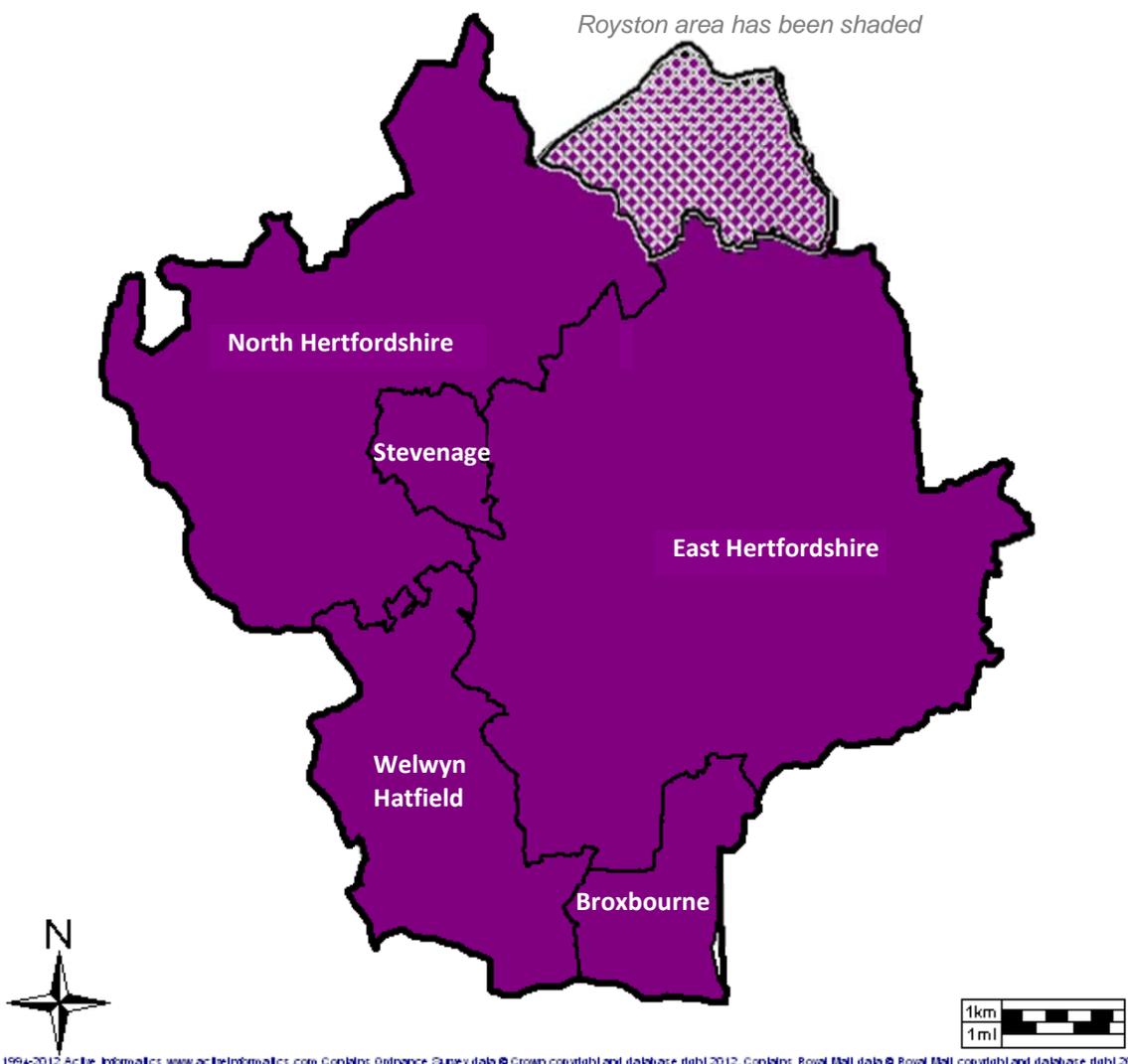


Health Summary NHS East and North Hertfordshire Clinical Commissioning Group January 2013

NHS East and North Hertfordshire CCG



The five constituent districts of NHS East and North Hertfordshire Clinical Commissioning Group (ENHCCG) are shown on the above map. Although GP practices in the Royston area will not be within ENHCCG, due to the limitations of the nationally published data all data for North Hertfordshire district and ENHCCG contained within this report includes Royston.

Data are not yet routinely published for Clinical Commissioning Groups (CCGs), and so data for the old East and North Hertfordshire PCT and its constituent local authority districts have been used as the best currently available proxies for the majority of this summary.

PURPOSE

This summary provides a brief overview of the trends and patterns in health in the NHS East and North Hertfordshire Clinical Commissioning Group (ENHCCG) area broken down by local authority district. This report was written to help support and inform the work of local health services and local government in improving health and reducing inequalities.

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FURTHER INFORMATION AND FEEDBACK

This summary was created by the Public Health Information Team, Hertfordshire Integrated Commissioning Support (HICS). It was written by Holly Walsh (Senior Public Health Analyst/ Epidemiologist) and Claire Tiffany (Senior Public Health Analyst/ Epidemiologist) with input from Julia Lisk (Information Manager Public Health & Primary Care).

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We welcome your comments on this summary and how it could better suit your individual or organisational requirements, so please do contact us with your ideas.

Key Messages

- Over half a million people live in ENHCCG. The population is expected to rise by 26% by 2035 with Welwyn Hatfield experiencing the highest increase (37%). The number of people aged 65 and over is predicted to increase by 75%. Although deprivation in Hertfordshire is lower than the national average there are pockets of deprivation in ENHCCG.
- The health of people in ENHCCG is generally similar to or better than the East of England average, although this varies at district level.
- Life expectancy at age 65 has increased over the last seven years although it is slightly lower than the East of England average for both men and women. It is 1.7 years lower for men in Stevenage compared to Broxbourne and 2.0 years lower for women in North Hertfordshire compared to Broxbourne.
- Early death rates from circulatory diseases, cancer and causes amenable to healthcare have fallen steadily over the last 18 years and are slightly lower than the average for the East of England. However, premature mortality from liver disease has increased from 1993 to 2010, as has the East of England average. Early death rates from chronic obstructive pulmonary disease have fluctuated over the last six years.
- Around one in twelve Reception Class children and one in seven Year 6 children are classified as obese, lower than the East of England average. The highest prevalence is seen in Broxbourne. Levels of teenage pregnancy in Stevenage and Broxbourne are slightly higher than the East of England average.
- Just over one in five adults smoke, higher than the East of England average; and an estimated 770 deaths per year are due to smoking. The smoking attributable mortality rate is similar to the regional average. Stevenage has a significantly higher smoking prevalence and smoking attributable mortality than the East of England average. Around one fifth of adults are obese, similar to the East of England average. The rate of alcohol-related hospital admissions is higher than the East of England average in Broxbourne and Stevenage and has increased over the last ten years in line with the national trend.
- Emergency hospital admission rates for ambulatory care sensitive conditions (conditions potentially treatable in the community) are lower than the East of England average. Over 5,200 admissions could potentially have been avoided in a year. Rates of admissions for hip fractures in people aged 65 and over are similar to the overall rate for the whole of Hertfordshire and average around 530 admissions per year.

