

Integrated Care Board

Date of meeting	19 March 2025
Title of paper	Integrated Performance Report
Presented by	Asim Patel, Chief Digital Officer
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Agenda item	14
Confidential	No

Executive summary

The purpose of the paper is to provide the Integrated Care Board (ICB) with the latest position against a range of published performance metrics.

Summary of key performance metrics

Elective Recovery – There has been a small increase in the overall number of patients waiting up to 239,707. As at December 2024, there were 275 patients reported waiting in excess of 65 weeks, with over 60% of these were waiting under the Gynaecology specialty.

Diagnostics – There has been a deterioration in diagnostic performance against the 6 weeks diagnostic target (95%) in December 2024, with none of the 4 main providers meeting the target. The ICB continues to be below the North West and National performance. Latest performance for the ICB shows that 72.0% of people waited less than 6 weeks for a diagnostic test, with 70.2% waiting less than 6 weeks at our 4 main providers. There has been a decrease in the waiting list during the last month.

Cancer – In December 2024, the faster diagnosis standard was met across the ICB (80.7%) with all providers meeting the 75% target. Performance against the 31-day and 62-day standards both improved.

Urgent and Emergency Care (UEC) – Performance against the 4hr target in January 2025 was 74.5%, which was a deterioration on the previous period and below the 78% target for March 2025. The percentage of patients spending more than 12 hours in an emergency department also deteriorated during the most recent period. Category 2 response times was not achieved in January 2025 (35 minutes and 44 seconds).

Mental Health – The out of area placement target has been revised to people in beds out of area, rather than bed days. The latest data shows that there were 22 inappropriate out of area placements, which is above plan. The dementia prevalence target continues to be met within L&SC ICB, above the national position. The number

of people receiving a health check on a Learning Disability (LD) register for the ICB has met the quarter 3 target. The local data flows for NHS Talking Therapies shows that the ICB is meeting both the reliable improvement and reliable recovery targets, year to date.

Children and Young People – The levels of smoking at time of delivery are higher than national levels and significantly above those levels in Blackpool, in line with the smoking prevalence of the population, however the rate is falling. The population vaccine coverage (MMR) for children under 5 continues to be above both the regional and national figure. The elective recovery for children shows that the number over 65 weeks waiters is currently at 24 (end February), with improving 18 weeks performance.

Primary Care - There is a significant risk that the current national GP contract dispute and subsequent collective action (CA) will impact on patients’ access to general practice services and therefore the ICB’s access performance metrics. Lancashire & South Cumbria offers fewer general practice appointments per head of population than the national rates and has a lower general practice workforce per head of population which will impact upon the number of appointments able to be provided.

All Age Continuing Care - The total patient caseload in January 2025 across the ICB was 6,907 and relatively similar to the same period last year. However the ICB is a national outlier in both monthly eligibility rates and eligibility per 50 thousand population.

Recommendations

The Board is asked to note achievement against key performance indicators for Lancashire and South Cumbria and support the actions being undertaken to improve performance against metrics in this report.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications	✓			

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Finance & Performance Committee	12 March 2025	Committee notes the report.

Executive Team	11 March 2025	Approved.		
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed	✓			
Equality impact assessment completed	✓			
Data privacy impact assessment completed	✓			

Report authorised by:	Asim Patel, Chief Digital Officer
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Integrated Care Board – 19 March 2025

Integrated Performance Report

1.0 Introduction

- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and will be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. Therefore, it is essential there is a robust performance reporting function in place to provide the ICB with an overview and highlight risks and challenges.
- 1.2 The purpose of the report is to provide the Board with the latest position against a range of published performance metrics appropriate balance scorecards to enable the Board to maintain oversight of progress against the ICB's strategic objectives and enable the Board to respond to identified and emergent risks.
- 1.3 Due to when updated data is received, this report provides the most recent position on a selection of indicators where available.
- 1.4 Following the publication of the NHS 2025-26 priorities and operational planning guidance, the Integrated performance report will align to the new set of national metrics as we enter into the next financial year.

