NHS
Lancashire and South Cumbria
Integrated Care Board

Health Inequalities Metrics

Updated July 2025

In November 2023, NHS England published a Legal Statement related to the duty of ICBs to report on health inequalities under section 13SA of the National Health Service Act 2006 including that "*relevant NHS bodies should publish the information on health inequalities within or alongside the organisation's annual report*".

The purpose of this slideset is to share the information as required within the legal statement. This presentation should be read alongside the ICB's Annual Report which includes more information of the work that is underway to understand and address these inequalities.

Introduction

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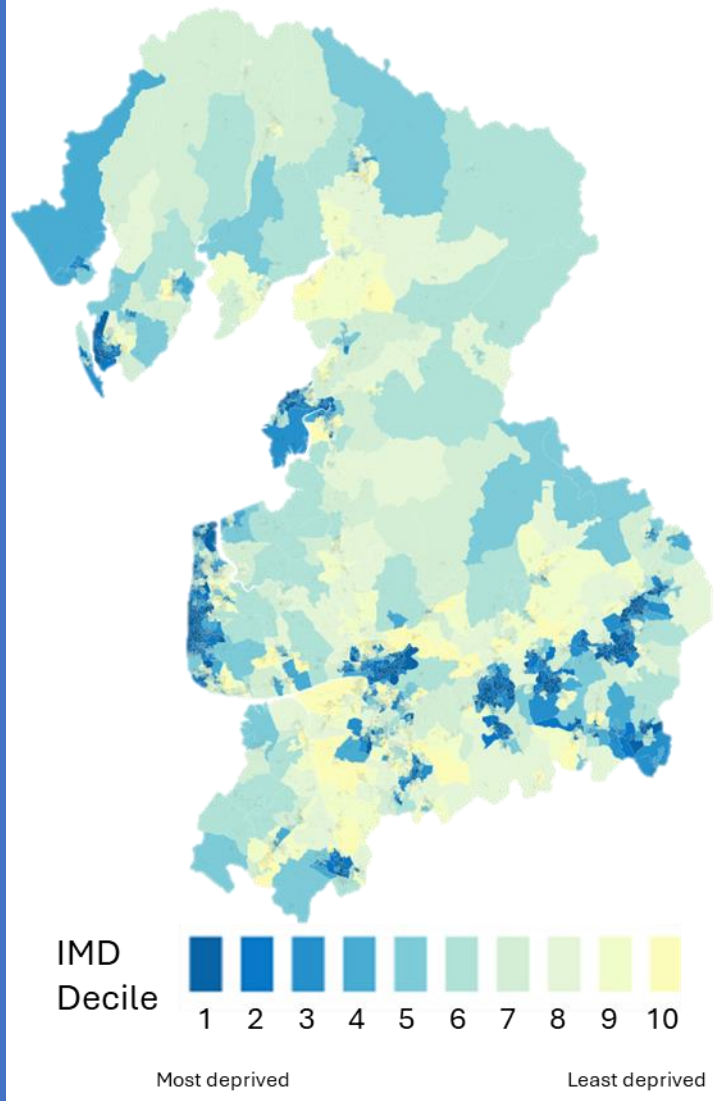

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The NHS Constitution states that the NHS has a duty to "…pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population".

Almost a third of people in Lancashire and South Cumbria are identified as being within the most deprived areas of England, and the percentage of children living in poverty across Lancashire and South Cumbria is higher than the national average. This has a huge impact upon their lives and health, with challenges meeting their basic needs including their ability to feed their families, heat their homes and support their children, this means that life is very difficult.

There are also people who don't live in deprived areas but for other reasons face significant inequalities in their health, this includes, for example, people in rural and coastal communities, asylum seekers and refugees, people experiencing homelessness, military veterans and Gypsy, Roma and Traveller communities, amongst others.

The following pages provide data to illustrate some of the areas of inequalities, however the data only tells part of the story; to truly understand health inequalities we use a combination of data, insight from listening to and working with people in their communities and a wide range of local intelligence sources.

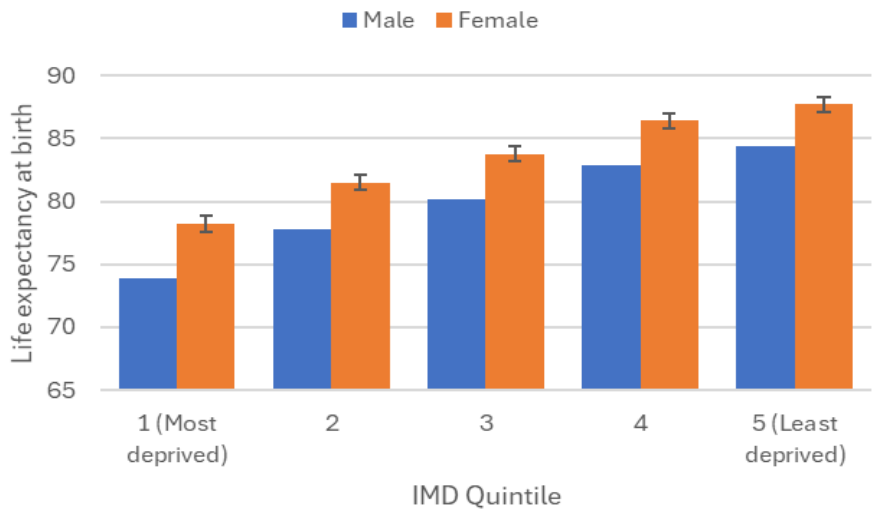
Across the ICB there is excellent work underway to understand the inequalities our population faces and to work with our partners, health providers and the communities themselves to reduce the gaps in access, experience and outcomes between the most and least disadvantaged groups. The work described in the following pages is a snapshot of the work and more information is available in the annual report.

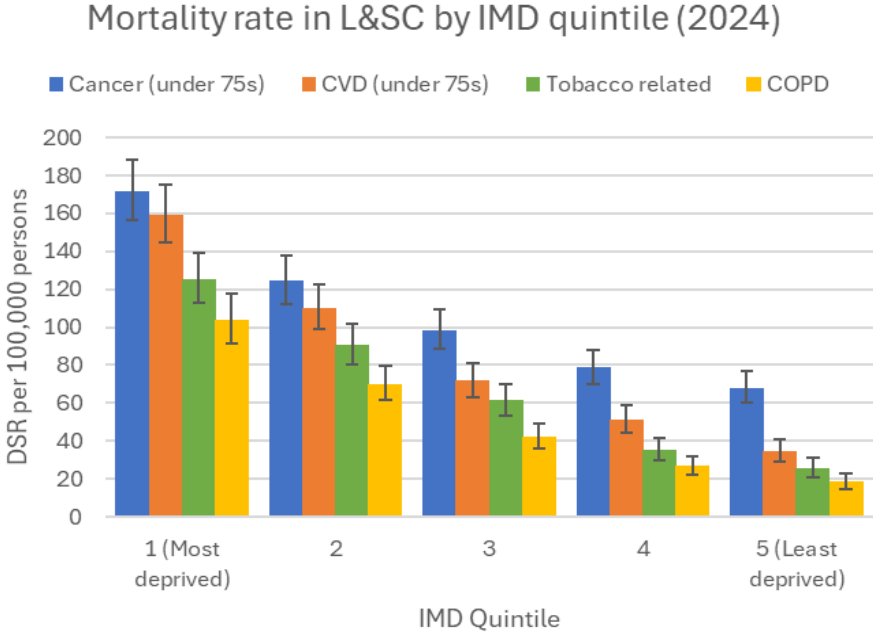
Health Inequalities in Lancashire South Cumbria

Life expectancy within Lancashire and South Cumbria is lower than the national average – by almost a decade in some areas - and there is a large variation in healthy life expectancy (the number of years people can expect to live in good health). This means that a significant proportion of our population lives in 'not good' health.

The health of our population is significantly affected by the socio-economic environment, including income, employment, education, housing, the quality of the living environment, crime, and digital exclusion. Almost a third of people in Lancashire and South Cumbria are identified as being within the most disadvantaged areas of England, which has a huge impact upon their lives and health, with challenges meeting their basic needs including their ability to feed their families, heat their homes and support their children.

There are around 21,000 people across L&SC currently registered with GP practices as having five or more long-term health conditions (including cancer, conditions related to the heart and lungs, mental health, and conditions related to the brain and nervous system) and a disproportionate number of these are in our areas of greatest disadvantage. People in areas of disadvantage are the least likely to have their condition identified early and have quick access to the appropriate treatment and therefore have higher mortality rates than people in people in other areas.





Our work

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Lancashire and South Cumbria Integrated Care Board is committed to improving the health and wellbeing of the 1.8 million people living across our area.

We have made a commitment to reduce health inequalities through improving access, experience, and outcomes. This means we will focus on:

- preventing people from becoming ill in the first place by tackling the wider determinants of health (the diverse range of social, economic and environmental factors which impact on people's health);
- supporting people to make positive health and wellbeing choices;
- improving access, experience, and outcomes of health and care services.

We approach this work in partnership with our colleagues in local government, the wider public sector, the voluntary, community, faith and social enterprise sector (VCFSE), and – importantly – with the people and communities we are here to serve. This partnership approach is crucial to ensure we fully understand the challenges faced in our neighbourhoods and also to connect with the unique and valuable assets rooted in our communities.

Our work includes:

- Working with people, communities and our partners to address the factors that lead to poor health (eg improving educational attainment, housing and employment)
- Improving detection and diagnosing illness sooner (eg stop smoking, improve access to health checks and screening)
- Ensuring that people with a disease receive the care that they need to avoid unnecessary exacerbations (eg managing cardiovascular disease)

You can find out more about our work at https://www.lancashireandsouthcumbria.icb.nhs.uk/

Case studies and further information

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The metrics contained in this report only cover a part of what the ICB is doing to reduce health inequalities. For more information, the annual report contains detailed updates of the work done in 2024-25 to reduce inequalities.

Case studies can be found here, and recorded presentations can be found here.

Prehab for lung cancer
Partnering with football clubs, this programme offered exercise and wellbeing sessions to people undergoing cancer treatment. It helped improve fitness, reduce treatment side effects, and boost mental health in a supportive, non-clinical setting.

Lung cancer screening
This programme identified high-risk individuals for lung cancer and offered low-dose CT scans in community settings. It significantly increased early-stage diagnoses, improving survival rates and targeting support to deprived communities.

Reducing health inequalities in Lancaster
Targeting hard-to-reach groups in Lancaster's most deprived wards, this project used enhanced health checks and community engagement to improve access to care, reduce emergency admissions, and support people with complex needs.

Space to Thrive - Ryelands, Lancaster
Residents of the Ryelands estate co-designed a community park to improve wellbeing and social connection. The project built trust, supported local leadership, and created a shared space for health and recreation.

Enhanced health checks - Ryelands, Lancaster
Focused on the Ryelands estate, this outreach project offered health checks and support to people not engaging with healthcare. It built trust, identified new health issues, and improved access to services.

Working with schools in Rossendale
Health professionals partnered with schools to improve health and wellbeing for pupils, staff, and families. Activities included cooking classes, yoga, health checks, and mental health support, helping to reduce inequalities and build healthier communities.

Improving uptake of breast screening - South Lancashire
This project increased breast screening rates among women aged 50–70 by using data to identify those most at risk, offering personal outreach, and sharing clear information. Screening uptake rose from 63% to 73%.

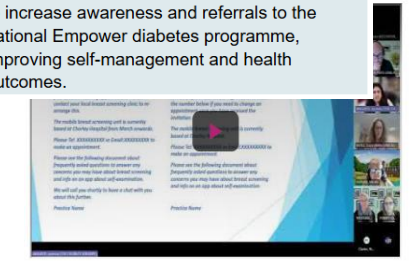
Living well in Burnley - enhanced health checks
Outreach clinics across Burnley provided over 500 health checks to people facing barriers to care, including the homeless and refugees. The project connected people to health and social support, improving access and outcomes.

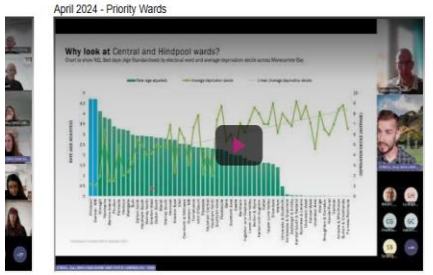
Community power in Blackburn with Darwen
This initiative empowered residents in areas of higher disadvantage to take control of their health through community-led activities like gardening, exercise, and peer support. It built confidence, improved wellbeing, and fostered stronger community connections.

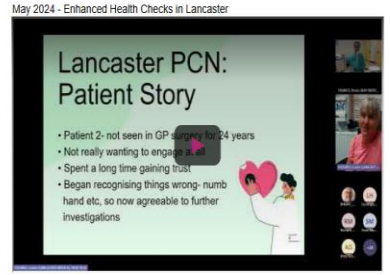
Barrow priority wards and UEC demand
In Barrow's Central and Hindpool wards, this project tackled high urgent care use by addressing root causes like COPD, self-harm, and poor housing. It used community engagement and data analysis to shape targeted health and wellbeing interventions.

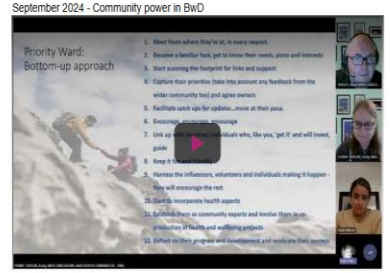
Hypertension testing at the barbers - Blackpool
Men visiting a local barber shop in Lytham were offered blood pressure checks in a relaxed setting. The initiative identified undiagnosed high blood pressure and irregular pulses, helping people access care earlier and reduce health risks.

Diabetes engagement programme
Aimed at South Asian women with type 2 diabetes, this programme in Burnley used culturally sensitive workshops and peer support to increase awareness and referrals to the national Empower diabetes programme, improving self-management and health outcomes.









Introduction to the metrics

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Every ICB is required to report on health inequalities, using a set of defined metrics. The metrics have been selected nationally and focus on the priorities set out nationally regarding how the NHS should be addressing health inequalities.

The NHS has published two national frameworks to support the reduction of healthcare inequalities – one for adults and one for children and young people. These frameworks set priorities for the NHS's work to target health inequalities. If you would like to know more about the Core20Plus5 approaches nationally, you can visit the NHS England guidance here: NHS England » Core20PLUS5 – an approach to reducing healthcare inequalities

These priorities are to be delivered in tandem with five key strategic priorities all ICB's must undertake. You can find out more about the five national strategic priorities here: NHS England » Our approach to reducing healthcare inequalities

The following pages use the metrics defined by NHSE to reflect how the NHS is progressing against these priorities.

- Core20plus5 Priority areas
- National strategic priorities

Notes

- Where possible the data includes reflects health inequalities by ethnicity and by index of multiple deprivation.
- The graphs only include publicly available data.
- In some cases, data is not available or is withheld due to small numbers.

Metrics defined by NHSE to reflect Core20Plus 5 priority areas

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- People with learning disabilities
  - Annual health checks for people with a learning disability
  - Inpatient rates for people with a learning disability or autism
- Maternity and neonatal
- Cancer
  - Early diagnosis of cancer
  - Early diagnosis of cancer by locality
  - Examples of work to improve early diagnosis of cancer
- Cardiovascular disease
  - Myocardial infarction
  - Atrial fibrillation
  - Stroke
  - Cholesterol
  - Treatment of hypertension
- Mental Health
  - Physical health checks for people with Serious Mental Illness
  - Rates of Mental Health Act detentions by IMD and ethnicity
  - Number of restrictive interventions
  - NHS Talking Therapy
- Respiratory
  - Uptake of flu vaccination
- Diabetes
  - Type 1 and Type 2 Diabetes access to 8 care processes
  - Treatment of diabetes (Type 1 & 2)
- Tooth extractions (10 years and under)

Annual health checks for people with learning disabilities

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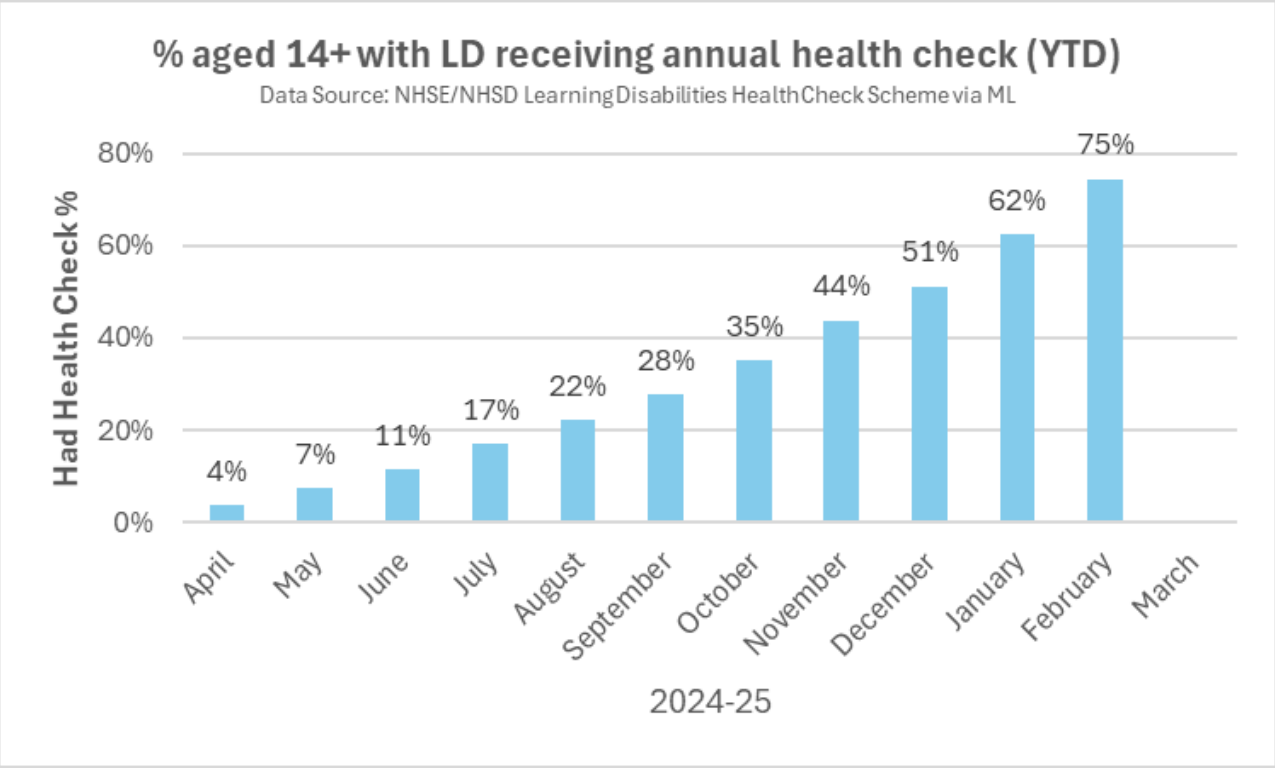
People with learning disabilities experience significant health inequalities, leading to shorter life expectancies and higher rates of avoidable deaths compared to the general population. These inequalities stem from a combination of factors, including social determinants of health, barriers to healthcare access, and specific health conditions more prevalent in this population. We are working to ensure that people with learning disabilities have an annual health check to help identify and manage their health needs.