1. Background and context

i. Population

Resident population

Over half a million people live in the East & North Hertfordshire Commissioning Group (ENHCCG) area and this figure is expected to rise by just over a quarter (25.5%) between 2010 and 2035 (Population Projections Unit, ONS, March 2012). The highest proportional population growth is projected for Welwyn Hatfield (37%) and North Hertfordshire (25%) whilst the lowest growth is in Stevenage (15%).

In 2011 the resident population in the five districts in the ENHCCG area was 552,900. Approximately 20% of residents were aged under 16, 65% were of working age (16 to 64) and 16% were aged 65 and over (Table 1.1). Compared to regional and national population breakdowns there is a slightly higher proportion of children and adults of a working age living in ENHCCG.

Table 1.1: Population estimates, persons, percentage and number* by broad age group, NHS East & North Herts CCG, 2011

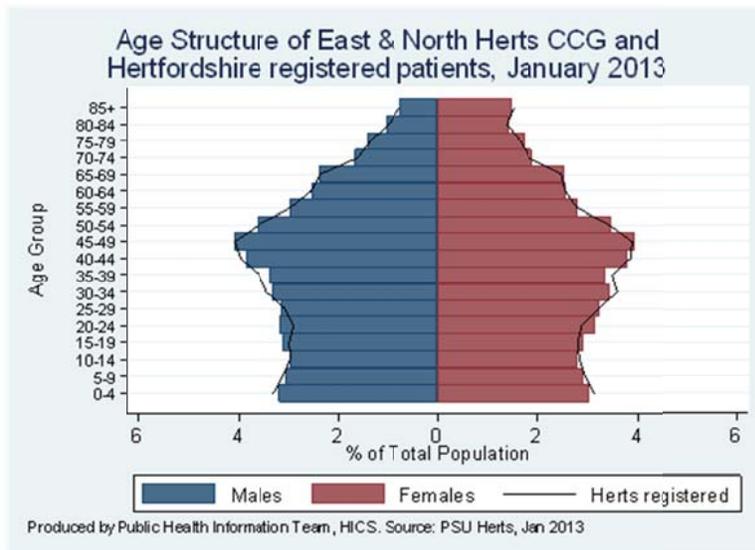
	0-15 years	16-64 years	65 years and over
ENHCCG	19.6% (108,500)	64.6% (358,100)	15.8% (87,800)
East of England	18.9%	63.4%	17.6%
England	18.9%	62.0%	19.1%

**figures in this table may not add exactly because they have been rounded to the nearest 100
Source: 2011 Census, ONS, July 2012*

GP registered population

Around 573,000 people were registered with a GP practice in ENHCCG in January 2013 (Hertfordshire Practitioner Services Unit). Figure 1.1 shows ENHCCG's GP registered population split by sex and five year age group compared to Hertfordshire's. Overall, the age structure of the population in ENHCCG is similar to Hertfordshire, although there are slightly lower proportions of men and women aged 30-39 years.

Figure 1.1: GP registered population by sex and 5 year age group, percentage, NHS East & North Herts CCG, 2013



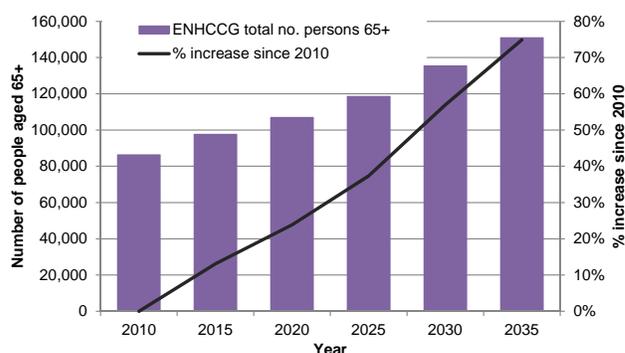
Ageing population

10 million people in the UK are over 65 years old. The latest projections are for 5½ million more elderly people in the next 20 years and the number will have nearly doubled to around 19 million by 2050. Within this total, the number of very old people grows even faster. Three million people are aged more than 80 years and this is projected to almost double by 2030 reaching eight million by 2050. While one-in-six of the UK population is currently aged 65 and over, by 2050 one in four will be. The Strategic Health Authority East of England estimated there are nearly 12,000 centenarians in the region, and this is predicted to rise to around 228,000 in 2020.

Growing numbers of elderly people will have an impact on the NHS, where average spending for retired households is nearly double that for non-retired households. In 2007/08 the average value of NHS services for retired households was £5,200 compared with £2,800 for non-retired. These averages conceal variation across older age groups, with the cost of service provision for the most elderly likely to be much greater than for younger retired people. The Department of Health estimates that the average cost of providing hospital and community health services for a person aged 85 years or more is around three times greater than for a person aged 65 to 74 years.

ENHCCG is predicted to experience very fast growth of the population over 65 in the next 20 plus years to 2035. Overall a 75% increase is estimated in the number of people aged 65+ between 2010 and 2035, with total numbers going from over 86,000 to almost 151,000 (Figure 1.2).

Figure 1.2 Projected total numbers of persons aged 65+ and percentage increase in population 2010-2035



Source: Population Projections Unit, ONS, March 2012

Ethnic groups

In 2011 approximately 89.8% of residents of ENHCCG were White, 2.3% Mixed, 4.6% Asian or Asian British, 2.8% Black or Black British and 0.6% Other (Table 1.2). ENHCCG has a higher proportion of White residents than England, but a slightly lower proportion than the East of England. Approximately 200 different languages are spoken by pupils living in the county of Hertfordshire.