2.0 Key Performance Indicators

- 2.1 The system remains subject to on-going pressure and increased demand which impacts on performance metrics and one part of the system does not operate in isolation.
- 2.2 The table below provides a timeseries of key indicators:

Table: 12 Month Timeseries of ICB Key Performance Indicators

Key Performance Indicator	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	TREND	NORTH WEST	NATIONAL
Total patients waiting more than 104 weeks to start consultant-led treatments	1	1	4	1	1	0	1	0	0	0	0	0	0			16	269
Total patients waiting more than 78 weeks to start consultant-led treatments	209	141	79	39	21	18	13	16	29	43	62	37	19			167	2641
Total patients waiting more than 65 weeks to start consultant-led treatments	2620	2313	1785	745	786	960	1101	882	828	358	466	347	275			2250	16680
Total patients waiting more than 52 weeks to start consultant-led treatments	10439	9679	9514	9546	9448	9391	9408	8832	8574	7763	7495	7087	6617			34497	202996
Capped Theatre Utilisation	78.80%	78.30%	80.60%	79.80%	79.70%	83.30%	81.60%	82.35%	83.20%	84.00%	84.00%	86.10%	84.30%	84.00%		78.90%	79.60%
BADS Daycase Rates	83.70%	83.80%	83.50%	83.90%		84.40%	83.90%	83.50%	83.50%	85.30%	85.20%					83.40%	84.30%
Specialist Advice - Pre-Referral (Rate per 100 OP)	6.01	6.25	6.05	7.35	6.92	7.16	5.97	6.60	7.01	7.18	6.75	6.76	6.36			3.61	6.00
Specialist Advice - Post-Referral (Rate per 100 OP)	32.21	32.45	32.79	35.41	30.42	29.93	29.04	27.26	29.58	28.30	29.98	29.11	31.67			25.25	21.60
Patient Initiated Follow-Ups (PIFU)	4.32%	4.06%	3.96%	4.12%	3.71%	3.76%	3.81%	3.87%	4.27%	4.54%	4.45%	4.34%	4.67%			2.89%	3.58%
Number of Adults on Community Waiting Lists	14031	14810	15172	15460	15176	15519	15855	15460	18816	18563	17607	16871	16579				
Number of Children on Community Waiting Lists	5896	6002	6279	6415	6477	6379	6527	6119	5958	5886	5846	5896	5909				
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	69.22%	71.74%	75.94%	75.30%	73.53%	76.34%	74.36%	73.17%	71.02%	71.40%	71.90%	73.68%	71.96%			82.74%	77.23%
People waiting longer than 62 days to start cancer treatment	528	522	411	358	400	434	531	505	504	483	451	394	458	424			
31 Day First Treatment (96% Standard)	91.68%	88.45%	90.89%	92.04%	90.42%	93.35%	94.19%	92.69%	94.44%	92.94%	92.69%	92.13%	94.20%			93.15%	91.53%
62 Day referral to treatment (85% Standard)	65.71%	61.55%	65.03%	73.10%	65.94%	68.02%	70.87%	68.68%	68.59%	67.18%	68.24%	71.22%	73.62%			72.78%	71.33%
% meeting faster diagnosis standard (75% Standard)	75.90%	73.56%	80.67%	77.31%	75.24%	78.37%	78.29%	77.80%	77.64%	75.90%	79.85%	79.05%	80.61%			78.36%	78.08%
A&E 4 Hour Standard (76% Recovery Target)	74.81%	74.59%	75.44%	76.05%	77.83%	77.86%	78.42%	78.33%	78.32%	77.00%	76.44%	76.06%	75.00%	74.46%		70.59%	73.01%
A&E 4 Hour Standard - Type 1 Only		58.94%	59.37%	60.22%	63.53%	63.72%	64.25%	64.64%	64.15%	62.54%	61.93%	61.98%	60.63%	58.67%		53.93%	55.33%
Proportion of patients spending more than 12 hours in an emergency department	9.45%	10.42%	9.31%	9.98%	8.96%	7.66%	7.66%	7.57%	6.79%	8.79%	8.91%	8.48%	9.78%	11.25%		8.68%	
Average ambulance response time: Category 2	00:38:33	00:36:06	00:29:00	00:24:22	00:21:48	00:25:54	00:26:53	00:27:44	00:21:03	00:28:53	00:35:06	00:36:47	00:42:21	00:35:44			00:35:40
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	33.50%	37.89%	35.74%	33.68%	30.85%	32.90%	31.17%	30.43%	25.16%	32.64%	36.90%	37.12%	40.24%				28.10%
Number / % of patients with a LOS exceeding 21 days [BCF]	8.76%	8.96%	9.23%	9.10%	9.21%	8.78%	8.68%	8.51%	7.82%	8.27%	8.38%	7.90%	7.93%				7.10%
Proportion of patients discharged to usual place of residence [BCF]	92.71%	92.98%	92.94%	93.48%	92.63%	93.37%	93.26%	92.59%	93.21%	92.86%	93.29%	93.25%	92.79%				92.86%
2 Hour Urgent Community Response (70% Target)	94.06%	94.26%	94.76%	95.50%	95.08%	95.11%	93.28%	93.98%	93.48%	94.74%	92.36%	91.24%	89.53%			87.70%	83.45%
Virtual Ward Occupancy (Snapshot)	58.50%	58.25%	53.60%	54.77%	50.83%	58.63%	46.46%	54.95%	57.08%	68.74%	71.39%	65.72%	74.80%	77.75%		74.66%	80.48%
Total Virtual ward capacity per 100k of adult population	26.74	26.74	26.94	27.34	22.84	22.84	22.89	22.89	22.89	22.62	20.95	20.95	20.14	20.14		22.35	19.97
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	41.45%	54.81%	66.74%	79.82%	3.66%	7.31%	11.41%	16.83%	22.16%	27.60%	34.73%	43.31%	50.48%			55.14%	51.95%
Estimated diagnosis rate for people with dementia	68.80%	68.47%	68.38%	68.34%	68.35%	68.48%	68.44%	68.89%	69.14%	69.33%	69.44%	69.68%	69.28%			70.62%	65.65%
Number of general practice appointments per 10,000 weighted patients	3599.0	4555.1	4266.0	4093.8	4137.7	4144.9	3885.5	4255.3	3821.2	4163.2	5451.8	4357.0	3906.9			3879.7	4566.7
% Same Day Appointments (ACC-08)	45.78%	44.26%	42.42%	42.55%	43.30%	42.92%	42.89%	41.65%	42.83%	41.47%	35.39%	40.89%	44.57%				
% of Appointments within 2 weeks of booking (ACC-08)	89.60%	89.50%	89.10%	88.30%	87.05%	87.62%	87.31%	87.15%	87.43%	87.08%	84.99%	86.62%	87.90%				
Percentage of resident population seen by an NHS dentist - ADULT		38.09%	38.24%	38.48%	38.08%	38.22%	38.32%	38.46%	38.54%	38.63%	38.78%	38.85%	38.93%	38.91%			
Percentage of resident population seen by an NHS dentist - CHILD		0.00%	0.00%	59.87%	59.61%	60.00%	60.20%	60.59%	60.77%	61.00%	61.39%	61.58%	61.80%	61.85%			
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	7.65%	7.62%	7.56%	7.52%	7.45%	7.41%	7.38%	7.35%	7.35%	7.33%	7.30%	7.33%	7.34%				
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	1.203	1.167	1.103	1.109	1.150	1.169	1.019	1.126	1.091	1.010	1.055	1.020	1.032				0.80