The target for annual health checks for people with learning disability is 75% for 25/26. At the end of March 2025, the ICB performance was 81.4% which equated to 7818 health checks completed. This was an increase of 697 against March 2024, when 7121 health checks were completed (75.1%)

At the end of March 2025, the total Learning Disability register count for our ICB was 11052, of which 9607 were aged 14 or above. At the end of March 2024, the LD register count (14+) was 9499. The register has increased by 108 (14+) between March 24 and March 25. As validation of practice LD registers has been ongoing for 2+ years, the register count remains relatively static.

Over the past year, the Medii app has been rolled out across L&SC for people with learning disabilities and autism. Medii is designed and built for patients with learning disabilities & autism to help them better manage their health and wellbeing at home and to promote more meaningful annual health checks.

The Learning Disability Champion GP Practice project has had positive reception and uptake, with 43 practices now taking part and with a waiting list for mobilisation. Ongoing Practice training to support reasonable adjustments, easy read invitations, follow ups and health action plans continues with all practices.

A programme of workshops have been delivered for people with a learning disability, their parents and carers that demonstrate a health check, to address barriers and increase attendance and understand the importance. This has been delivered to over 1650 people.

Inpatient rates of people with learning disability or autism

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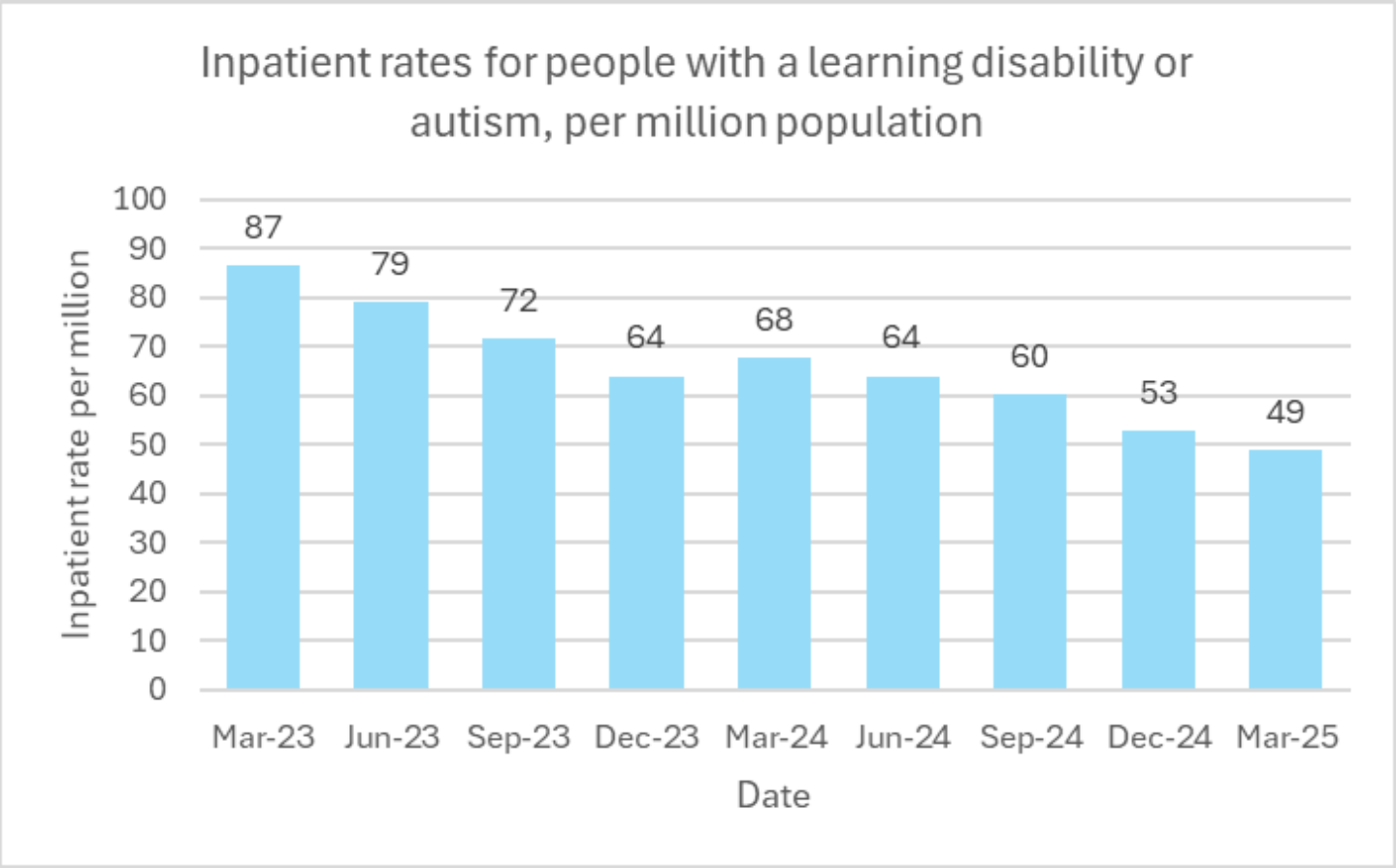
Inpatient rates in a mental health or specialist bed for people with a learning disability or autism per million population



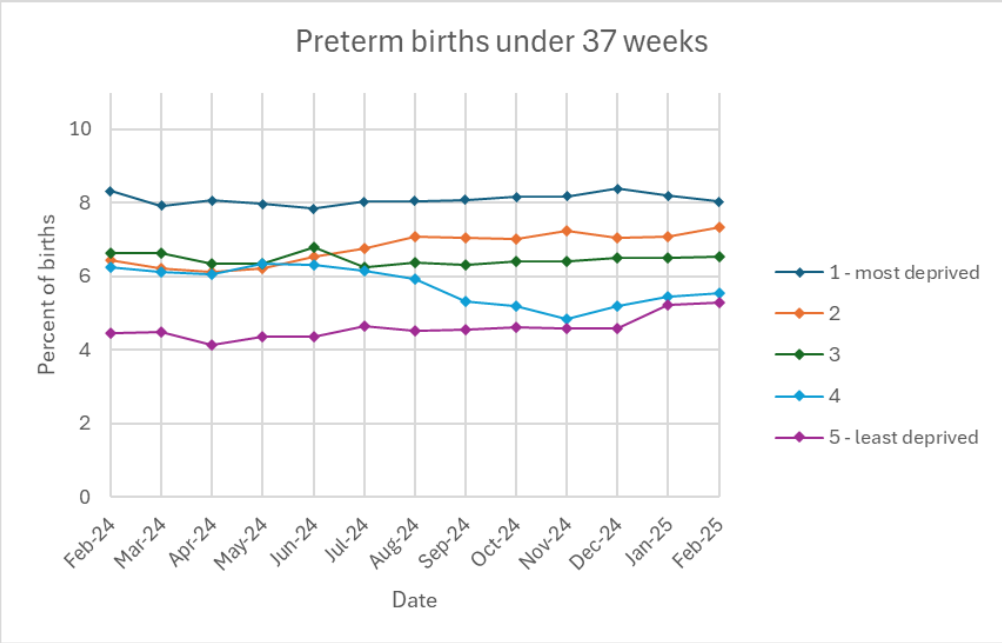
The NHS Long Term Plan includes a focus on expanding and improving the quality of community care for people with mental health problems who have a learning disability and for autistic people. The aim is that more people will be able to access high quality local support rather than needing admission to inpatient services which are often distant from home, family and friends.

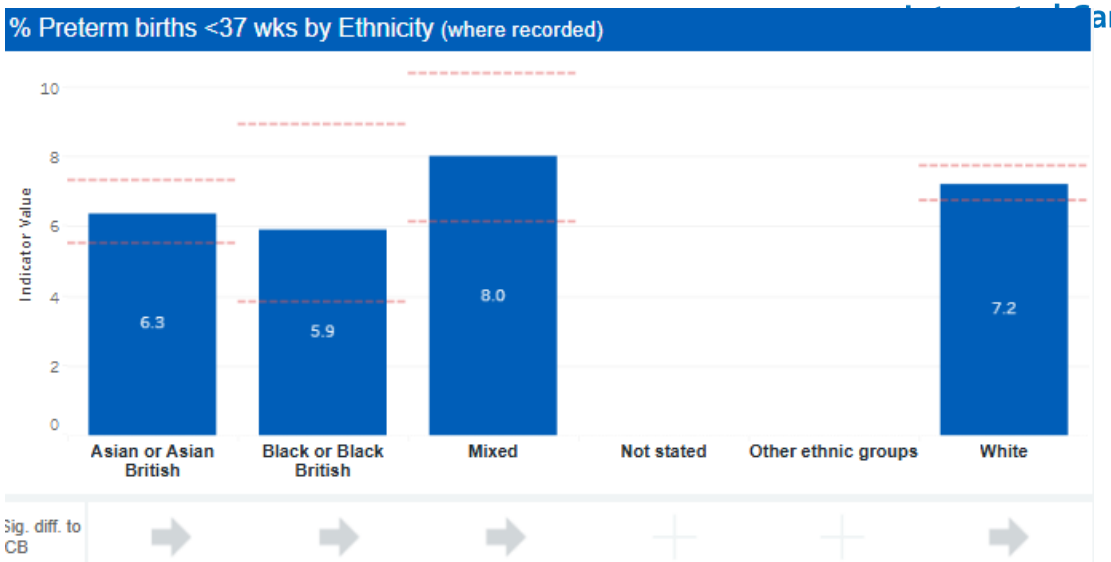
Nationally the NHS has set a target that by March 2025 there should be a maximum of 30 adults per million population in a mental health or specialist bed who have a learning disability of autism. This target has not yet been achieved in Lancashire and South Cumbria, but the rate has continued to drop this year. Most inpatients in this count are now people with autism and have a shorter length of stay than people with learning disability.

At the end of quarter 4 in 2024, 65 people with a learning disability or autism were inpatients in L&SC.

Maternity and Neonatal

Preterm births under 37 weeks





Please note that due to numbers being <10 in some categories each month, the data is suppressed and therefore not used in calculating the rate for the year, resulting in the above graph.

The percentage of births that were under 37 weeks has remained steady in the 20% most deprived group in the past year, but there has been variance among the other groups, with a worsening position for those in the 20-40% most deprived.

The Saving Babies Lives Care Bundle including Reducing Preterm Birth Care Pathways is implemented in all Trusts, in line with national guidance, for those at risk of and those presenting in preterm birth – involving 26 interventions to optimise early identification, to reduce incidence and to optimise outcomes for infants. Dedicated preterm birth teams are established in every Trust including Consultant Obstetrician, Lead Midwife for Perinatal Optimisation, Neonatologist and Neonatal Nurse, who lead regular audit and QI projects. All services are fully established with implementation of the treating tobacco dependency incentive scheme. L&SC is a pilot site for Culturally Sensitive Genetics Services for Consanguineous Couples, particularly in the Pennine locality.

Implementing continuity of care for women from BAME communities and from the most deprived 20% is one of the clinical priorities from Core20Plus5 – we have one enhanced continuity of carer team and several continuity teams established, with more of each planned this year. Additionally, the ICB has stated as a Public Sector Equality Duty aim that any maternity and neonatal insight, co-production and engagement activities will be representative of the diversity of the local maternity population. A network has been established and work continues to involve and engage maternity service users and families.

Early diagnosis of cancer

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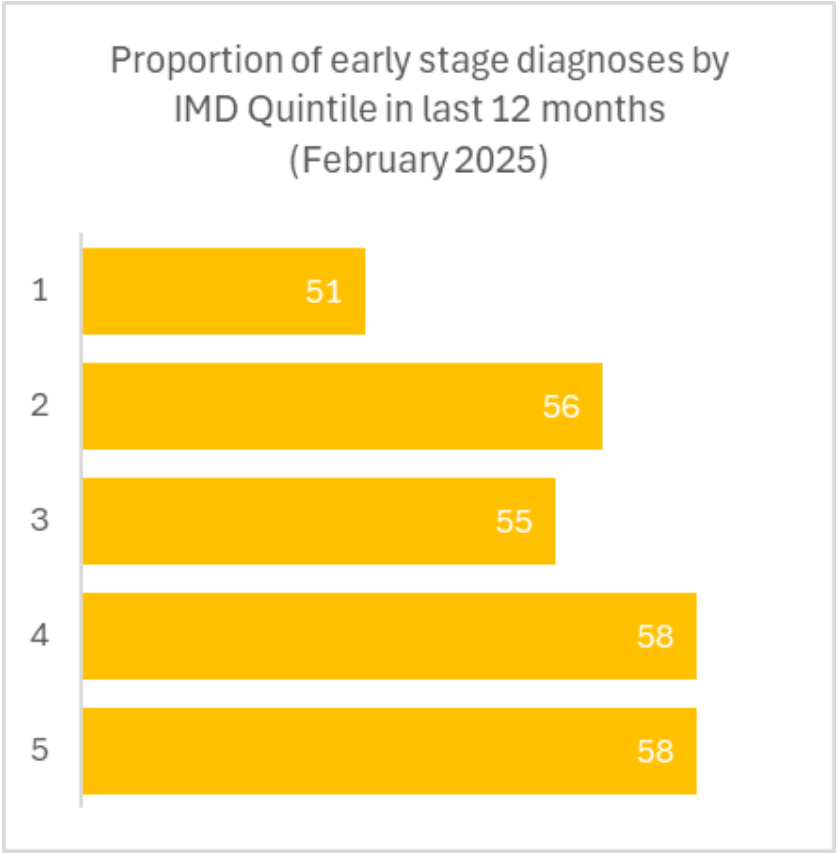
Nationally cancer is one of the biggest contributors to inequalities in life expectancy with people from the most deprived communities more likely to get cancer, be diagnosed at a late stage for certain types of cancer and to die from the disease.

Early presentation, referral, screening and diagnosis are key to addressing this and the NHS 10 Year Plan sets out an ambition for 78% of cancers to be diagnosed at stage one or two by 2032.

Building on our work from last year we have adopted a data driven approach to identify specific tumour groups and health inequalities. We have pinpointed areas that consistently emerge as outliers across multiple metrics. From this analysis our efforts are focused on prostate, lung and pancreatic cancer.

We have developed a primary care support package which involves piloting Early Diagnosis Cancer Navigator roles who will work in selected PCNs in more deprived IMD areas. We are piloting an Early Diagnosis Education Facilitator role that will support a cancer education offer specifically to those PCN's with the poorest outcomes.