Table 1.2: Population estimates, persons, number* and percentage by ethnicity, NHS East & North Herts CCG, 2011

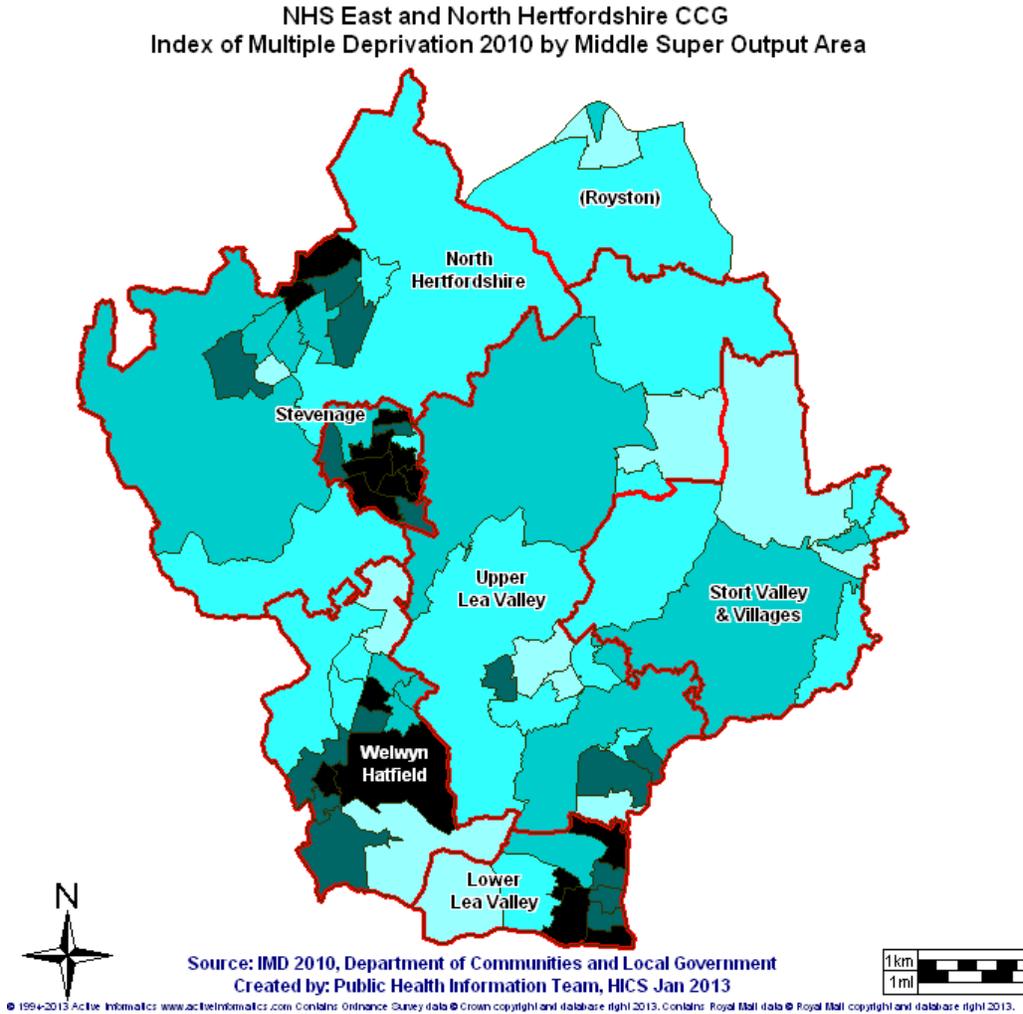
	White	Mixed	Asian or Asian British	Black or Black British	Other
ENHCCG	89.8% (496,300)	2.3% (12,800)	4.6% (25,200)	2.8% (15,300)	0.6% (3,300)
East of England	90.8%	1.9%	4.8%	2.0%	0.5%
England	85.4%	2.3%	7.8%	3.5%	1.0%

*figures in this table may not add exactly because they have been rounded to the nearest 100
Source: 2011 Census, ONS, July 2012

ii. Deprivation

Although Hertfordshire is often thought of as an affluent county, there are considerable differences in deprivation levels. The six GP localities of ENHCCG have pockets of deprivation within their boundaries as shown in the map in Figure 1.3. The darkest coloured areas are some of the most deprived areas in Hertfordshire.

Figure 1.3: Levels of deprivation



Hertfordshire quintiles (fifths) of deprivation (IMD 2010) Middle Super Output Area (includes 2 in Royston)



The map in Figure 1.3 shows the differences in deprivation levels in ENHCCG based on the Index of Multiple Deprivation 2010 aggregated to Middle Super Output Area (MSOA). ENHCCG has 16 MSOAs in Hertfordshire's most deprived quintile (most deprived fifth of MSOAs); seven are in Stevenage, four in Lower Lea Valley, three in Welwyn Hatfield and two in North Herts, whilst Upper Lea Valley and Stort Valley and Villages have none.

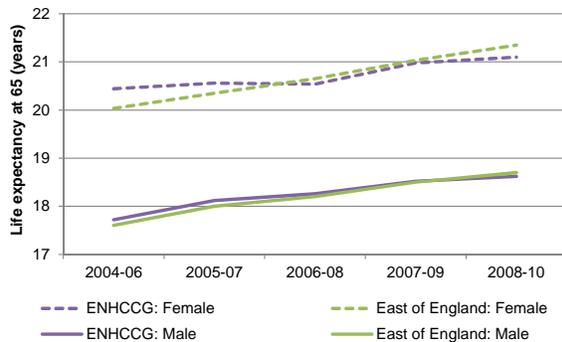
2. Life expectancy at 65

Life expectancy has increased nationally in the UK over the last 10 years. In the most recent data for the UK, a man aged 65 can expect to live another 17.8 years and a woman aged 65 another 20.4 years. The difference between male and female life expectancy in the UK at age 65 has decreased from 4 years in 1980-82 to 2.6 years in 2008-10.

Improving the early diagnosis of long term conditions, the investigation and treatment of patients presenting with acute symptoms, such as heart attack, stroke, hip fracture or pneumonia, as well as patients presenting with cancer symptoms will all help to increase life expectancy at 65. Healthy behaviours, particularly physical activity and smoking cessation, as well as vaccination, high quality social care and medication compliance will also help to increase life expectancy at 65.

