ yrs)	2023/24	80.5 →	80.7 →	80.6 →	80.8 →						81.1 →						79.5 →					

- Fewer people aged 45 years and over have had a blood pressure check in HWE compared to the national and regional averages. Whilst the trend locally and nationally shows no significant change, this is impacted on by the Covid-19 pandemic and recent data over the last 3 years shows year on year improvements, with recovery towards pre-pandemic levels.

- Hypertension prevalence in HWE is lower than the national and regional average. However, local interpretation is required and shows that the estimated 'undiagnosed' prevalence in HWE (8.7%) is similar to national (8.6%) and regional averages (8.8%). There is an increasing trend in hypertension prevalence suggesting improved diagnosis and this is in line with trends nationally.

- A similar proportion of people with hypertension are treated to target compared to the national average and there is little variation across HCPs.

Hertfordshire and West Essex Integrated Care System

Long-Term Conditions – Cardiovascular disease

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Atrial fibrillation: QOF prevalence (Persons All ages)	2023/24	2.2 ↑	2.3 ↑	2.1 ↑	2.1 ↑	2.2 ↑	2.3 ↑	2.4	1.8 ↑	2.0 →	2.0 ↑	2.2 →	2.0 →	2.0 →	2.4 →	1.4 →	2.2 ↑	2.4 ↑	1.7 →	2.6 ↑	2.1 ↑	2.4 ↑
CHD: QOF prevalence (Persons All ages)	2023/24	3.0 ↓	2.9 ■	2.6 ↓	2.6 ↓	2.8 →	2.6 ↓	2.7 →	2.5 →	2.3 →	2.6 →	2.7 →	2.8 →	2.4 →	2.9 →	2.2 →	2.8 →	2.8 →	2.6 ↓	2.9 →	2.6 ↓	3.0 ↓
Heart Failure: QOF prevalence (Persons All ages)	2023/24	1.1 ↑	1.0 ↑	0.9 ↑	0.8 ↑	0.9 ↑	0.9 ↑	0.8 ↑	0.8 ↑	0.7 ↑	0.8 ↑	0.8 →	0.9 ↑	0.6 ↑	1.0 →	0.7 →	1.1 ↑	1.3 →	0.9 →	0.9 →	0.8 ↑	1.1 ↑
Stroke: QOF prevalence (Persons All ages)	2022/23*/2023/24	1.9 ↑	*1.8 ■	1.6 ↑	1.7 →	1.8 →	1.7 →	1.9 →	1.6 →	1.7 →	1.5 →	1.6 →	1.6 →	1.5 →	1.8 →	1.3 →	1.7 ↑	1.8 →	1.4 →	1.8 ↑	1.6 →	1.9 ↑
PAD: QOF prevalence (Persons All ages)	2023/24	0.6 ↓	0.5 ↓	0.4 ↓	0.4 →	0.5 →	0.5 →	0.4 →	0.4 →	0.4 →	0.4 ↓	0.5 →	0.4 ↓	0.3 →	0.5 →	0.3 →	0.4 →	0.4 →	0.5 →	0.5 →	0.4 ↓	0.5 ↓
Under 75 mortality rate from cardiovascular disease (Persons <75 yrs)	2022*/2023	77.4 ↑	*69.1 ■	*61.2 ■		56.6 →	61.3 →	55.5 →	79.5 →	75.0 →		65.1 →	45.5 →	50.5 →	55.2 →	63.1 →		70.3 →	95.2 →	51.7 →	60.0 →	70.6 ↑
Under 75 mortality rate from cardiovascular disease considered preventable (Persons <75 yrs)	2022*/2023	30.5 ↑	*26.8 ■	*23.6 ■																		
Mortality rate from cardiovascular disease, all ages (Persons All ages)	2022*/2023	232.4 ↑	*217.0 ■	*192.5 ■		206.1 →	173.7 →	186.5 →	247.2 →	214.9 →		195.0 →	162.1 →	169.5 →	190.5 →	213.1 →		204.3 →	251.2 →	173.7 →	191.7 →	217.1 →

- Prevalence of other cardiovascular diseases in HWE are all statistically significantly lower than the national averages.

- The prevalence of atrial fibrillation, heart failure and stroke are all increasing, with heart failure prevalence showing the largest increase in recent years, with approximately 2,500 more people living with heart failure in March '24 compared to three years previously. This represents a 21.7% increase in the number of people living with heart failure. Coronary Heart Disease prevalence is decreasing year on year. Changes in HWE are tracking national reductions in CHD prevalence.

- The rate of premature mortality (deaths under the age of 75 years) from cardiovascular disease is statistically significantly lower than the national average. Areas with higher levels of deprivation have higher rates of premature mortality, a finding observed both locally and nationally. Premature mortality from cardiovascular disease represents one of the leading causes (alongside cancer) for deaths under the age of 75 years.

Long-Term Conditions – Diabetes

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Diabetes: QOF prevalence (Persons 17+ yrs)	2023/24	7.7 ↑	7.6 ■	6.7 ↑	6.7 ↑	7.5 ↑	5.7 ↑	6.8 ↑	7.7 ↑	6.2 ↑	6.7 ↑	6.6 ↑	7.2 ↑	5.4 ↑	7.3 ↑	7.7 ↑	7.0 ↑	6.9 ↑	8.1 ↑	6.0 ↑	6.7 ↑	7.6 ↑
Estimated prevalence of diabetes (undiagnosed and diagnosed) (Persons 16+ yrs) %	2017	8.5 ■		#7.8 ■	#7.8 ■						#7.8 ■						#8.1 ■					
People with type 1 diabetes who received all 8 care processes (Persons All ages) %	2020/21*/ 2021/22^/ 2022/23	42.8 →	*29.4 ■	42.7 →	^39.1 ↓						^41.3 ↓						^29.4 ↓					
People with type 2 diabetes who received all 8 care processes (Persons All ages) %	2020/21*/ 2021/22^/ 2022/23	57.9 →	*36.1 ■	57.1 →	^51.4 ↓						^52.0 ↓						^44.4 ↓					
Hospital spells for foot disease for people with diabetes (Persons 17+ yrs) per 10, 000	2018/19 - 20/21	161.9 ■	171.6	160.9 ■	148.9 ■						177.3 ■						151.5 ■					

In best quintile

- Diabetes is a key risk factor for cardiovascular disease. Diabetes prevalence continues to increase year on year, in line with national projections. In the three years to March '24 approximately 10,000 more people are on the diabetes disease register, representing a 13% increase in the number of people living with diabetes, with higher prevalence in more deprived areas. Approximately one in 90 people (1.1-1.3%) aged 17 years and over are living with undiagnosed diabetes. Whilst the ICB has a lower proportion of people with type 2 diabetes receiving all 8 care processes, data for 2023/24 show further improvement to 65.0% of people having all 8 care processes completed, compared to 62.4% nationally. A statistically significantly higher proportion of people with both type 1 and type 2 diabetes have good blood glucose control compared to the national average.