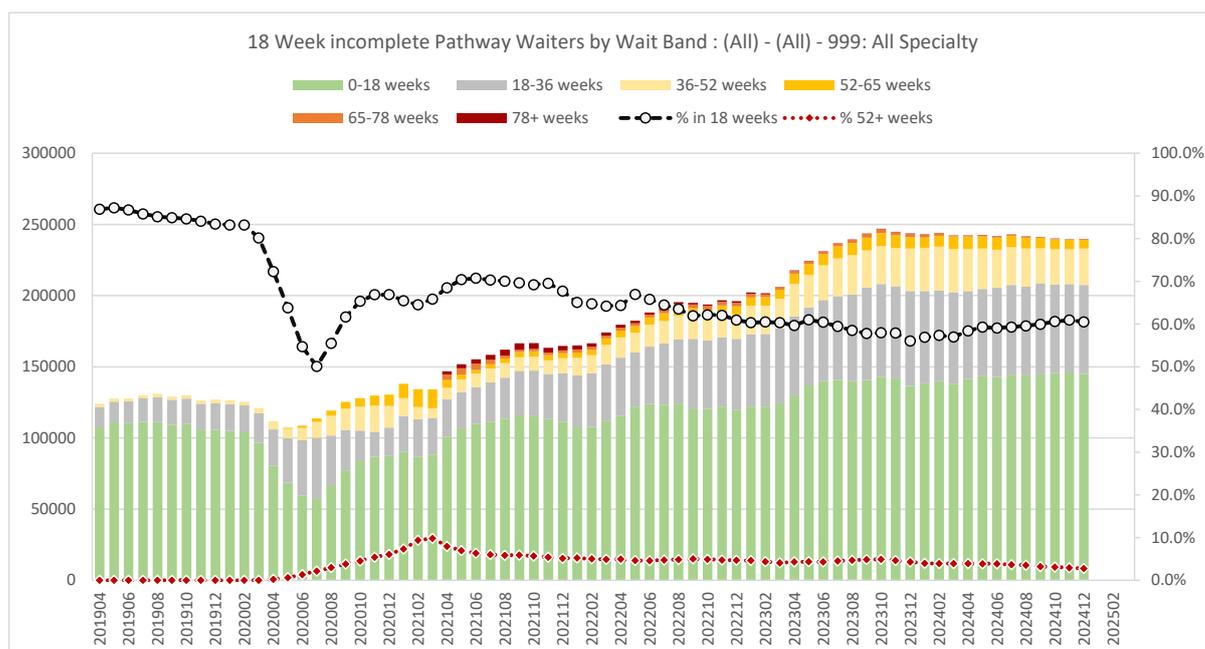
2.3 The following narrative outlines current performance against other key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.