Early diagnosis of cancer by locality

Percentage of cancers diagnosed at stage 1 and 2, case mix adjusted

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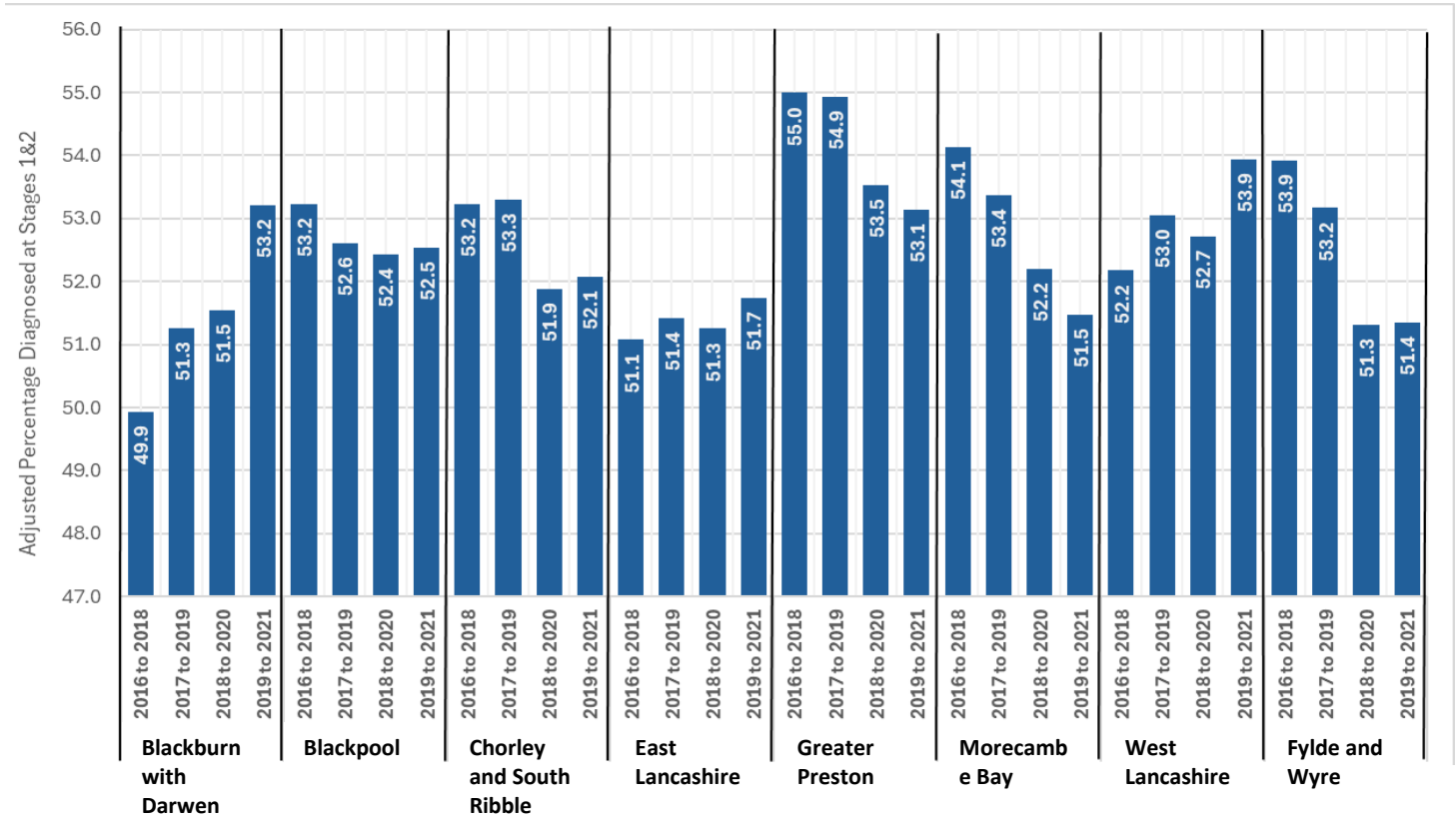
In Lancashire and South Cumbria the trend in the percentage of cancers diagnosed at an early stage differs across the geography. People in the most deprived 20% are less likely to be diagnosed early, meaning that they are more likely to have worse outcomes.-There has been a significant improvement in diagnosing people earlier in quintile 2 (ie the 20-40% most deprived). This varies by tumour site, for example lung cancer is more often diagnosed at late stage and is more commonly diagnosed in more deprived IMD groups.



Examples of work underway to improve early diagnosis of cancer

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Cancer Awareness Champions and VCSFE Small Grants

Through our partnership with Spring North we are establishing a volunteer programme that deploys volunteer Cancer Ambassadors spreading key cancer awareness messages especially to Core20Plus Communities. We will continue awarding small grants to VCSFE organisations via Spring North in order to raise public awareness around signs and symptoms of cancer and the importance of screening.

Communications and campaigns

Our communications and campaigns work will focus on delivery of key messages and addressing areas of need. While the overarching communications activity will be broadly aimed at reaching as many adults as possible across Lancashire & South Cumbria, based on data and insights, some campaigns and activities will also include targeting to address specific priorities and needs.

Lung cancer screening

The lung screening programme in Fylde and Wyre has been positive and will be rolled out to more locations in L&SC chosen with health inequalities in mind. The programme will be rolled out across Greater Preston from Summer 2025.

Community Champions and Early Diagnosis

A partnership between the 2 Hyndburn PCNs and the Hyndburn and Ribble Valley Council for Voluntary services (HRV CVS) has resulted in the training of more than 20 champions from under-represented communities across Hyndburn in the signs and symptoms of cancer. A total of 115 people (champions, general practice staff and others) have received training to address the higher rates of late-stage diagnosis. This work has resulted in direct changes to the way services are delivered, with extended hours (evening and weekend clinics) and outreach offers (via leisure services and in faith groups) to breakdown barriers to access

Conversations about cancer

Healthwatch Blackpool have led a town-wide project across Blackpool to understand what local people know about signs and symptoms of cancer, and how to get help and support. Prompted by higher rates of cancer and cancer-related deaths in Blackpool, learning from this project is to be used to influence direct changes in how services engage and communicate with our communities, and how cancer services are delivered .

Treatment of Hypertension

Percentage of patients recorded hypertension with blood pressure below threshold CVDP007HYP

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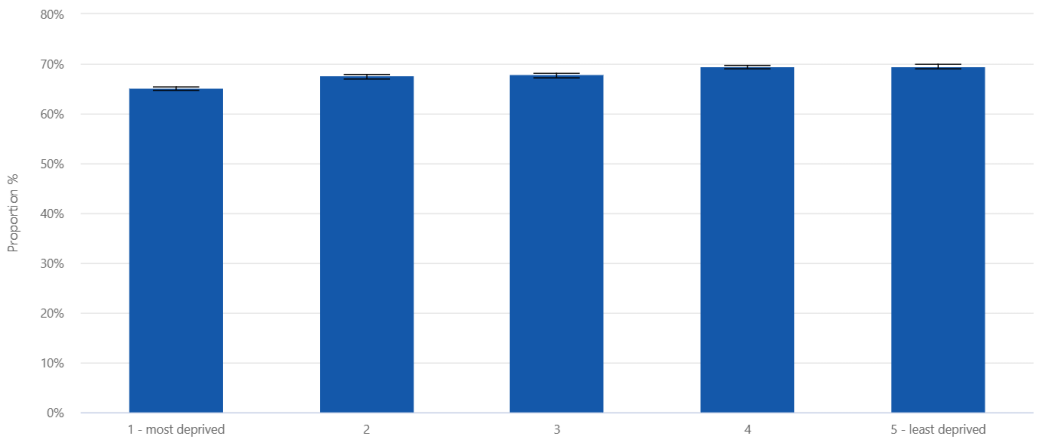
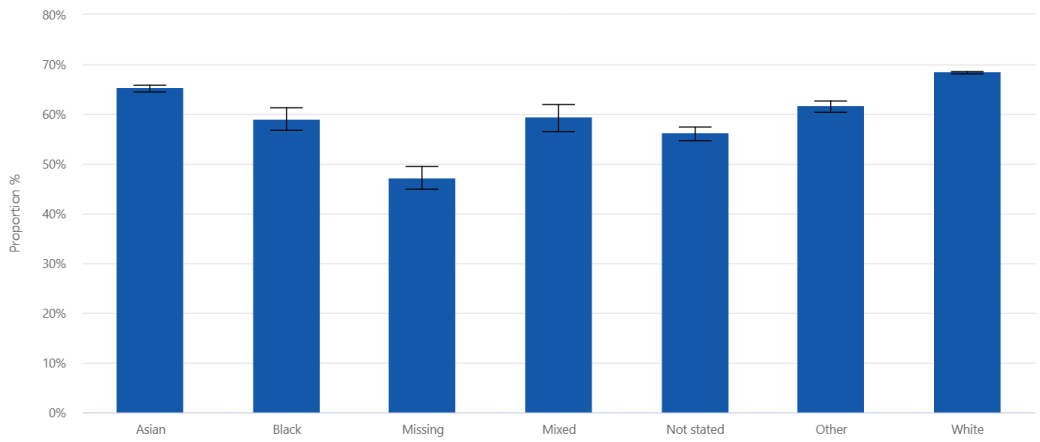
Deprivation Quintile



Ethnicity



High blood pressure, also known as hypertension, is a risk factor for heart attack or stroke. Finding people with hypertension allows early intervention to optimise blood pressure and reduce the risk of heart attacks and stroke.

In Lancashire and South Cumbria at March 2025 73.7% of people identified with hypertension were treated according to target (ie had the optimal treatment).

Some examples of work ongoing in this space include:

- Adult Hypertension Medication Pathway being launched in September 2025. We continue to support our PCNs/Practices by data quality and clinical lead visits to support data reports and risk stratification.
- Whilst the national target focuses on improving treatment, in addition to this, we are also aiming to identify people with undiagnosed hypertension so that they can receive treatment. The more people we find with undiagnosed hypertension, the harder it is to reach the national target of optimising treatment.
- Our VCFSE project, working on case finding in identified electoral wards that have uncharacteristically low hypertension prevalence rates but higher cardiac/stroke emergency admission rates (+30 other indicators) continues to be effective on increasing early identification of possible HTN.
- We have pilots in place to identify high blood pressure, including a recently completed Barbers pilot and a Nationally funded optometry pilot. **Read more about the Barbers pilot here.**

Myocardial Infarction

Rate of emergency admissions (DSR)

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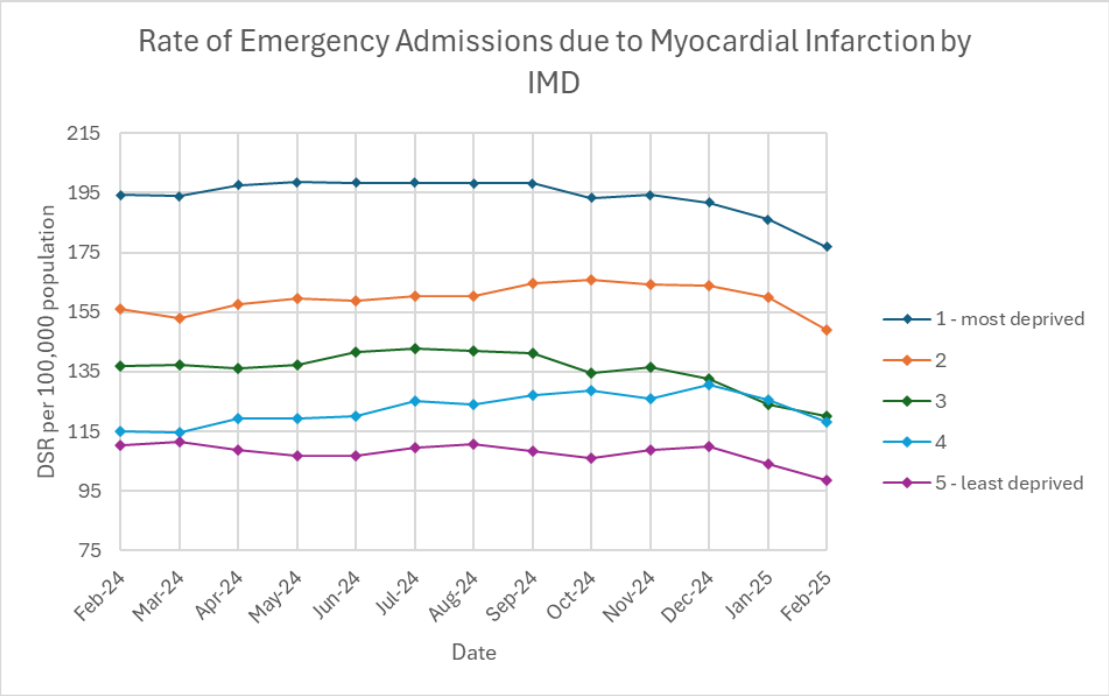

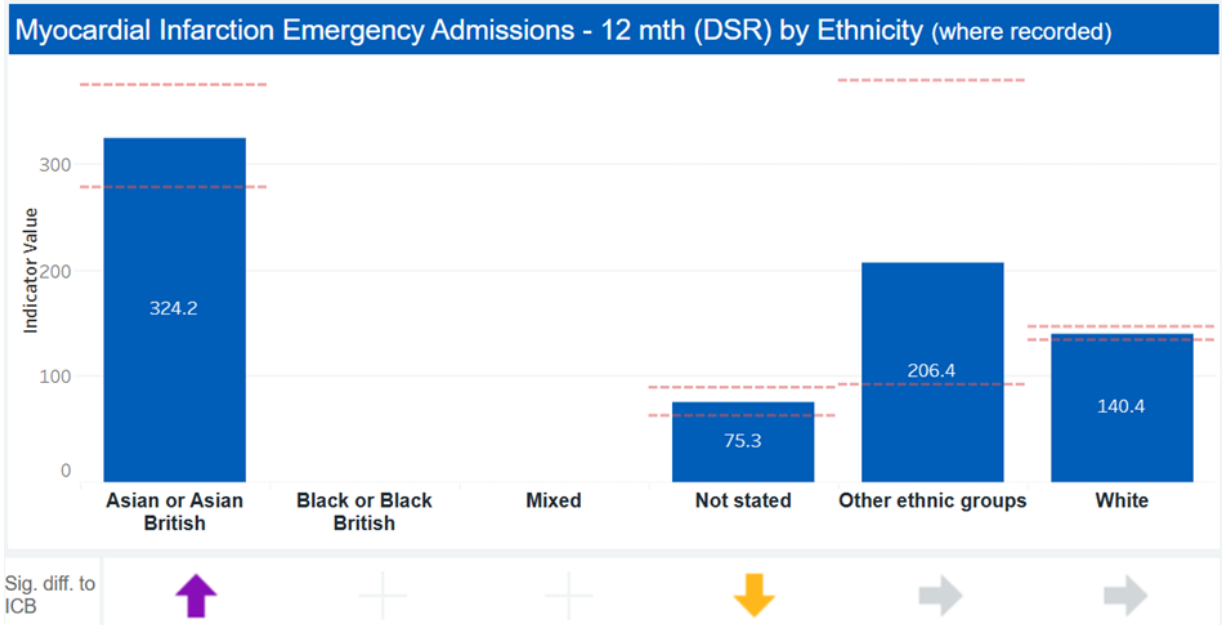

Please note that due to numbers being small in some categories each month, the data is suppressed and therefore not used in calculating the rate for the year, resulting in the above graph.

Myocardial infarction, commonly known as a heart attack, is a serious medical emergency where blood flow to the heart muscle is suddenly blocked, usually by a blood clot. This blockage deprives the heart muscle of oxygen, causing damage or death to the affected area. In Lancashire and South Cumbria (as nationally) there is a significantly higher rate of admissions due to myocardial infarction in the 20% most deprived population. The rate has been trending down overall since 2024, with the gap between most and least deprived narrowing slightly. This improvement reflects the work taking place to identify and optimise treatment of high blood pressure.

South Asian people in the UK experience higher rates of myocardial infarction (MI) and related heart conditions compared to the general population, with a greater risk of early onset and more severe post-MI complications. In Lancashire and South Cumbria the number of emergency admissions for people of Asian or Asian British ethnicity has increased whereas there has been no change in the numbers of white or “other” ethnicity. Working with our South Asian communities to know their blood pressure numbers at a much younger age is a priority for 2025/26.