- Despite lower prevalence of diabetes and more people with good diabetic control, there is higher activity in specialist diabetic care. National benchmarking identifies productivity opportunity of £4.1m in HWE, compared to £2.78m for the average ICB. This suggests an opportunity to improve the proactive management of complex cases and improve urgent care pathways.

- Emergency care for Diabetic Ketoacidosis, Hypoglycaemia, diabetic foot disease and angioplasty are statistically worse compared to the national average, with higher rates of admission, longer lengths of stay, and higher rates of readmission. Non-elective care accounts for a higher proportion of clinical time in HWE (75.7%) compared to national (65.6%) and peer (66.8%) averages. More people with diabetes are readmitted within 30 days compared to the national average (8.3% vs 7.1%). Average length of stay for people with diabetes admitted for pneumonia (1.3 days), elective surgical care (0.9 days) and non-elective surgical care (4.7 days) are longer compared to people without diabetes.

- The rate of emergency admission for diabetic foot disease is statistically significantly higher in SWH compared to the national average. Trends in hospital spells for diabetic foot disease have been increasing until 2017/18-19/20 before showing a reduction in 2018/19-20/21. It is too early to determine if this is an effect of the Covid-19 pandemic. In comparison, the number of major and minor amputations has been reducing.

- Patients managed by community diabetes teams are waiting a longer time between referral and first contact, and between contact with community services.

Long-Term Conditions – Other Conditions

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (Persons 18+ yrs)	2023/24	8.2	8.1	7.8	6.1	6.5	5.0	5.3	6.5	7.2	9.9	9.7	11.1	7.6	10.2	11.5	6.9	7.1	6.6	7.2	8.0	6.4
CKD: QOF prevalence (Persons 18+ yrs)	2023/24	4.4	4.2	3.7	3.0	3.5	3.4	2.5	2.4	3.1	4.1	4.7	4.7	3.2	4.8	2.9	3.9	4.2	4.1	3.5	3.6	4.9
COPD: QOF prevalence (Persons All ages)	2023/24	1.9	1.8	1.5	1.5	1.8	1.3	1.6	1.7	1.4	1.3	1.5	1.4	1.1	1.6	1.1	1.6	1.6	1.7	1.5	1.4	1.8

- The prevalence in HWE of non-CVD long term conditions are all statistically significantly lower than the national average.

- In SWH, detection of non-diabetic hyperglycaemia is higher, likely reflecting improved diagnosis and case finding, rather than differences in the health needs of the local population. Across the current prevalence is below the estimated prevalence for the ICB of approximately 11% of people living with NDH, however, the prevalence gap in SWH is lower.

- The prevalence of CKD is following the national trend, increasing at a similar rate. Changes in CKD prevalence are likely to be associated with an ageing population and improved diagnosis. There is still a significant underdiagnosis of CKD, with approximately 52% of people with chronic kidney disease currently diagnosed. The increases in CKD prevalence since 2021/22 has been similar across all three HCPs (0.4-0.5%) though starting from different baselines, with SWH having a higher prevalence in 2021/22 compared to ENH and WE. Practices that have focused on improving CKD prevalence in 23/24 saw an average increase in prevalence of 0.44% during the year, compared to an increase of 0.17% across other practices.

- The trend in COPD prevalence continues to decline, having peaked at 1.6% in 2018/19. The decreasing prevalence may be plateauing out, potentially reflecting improved early diagnosis.

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4. Mental Health

Working together
for a healthier future

Mental Health

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Depression: QOF prevalence - retired after 2022/23 (Persons 18+ yrs)	2022/23	13.2	12.1	11.9	11.4	11.4	11.1	10.6	13.1	11.4	12.3	14.1	12.8	10.9	12.2	10.4	11.8	9.9	13.3	13.1	11.9	12.1
Depression: QOF incidence - new diagnosis (Persons 18+ yrs)	2023/24	1.5	1.1	1.2	1.0	1.2	1.0	0.8	1.3	1.1	1.3	1.6	1.4	1.2	1.3	1.0	1.0	0.9	1.0	1.2	1.2	1.1
Mental Health: QOF prevalence (Persons All ages)	2023/24	1.0	0.9	0.8	0.9	0.9	0.7	1.0	0.9	0.9	0.9	0.8	0.9	0.8	0.8	1.0	0.8	0.9	0.8	0.7	0.9	0.8
Learning disability: QOF prevalence (Persons All ages)	2023/24	0.6	0.6	0.5	0.6	0.6	0.5	0.6	0.7	0.5	0.5	0.5	0.6	0.5	0.6	0.6	0.4	0.3	0.5	0.3	0.6	0.5
Emergency Hospital Admissions for Intentional Self-Harm (Persons All ages)	2022/23	126.3	107.0	78.4		52.6	45.9	78.7	111.2	87.2		114.1	70.8	96.5	88.2	102.8		43.5	72.5	59.3	84.2	98.0
Attended contacts with community and outpatient mental health services, per 100,000 (Persons All ages)	2019/20	30674		28298	31815						27965						22455				29644	22968
Inpatient stays in secondary mental health services, per 100,000 (Persons All ages)	2019/20	241		195	172						213						205				191	234
Suicide rate (Persons 10+ yrs)	2018 - 20*/ 2020 - 22^/ 2021 - 23	10.7	^9.1	^7.3	*8.6	8.4	9.3	8.4	8.4	8.0	*9.7	6.8	8.8	8.9	9.1	5.2	*10.9	11.2	7.0	8.6	8.1	8.8

- Prevalence of depression and serious mental illness are lower in HWE compared to the national average and the incidence of depression is below the national average and declining.

- Whilst the rates of inpatient stay in secondary mental health facilities is lower in the ICB and all HCPs compared to the national average, there is variation in the number of contacts with community mental health services, with the rate in ENH statistically significantly higher than the national average, whilst it is lower in SWH and WE.