2.4 Indicators have been aligned to the strategic objectives within the updated balanced scorecard (Appendix A).

2.5 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting.

3.0 Domain 1 – Elective Recovery

3.1 The number of patients waiting for treatment has increased marginally this month to a total of 239,707 patients waiting for treatment at the end of December 2024 at ICB level.



3.2 At the end of December 2024, Lancashire & South Cumbria ICB commissioned activity included:

- 19 x 78+ week breaches; 12 of these are waiting under Gynaecology – the majority of which at Blackpool Teaching Hospitals; 7 of these 78 weeks waiters are at either Independent Sector (IS) providers within our area or at NHS providers outside of Lancashire and South Cumbria.
- 65+ week waiter numbers decreased to the end of December 2024 position (275 patients). 73 of these ICB patients (26.6%) were waiting at Independent

Sector providers or at NHS providers outside of the Lancashire and South Cumbria area.

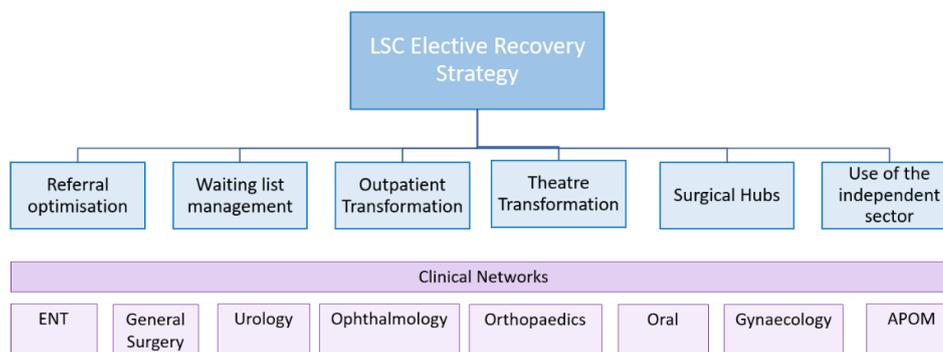
3.3 The end of December 2024 position for the 4 main NHS providers within Lancashire & South Cumbria reported:

- 0 x 104+ week waiters
- 12 x 78+ week waiters (all BTH)
- 204 patients (0.11%) waiting 65+ weeks
- 188,766 patients awaiting treatment.

3.4 The 2025-26 Priorities and Operational Planning Guidance has refocused attention back on the 18-week constitution standard with an intention to improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every Trust expected to deliver a minimum 5% point improvement. Each of the 4 Lancashire & South Cumbria Acute providers has therefore been provided with their expected minimum target by March 2026 that planning trajectories will be assessed against.

PROVIDER	BTH	ELHT	LTHT	UHMB
Dec-24	55.70%	57.10%	56.70%	69.40%
Mar-26 Target	60.60%	62.20%	62.50%	75.10%

3.5 The Lancashire & South Cumbria Elective Recovery Strategy has identified six key areas of focus that will maximise and optimise elective capacity while building on our system-wide approach to the management of waiting times and capacity.



3.6 Model Hospital metrics highlight a subset of circa 200 procedures identified by the British Association of Day Surgery (BADS) as most suited to being undertaken as a day case (or outpatient procedure based on the updated definition). Latest information shows Lancashire & South Cumbria was performing at 85.2% (Aug-Oct 2024), which is higher than regional and national averages.