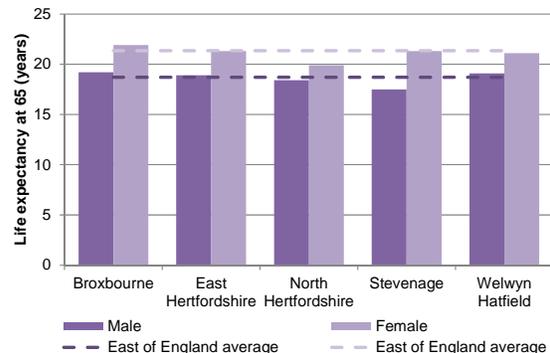
It is important to remember that while life expectancy has increased, so has the number of years spent in ill health or with disability.

Figure 2.1: Male and female life expectancy at 65, NHS East & North Herts CCG and East of England, 2004-06 to 2008-2010



Source: ONS

Figure 2.2: Life expectancy at 65, NHS East & North Herts CCG, by district, 2008-2010



- Average life expectancy at age 65 increased for both men and women in ENHCCG between 2004-06 and 2008-2010 in line with the regional trend.
- The average life expectancy at age 65 for ENHCCG districts in 2008-2010 was 18.6 years and 21.1 years for men and women respectively. This is higher than the national average and comparable to the East of England average of 18.7 years for men and 21.4 years for women.
- Within ENHCCG in 2008-2010 the lowest life expectancy at age 65 for men was in Stevenage (17.5 years) and for women was in North Hertfordshire (19.9 years). The highest was in Broxbourne (19.2 years for men and 21.9 for women).

- The difference between male and female life expectancy at age 65 in ENHCCG has decreased from 2.7 years in 2004-06 to 2.5 years in 2008-10, whilst for the East of England it has increased from 2.4 to 2.7.

3. Premature mortality from causes considered amenable to healthcare

Mortality from causes considered amenable to health care is an outcome associated with the quality of health care provided by the health system. It is based on the premise that deaths from certain causes within particular ages should not occur in the presence of timely and effective health care.

Figure 3.1: Mortality from causes amenable to health care, directly standardised rate, under 75 years, per 100,000 population, NHS East & North Herts CCG, 1993 to 2010

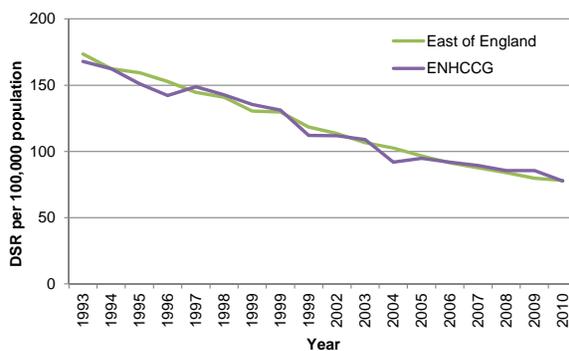
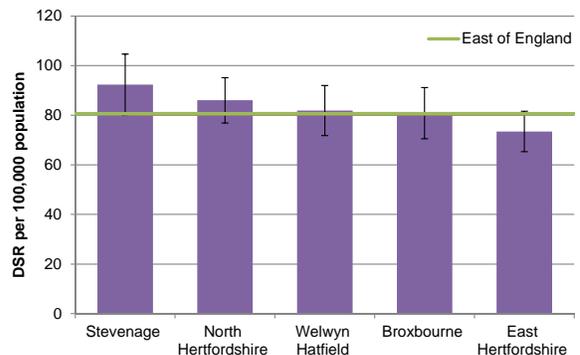


Figure 3.2: Mortality from causes amenable to health care, directly standardised rate, under 75, per 100,000 population, NHS East & North Herts CCG, by district, 2008-2010



Source: *Compendium of Population Health Indicators, NHS Information Centre*

- In the period 1993-2010 there has been a substantial reduction in directly age-standardised rates of premature (under 75 years) mortality from causes considered amenable to health care in both ENHCCG and regionally. In 2010 the average rate of premature deaths from causes considered amenable to health care in ENHCCG was 78 per 100,000 population, and the number of deaths was 439. The regional rate was 81 deaths per 100,000 population.
- In 2008-10 Stevenage had the highest rate of premature mortality for deaths considered to be amenable to health care within ENHCCG (92 per 100,000 population), although this was not statistically significantly different to the regional rate.

4. Premature mortality from circulatory diseases

Circulatory diseases (including heart disease and stroke) account for 32% of all deaths, and 24% of premature deaths (those aged under 75). Premature deaths from circulatory diseases are more common in men than women. Both nationally and in Hertfordshire there has been a rapid decline in the number of premature deaths from circulatory diseases in the last decade, due in part to reduced smoking prevalence.

Despite the decline in mortality from circulatory disease it still remains accountable for a large proportion of deaths and is more common in deprived and disadvantaged groups. In these populations particularly, reducing mortality from circulatory diseases depends on:

- reducing risk factors e.g. smoking, obesity, hypertension, cholesterol, poor diet and physical inactivity;
- good access to effective and timely treatment for people with circulatory diseases e.g. anti-hypertensives, and access to surgery.

As well as having a focus on preventing circulatory diseases the Heart and Stroke network is focusing on supporting rapid access heart failure clinics, carrying out a review of community heart failure services, and further development of cardiac rehabilitation services.

Figure 4.1: Mortality from all circulatory diseases, directly standardised rate, under 75, per 100,000 population NHS East & North Herts CCG, 1993 to 2010

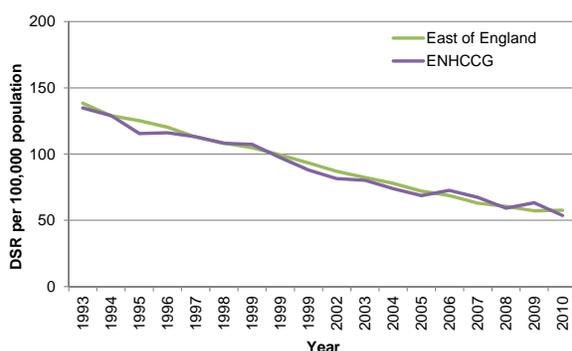
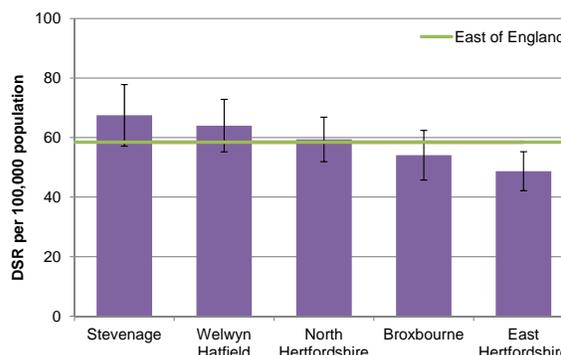