- The rate of suicide in HWE is statistically significantly lower to the national and regional averages, with 7.3 deaths attributed to suicide per 100,000 (directly standardised rate) people. Data for HWE ICB show that the rate has decreased in recent years, reducing from 9.5 per 100,000 during the period 2018-20. The suicide rate in males is 3.4 times higher than the rate in females.
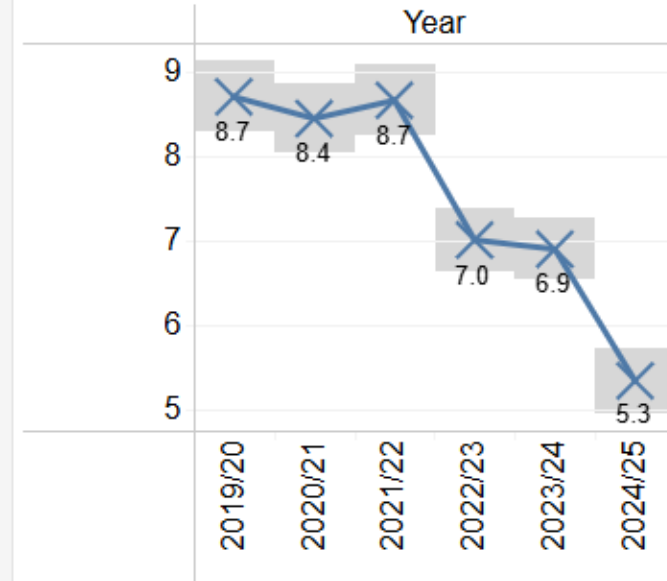
Hertfordshire and West Essex Integrated Care System

Mental Health – Self-harm

Emergency admissions for Self-harm. Directly Standardised Rate per 100,000, all ages.
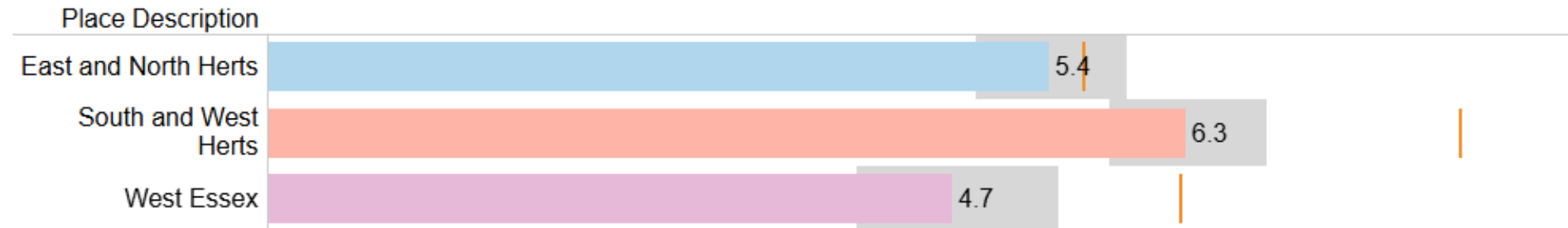
- Rates of emergency admission for self-harm are decreasing

- WE (24.9% reduction) and SWH (23% reduction) have seen the greatest relative reduction compared to the same period the year before. Whilst ENH has a small reduction (4.2%) this is not statistically significant.

- People living in higher levels of deprivation have significantly higher rates of emergency admission for self-harm. The rate of emergency admission in people living in the most deprived quintile is 3.3 times higher than the rate of emergency admission in people in the least deprived quintile.

- Younger age groups (10-24) have the highest rates of emergency admission (see CYP indicator) with rates declining as age increases. Similar to findings in people aged 10-24 years, females have a higher rate of emergency admission compared to males (7.4 per 100,000 vs. 3.8 per 100,000).

Annual Analysis

Year

Year	Rate
2019/20	8.7
2020/21	8.4
2021/22	8.7
2022/23	7.0
2023/24	6.9
2024/25	5.3

Place Summary

Last 12 Months | Same Period Last Year | 95% Confidence Interval

Place Description

Place Description	Rate
East and North Herts	5.4
South and West Herts	6.3
West Essex	4.7

Hertfordshire and West Essex Integrated Care System

Mental Health – Dementia

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Dementia: QOF prevalence (Persons All ages)	2023/24	0.8	0.8	0.8	0.8	0.7	0.7	1.0	0.8	0.7	0.7	0.7	0.8	0.6	0.7	0.6	0.9	1.2	0.6	0.9	0.7	0.9
Estimated dementia diagnosis rate (Persons 65+ yrs) per 100	2024	64.8	63.3	64.7	63.7	59.1	54.2	74.9	76.7	57.3	62.0	57.8	69.0	57.4	54.9	76.1		84.8	61.3	60.7	62.7	65.1
Dementia: Direct standardised rate of emergency admissions - CCG responsibility (Persons 65+ yrs)	2019/20	3517		3541	3572						3369						3825					
Mortality rate from dementia and Alzheimer's disease (Persons All ages)	2022*/ 2023	111.7	*109	*101.6		64.3	86.3	100.7	12.1	85.3		112.3	103.9	121.1	94.1	123.8		118.3	116.1	98.9	96.4	108.4

- There are 12,701 people recorded as having dementia in HWE, compared to an estimated 19,490, equating to a dementia diagnosis rate of 65.2% (data for December '24) which is below the national target of two thirds of people with dementia receiving a diagnosis.

- The rate of emergency admission for people with dementia is highest in WE. However, this is likely to be associated with higher levels of diagnosis in WE. Whilst the trend is not assessed for emergency admissions in people with dementia, data for the last four periods reported (up to 2019/20) show an increasing number of emergency admissions. This is consistent with increases in the number of people with a dementia diagnosis.

- The directly standardised mortality rate from dementia is statistically significantly lower in HWE compared to the national average.

HWE ICS — Hertfordshire and West Essex Integrated Care System

5. Planned Care & Cancer

Hertfordshire and West Essex Integrated Care System

Working together
for a healthier future

Cancer

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
New cancer cases (Crude incidence rate) (Persons All ages)	2022/23	548		523	512						520						548					
Percentage of cancers diagnosed at stages 1 and 2 (Persons All ages)	2021	54.4				#	60.2	56.6	58.7	57.9		53.2	59.8	60.5	57.3	61.3		51.8	59.2	59.0	57.8	53.9
Cancer: QOF prevalence (Persons All ages)	2023/24	3.6	3.7	3.7	3.6	3.9	3.9	3.7	3.0	3.4	3.7	3.9	3.9	4.0	3.9	2.4	3.5	3.6	2.8	4.3	3.7	3.8
Number of emergency admissions with cancer (Persons All ages) !	2023/24	529	509	453	423						481						452					
Under 75 mortality rate from cancer (Persons <75 yrs)	2022*/ 2023	120.8	*118.0	*108.2			121.6	93.4	104.9	106.0	102.5	113.1	112.6	108.3	107.3	140.8		112.6	129.8	98.1	109.4	117.6
Under 75 mortality rate from cancer considered preventable (Persons <75 yrs)	2022*/ 2023	48.8	*45.2	*41.3																		

\# Value not published for data quality reasons
! There is a data quality issue with this value

- Cancer incidence (the number of new cancers diagnosed per year) is lower in HWE compared to the national average. However, whilst it is lower in ENH and SWH the incidence is similar in WE.

- Cancer prevalence is similar to the national average and there is variation across local areas, associated with areas that have a higher proportion of the population aged 65 years and over.

- Cancers diagnosed at an early stage have improved prognosis. Nationally, the target is to diagnose 75% of cancers at stage 1 or 2. National benchmarking data is not reported at ICB level, but District Authority level data shows no area is achieving the 75% target, but three districts perform better than the national average.