- 3.7 Lancashire & South Cumbria ICB latest performance (9th February 2025) on theatre capped utilisation is 84% which is the fourth ranked ICB in the country and is well above the national and regional average.
- 3.8 Patient Initiated Follow-Ups (PIFU) remain above the North West and National averages although our performance is tracking below our 2024-25 planning trajectory. However, there are wide variations between providers with University Hospitals Morecambe Bay making the greatest contribution to the overall ICB level performance.
- 3.9 Improvements in reporting of activity for pre-and post-referral specialist advice have increased our utilisation above national and regional levels. Pre-referral diversion rates for December 2024 were 33.8% which was higher than the national diversion rate. However, post referral diversions (11.3%) were lower than regional and national averages despite higher levels of utilisation.
- 3.10 The reported number of adults and children with waits over 52 weeks in the community has been distorted by a data quality issue at East Lancashire Hospitals. There does however continue to be pressure on the Paediatric Community pathway and therapy services for children and tier 3 weight management services for adults. The Children & Young People commissioners are currently undertaking a review of the children's paediatric pathway which will ensure consistent delivery across the ICB. Discussions with providers on the 2025-26 plan shows that they expect pressure on these pathways to continue into the latter part of the financial year 2025-26.

4 Domain 2 – Diagnostics

- 4.1 Performance against the 6 weeks diagnostic target deteriorated (70.2%) for Lancashire & South Cumbria providers, with all four main providers seeing a deterioration in their performance during December 2024 compared to the previous month. The performance for Lancashire & South Cumbria ICB also saw a deterioration in the month to 72.0%. The national performance (77.2%) and the North West performance (82.7%) are both significantly above the figures for the 4 main providers and the ICB.
- 4.2 The total waiting list for the ICB, which includes the 4 main providers, ICB patients being treated out of areas and within the independent sector, has decreased to 50,594 in the month (the 4 main providers decreased in December 2024 from the previous month and now stands at 44,635). Both the North West and National waiting lists have also reduced in month.
- 4.3 The most challenged performance remains at Lancashire Teaching Hospitals Trust and is mainly due to consistently high number of patients waiting over 6 weeks for non-obstetric ultrasound (NOUS) and echocardiography, which for

December 2024 had 2,492 patients and 3,975 patients waiting over 6 weeks respectively. Both areas did improve in month.

- 4.4 Although Lancashire Teaching Hospitals has recently been moved out of Tier 1 by NHS England, review of improvement plans continues. Meeting the 95% trajectory by the end of March 2025 will be challenging.
- 4.5 The latest data for Community Diagnostic Centres (CDC) reports activity is below plan, which is due to delays opening of the Westmorland CDC and Preston HealthPort and the issues with siting the CT scanner for East Lancashire Teaching Hospitals.

5 Domain 3 – Children & Young People

- 5.1 The levels of smoking at time of delivery remain higher than national levels and significantly above in Blackpool. The ICB has several ongoing initiatives to address this including in house smoking cessation services, which will be delivered to East Lancashire Hospitals Trust and Lancashire Teaching Hospitals Trust before the end of this financial year. The latest data for quarter 2 shows that the level of smoking at time of delivery in Blackpool is falling, albeit from a high starting point.
- 5.2 The population vaccination coverage for 5 year olds compares favourably with the North West and national levels. The Primary Care Networks (PCNs) continue to work with the Improving Immunisation Uptake Team (IIUT) to increase uptake in vaccinations for 0-5 year olds.
- 5.3 There are currently 235 children waiting over 52 weeks for Community Services in Lancashire & South Cumbria. The largest number of waits continue to be at Blackpool Teaching Hospitals, mainly for the Paediatric Community Service, however there is an increasing community paediatric waits at East Lancashire Teaching Hospitals with a consultant vacancy adding to the pressure. Lancashire and South Cumbria Foundation Trust currently has zero 52 weeks waits in Children's services, a significant improvement from the mid year position.
- 5.4 For elective waits in children, the latest position shows that the number waiting over 65 weeks is currently 24. The largest number of these waits are for the Maxillofacial service at Lancashire Teaching Hospitals. The 18 weeks performance is on a gradual continuous improvement and now stands at 58.2%. The total waiting list is also falling and is now 11% lower than it was in June 24.

6 Domain 4 – Cancer

- 6.1 In December 2024, the faster diagnosis standard was met across the ICB (80.7%) with all providers the 75% target. Overall, this was an improvement on

the previous period and performance remains better than both the North West and national position.