Stroke

Rate of emergency admissions (DSR)

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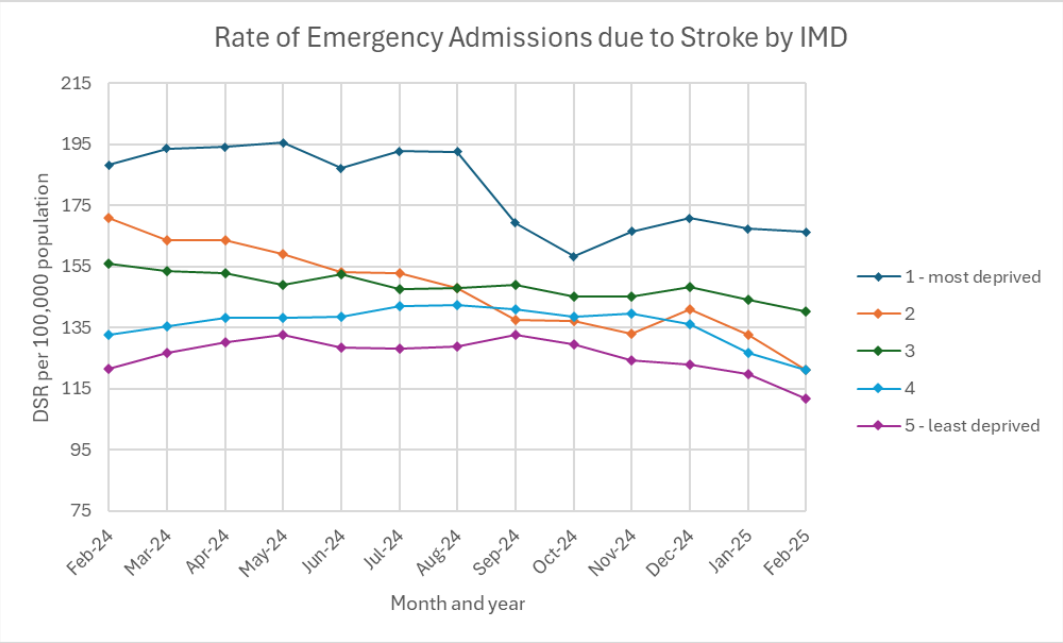

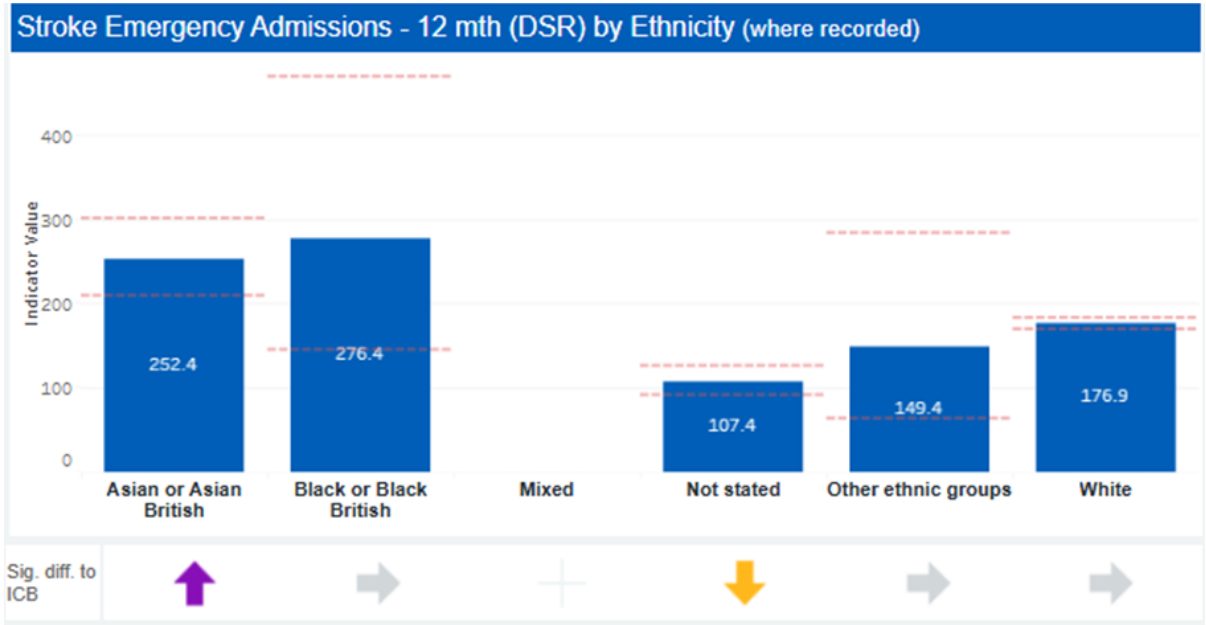

In general, national data shows a higher incidence of stroke for people from more deprived communities. In Lancashire and South Cumbria, the gap in number of emergency admissions between most and least deprived has narrowed since 2024. There has been an overall reduction since last year in the numbers of people needing an emergency admission due to stroke across our area, with the greatest reduction evident for those from the 20% most deprived geographies. Nonetheless, there is still a higher rate of admissions due to stroke in the 20% most deprived population.

Emergency admissions for stroke from the Asian or Asian British ethnicities have increased whereas emergency admissions from other ethnicities have either stayed the same or reduced.

Examples of initiatives include:

- A project working with the Community Stroke Team resulted in a new initiative where the blood pressure and heart rate of newly discharged stroke patients is taken and shared with primary care, at discharge, 6 weeks, and 6 months to prevent further complications or strokes in these patients.
- VCFSE partners have been case finding in targeted geographical wards, looking at finding people with unknown high blood pressure in areas with health inequalities, aiming to improve early identification and therefore, a reduction in stroke and Myocardial Infarction emergency admissions.

Atrial Fibrillation

Percentage of patients with atrial fibrillation (AF) and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy CVDP002AF

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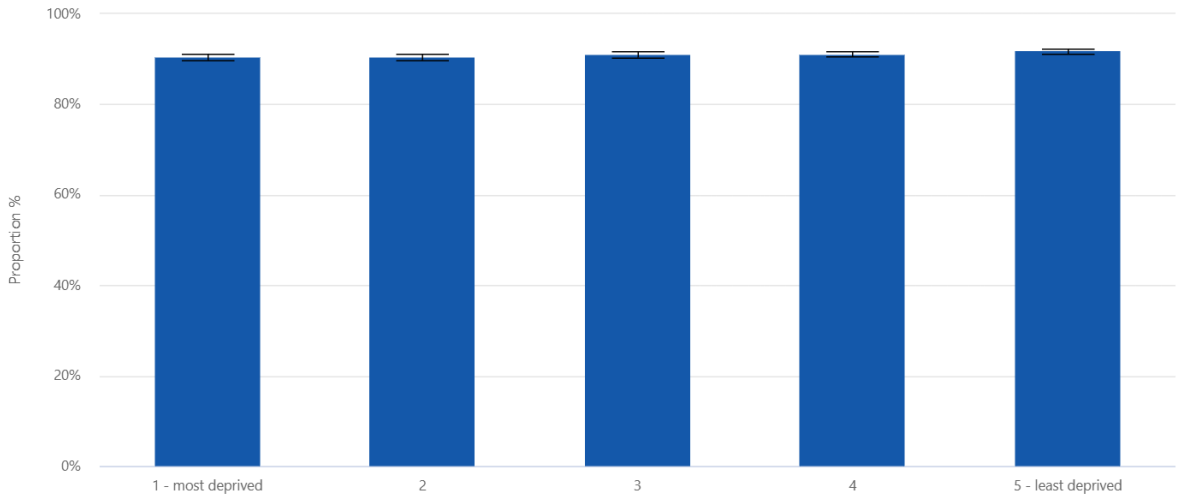
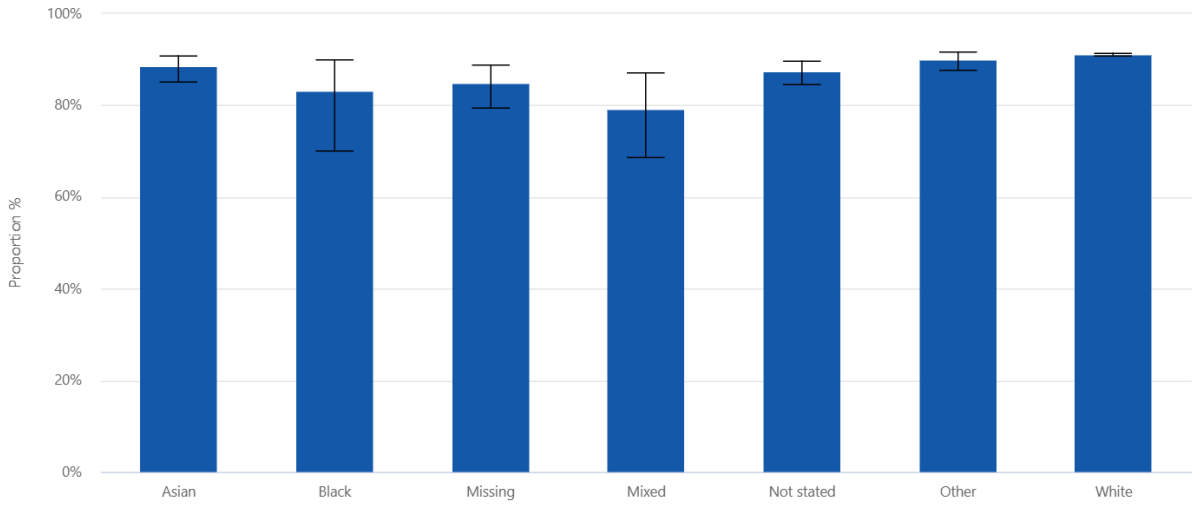
Deprivation Quintile



Ethnicity

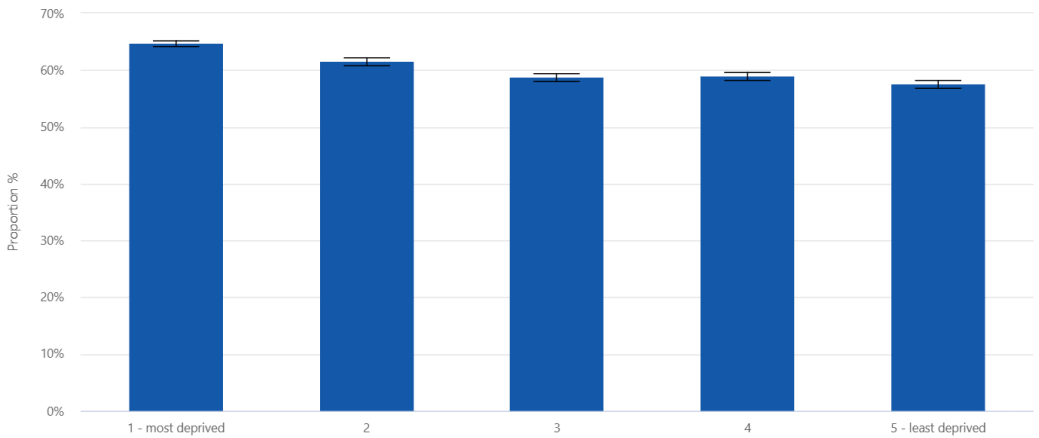


As part of its plan to reduce heart attacks and strokes, the NHS set a target that by the end of March 2026, 90% of patients with diagnosed atrial fibrillation should be receiving optimal treatment with anticoagulants. The target of 90% is being achieved across Lancashire and South Cumbria, with no variation based on deprivation. There is a slight difference for people from different ethnicities meaning that continued work is needed to ensure people in all ethnicities receive optimal treatment.

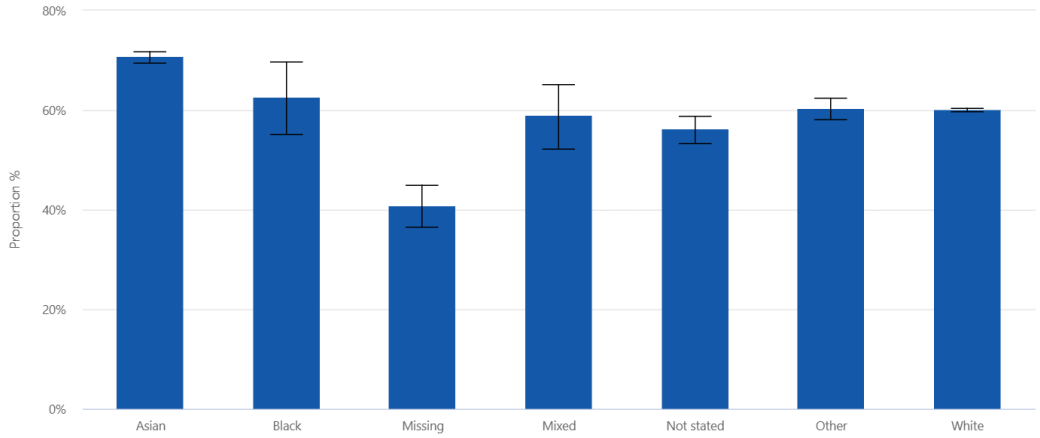
Cholesterol Percentage of patients no recorded CVD and a QRISK score of 20% or more on lipid lowering therapy CVDP003CHOL

Lancashire and South Cumbria ed Care Board

Deprivation Quintile



Ethnicity



With Lancashire and South Cumbria people from the most deprived 20% are more likely to be receiving optimal treatment for cholesterol than the rest of the population.

There is some variation across ethnicities, with people from Asian and black ethnicities most likely to be receiving optimal treatment.

Examples of the work that has taken place include:-

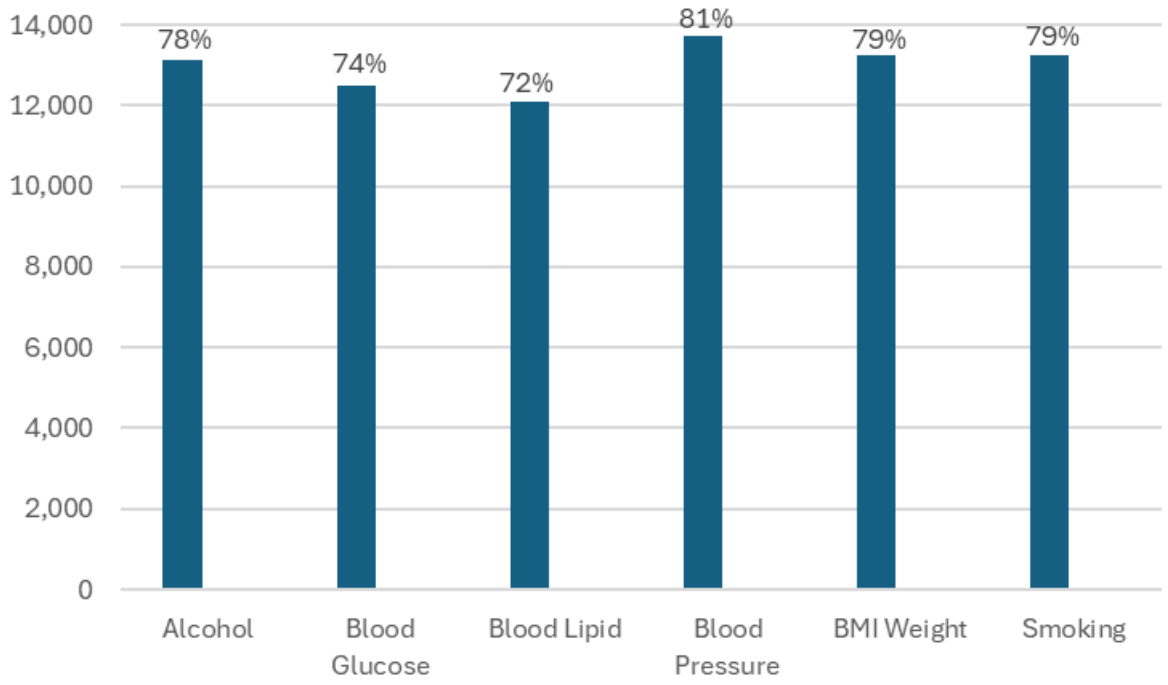
- Successful improvement of the lab reporting process for lipids.
- UHMBT implemented a system that provided pro-active instructions on the appropriate next steps for lipids test results. Feedback from GPs has been very positive, and the process is being considered across L&SC by the Lipids Steering Group.
- Statin Mythbusting documentation is now being used and shared across the system and will be hosted on our Primary Care Intranet.
- Lipid Discussion Forums are taking place each month for Primary Care to learn around a cholesterol topic, and ask case related questions from one of our secondary care consultants. A number of the questions requiring guidance, were based on ethnicity, age and gender.

Physical health checks for people with serious mental illness

Overall number of SMI physical health checks performed

Lancashire and South Cumbria Integrated Care Board

The prevalence of serious mental illness (SMI) within the most deprived areas of the UK is triple that of those living in the least deprived areas. SMI is also more common in Black-British people – 71% of psychosis diagnosis in the UK are among this group. People with a serious mental illness in the UK die 15-20 years earlier than those without.



As part of the Core20Plus5 framework, the NHS has set a target nationally to increase the number of annual health checks for people living with a SMI. Annual health checks for people with SMI support the early detection of physical health conditions and help to improve access to evidence-based physical care, assessment and intervention.

In Lancashire and South Cumbria the percentage of physical health checks completed for people with SMI exceeded the 60% target for 2025-26.

In 2024-25, multiple initiatives were started that will continue into the next year. These include:

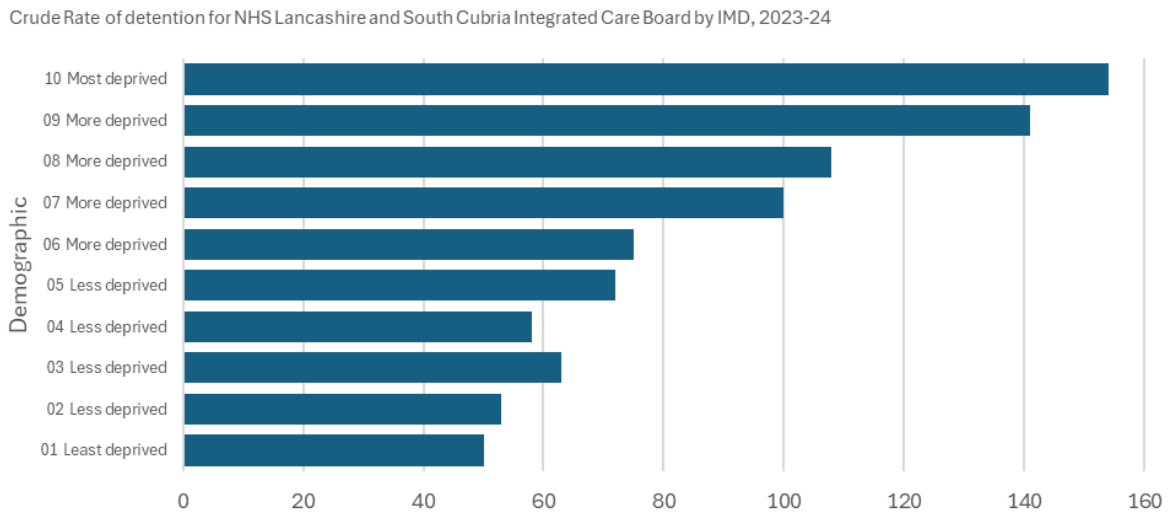
- The establishment of an SMI outreach service, targeting people who haven't had a check for 3+ years.
- Launch of a publicity campaign aimed at service users and their families, and healthcare professionals.
- Publication of a good practice guide for primary care professionals outlining methodology and tools for delivery of health checks.
- Collaborating with other community outreach services to deliver physical health checks for people with SMI.