- HWE ICB has both a lower rate of premature mortality from cancer as well as rate of premature mortality from cancer considered preventable. Cancer is the leading cause of premature mortality and one of the leading causes of variation in premature mortality across deprivation groups.
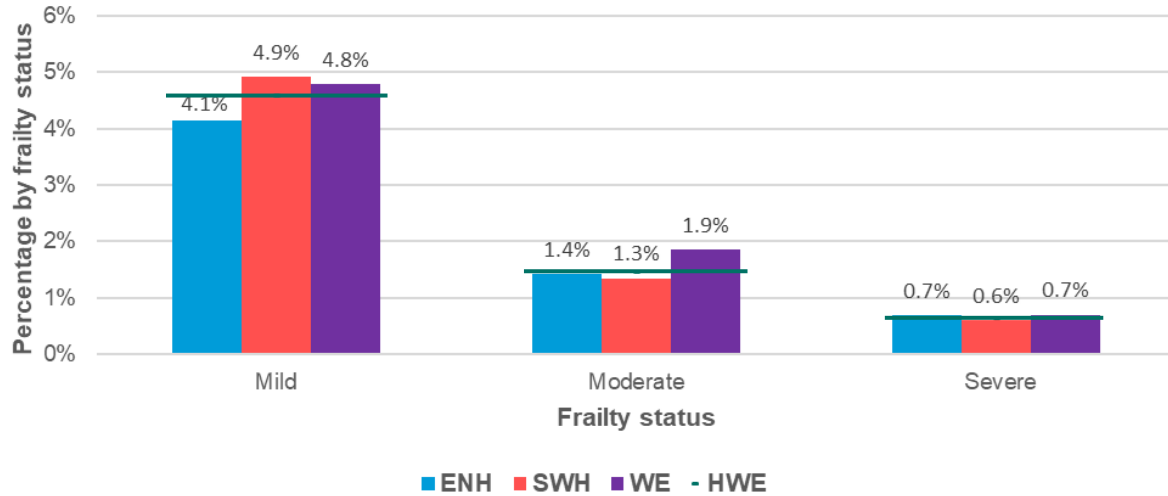
Hertfordshire and West Essex Integrated Care System

6. Frailty & End of Life

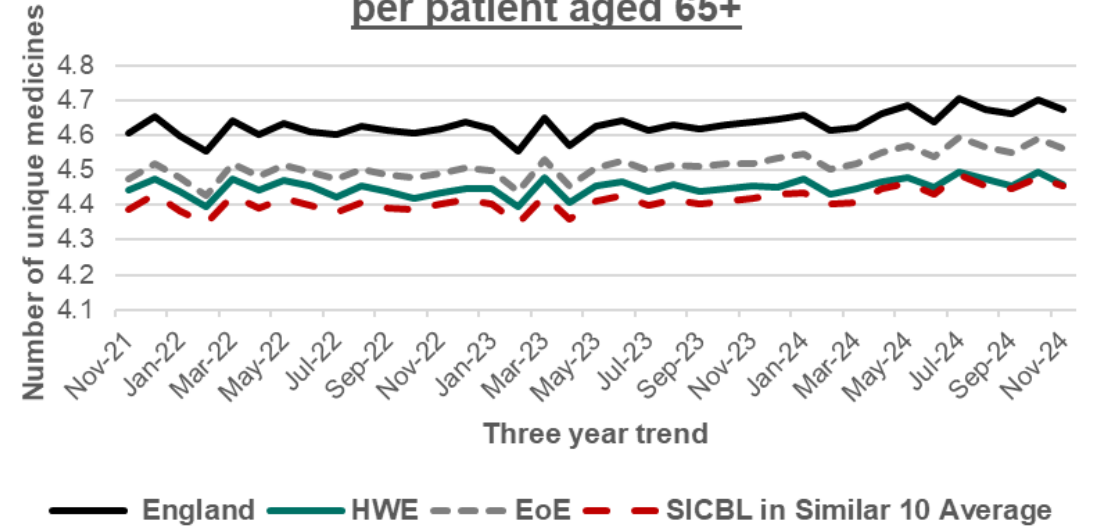Working together
for a healthier future

Frailty

% Frailty Prevalence of Place & HWE GP population - 29 Jan 2025

- Mild: ENH 4.1%, SWH 4.9%, WE 4.8%, HWE line 4.5%
- Moderate: ENH 1.4%, SWH 1.3%, WE 1.9%
- Severe: ENH 0.7%, SWH 0.6%, WE 0.7%

Legend: ■ENH ■SWH ■WE –HWE

HWE average number of unique medicines per patient aged 65+

Legend: England, HWE, EoE, SICBL in Similar 10 Average

- There are approximately 110,000 people in HWE who are recorded as having frailty. The majority (76,000, 68%) have mild frailty, with 22% categorised as having moderate frailty (24,000) and 10% having severe frailty (11,000). The prevalence of frailty in HWE (6.6%) is higher than the national average, and is due to improved disease detection and data quality. Variation between different areas is likely to result from coding quality, with prevalence at the PCN level varying from 3.3% to 14.7%.

- Frailty prevalence increases with age and a high proportion of people with frailty are aged 80 years and over (44%). A high proportion of people with frailty have at least two long term conditions (61.6%), with CVD (69.1%) and diabetes (48.5%) the most common conditions in the frail population.

- Locally, 4.45% of people aged 65 years and over are prescribed 10 or more medicines. This compares favourably to the national and EOE averages and is in line with the average of the ICB's peers. Whilst there is a gradual upwards trend national, regional and peer trend in the proportion, this has not been observed in HWE. This is likely to be a result of prescribing schemes, medication reviews and reconciliation as well as effective care in the last year of life.
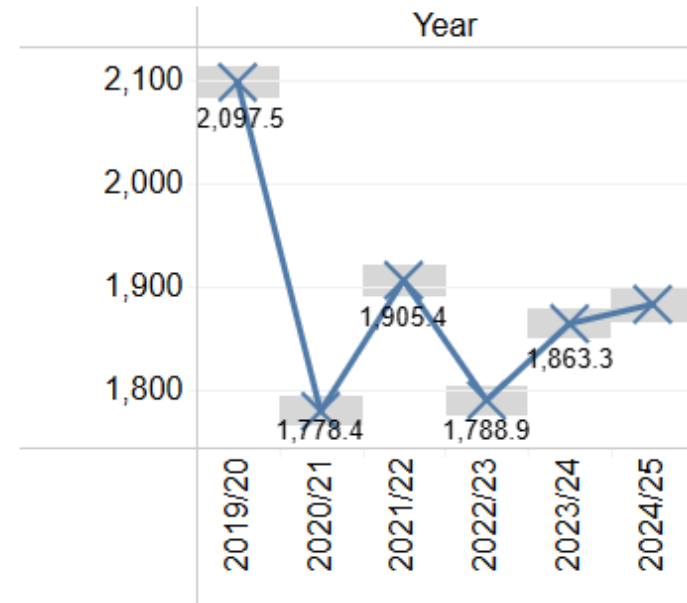
Hertfordshire and West Essex Integrated Care System