- 6.2 Performance against the 31-day standard also improved, moving closer to the 96% target and better than both North West and national levels in December 2024. Blackpool Teaching Hospitals and University Hospitals Morecambe Bay both achieved the 96% target.
- 6.3 Achievement against the 62-day standard remains challenged. Overall, performance across the ICB in December 2024 was 77.6%, an improvement from the previous month, although none of our providers achieved the target.

Provider Performance against 3 core cancer standards (December 2024)

PROVIDER	FDS	31 Days	62 Day
Blackpool Teaching Hospitals NHS Foundation Trust	78.1%	97.7%	73.7%
East Lancashire Hospitals NHS Trust	79.5%	95.7%	75.4%
Lancashire Teaching Hospitals NHS Foundation Trust	80.7%	91.0%	68.4%
University Hospitals of Morecambe Bay NHS Foundation Trust	85.3%	97.8%	80.5%
L&SC AGGREGATE (4 x Providers)	80.7%	94.1%	73.7%
TARGET	75.0%	96.0%	85.0%

L&SC Cancer Alliance Performance against 3 core cancer standards (December 2024)

Cancer Alliance	FDS	31 Days	62 Day
L&SC Cancer Alliance (CCG TOTAL)	80.6%	94.2%	73.6%
TARGET	75.0%	96.0%	85.0%

- 6.4 Setting these measures in context:
- 6/20 Alliance nationally for FDS standard (improved position).
 - 7/20 Alliances nationally for 31 day standard (deteriorating position).
 - 7/20 Alliances for 62 day standard (improved position).
- 6.5 There is a robust and wide-ranging cancer improvement plan for 2024-2025 with detailed actions aiming to improve performance by:
- Reducing the 62-day backlog
 - Improving performance against the faster diagnosis standard
 - Reducing diagnostic delays
 - Increasing surgical capacity.

7 Domain 5 – Urgent & Emergency Care

- 7.1 Performance against the 4hr target in January 2025 was 74.5%, which was a slight deterioration on the previous period and below the 78% target within the planning guidance for March 2025. Lancashire & South Cumbria performed better than the North West and national average, although none of the four

providers achieved the target. Lancashire Teaching Hospitals at 68.5% was significantly below the other providers and reported a deterioration from the previous month as did two other main providers excluding Blackpool Teaching Hospitals.

- 7.2 The percentage of patients spending more than 12 hours in an emergency department deteriorated during the most recent period. There continues to be variation by provider, although Lancashire & South Cumbria performed better than the North West average in the latest period (w/e 21 February 2025).
- 7.3 There is a requirement to minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards.
- 7.4 Category 2* response times in the planning guidance is an average of 30 minutes across the year. As we enter the winter period, we have seen response times deteriorate and the target has not been achieved since September 2024. Average response time in January 2025 was 35 minutes and 44 seconds, Although this was an improvement on the previous month, national performance is more favourably at 35 mins and 40 seconds.
- *CAT 2 - A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport
- 7.5 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) increased in January 2025 to 96.1%, which was above the averages across the North West (96.0%) and England (95.8%).
- 7.6 Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. To track the scale and extent of this issue a measure in the System Oversight Framework (SOF) that looks at the average number of beds occupied by patients who no longer meeting the criteria to reside (NMC2R) as a percentage of the average number of occupied adult (G&A) beds available during the month.
- 7.7 Lancashire & South Cumbria ICB is ranked 11/42 ICB for performance nationally, with 10.1% of all adult G&A beds occupied by NMC2R patients. These can fluctuate on a daily basis (and a weekly cycle) while there is variability at provider level.
- 7.8 The Virtual Ward Programme across Lancashire & South Cumbria is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Virtual ward capacity across L&SC is temporarily reduced to 373 beds. The occupancy of 77.7% for the January 2025 snapshot shows an

improvement from the previous month and marginally behind the planning trajectory of 80%.

- 7.9 In Lancashire & South Cumbria there are five providers of place based 2-hour Urgent Community Response services. All five are currently delivering 8am-8pm, 7 days a week and offer all nine Clinical Conditions covering the full geographic footprint. Responses to referrals within the 2 hours time frame have been consistently around 90% since May 2022 (the national threshold is 70%) putting L&SC within the upper quartile for performance.
- 7.10 Work continues on reporting on the delivery, impact, exceptions and de-escalation cost reductions of the place-based Urgent and Emergency Care improvement plans, with a focus on priorities for 2025-26.