Figure 4.2: Mortality from all circulatory diseases, directly standardised rate, under 75, per 100,000 population, NHS East & North Herts CCG, by district, 2008-2010



Source: *Compendium of Population Health Indicators, NHS Information Centre*

- Directly age-standardised rates for premature (under 75 years) mortality from circulatory diseases have fallen considerably and the downward trend appears set to continue. Rates in ENHCCG are similar to the East of England. In 2010 the average rate of premature deaths from circulatory diseases in ENHCCG was 54 per 100,000 population, and the number of deaths was 311.
- Variation of premature mortality from circulatory diseases among districts broadly reflects known patterns of deprivation with Stevenage having the highest rate (67 per 100,000 population), and East Hertfordshire having a rate significantly lower than the average for the East of England (49 compared to 58 per 100,000 respectively).

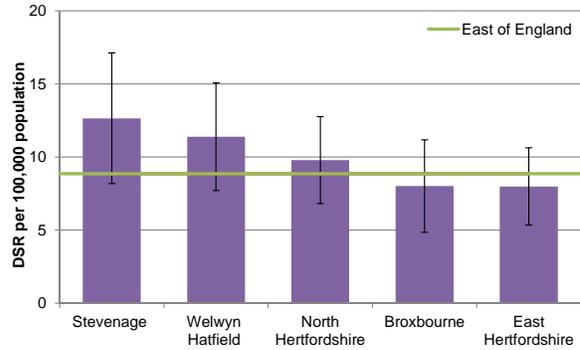
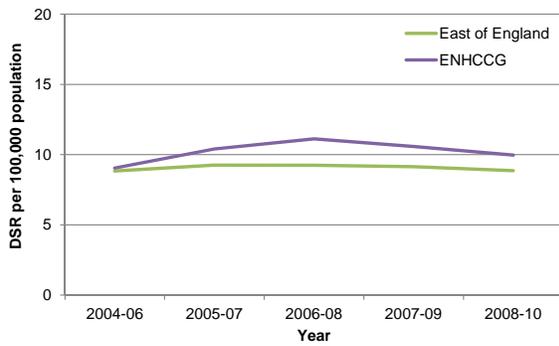
5. Premature mortality from chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) includes a number of conditions, including chronic bronchitis and emphysema, where people have difficulty breathing because of long-term damage to their lungs.

The biggest single cause of COPD is smoking, reflecting potentially preventable deaths. Local initiatives to reduce ill-health and deaths from COPD focus on smoking cessation and early diagnosis and management of COPD in primary care.

Figure 5.1: Mortality from bronchitis, emphysema and other COPD, directly standardised rate, under 75, per 100,000 population NHS East & North Herts CCG, 2004-06 to 2008-2010

Figure 5.2: Mortality from bronchitis, emphysema and other COPD, directly standardised rate, under 75, per 100,000 population, NHS East & North Herts CCG, by district, 2008-2010



Source: *Compendium of Population Health Indicators, NHS Information Centre*

- The directly age-standardised premature (under 75 years) mortality rate of COPD in ENHCCG has remained similar between 2004-06 and 2008-2010, and is similar to the East of England average. Rates among districts range from 8.0 (East Hertfordshire and Broxbourne) to 12.7 (Stevenage) per 100,000 population, although these are not significantly different to each other or the East of England average.
- In 2008-2010 the average rate of premature deaths from COPD in ENHCCG was 10.0 per 100,000 population, and the average number of deaths per year was 57.

6. Premature mortality from cancer

About one in three people will develop cancer at some point in their life and one in four people die from cancer.

Higher cancer mortality may reflect either higher incidence or lower survival after diagnosis. A higher incidence usually reflects a higher prevalence of risk factors for cancer development e.g. smoking, physical inactivity and poor diet. Additionally poor survival reflects poor uptake of screening, delay in initial presentation, and the quality of cancer services e.g. delay in diagnosis, delay in time to definitive treatment, inappropriate treatment or poor after-care.

Diagnosis at an earlier stage, improved access to treatment and tackling risk factors relevant to social inequalities such as obesity and smoking would all improve survival rates.

Figure 6.1: Mortality from all cancers, directly standardised rate, under 75, per 100,000 population NHS East & North Herts CCG, 1993 to 2010

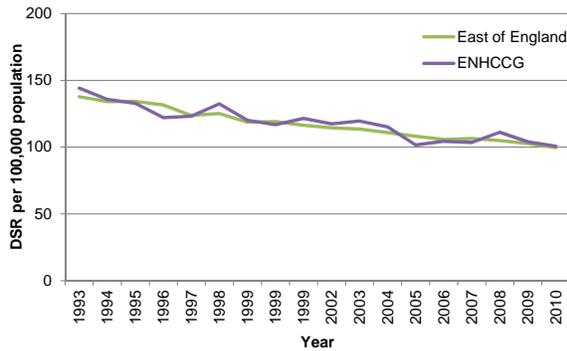
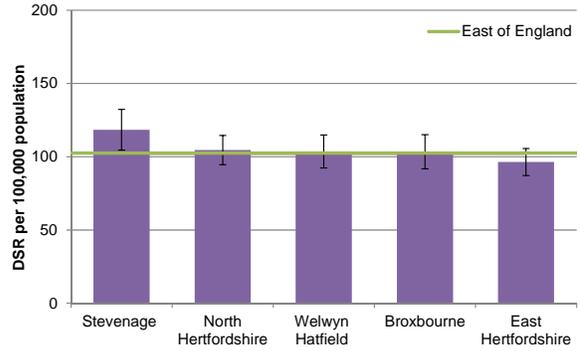


Figure 6.2: Mortality from all cancers, directly standardised rate, under 75, per 100,000 population, NHS East & North Herts CCG, by district, 2008-2010



Source: *Compendium of Population Health Indicators, NHS Information Centre*

- Premature (under 75 years) mortality from cancer in ENHCCG has decreased between 1993 and 2010, following the regional trend. In 2010 the average directly age-standardised rate of premature deaths from cancer in ENHCCG was 101 per 100,000 population, and the number of deaths was 578.
- The pattern among the ENHCCG districts reflects known variation in smoking and area-level deprivation, with Stevenage having a rate of mortality from all cancers significantly higher than the East of England average in 2008-10 (118 compared to 102 per 100,000 population respectively), and East Hertfordshire having the lowest rate (96 per 100,000 population).