Frailty

Rate of Emergency Admissions for people aged 65 years and over. Directly standardised rate per 100,000.
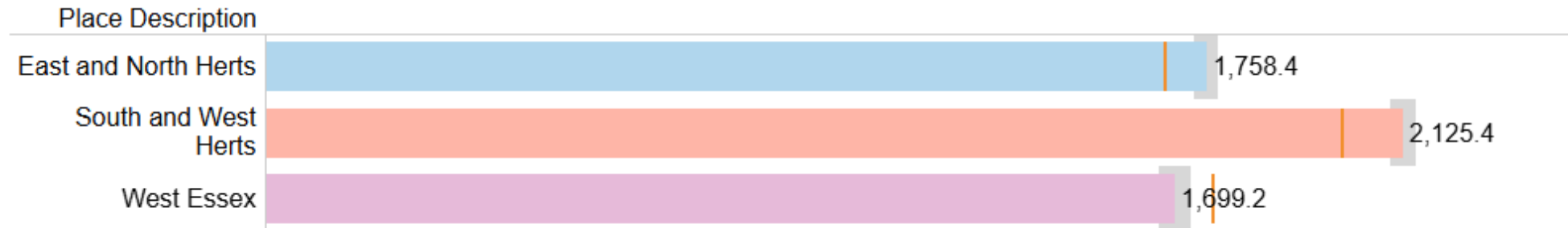
- Rate of emergency admissions for people aged 65 and over is used as a proxy measure for the rate of emergency admission in people with frailty. Local audits show that approximately half of all admissions in people aged 65 years and over are for people with frailty.

- The rate of emergency admission varies and is influenced by geographic and demographic factors.

  - People in SWH have the highest rates of emergency admission and have seen the greatest increase in the rate (5.8% compared to the previous year). ENH has the second highest rate and has seen an increase of 4.7%. WE now has the lowest rate following a reduction of 3.9% compared to the year before.

  - Rates of emergency admission in the older population increase with advancing age and with higher levels of deprivation. Every 5 additional years of age increases the rate of emergency admission by between 30-50%.

  - People living in higher levels of deprivation have a 50.2% higher rate of emergency admission compared to people living in lower levels of deprivation.

- Men on average have a higher rate of emergency admission (after adjusting for age), with a 17% higher rate of emergency admission compared to women. This higher rate is observed across all age groups.

Annual Analysis

Year

Year	Rate
2019/20	2,097.5
2020/21	1,778.4
2021/22	1,905.4
2022/23	1,788.9
2023/24	1,863.3
2024/25	

Place Summary

Last 12 Months | Same Period Last Year | 95% Confidence Interval

Place Description	Rate
East and North Herts	1,758.4
South and West Herts	2,125.4
West Essex	1,699.2

Hertfordshire and West Essex Integrated Care System

Frailty

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Older people in poverty, income deprivation affecting older people Index (IDAOPI) (Persons 60+ yrs)	2019	14.2				12.3	8.0	9.2	13.5	10.3		9.4	11.3	7.3	8.7	13.0		11.2	15.0	7.7	9.9	11.3
Winter mortality index (Persons All ages)	Aug 2021 - Jul 2022	8.1				6.9	1.8	2.8	6.0	12.3		3.8	8.2	8.6	7.8	-1.1		5.4	8.9	2.8	5.5	3.4
Emergency hospital admissions due to falls in people aged 65 and over (Persons 65+ yrs)	2022/23* / 2023/24	1984	*1760	*1814		1630	1668	2087	2203	1941		2350	2624	2212	2515	2891		1689	1948	1669	1647	2005
Hip fractures in people aged 65 and over (Persons 65+ yrs)	2022/23* / 2023/24	547	*532	*490		543	581	603	682	490		473	581	508	464	573		618	745	546	556	590

- Across the ICS all areas except Harlow have a lower proportion of older adults living in poverty compared to the national average. Conversely, Harlow has one in six older adults living in poverty. After Harlow, areas with higher proportion of older adults living in poverty are areas with higher levels of deprivation, including Watford, Stevenage and Broxbourne.

- Winter mortality compares the deaths during winter months (December to March) to the average in the preceding eight months. Winter mortality assesses the impact of conditions affected by colder weather as well as respiratory illnesses and pressures on acute care services. The Winter Mortality Index shows significant variation and values at District Authority level have wide confidence intervals, meaning it is difficult to compare to the national average. However, at County Council level, the index is significantly lower than the national average for Essex. Whilst the rate in Hertfordshire is lower than the national average, this is not statistically significant.

- The rate of emergency admission in HWE is lower than the national average, but this masks significant variation. The rate of falls is highest in SWH, with a statistically significantly higher rate of emergency admission in all five districts compared to the national average. Whilst the ICB, regional and national rates of emergency admission for falls are reducing the rate is stable in all Districts in SWH and three of the five districts in ENH.

- The rate of hip fractures in HWE is statistically significantly lower than the national average, with five districts having a rate statistically significantly lower than the national average. The trend nationally is decreasing.
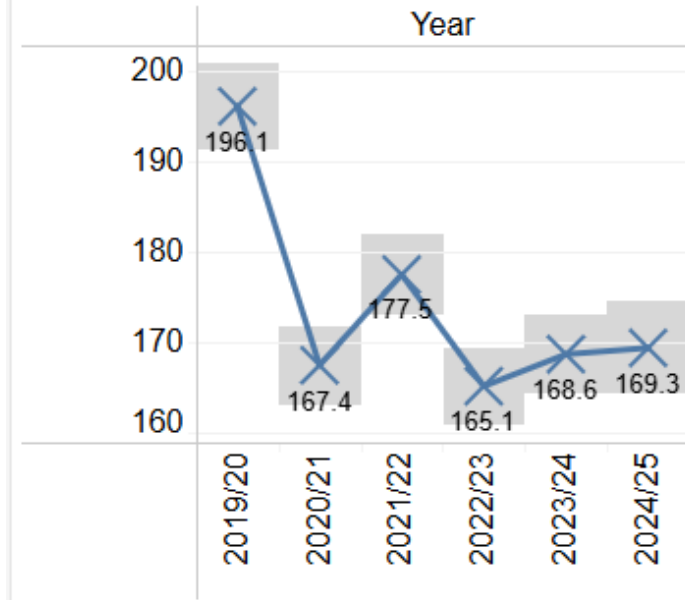
Hertfordshire and West Essex Integrated Care System