8.0 Domain 6 – Mental Health and Learning Disabilities

- 8.1 The latest information at the end of February 2025 shows that there are currently 22 patients with an inappropriate out of area placement (OAPs), down from 35 at the start of the financial year. Lancashire & South Cumbria Foundation Trust has a detailed plan to recover to zero inappropriate out of area placements by the end of the financial year, with a trajectory for closures of out of area placement beds.
- 8.2 The latest local data shows that the ICB is meeting both the reliable recovery and reliable improvement targets year to date for NHS talking therapy services.
- 8.3 Dementia diagnosis rates remain above the target and are also above national levels, although in the latest month it is below the North West level. There are some concerns about long waits for Memory Assessment Services especially in the Pennine Lancs regions which are being addressed through the contract meetings.
- 8.4 Lancashire & South Cumbria has met the quarter 3 milestone of 46% of people aged 14 and over with a learning disability receiving their annual health check.

9.0 Domain 7 – Primary Care

- 9.1 The number of General Practice appointments provided in the April to December 2024 period has been above our initial 2024-25 planning trajectory. This included over 1 million appointments being delivered for the first time in October 2024 which is when the influenza vaccination programme commenced.
- 9.2 87.9% of General Practice appointments were offered within 2 weeks of booking in December 2024 (for the 8 specific appointment types) and 54.7% of these appointments were offered on the same day. Although same day performance

across the ICB is lower than the regional and national averages, there are variations at sub-ICB / sub place levels ranging from 45.7% to 62.6%.

- 9.3 There remains a significant risk that the current national GP contract dispute and subsequent GPCA will impact on patients' access to general practice services and therefore the ICB's access performance.
- 9.4 The NHS Long Term Plan (NHSLTP) includes a major ambition to prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years. To complement the NHSLTP, the National Cardiovascular Disease Prevention System Leadership Forum (CVDPSLF) has agreed specific ambition for management of high blood pressure.
- 9.5 The latest data for September 2024 from CVDPrevent reported that 67.5% of Lancashire & South Cumbria hypertension patients were treated to target as per NICE guidance. Although marginally above the North West and national position, performance appears to have stalled and further progress will need to be made to achieve the revised target of 80% by March 2025.
- 9.6 Additional plans were submitted in 2024-25 identifying the number of unique adults and children that would be seen by NHS dentists as a proportion of the resident population.
- 9.7 The latest position for 'unique adults' (seen within 24 months) is 38.9% against a planning target of 39.5%. For 'unique children' (seen within 12 months) the December 2024 position is already in advance of our end of year target with current performance of 61.9% against a March 2025 target of 60%.
- 9.8 Lancashire & South Cumbria continues to perform well on 'antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care' metric in aggregate with a steadily reducing trend that is at 7.34% for the most recent 12 months against a maximum threshold of 10%.

10.0 Domain 8 – Palliative Care

- 10.1 Lancashire & South Cumbria had a practice population of 1,867,273 in January 2025. Of those patients registered with a GP as of January 2025, 13,887 (0.7%) were included on a Quality and Outcome Framework (QOF) palliative care register.
- 10.2 The aim is to have an ongoing 0.6% of the total population on the palliative care register, 60% of these identified as being in the last year of life by the time they have died and 60% to have had a care plan/EOL discussion by the time they have died.
- 10.3 Lancashire & South Cumbria performance is at 43.5% of patients deceased in January 2025 on the QOF register for end of life, with West Lancashire place

achieving the highest performance at 51.4% of people registered and Pennine Lancashire the lowest at 39.9%. The total number of people that have died and had a form of care planning was 39.4% in January 2025 with Morecambe Bay place achieving the highest performance at 53.1% and West Lancs the lowest at 32.1%.

11.0 Domain 9 – All Age Continuing Care

11.1 ‘NHS Continuing Healthcare’ (NHS CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been assessed and found to have a ‘primary health need’ as set out in the National framework for NHS Continuing Healthcare and NHS-funded nursing care. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.

11.2 In this regard, the total patient caseload in January 2025 across the ICB was 6,907, which was a reduction of 10 from the previous month, although an additional 19 patients from January 2024. The number of referrals received into the All Age Continuing Care (AACC) team have fluctuated but were generally starting to reduce until a 18% increase in January 2025 when a total of 998 referrals were received. This increase was seen across all places with Blackburn with Darwen and East Lancs having a lower increase than other areas. Fast track referrals account for around 45% of referrals received and the increase which is mainly due to the 22% (79) rise in Fast Track referrals in January 2025.

11.3 The table below details the monthly CHC eligibility rate for the ICB along with Q3 percentage and comparisons with other areas in the Northwest and the National position.