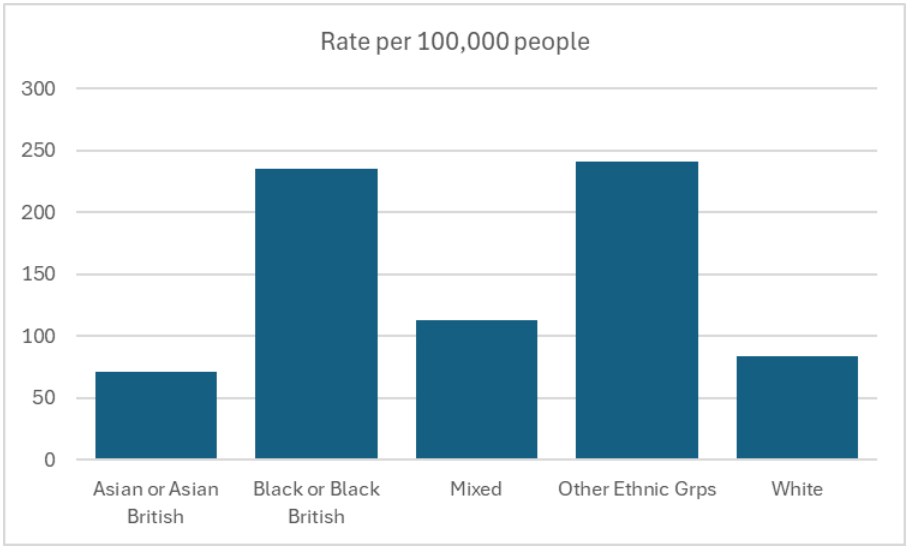
Rates of total Mental Health Act detentions

by IMD and ethnicity

NHS Lancashire and South Cumbria Integrated Care Board

Nationally black people, and people living in areas of deprivation, are more likely to be detained than any other group. People living in areas of deprivation or from minoritised ethnic groups are less able to access mental health support when they need it, which means they are more likely to go into crisis and are more likely to be detained.





This data is by count of detentions only and not standardised. This means that it is harder to make comparisons between IMD deciles, as differences may be down to our population demographics.

Crisis prevention plans are targeting areas of multiple disadvantage, and this will continue into 2025/26.

The rates shown here are reflective of population trends.

Priority wards plans focus on highest areas of multiple deprivation to try and reduce inequalities in mental health access, experience and outcomes.

Number of restrictive interventions

Lancashire and South Cumbria Integrated Care Board

This data is not available due to the small numbers of restrictive interventions, resulting in it being withheld.

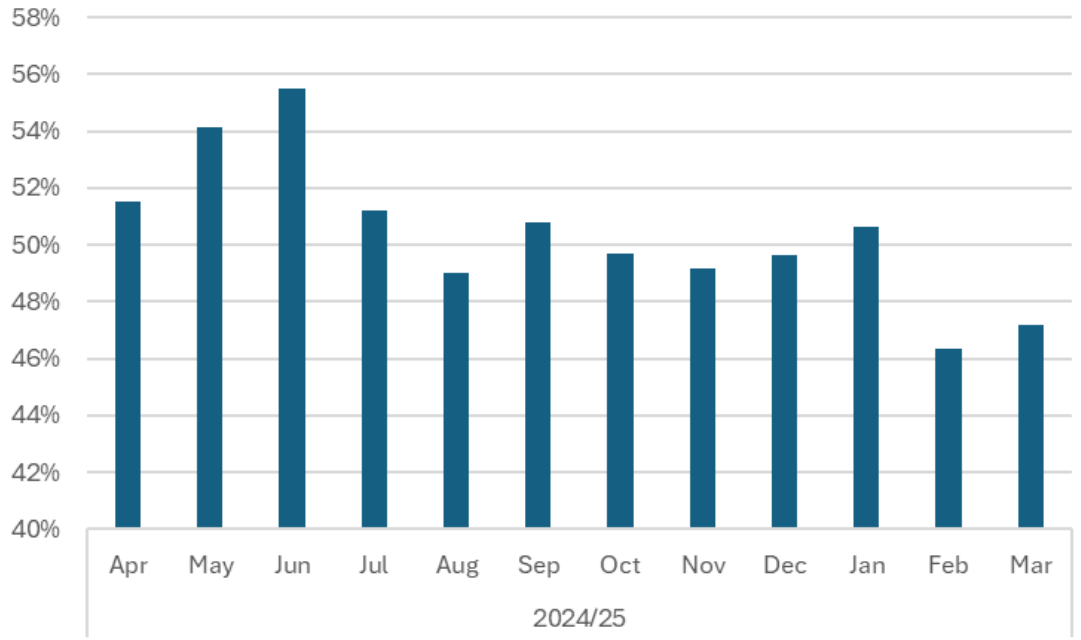
NHS Talking Therapies (formerly IAPT) - Recovery rates

NHS
Lancashire and South Cumbria
Integrated Care Board

The NHS Talking Therapies team's work on advancing mental health equalities forms part of NHS England's commitments to reduce mental health inequalities and builds on the wider Advancing Mental Health Equalities Strategy, which was published in October 2020.

The NHS Talking Therapies programme's work to advance equalities includes actions to reduce inequalities in access, experience and outcomes for different groups and communities in NHS Talking Therapies services.

1. Inequalities in access: Different groups access services differently, with underrepresentation in some services and overrepresentation in others.
2. Inequality in experience: Different groups report having different levels of satisfaction with the healthcare they receive.
3. Inequality in outcomes: Different groups receiving the same treatment also have different recovery outcomes.



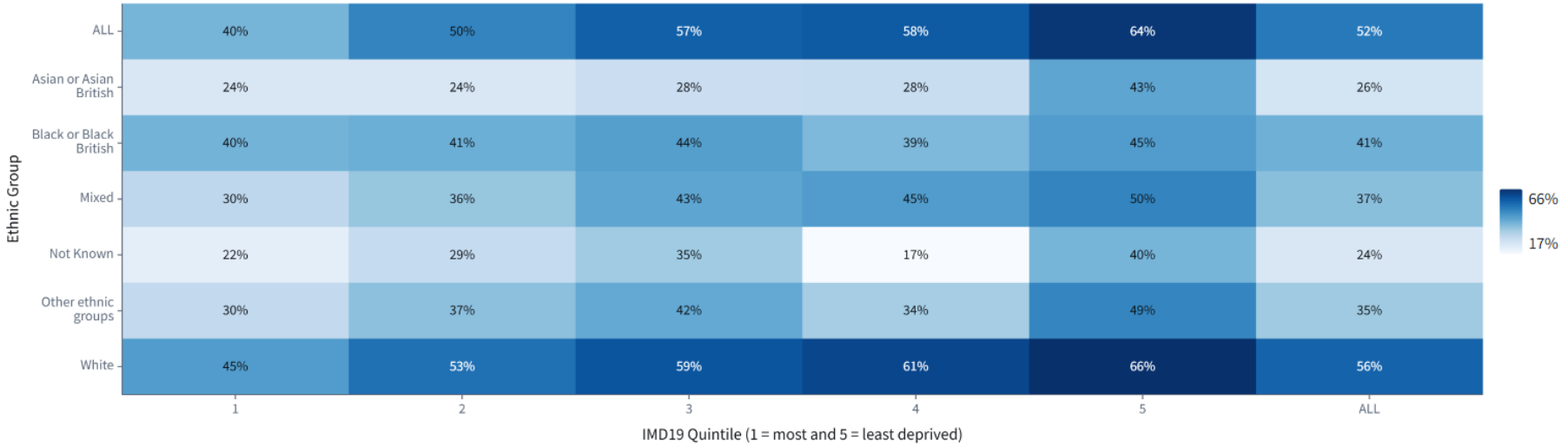
For this measure, recovery refers to whether a patient who had severe symptoms of anxiety and depression has seen improvement in their condition to the point that they are no longer experiencing severe symptoms. The target for this is 48%. In Lancashire and South Cumbria there is variance throughout the year, but the overall pattern and rate shows a similar trend to the previous year.

Uptake of flu vaccination

By sociodemographic group

Lancashire and South Cumbria Integrated Care Board

Chronic respiratory disease is the third biggest cause of the life-expectancy gap between the most and least deprived groups nationally. Chronic respiratory disease is therefore one of the key priorities set out in the national Core20plus5 framework. The framework focuses on reducing infective exacerbations and emergency hospital admissions due to COVID-19, flu and pneumonia by improving access and uptake of the vaccines. This will help to minimise emergency admission winter pressures arising from COPD exacerbation and reduce avoidable deaths

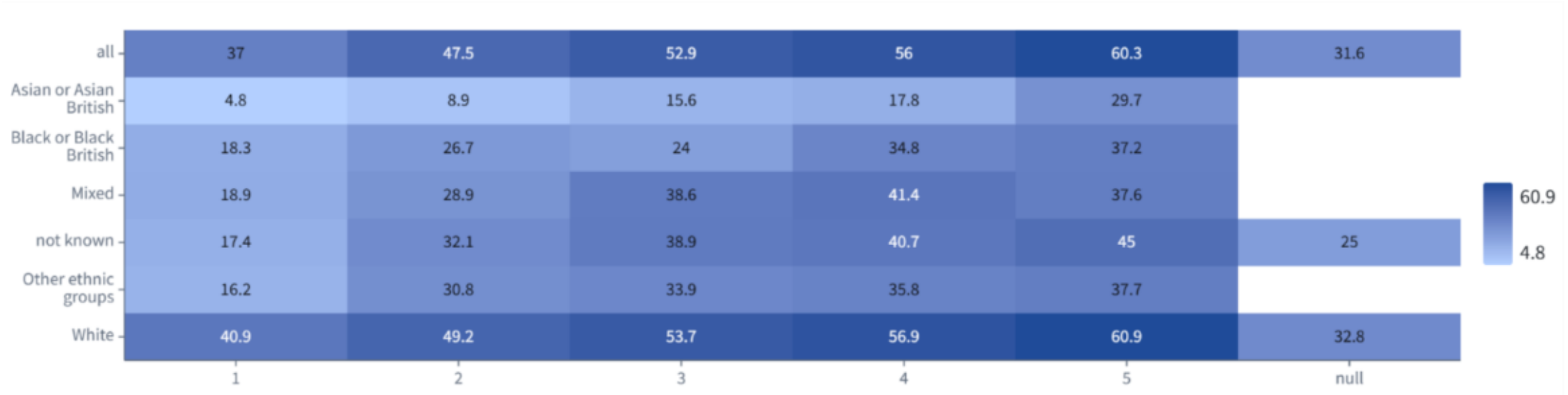


In Lancashire and South Cumbria people living in areas of deprivation and people from ethnic groups other than white have lower uptake of flu vaccinations. People identified as of Asian ethnicity (Pakistani, Indian or Bangladeshi) for example, have uptake rates of half those of the White British/Irish population.

Uptake of COVID-19 vaccination

By sociodemographic group

Lancashire and South Cumbria Integrated Care Board



Rates of COVID vaccination among the eligible population are consistently lower across all sociodemographic groups compared to 2023-24. The largest differences were across ethnicities, with very low rates of vaccination in the Asian and Asian British groups, particularly in the 20% most deprived. There was a lower rate of vaccination across the most deprived 20% for all ethnicities.

During 2024/25 targeted initiatives have taken place to improve uptake of respiratory vaccinations included improving communication to parents in BAME communities and other low uptake areas, commissioning maternity providers to run vaccine opportunities at antennal clinics and a regional wide communication campaign focusing on all eligible groups. Covid vaccinations were brought into alignment with flu vaccinations, as well as specifically targeted work to reach vulnerable populations like asylum seekers.

Type 1 Diabetes

Variation in the proportion of patients with Type 1 and Type 2 receiving all 8 care processes

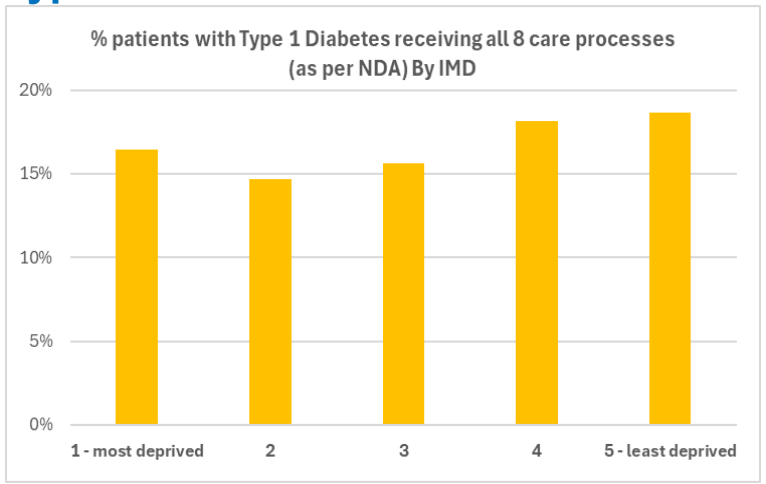
NHS
Lancashire and South Cumbria
Integrated Care Board

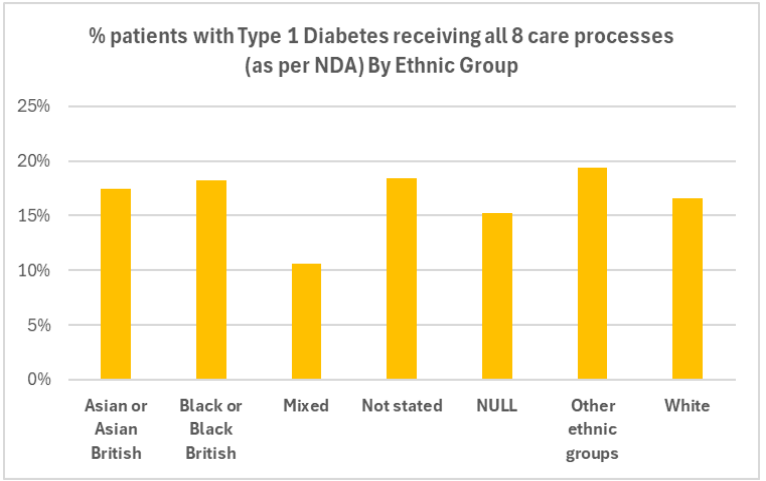
People living in areas of higher deprivation have higher prevalence of diabetes, earlier onset, and greater risk of complications. Effective management of diabetes is critical to improving overall health outcomes.

To manage diabetes more effectively we need to improve identification, deliver the 8 care processes (HbA1c measurement, blood pressure measurement, cholesterol level measurement, urine albumin measurement, kidney function measurement, foot surveillance, BMI measurement, and smoking status assessment), and deliver evidence-based treatment. Failure to do this leads to worse outcomes, including long-term complications such as cardiovascular disease, renal failure, and amputations.

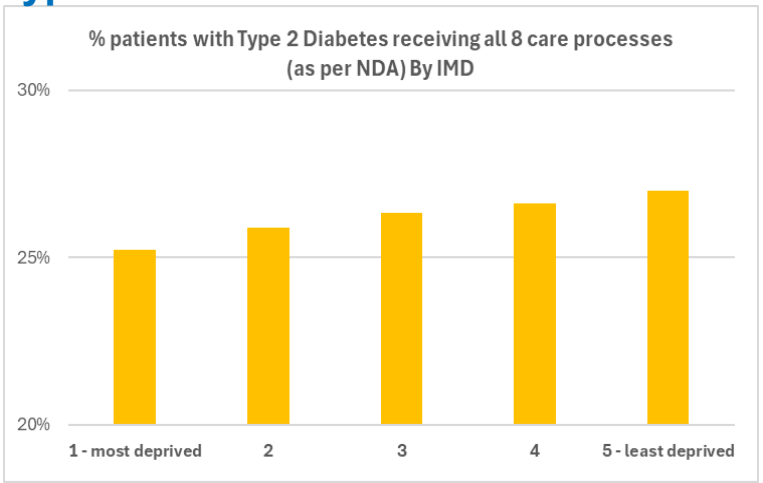
In Lancashire and South Cumbria, achievement of the eight key care processes is consistently lower in people with Type 1 diabetes compared to those with Type 2 . This is partly due to differences in service models. Additionally, Type 1 diabetes is more commonly diagnosed in childhood or adolescence, leading to different patterns of service access and requiring life-long engagement and management. People in lower socio-economic groups face greater barriers in terms of access to services, experience and outcomes.