Frailty

Rate of emergency admissions following a fall in the community. Directly standardised rate per 100,000 aged 65 years and over.
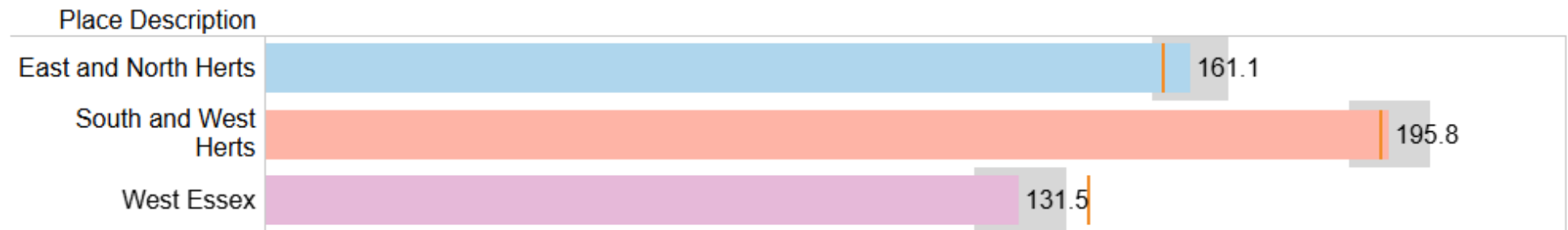
- The rate of emergency admission for falls in the community has remained stable over the last three years.

- SWH has the highest rate of admission for falls, followed by ENH and then WE. WE is the only area to see a statistically significant change, with a 8.3% reduction in the rate of emergency admissions for falls.

- The rate of falls increases with age, with the rate of falling nearly doubling for every additional five years of age. The rate of falls in the community is approximately 20 times higher in people aged 90 years and over compared to people aged 65-69 years (41.9 per 100,000 compared to 813.1).

- The rate of falls is statistically significantly higher in women than men even after adjusting for age (186.6 compared to 144.3).

- Following a fall, 82.9% of patients return to their usual place of residence. This has increased from 78.8% the previous year. The chance of being discharged to usual place of residence decreases with increasing age, with 10% fewer people aged 90 years and over returning to their usual place of residence compared to people aged 65-69 years.

Annual Analysis

Year

Year	Value
2019/20	196.1
2020/21	167.4
2021/22	177.5
2022/23	165.1
2023/24	168.6
2024/25	169.3

Place Summary
Last 12 Months | Same Period Last Year | 95% Confidence Interval

Place Description	Value
East and North Herts	161.1
South and West Herts	195.8
West Essex	131.5

Hertfordshire and West Essex Integrated Care System

End of Life

Indicator Name	Time period	England	East of England	HWE ICB	ENH HCP	Broxbourne	East Hertfordshire	North Hertfordshire	Stevenage	Welwyn Hatfield	SWH HCP	Dacorum	Hertsmere	St Albans	Three Rivers	Watford	WE HCP	Epping Forest	Harlow	Uttlesford	Hertfordshire	Essex
Palliative/supportive care: QOF prevalence (Persons All ages)	2023/24	0.5	0.6	0.9	1.1	0.9	1.0	1.3	1.2	1.0	0.8	0.9	1.0	0.6	0.6	0.6	1.0	1.1	0.9	1.1	0.9	0.7
Care home beds per 100 people 75+ (Persons 75+ yrs)	2021	9.4	8.9	9.6	9.4	3.8	10.6	10.5	8.8	11.0	10.2	7.8	14.1	8.6	10.0	12.9	8.8	10.5	5.8	8.6	9.7	8.6
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (Persons 75+ yrs)	2022	5.1	5.0	5.4	5.1						6.2						4.4					
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (Persons All ages)	2022	6.2	5.8	6.1	5.5						7.2						5.2					
Percentage of deaths that occur in hospital (Persons 65-74 yrs)	2023	47.0	47.0	48.9	47.4	51.3	43.3	43.3	50.5	52.0	50.8	52.2	49.6	47.1	50.0	55.8	48.3	51.5	54.3	36.1	49.0	47.9
Percentage of deaths that occur in hospital (Persons 75-84 yrs)	2023	46.3	45.9	45.5	44.3	53.8	38.2	44.2	42.6	44.0	45.7	44.1	46.2	42.8	46.9	50.0	47.3	46.4	51.1	45.3	44.9	47.1
Percentage of deaths that occur in hospital (Persons 85+ yrs)	2023	38.6	39.1	39.3	38.2	44.5	38.9	33.3	35.2	41.5	42.2	41.9	39.0	42.3	46.5	42.3	35.5	39.1	37.8	27.9	40.2	39.2
Percentage of deaths that occur in hospital (Persons All ages)	2023	42.8	42.5	42.5	41.6	47.5	39.4	38.1	40.7	44.8	43.9	43.7	41.5	43.2	45.3	46.9	41.4	42.7	45.1	35.8	42.7	43.3

- The palliative care register has increased significantly between 2022/23 and 2023/24, from 0.4% to 0.9%. This reflects improvements in identification of people with end stage disease. The register is more reflective of the number of people who a likely to be in their last year of life and therefore will benefit from advance care planning and palliative care support.

- Whilst there has been improvement across the ICB in the proportion of people who have three or more emergency admissions in the last 90 days of life, this is driven by improvements in ENH and WE. The proportion in SWH has remained stable and has moved from being statistically similar to the national average to being statistically significantly higher than the national average. The following slide provides more recent local data, including 2024/25 year to date. This shows that the proportion is potentially increasing following 2022/23.
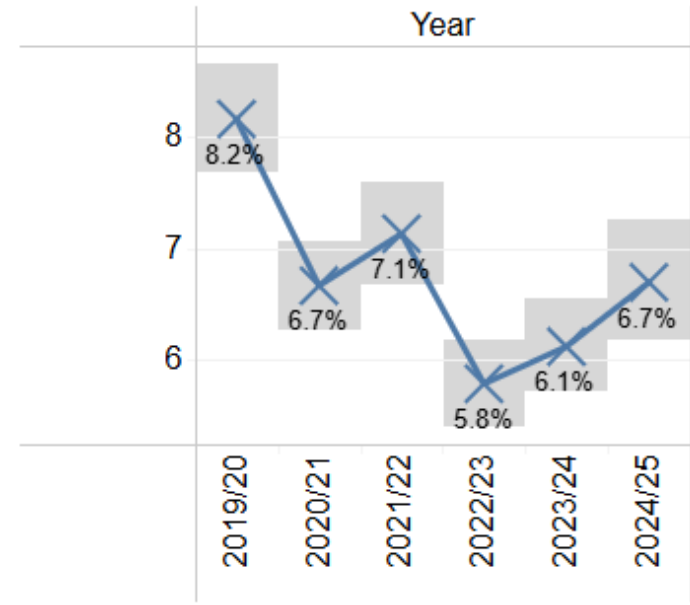
Hertfordshire and West Essex Integrated Care System