7. Premature mortality from liver disease

Mortality from liver disease can be reduced by early prevention. Reducing alcohol consumption, promoting healthy eating, as well as early detection and management of risk factors including hepatitis B and hepatitis C can reduce mortality from liver disease. High quality treatment would also reduce mortality. Examples include high quality social care in hospital and at home, and medical compliance.

Figure 7.1: Mortality from chronic liver disease including cirrhosis, directly standardised rate, under 75, per 100,000 population, NHS East & North Herts CCG, 1993 to 2010

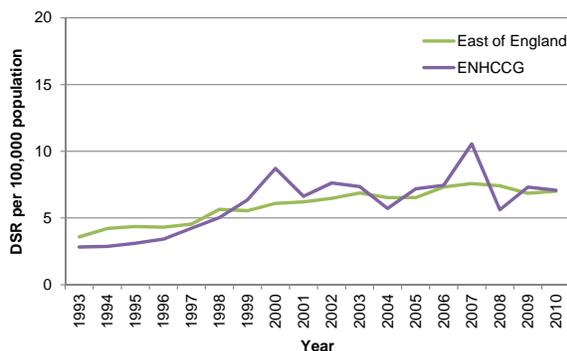
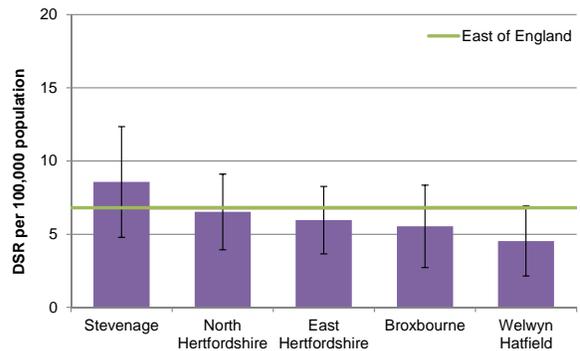


Figure 7.2: Mortality from chronic liver disease, directly standardised rate, under 75, per 100,000 population, NHS East & North Herts CCG, by district, 2008-2010



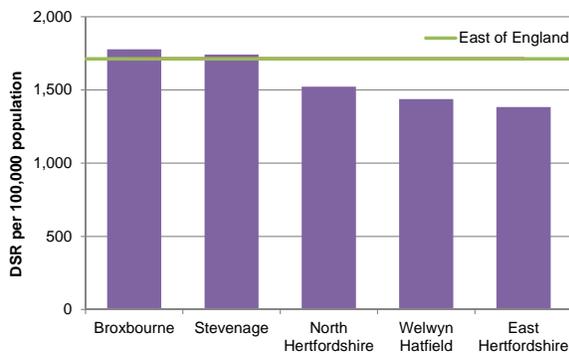
Source: *Compendium of Population Health Indicators, NHS Information Centre*

- Increasing premature (under 75 years) mortality from chronic liver disease between 1993 and 2007 appears to have slowed, but the trend still appears unstable, both locally and regionally. In 2010 the average directly age-standardised rate of premature deaths from chronic liver disease in ENHCCG was 7.1 per 100,000 population, and the number of deaths was 43.
- Stevenage has the highest rate of premature mortality from chronic liver disease (9 per 100,000 population), reflecting known area-level deprivation, whilst Welwyn Hatfield has the lowest rate of mortality (4.5 per 100,000 population).

8. Alcohol-related hospital admissions

The rate of alcohol-related hospital admissions in 2011/12 in England was 1,974 per 100,000 population, up 4% from 2010/11. The number of admissions for the same period was 1.2 million, also up 4% on 2010/11. The East of England's rate of alcohol-related hospital admissions for the same period was 1,713 per 100,000 population, equating to over 125,000 admissions. Whilst Hertfordshire districts generally have a lower rate than regionally and nationally, alcohol-related admissions continue to increase year on year.

Figure 8.1: Alcohol-related hospital admissions, directly standardised rate, all ages, per 100,000 population, NHS East & North Herts CCG, by district, 2011/12



Source: *Local Alcohol Profiles for England 2012*

- Within ENHCCG Broxbourne had the highest directly standardised rate of alcohol-related admissions in 2011/12 (1,777 per 100,000 population), slightly higher than the regional average, whilst East Hertfordshire had the lowest rate (1,383 per 100,000 population). There were an estimated 10,121 alcohol-related hospital admissions in ENHCCG in 2011/12.

9. Smoking

Smoking is associated with a range of health complaints, most notably respiratory and heart conditions. Many of these conditions become apparent only after several years of smoking. Smoking related illnesses are often fatal, with smoking attributable mortality accounting for 18% of all deaths in adults aged 35 years and over. Within ENHCCG just over one in five adults smoke. Evidence suggests that the number of people who smoke and the amount they smoke each day increases with age, although the number of smokers decreases by age in adults aged 35+ as established smokers begin to die, combined with the low rate of smoking take-up in this age group. The average amount smoked each day continues to climb with age.

Research has shown the majority of heavy smokers start smoking before the age of 18. This means that when they approach smoking cessation services they are heavily addicted and find it difficult to quit. This is particularly obvious in areas of high deprivation such as Stevenage which retains high smoking prevalence. Although there are high levels of smoking cessation activity in these areas there is also a high relapse rate.