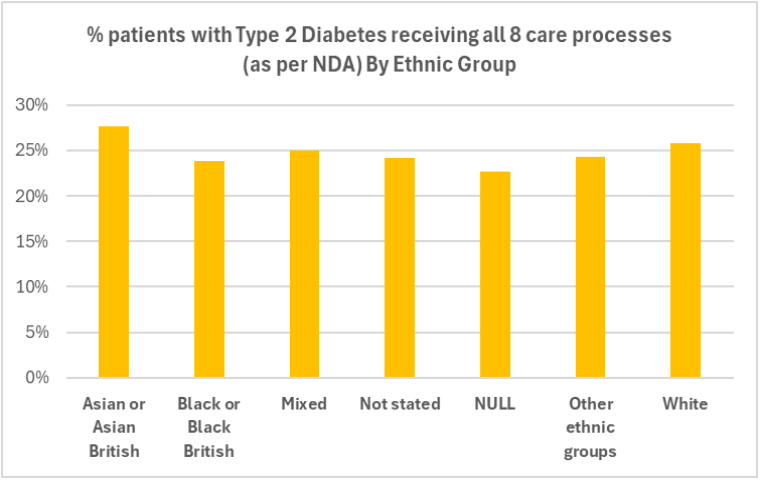
Type 1





Type 2



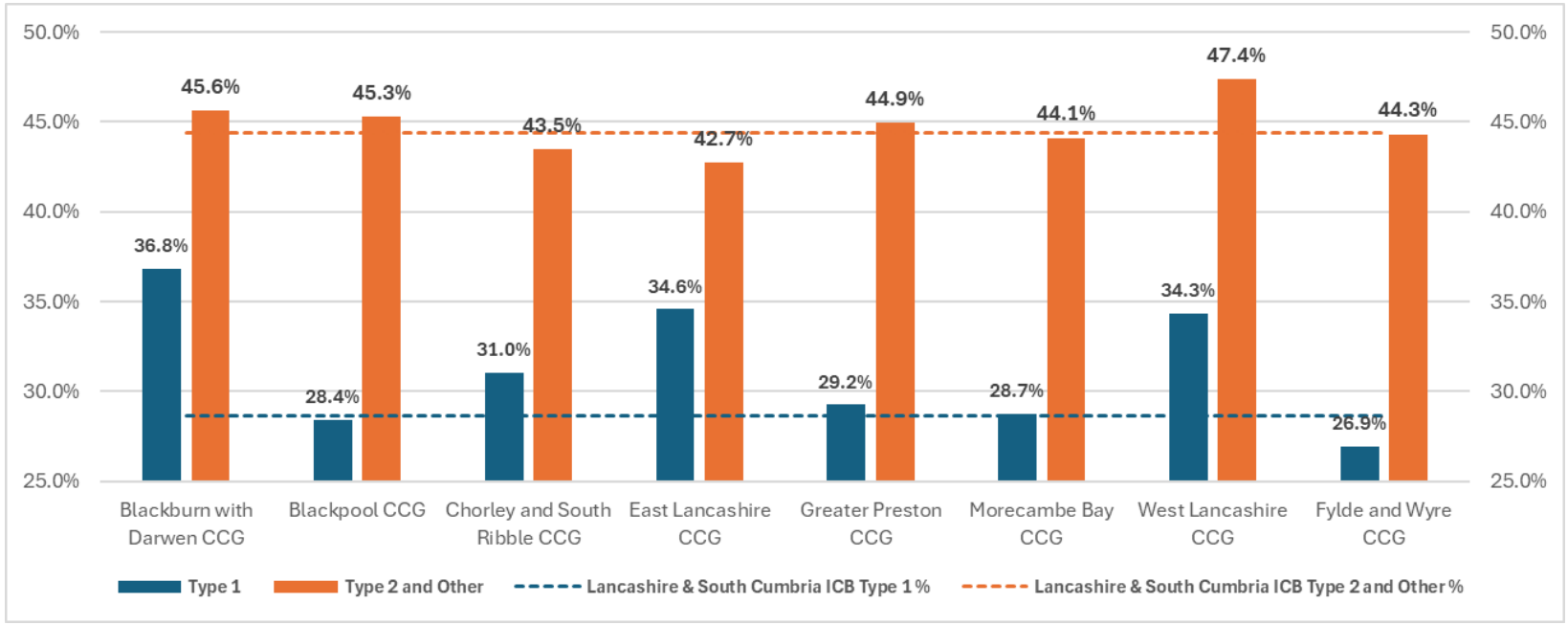


Treatment of Diabetes (Type 1 & 2)

Percentage of patients with Type 1 or Type 2 diabetes who meet all three treatment targets:

- HbA1c below 58mmol/mol
- Blood pressure below **140/90***
- Prescribed a statin for prevention

*note that the blood pressure diastolic value has changed from ≤80 to ≤90 from the quarter E2 2024/25



The number of patients for whom all three treatment targets are achieved is significantly lower in Type 1 than Type 2 diabetes. The clinical complexity of Type 1 diabetes, requiring lifelong insulin management and more variable glucose control, makes achieving tight glycaemic targets more difficult. Many people with Type 1 diabetes also experience diabetes distress, mental health challenges, and reduced access to diabetes education and technology (such as continuous glucose monitoring), especially in deprived communities. This intersection between clinical challenge and social determinants of health means people with T1D are at greater risk of poor outcomes and highlights the urgent need for more personalised, equitable support models across the system.

Examples of work to improve management of diabetes

NHS
Lancashire and South Cumbria
Integrated Care Board

The Lancashire and South Cumbria ICB has set up a Diabetes Health Improvement Board to provide leadership and oversight of the 5-year strategy and delivery plan. Membership involves all key stakeholders across a range of organisations and disciplines. The strategy has a focus on health delivering outcomes, patient experience, health inequalities and improving access.

Patients across Lancs and South Cumbria now have better access to both Structured Diabetes Education and Diabetes Prevention Programs and Pathway to Remission Programme in line with NICE guidance and national recommendations from Diabetes UK.

We have re-negotiated the existing Structured Diabetes Education contracts to ensure equitable access to all patients with diabetes across LSC. Communications to GPs have encouraged case-finding, referral, and clarity regarding coding on clinical systems. The new contracts include delivery through digital, on-line and face-to-face venues and in different languages to enable inclusive access and understanding.

Existing service specifications have been aligned for primary care to ensure standardisation of care, identification of gaps in service provision and equity of access to all patients with diabetes with a particular focus on the hard-to-reach groups. Standardised measures in line with NICE guidance and National Diabetes Association have been included to monitor outcomes, performance, and improvement.

We have developed a diabetes dashboard to improve recording and management of the 8 care processes and 3 treatment targets in line with NICE and national standards, to provide an indication where patients with measures out of range are reviewed and provided with suitable treatment accordingly. Case-finding and recording also ensures all eligible patients are offered statins, BP medication, and diabetes medicines where appropriate.

We have ensured improved access to Continuous Glucose Monitoring for eligible patients on insulin including children and those from ethnic minority communities where uptake and access has previously been poor. This has resulted in significantly better outcomes for these patients. A primary care service specification has also been developed to enable delivery in primary care and supporting staff to attain the required knowledge, skills and competencies when advising patients.

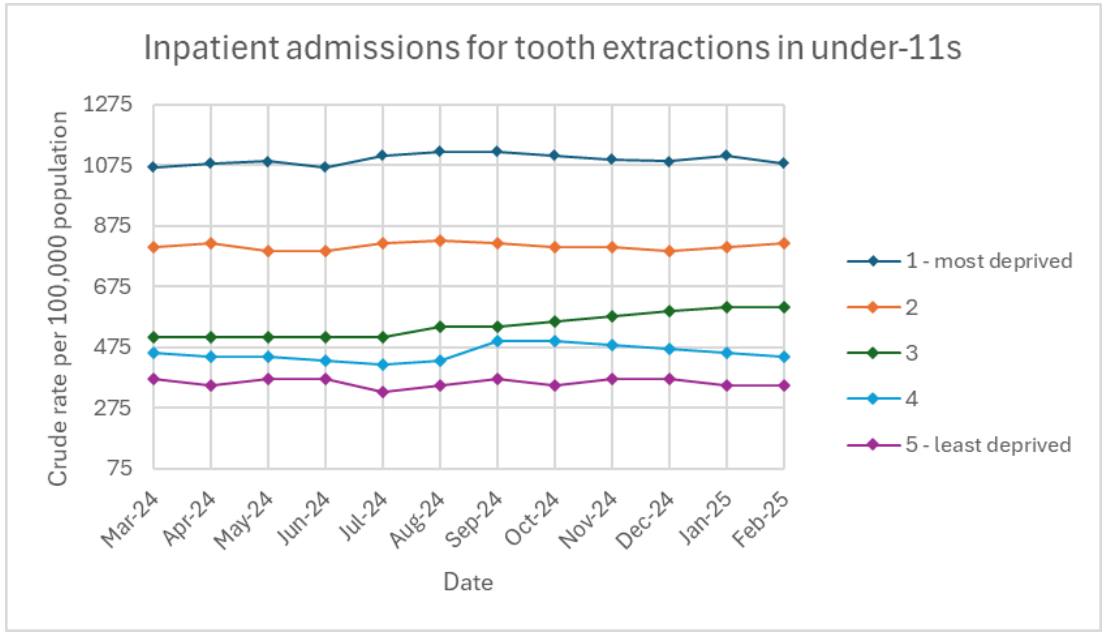
Various place-based delivery programmes have been implemented that support access and up-take of the diabetes Structured Diabetes Education programme. Thes include working with taxi drivers from ethnic minority backgrounds and cooking classes for Asian ladies in community venues.

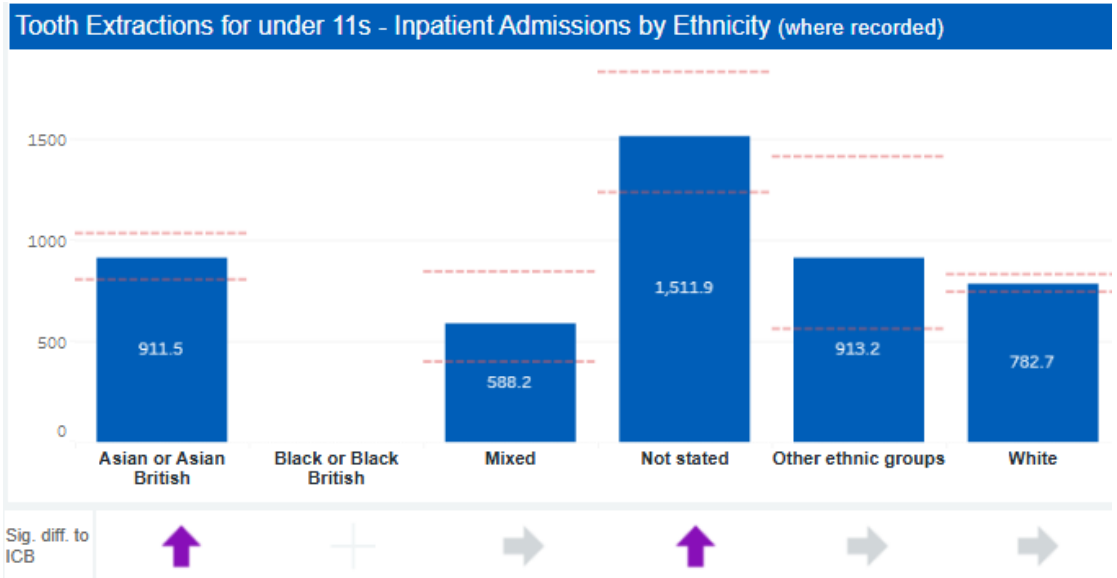
Tooth Extractions

due to decay for children admitted as inpatients to hospital aged 10 years and under

NHS
Lancashire and South Cumbria
Integrated Care Board

Addressing the backlog in tooth extractions for children 10 years old and below is one of the key national priorities to address health inequalities for children, set out in the Children and Young People Core20Plus5 framework.





Please note that due to numbers being <10 in some categories each month, the data is suppressed and therefore not used in calculating the rate for the year, resulting in the above graph.

In Lancashire and South Cumbria the recovery of waiting lists for dental extraction in children is an ongoing priority, and while this recovery takes place, we would expect to see continuing high levels of admissions for extractions from the most deprived 20% of the population.

Throughout 25-26, work has been ongoing to increase the speed of elective recovery, as well as improving children's oral health. This included expansion of weekend lists at one site and working with two sites to increase numbers of children per list for dental extractions. A 2-year prevention programme began, implemented by 50 practices. The programme has 3 core aspects – access to core dental services, delivery of paediatric treatment options, and a behaviour change model for intervention. It will focus on under 5s. In January 2025, over 400 children had already benefitted from the pathway, with referrals increasing rapidly.

Metrics defined by NHSE to reflect national strategic priorities

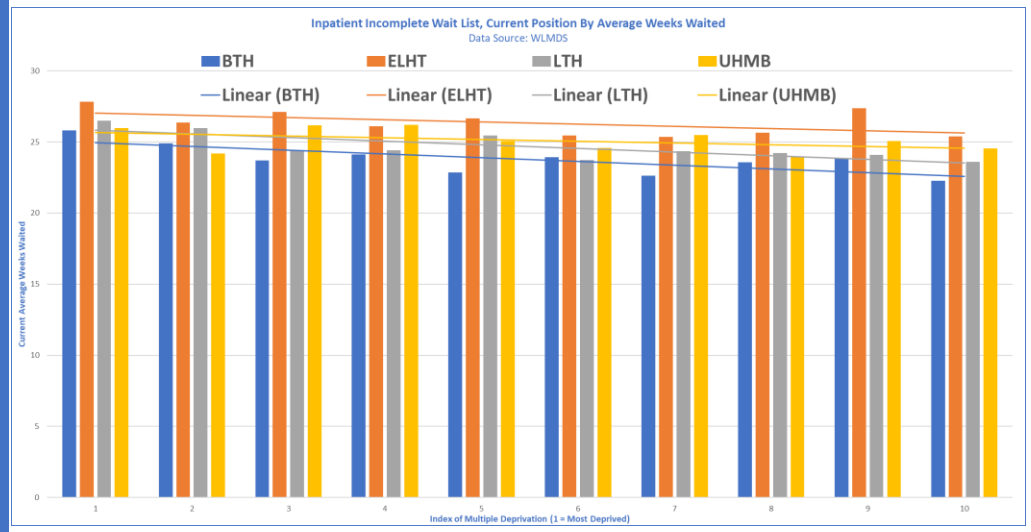
NHS
Lancashire and South Cumbria
Integrated Care Board

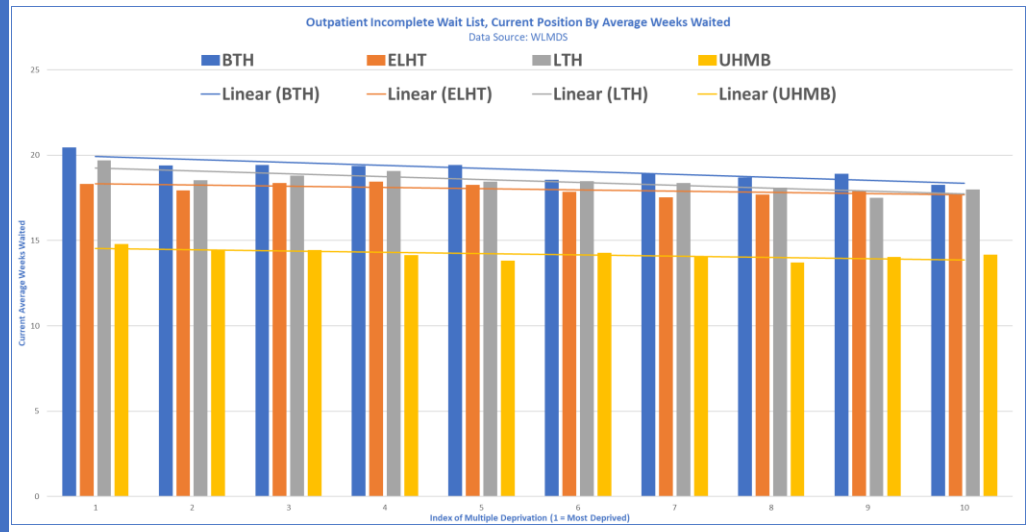
- Planned care
  - Elective waiting list by IMD
  - Elective waiting list by ethnicity
  - Elective admissions
  - Percentage change in elective admissions vs pre-pandemic levels
  - Outpatient attendances
- Urgent and emergency care
  - Emergency attendances
  - Emergency admissions
  - Emergency admissions for under 18s

Elective Waiting List by IMD

Waiting times by IMD across admitted & non-admitted pathways.

NHS
Lancashire and South Cumbria
Integrated Care Board





One of the key strategic priorities for the NHS is that waiting lists for planned care should be restored to pre-Covid levels, but that this should be done in a way that ensures all patients, regardless of their background or circumstances, have equitable access. This commitment was restated in the "Reforming Elective Care for patients" plan, published by NHSE in January 2025 [NHS England » Reforming elective care for patients]

In Lancashire and South Cumbria the Provider Collaborative has led work on reviewing data including provider and specialty level waiting lists based on deprivation, ethnicity, age and gender. Whilst there is variation between Trusts and between different specialties, the overall effect, as demonstrated in the data above is that there is an inequality gradient with people from more disadvantaged groups waiting longer in all trusts for both inpatient and outpatient waiting lists.