End of Life

Percentage of deaths with three or more emergency admissions in the last 90 days of life
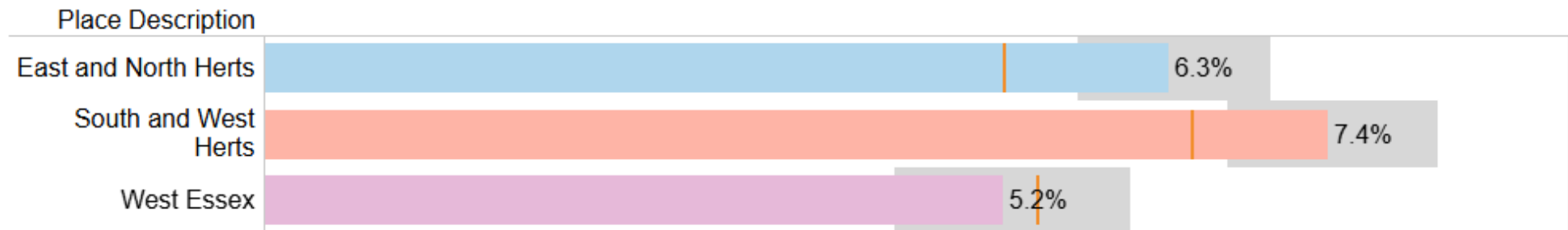
- Current data on the proportion of people who died that had three or more emergency admissions in the last 90 days of life show that there is an increasing trend, from a low of 5.8% to 6.7%. Whilst this is not statistically significant, the pattern warrants further monitoring and actions to avoid poor experience and outcomes for people in their last days of life and potentially low value care for patients and the health care system.

- ENH and SWH have seen statistically significant increases in the proportion of people with three or more admissions, whilst WE has seen no significant change.

- Males are statistically significantly more likely to have multiple admissions in their last days of life compared to females (7.4% vs. 5.7%).

- Statistical comparison of proportions for different age groups is not possible due to wide confidence intervals. However, a lower proportion of older adults have multiple admissions in the last days of life compared to younger ages.

Annual Analysis

Year

Year	Value
2019/20	8.2%
2020/21	6.7%
2021/22	7.1%
2022/23	5.8%
2023/24	6.1%
2024/25	6.7%

Place Summary

Last 12 Months | Same Period Last Year | 95% Confidence Interval

Place Description

Place	Value
East and North Herts	6.3%
South and West Herts	7.4%
West Essex	5.2%

Hertfordshire and West Essex Integrated Care System

Index of Multiple Deprivation 2019

EAST AND NORTH HERTFORDSHIRE
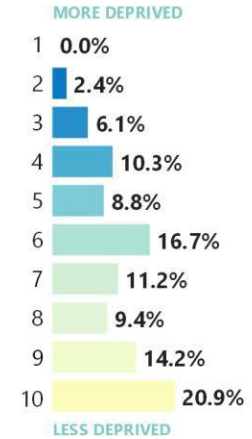
Clinical commissioning group (CCG)

CCG profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED

Decile	%
1	0.0%
2	2.4%
3	6.1%
4	10.3%
5	8.8%
6	16.7%
7	11.2%
8	9.4%
9	14.2%
10	20.9%

LESS DEPRIVED

What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **NHS East and North Hertfordshire CCG**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).
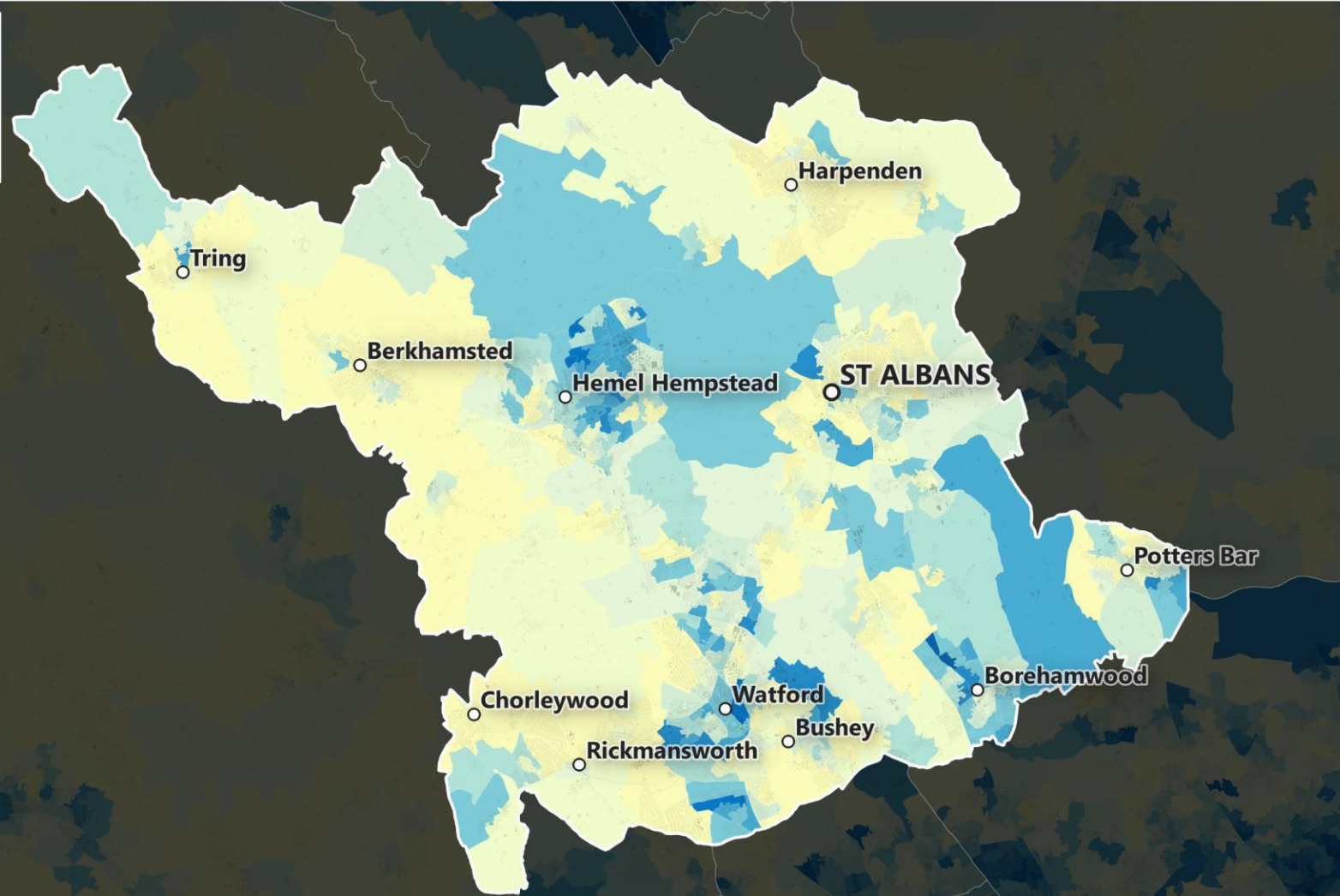
More deprived | Less deprived