Figure 9.1: Estimated smoking prevalence in adults aged 18 and over, NHS East & North Herts CCG, by district, 2010/11

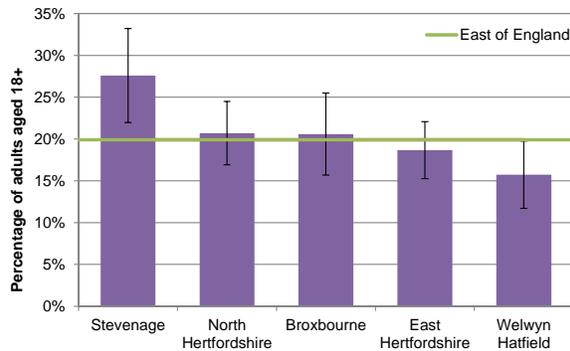
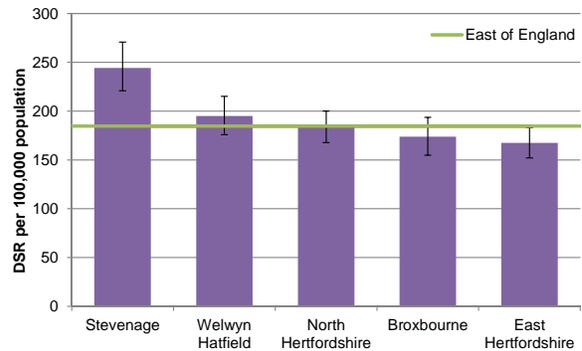


Figure 9.2: Smoking attributable mortality, directly standardised rate, persons aged 35 and over, per 100,000 population, NHS East & North Herts CCG, by district, 2008-2010



Source: Health Profiles 2012, Association of Public Health Observatories (APHO)

- Within ENHCCG Stevenage had a significantly higher estimated smoking prevalence (28%) than the East of England average (20%), whilst Welwyn Hatfield had the lowest (16%). Overall, the prevalence in ENHCCG is slightly higher than the East of England average.
- The directly age-standardised rate of smoking attributable mortality in Stevenage was also significantly higher than the East of England average (244 compared to 185 per 100,000 population respectively in 2008-2010). The lowest rate was in East Hertfordshire (167 per 100,000 population). In ENHCCG an estimated 770 deaths per year were due to smoking during 2008-2010, with a smoking attributable mortality rate higher than the regional average.

10. Obesity

Overweight and obesity are terms used to describe increasing degrees of excess weight. Using a classification adopted by the World Health Organisation in 2000, those adults with a BMI (Body Mass Index) in the range 18.5 to 24.9 are defined as having a healthy weight. Those adults with a BMI in the range 25 to 29.9 are defined as being overweight and those with a BMI of 30 or above are obese.

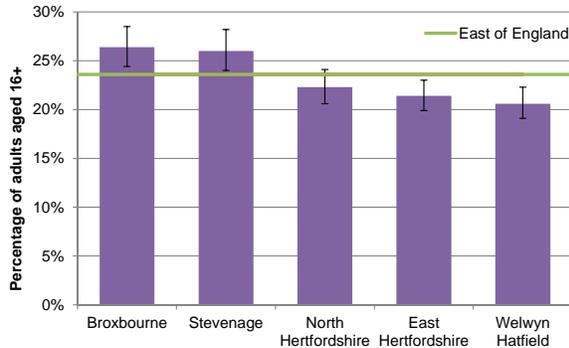
Childhood obesity is measured in a slightly different way due to the growth changes that children experience, using the British 1990 growth charts to define weight status.

Obesity can cause a number of health problems, such as type 2 diabetes, coronary heart disease, high blood pressure, stroke, gallbladder disease, reproductive problems, mechanical disorders such as osteoarthritis and low back pain, obstructive sleep apnoea, breathlessness and reduced mental well-being.

Reducing overweight and obesity in Hertfordshire by only a small amount can therefore lead to substantial savings both in current costs and in averted future costs. For example reducing the

number of adults with an elevated body mass index by 10 per cent could save £8.9 million for the NHS alone and £33.5 million to the wider economy.

Figure 10.1: Modelled estimates of obese adults aged 16 and over, NHS East & North Herts CCG, by district, 2006-2008 using Health Survey for England



Source: Health Profiles 2012, Association of Public Health Observatories (APHO)

Figure 10.2: Prevalence of obese primary school children in Reception Class (age 4-5) and Year 6 (age 10-11), NHS East & North Herts CCG and England, 2006/07 to 2011/2012

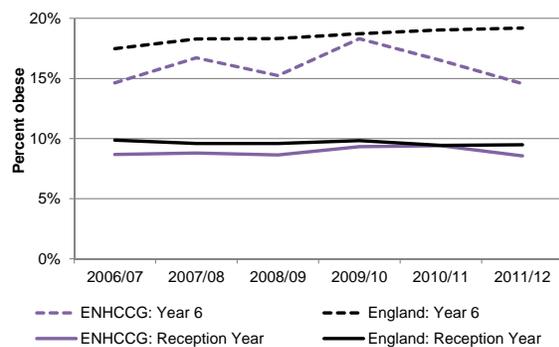
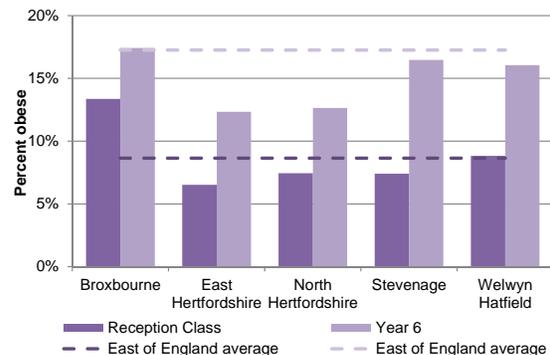


Figure 10.3: Prevalence of obese primary school children in Reception Class (age 4-5) and Year 6 (age 10-11), NHS East & North Herts CCG by district, 2011/12



Source: Hertfordshire Integrated Commissioning Support (HICS), National Child Measurement Programme (NCMP)

- Around one in five adults were estimated to be obese in ENHCCG in 2006-2008. Broxbourne and Stevenage had the highest estimated prevalence of obese adults (26% for both). East Hertfordshire and Welwyn Hatfield (both 21%) had statistically significantly lower prevalence than the East of England (24%).
- There is no clear trend in the prevalence of obesity in Reception Class and Year 6 school children in ENHCCG between 2006/07 and 2011/12. However, ENHCCG has consistently remained below the national average and has seen a general decrease over the most recent three years (2009/10 to 2011/12). In 2011/12 around one in 12 (8.6%) of reception and one in seven (14.6%) of Year 6 children living in the ENHCCG area were obese.
- In 2011/12 Broxbourne had the highest prevalence of obesity in ENHCCG for both Reception Class (13.4%) and Year 6 (17.4%) school children. This is considerably higher than the regional average for Reception Class (8.7%) and just above for Year 6 (17.2%). Prevalence of obesity in the remaining districts is generally lower than for the region, with the exception of Reception Class in Welwyn Hatfield (8.8%).