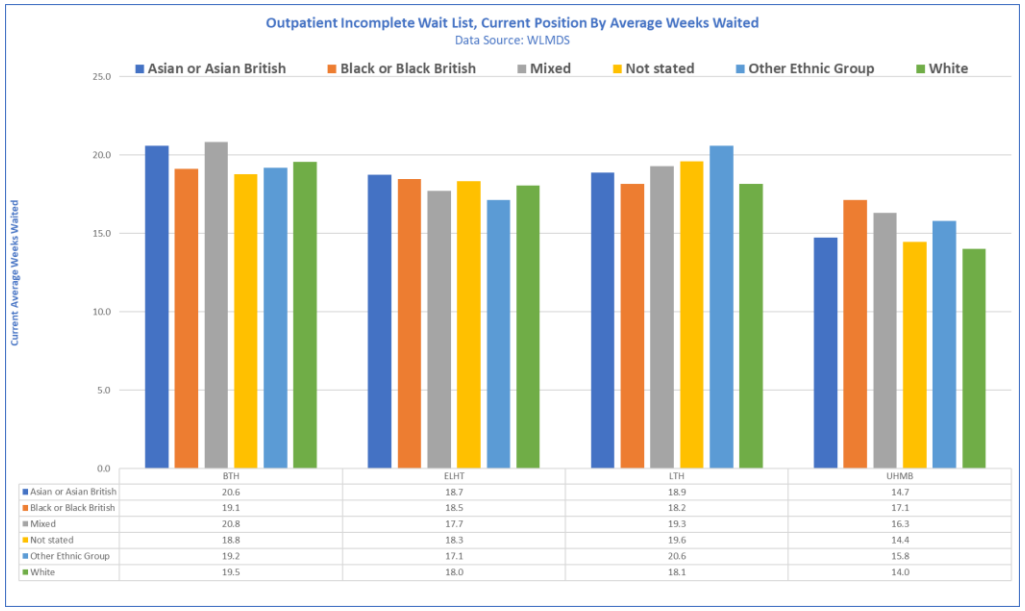
The system has focused on reducing long waits for RTT patients, for both adults and children, with a projected overall reduction in the percentage of those waiting over 52 weeks by the end of March 2026. This has led to a faster reduction rate for children compared to adults across the last twelve months. For waits of 52 weeks or more there has been a 16% reduction in adults' long waiters, compared with a 29% reduction for children. This is better than the NW regional average for children which has observed a reduction of 24%. Furthermore, the number of adults waiting 65 weeks or more has reduced by 48% compared with an 84% reduction for children. Again, this is better than the NW regional average child reduction rate of 70%.

Elective Waiting List by ethnicity

Waiting times by ethnicity across admitted & non-admitted pathways.

Lancashire and South Cumbria Integrated Care Board

	BTH	ELHT	LTH	UHMB
Asian or Asian British	22.6	27.8	26.2	22.5
Black or Black British	21.1	25.7	24.7	35.0
Mixed	23.2	29.4	27.7	27.2
Not stated	24.4	27.1	25.9	23.6
Other Ethnic Group	22.1	29.7	27.0	27.5
White	24.2	26.3	24.4	25.4



	BTH	ELHT	LTH	UHMB
Asian or Asian British	20.6	18.7	18.9	14.7
Black or Black British	19.1	18.5	18.2	17.1
Mixed	20.8	17.7	19.3	16.3
Not stated	18.8	18.3	19.6	14.4
Other Ethnic Group	19.2	17.1	20.6	15.8
White	19.5	18.0	18.1	14.0

In terms of current ethnicity data, there is no clear pattern of variation. However individual Trusts are reviewing their data at specialty-level to understand differences in access between people of different ethnicities.

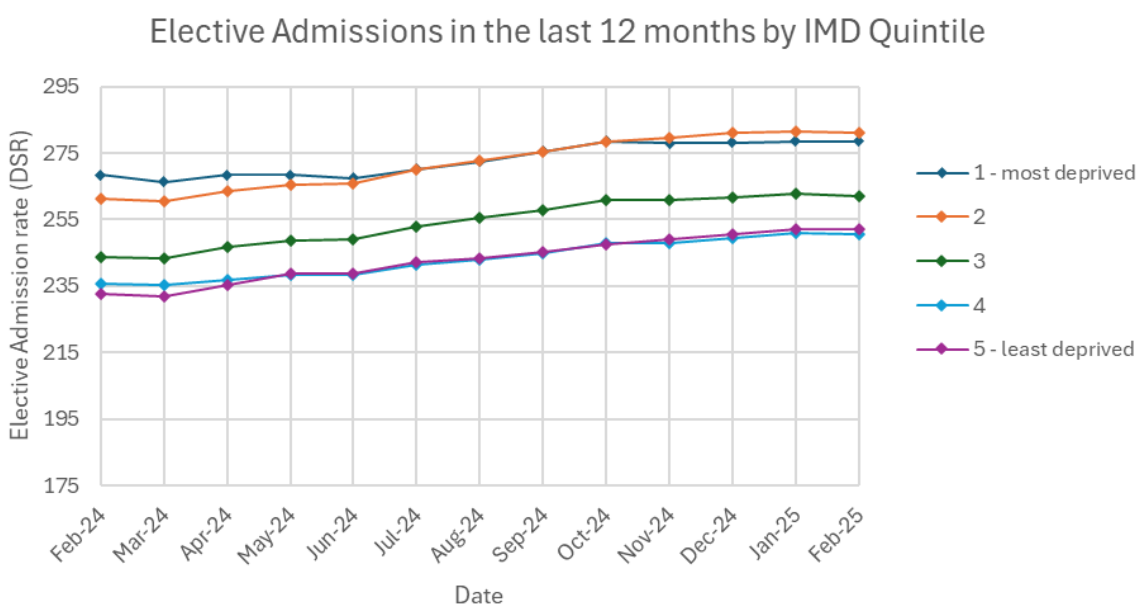
Nationally, there are challenges around the completeness and accuracy of ethnicity data captured within NHS provider information systems. This is also true of LSC with further work needed to reduce the numbers of patients recorded as “unknown” or “not stated” ethnicity. Improving this data quality on ethnicity is necessary to be able to identify the actual pattern of health inequalities and to address the issues.

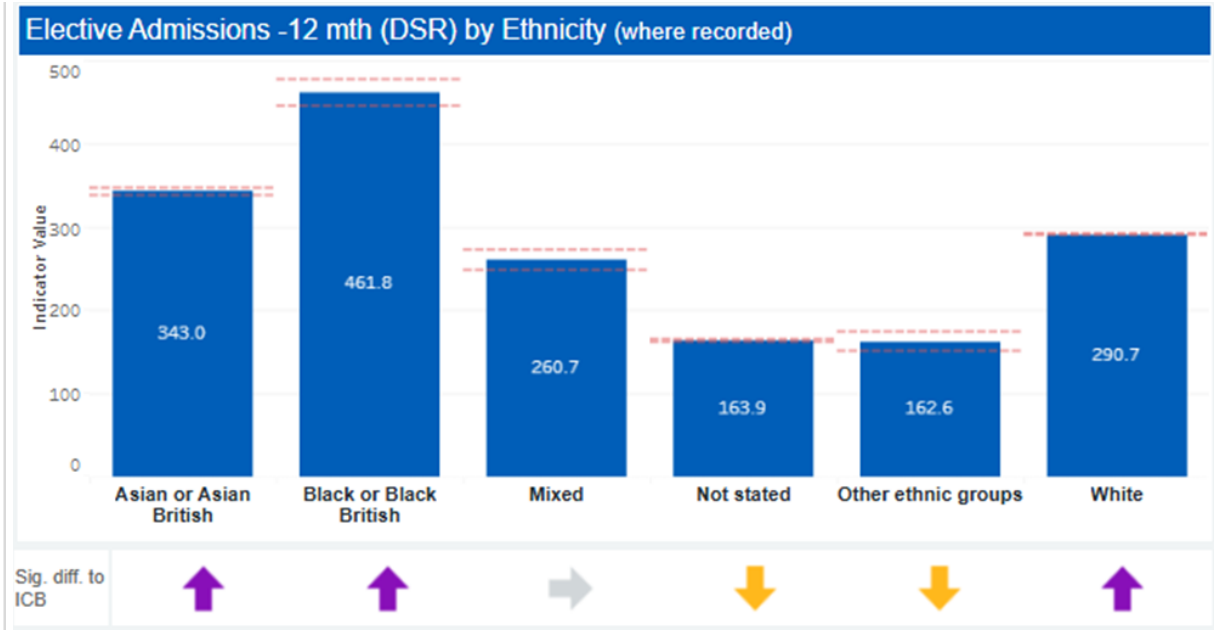
During 24/25 a pilot patient engagement exercise was undertaken to increase data completeness of waiting list ethnicity data and better understand key considerations for patients who choose not to state their ethnicity status. This has helped to reduce the proportion of patients that have an ‘unknown’ or ‘not stated’ ethnicity recording status, for which LSC significantly outperforms both the regional and national average.

Elective Admissions

Directly Standardised Rate (DSR) per 100,000 population

NHS
Lancashire and South Cumbria
Integrated Care Board



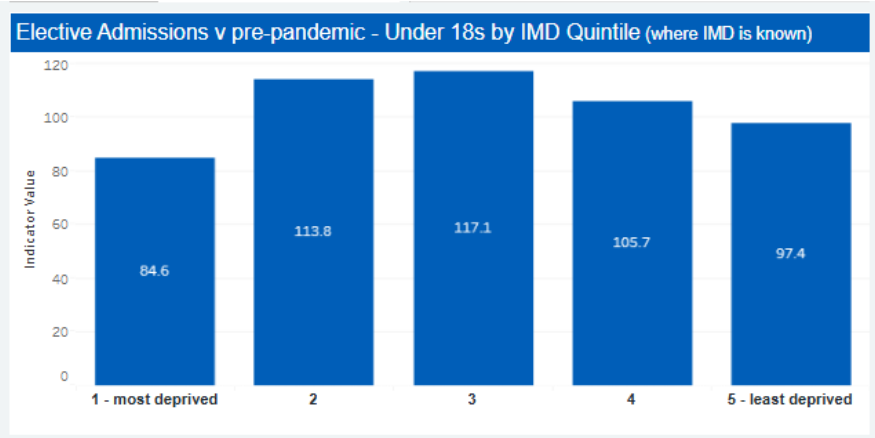


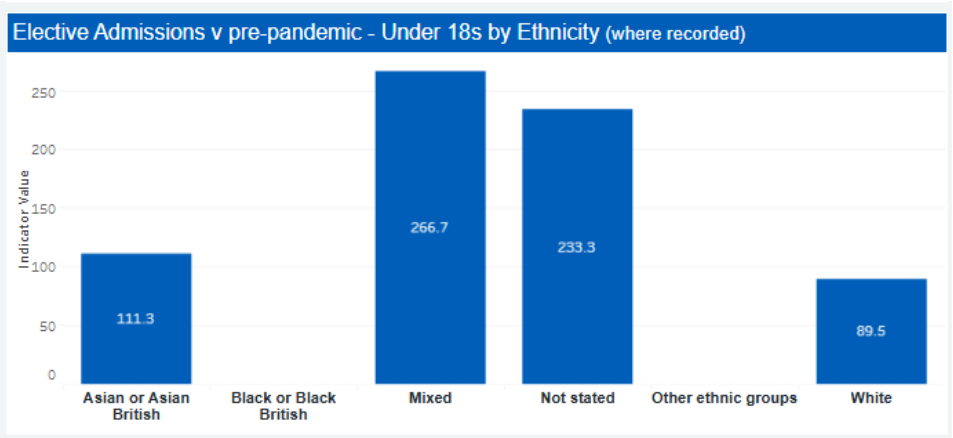
During 2024/25 elective admissions increased across Lancashire and South Cumbria in all IMD Quintiles. People from the most deprived 40% are the most frequently admitted for elective reasons.

Percentage change in elective admissions vs pre-pandemic levels

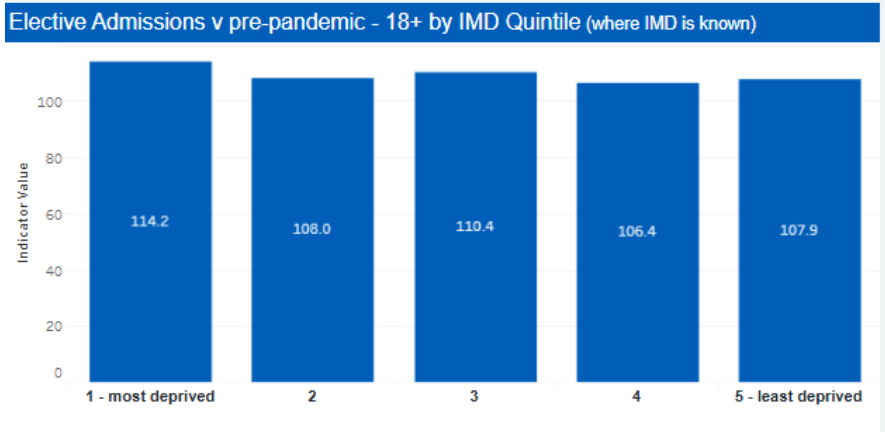
Lancashire and South Cumbria Integrated Care Board

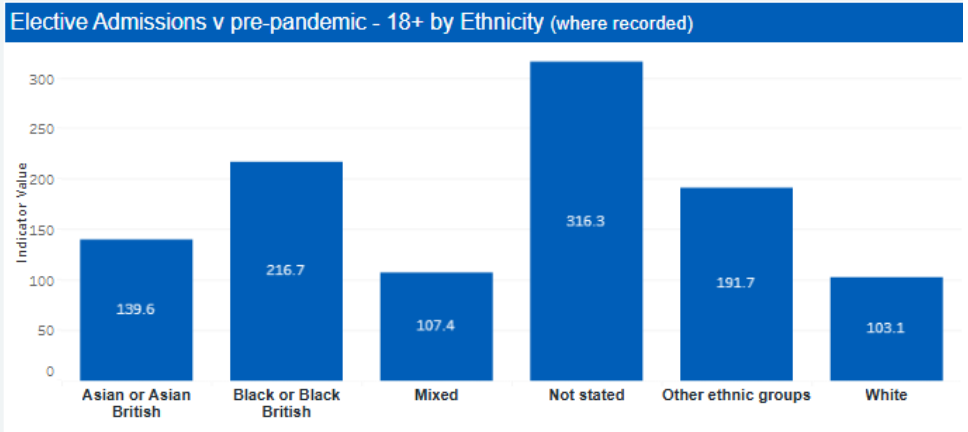
Under 18s





Over18s



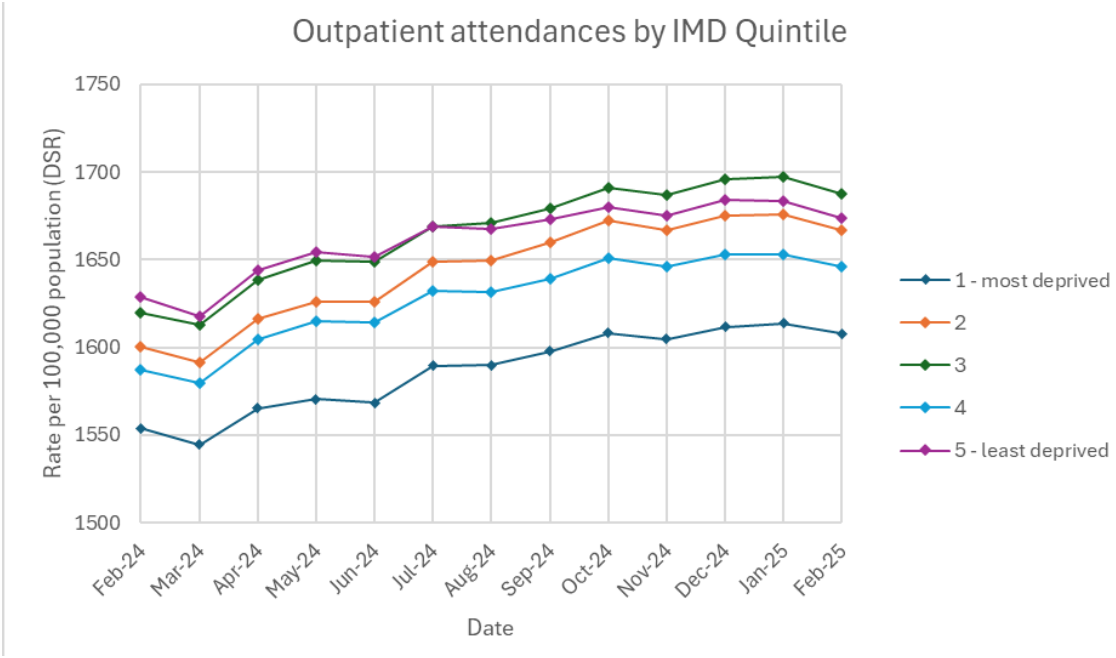


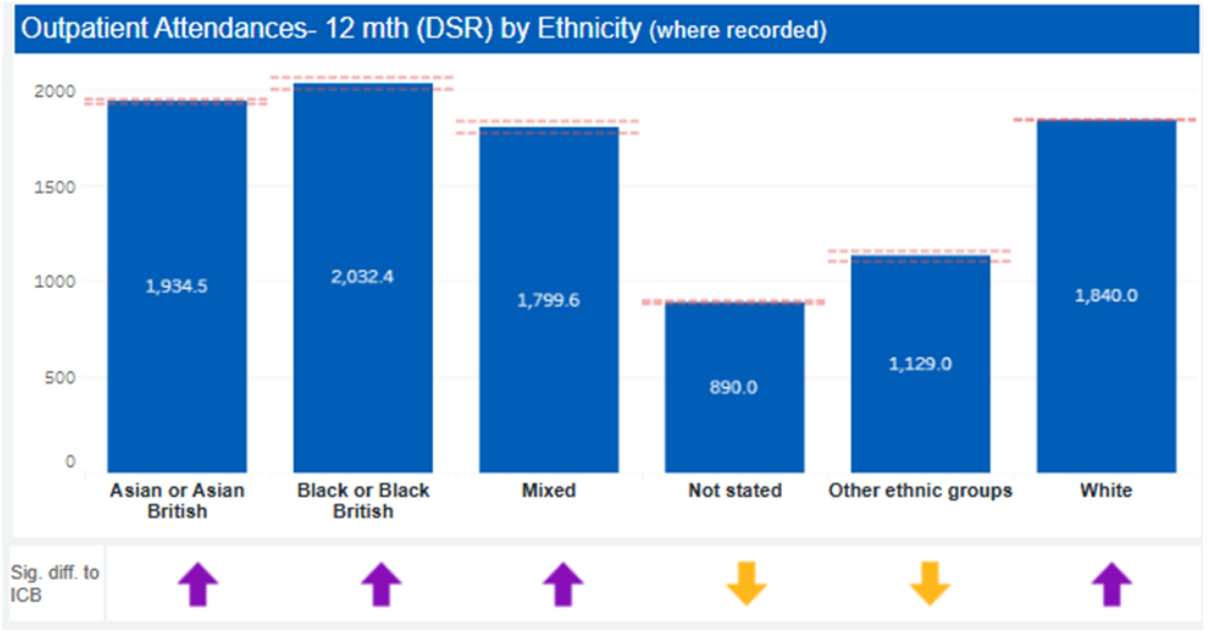
Significant work has been undertaken to recover waiting lists to pre-pandemic levels. The above graphs compare elective admissions during 2024/25 to pre-pandemic by IMD Quintile and by ethnicity for children and adults respectively. There is no clear pattern in terms of IMD or ethnicity.