Relative level of deprivation

1 mile

Index of Multiple Deprivation 2019

HERTS VALLEYS

Clinical commissioning group (CCG)

Ministry of Housing, Communities & Local Government

CCG profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED

Decile	%
1	0.3%
2	1.4%
3	3.1%
4	8.0%
5	11.5%
6	10.9%
7	10.0%
8	10.0%
9	15.2%
10	29.5%

LESS DEPRIVED
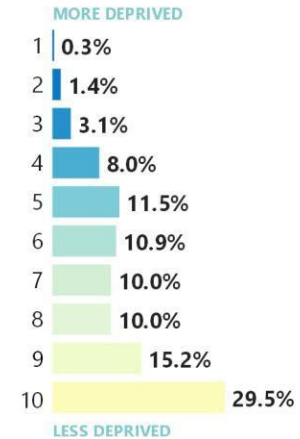
What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **NHS Herts Valleys CCG**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

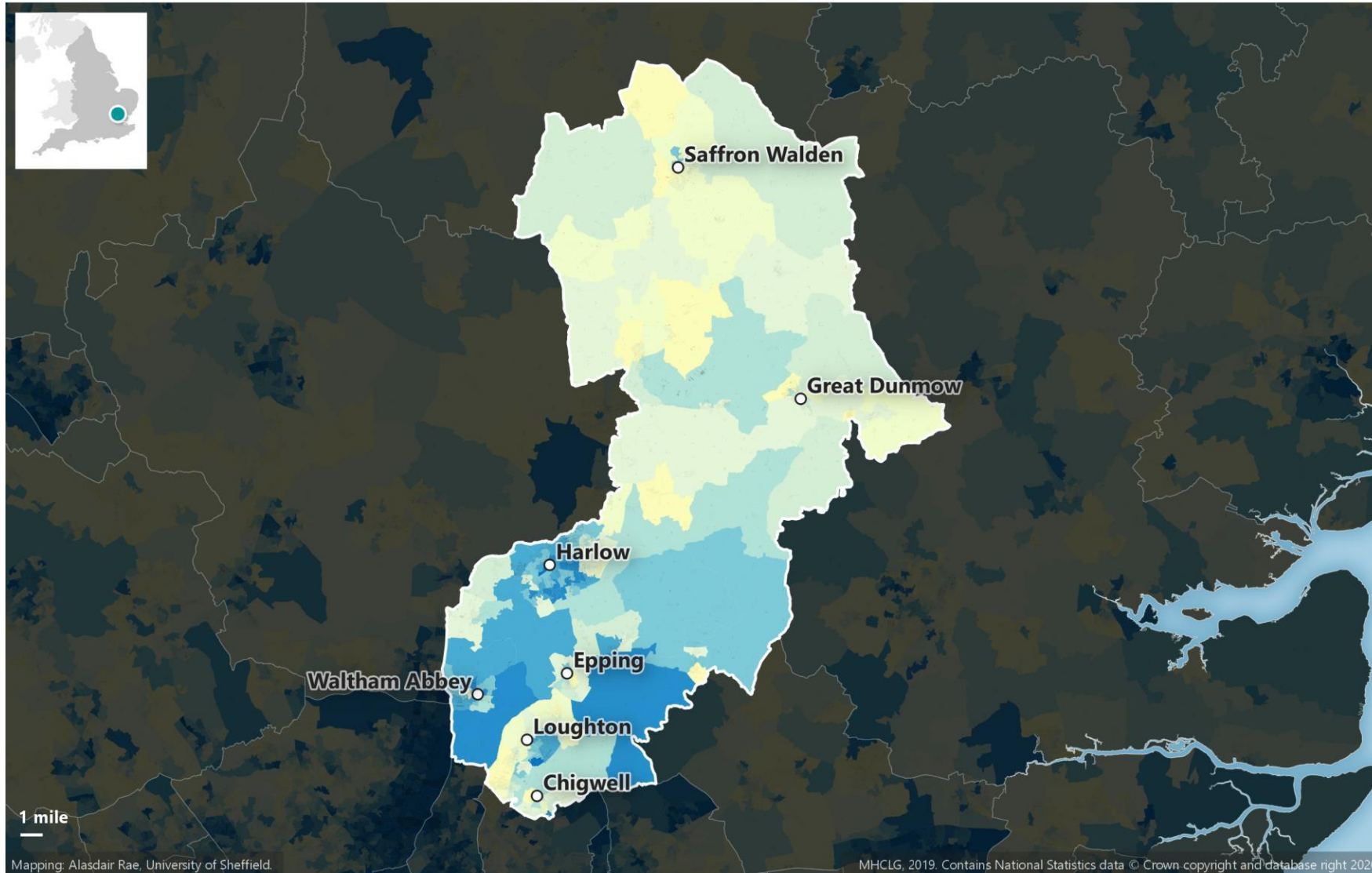More deprived   Less deprived

Index of Multiple Deprivation 2019
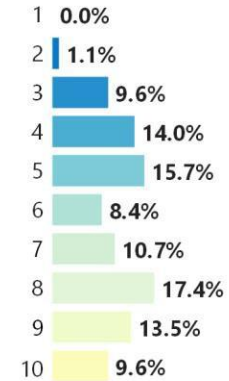
WEST ESSEX

Clinical commissioning group (CCG)

CCG profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED

Decile	%
1	0.0%
2	1.1%
3	9.6%
4	14.0%
5	15.7%
6	8.4%
7	10.7%
8	17.4%
9	13.5%
10	9.6%

LESS DEPRIVED

What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **NHS West Essex CCG**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

More deprived   Less deprived

Relative level of deprivation

Map labels: Saffron Walden, Great Dunmow, Harlow, Epping, Waltham Abbey, Loughton, Chigwell

1 mile

Information sources & Acknowledgements

Information Sources

- Information is presented using routine, nationally available data and local data systems. This allows for benchmarking to regional and national averages where available and for comparison within the ICS.

- Not all indicators are available for Hertfordshire and West Essex. Where data are not available, information is provided at the most appropriate level. For some indicators, the best available data is at the County Council level and therefore information is provided for Hertfordshire and Essex Councils.

- Data presented has been sourced from:
    - DELPPHI (HWE data platform)
    - Office for Health Improvement & Disparities, including Fingertips

- Additional information sources used include:
    - NHS Digital
    - Office for National Statistics
    - Model Health System
    - National Diabetes Audit
    - CVD Prevent

HWE PHM Team

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