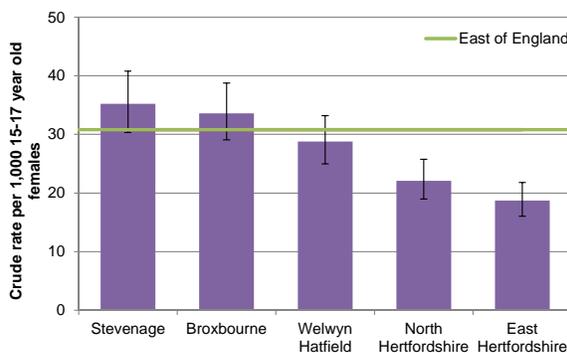
11. Teenage conceptions

It is widely recognised that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and related factors. There is also a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage parenthood.

The UK has the highest rate of teenage births in Europe, with an estimated cost to the Government of at least £63 million a year. This would mean £1.3 million a year for Hertfordshire (using population distribution as a proxy). A teenage mother is more likely to drop out of school early, be less well qualified, unemployed or badly paid, live in poor housing conditions, be a single parent, and live on welfare than a mother who has her first child in her twenties. Nationally the under-18 conception rate for 2010 is the lowest since 1969 at 35.5 conceptions per thousand women aged 15 to 17.

Joint working between the CCG, Hertfordshire County Council, the Police and the voluntary sector means that training is provided to front line workers (particularly those who work in areas of greater need) regarding contraception, sexually transmitted infections and the engagement of young people to address sensitive issues and build self-esteem.

Figure 11.1: Under-18 conceptions, crude rate per 1,000 15-17 year old females, NHS East & North Herts CCG, by district, 2008-2010



Source: ONS and Department for Education

- ENHCCG had an under-18 conception rate of 26.4 per 1,000 15-17 year old females in 2008-2010. This equates to an average of 284 conceptions per year. The rate for ENHCCG is lower than the rate for East of England (30.8 per 1,000 15-17 year old females).
- Stevenage and Broxbourne had the highest rate of teenage conceptions in 2008-2010 (35.2 and 33.6 per 1,000 15-17 year old females respectively) reflecting known patterns of deprivation across ENHCCG.
- Teenage conception rates for North Hertfordshire and East Hertfordshire were significantly lower than the regional average, (22.1 and 18.7 per 1,000 15-17 year old females respectively).

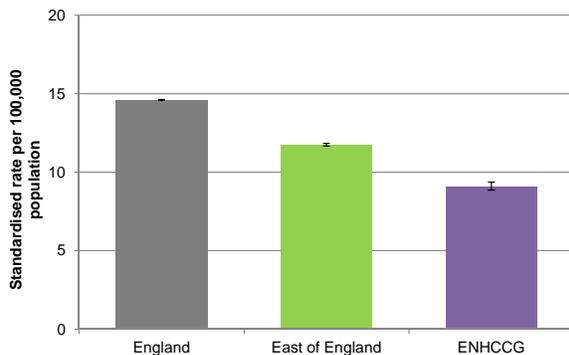
12. Ambulatory care sensitive conditions

Ambulatory care sensitive (ACS) conditions are chronic conditions that include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. Actively managing patients with ACS conditions (through vaccination, better self-management, disease-management or case-

management, and lifestyle interventions) prevents acute exacerbations and reduces the need for emergency hospital admission. ACS conditions fall into three groups; those preventable by vaccination, those avoidable through secondary prevention or better patient self-management, and those amenable to lifestyle interventions.

It is important to reduce serious deteriorations in people with chronic ACS conditions to prevent emergency hospital admissions which may otherwise be managed in primary care. Optimal use of referral pathways and providing sufficient support after primary treatment (secondary prevention), may better enable people to self-manage their condition.

Figure 12.1 Ambulatory care conditions, standardised rate, all ages, per 100,000 population, NHS East & North Herts CCG compared to East of England and England, 2008/09



Source: NHS Comparators

- In 2008/09 the standardised rate of emergency admission for ACS conditions was lower in ENHCCG than regionally, nationally and compared to its cluster averages (New and Growing Towns, Prospering Southern England). 5,258 emergency admissions in ENHCCG could potentially have been treated in the community.

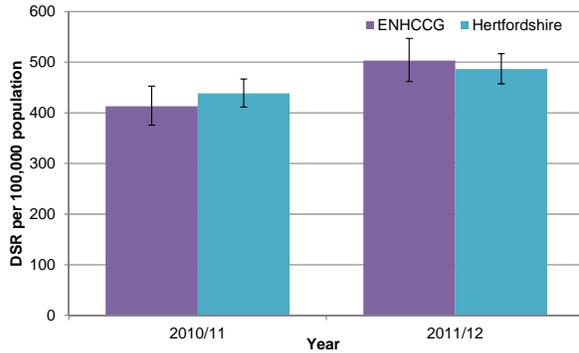
13. Hip fractures

Hip fracture (fractured neck of femur) is a common, serious and costly injury. Its care is the central challenge of the current epidemic of osteoporotic fractures. Patients who suffer a fractured neck of femur have a high mortality and morbidity rate with up to 20% needing long term care post fracture and a further 30% not returning to their pre fracture functioning.

About 70–75,000 hip fractures occur annually in the UK. Hip fracture is the most common reason for admission to an orthopaedic ward, and is usually a fragility fracture caused by a fall affecting an older person with osteoporosis or osteopaenia. The average age of a person with hip fracture is 77 years. The annual cost of medical and social care for all the hip fracture cases in the UK amounts to about £2 billion. Demographic projections indicate that the UK annual incidence will rise to 91,500 by 2015 and 101,000 in 2020, with an associated increase in annual expenditure that could reach £2.2 billion by 2020.

The primary and secondary prevention of fragility fractures through osteoporosis treatment and falls risk reduction are of key importance to the current and future epidemiology of hip fracture.

Figure 13.1: Hospital admissions for hip fractures, directly standardised rate, persons aged 65+, per 100,000 population, NHS East & North Herts CCG compared to Hertfordshire, 2010/11 to 2011/12



Source: Hertfordshire Integrated Commissioning Support (HICS)

- Directly age-standardised rates of admissions for hip fractures in people aged 65 and over in ENHCCG are similar to the Hertfordshire average.
- The rate in ENHCCG increased significantly between 2010/11 and 2011/12 from 412 to 502 per 100,000 population.
- On average there were 536 admissions per year for hip fractures in people aged 65+ in ENHCCG between April 2010 and March 2012.