Outpatient Attendances

Directly Standardised Rate (DSR) per 100,000 population

NHS
Lancashire and South Cumbria
Integrated Care Board





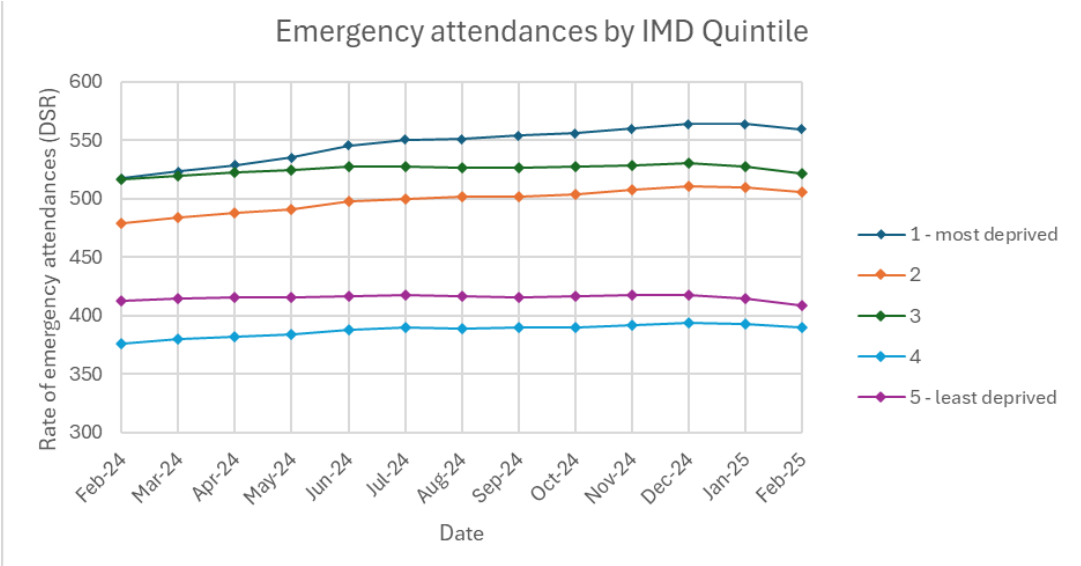
Outpatient attendances increased throughout the year for all population groups. The lowest rate of outpatient attendances remained the most deprived 20% population, with a noticeable gap between that group and the next lowest quintile. A higher number of missed appointments for the 20% most deprived population is a known issue for outpatient attendances.

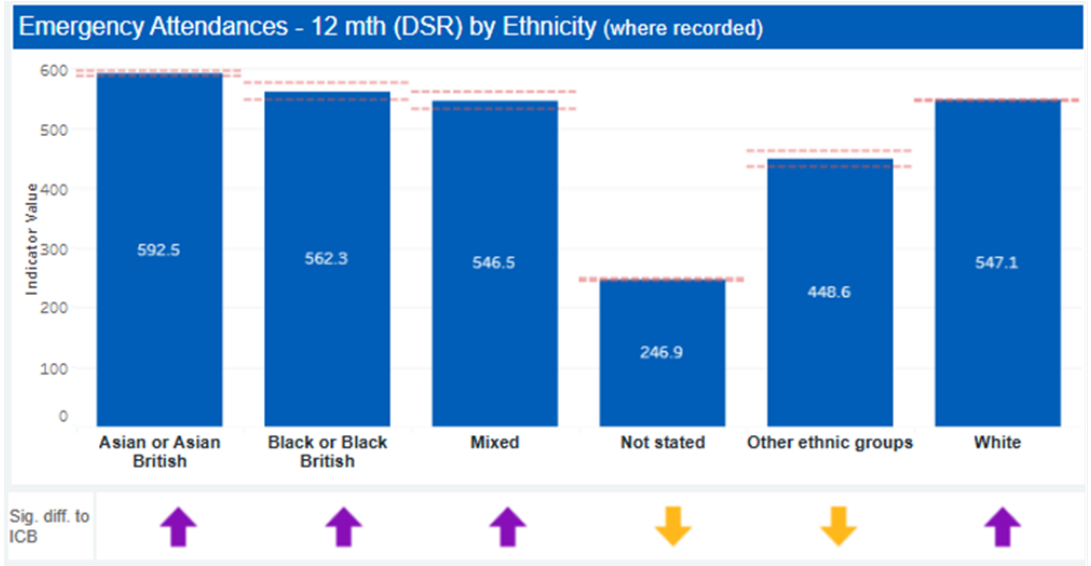
University Hospitals of Morecambe Bay Trust found that outpatient missed appointments were the biggest inequity in their elective recovery data. The outpatient improvement work has therefore included aiming to understand the reasons for this inequity, with potential interventions to be trialled.

Emergency Attendances

Directly Standardised Rate (DSR) per 100,000 population

NHS
Lancashire and South Cumbria
Integrated Care Board





Nationally and within Lancashire and South Cumbria there is generally a higher rate of emergency attendances for people from areas of greater disadvantage. In Lancashire and South Cumbria, over the year to February 2025, emergency attendances from the 20% most deprived population increased more than for the rest of the population. This disparity is due to a range of factors including broader social and economic factors as well as access to primary care and preventative services.

Lancashire & South Cumbria Integrated Care System has developed an Urgent and Emergency Care five-year strategy 2024-2029. The vision is to create an urgent and emergency care system that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs and delivers better outcomes and affordability.

Urgent and Emergency Care Delivery Boards across Lancashire & South Cumbria have developed local improvement plans which have been designed to ensure patients receive the right care, in the right place by the most appropriate health or care professional.

Emergency Admissions

Directly Standardised Rate (DSR) per 100,000 population

NHS
Lancashire and South Cumbria
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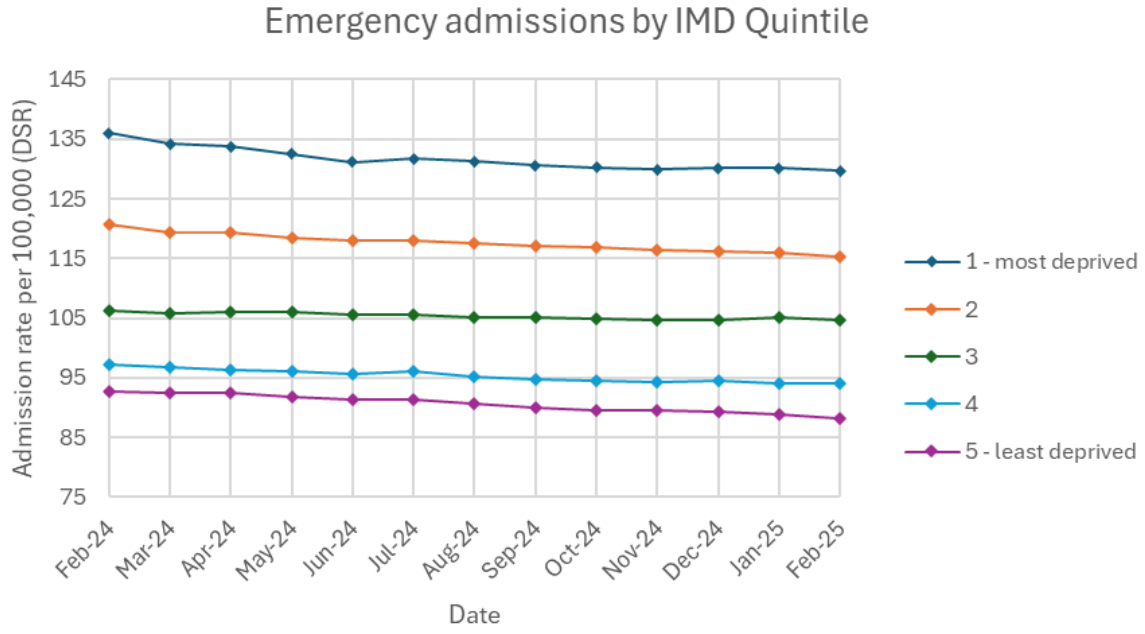
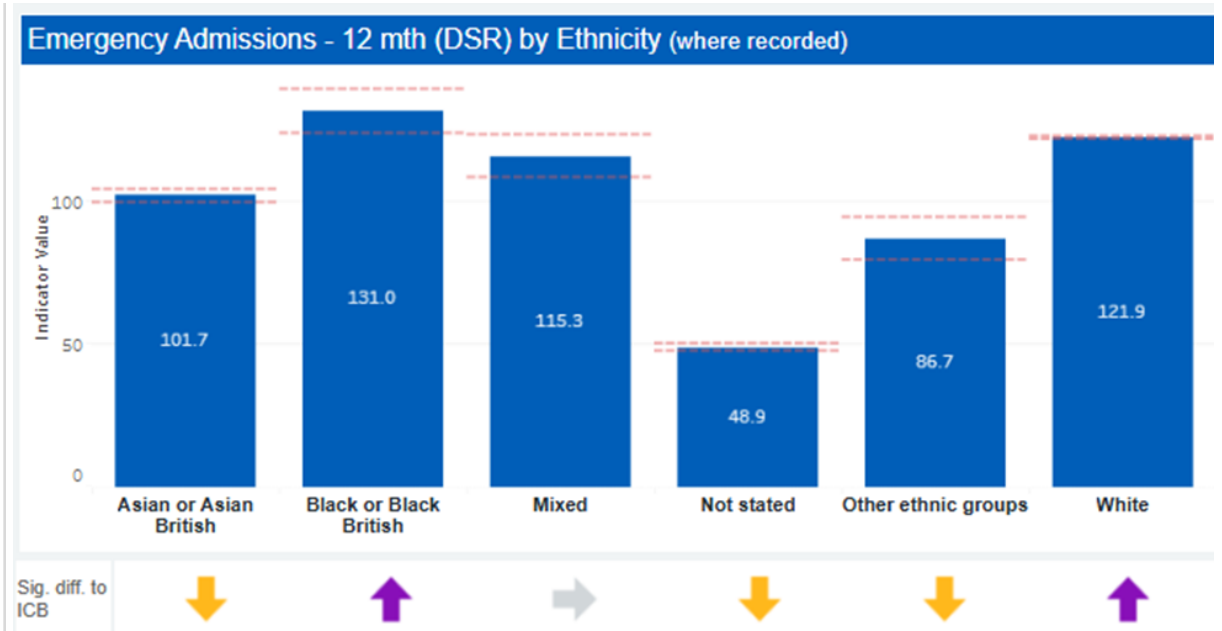




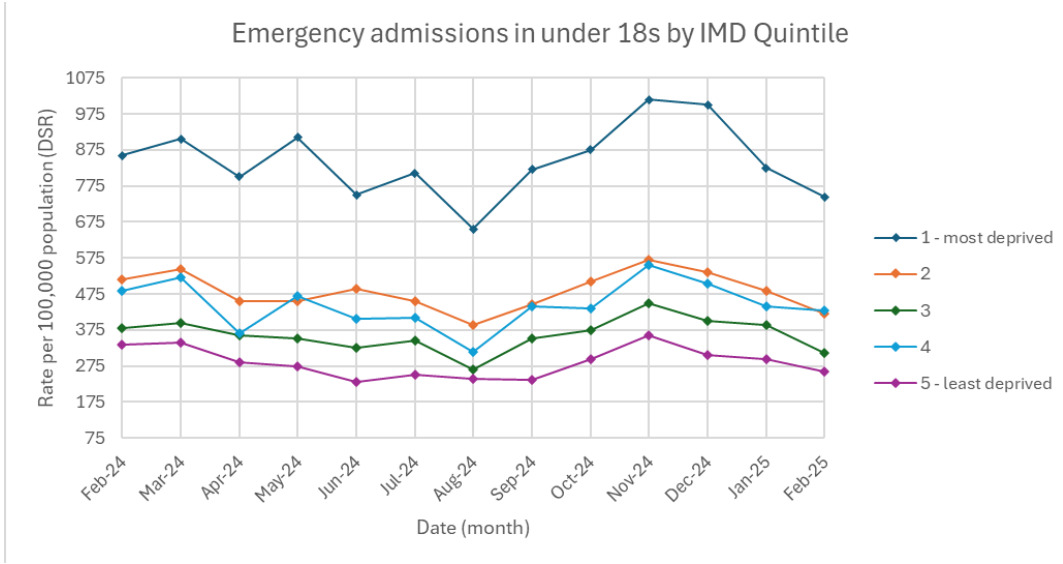
A similar pattern exists with emergency admissions with a consistent correlation between higher levels of deprivation and the rate of emergency admissions. In the year up to Feb 2025, Although there was a slight decrease in emergency admission rates across all groups, the gap between most and least deprived remains the same.

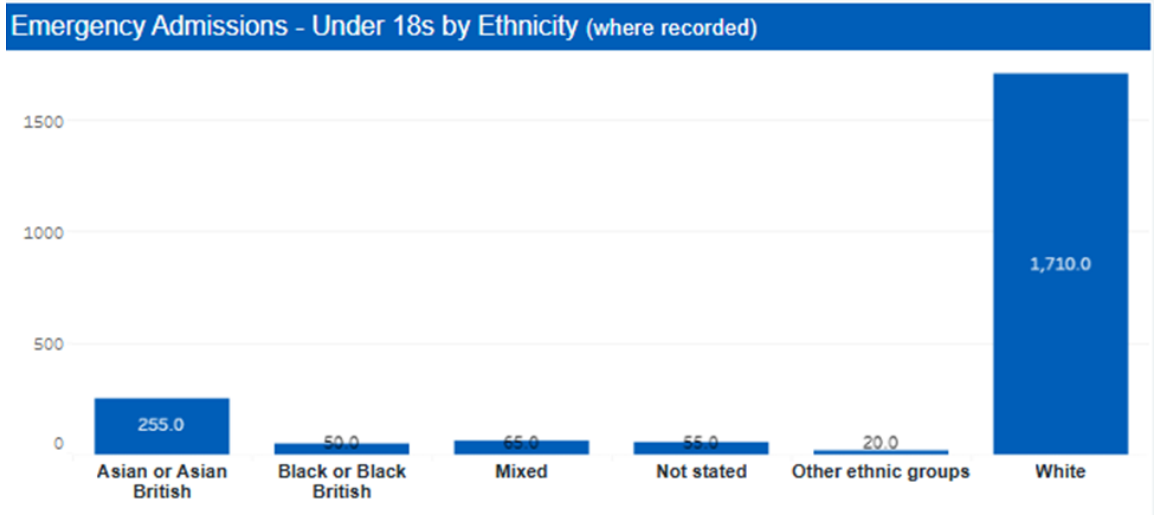
Targeted work is underway to provide improved access to planned and preventative care for communities experiencing the highest levels of deprivation. This includes work in specific geographic areas identified as having higher emergency admission activity, as well as targeted investment into primary and community care services serving populations in areas of greater disadvantage. For example place-based approaches have focused on proactive care for the most vulnerable patients and communities. This involves collaborating with partner organizations to concentrate efforts on specific geographical areas, including priority wards, to understand the underlying issues faced by the population. It also aims to understand and address the challenges and barriers communities face in accessing preventative health and care services.

Emergency Admissions

Admissions for under 18s

NHS
Lancashire and South Cumbria
Integrated Care Board





Emergency admission rates are considerably higher in the most deprived 20% of children than in any of the other IMD Quintiles. The reasons for admissions are very similar for under 18s from the most deprived 20% and the rest of the under 18 population. Compared to the national trend, there is a reduction in non-elective admissions, and local data also suggests a significant reduction in areas targeted as needing particular focus.

There has been substantial work in optimising treatment of the most impactful long-term conditions in children – these being asthma, diabetes and epilepsy. It is hoped that this will decrease emergency admissions due to poorly managed health conditions. The example below illustrates the work to improve management of asthma, one of the major causes on emergency admissions for children.

There has been extensive ongoing work with VCFSE sector, particularly the establishment of a community champions model to improve asthma knowledge among families; there have been significant levels of signposting to appropriate services such as food banks and housing advice. A Youth Community Champion model has also been developed. There has also been significant progress on specialised training for PCN clinical staff in relation to asthma optimisation. The asthma digital passport has been launched to further assist self-empowerment. Place based work is being planned at a priority ward level in both BwD and Blackpool. Significant progress has been made in relation to asthma training in schools.

NHS
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For more information see
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