CHC Eligibility

Indicator	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Q3 24-25			
							Lancs & S Cumbria	Greater Manchester	Cheshire & Merseyside	National
Standard CHC Referral Conversion Rate (% CHC Eligibility)	32%	32%	31%	32%	27%	26%	29.6%	21.3%	23.4%	14.3%

11.4 Furthermore, the following table details the number of eligible patients with a standard CHC package within the ICB as a snapshot at the end of each month, along with the number at the end of Q3. Again, a comparison across the Northwest and the National position is provided.

CHC Eligibility Snapshot

Indicator	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Q3 24-25				
							Lancs & S Cumbria	L&SC (Per 50k)	GM (Per 50k)	C&M (Per 50k)	National (Per 50k)
Number Eligible for Standard CHC (Snapshot)	1,933	1,945	1,962	1,966	2,016	1,932	2,016	67.8	30.9	53.8	34.0

11.5 These tables demonstrate that the ICB is a national outlier in both monthly eligibility rates and eligibility per 50 thousand population. Reasons for variation are multifactorial and further work is underway with external support to understand the reasons for the national outlier position. This insight will enable the AACC teams to put measures in place to bring Lancashire & South Cumbria in line with as a minimum regional eligibility rates.

11.6 Following a previous external review it was found that the variation cannot be explained solely by the demographics of the population within each catchment area, such as size and age. However, the findings suggest that some of the variation in the numbers assessed as eligible for CHC may be due to differences in the way ICB and local authorities interpret the national framework to assess whether people are eligible, due to its complexity. Recent work is indicating that gaps in commissioned community and preventative services is also a causative factor that needs addressing.

11.7 Actions have been undertaken to address interpretation of the framework and ensure aligned understanding of criteria for Fast track and CHC across All Age Continuing Health Care operational teams, Local Authorities, discharge teams and community teams referring into the service. Audits and a due diligence process is in place to ensure this is monitored and embedded into practice.

12.0 Conclusion

12.1 Performance was challenged during the latest reporting period, although on the whole performance across the ICB continues to compare well with that of the North West and nationally. There is continuing pressures for Urgent and Emergency Care, on meeting the zero 65 week waits target and on community waiting list. Positively, there has been improvement across cancer and mental health pathways.

13.0 Recommendations

13.1 The Board is asked to note achievement against key performance indicators for Lancashire and South Cumbria and support the actions being undertaken to improve performance against metrics in this report.

Asim Patel
Chief Digital Officer
March 2025

Appendix A – Performance Scorecard

S01 - Improve quality, including safety, clinical outcomes, and patient experience		ICB COMMISSIONER				S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE							
						PROVIDER																			
Key Performance Indicator	Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	BTH	ELHT	LHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction		
Smoking at time of delivery	Apr-Sep24	6.00%	8.07%	*	↓	5.4%	15.6%	8.8%	7.0%	6.2%	4.5%	7.8%	8.2%												
Population vaccination coverage - MMR for 2 doses (5yrs old)	Q2 24-25	95%	86.17%	*	↓	80.7%	86.5%	86.3%																	
Reduce stillbirth	2022		2.90		↑									1.96	3.25	4.12	1.11								
Reduce neonatal mortality	2022		2.18		↓									3.53	2.40	1.95	1.11								
Bowel screening coverage, aged 60-74, screened in last 30 months	Q1 24-25		65.62%		↓	56.9%	60.6%	63.1%	67.7%	65.0%	67.6%	70.8%	69.7%												
Breast screening coverage - females aged 53 - 70 screened in the last 36 months	Q1 24-25		67.00%		↔																				
Cervical screening coverage - % females aged 25 - 49 attending screening within 3.5 Years	Q1 24-25	80.0%	67.48%		↑	60.2%	63.4%	66.5%	74.5%	66.4%	72.7%	74.0%	67.3%												
Cervical screening coverage - % females aged 50 - 64 attending screening within 5.5 Years	Q1 24-25	80.0%	73.75%		↓	70.5%	68.8%	73.1%	75.8%	75.2%	75.7%	76.3%	74.3%												
Cervical screening coverage - females aged 25 - 64 attending screening within the target period	Q1 24-25	80.0%	69.82%		↔	63.5%	65.5%	68.8%	75.0%	69.3%	73.9%	75.0%	70.1%												
% of cancers diagnosed at stages 1 and 2 (75% early diagnosis ambition by 2028)	2021	75%	51.80%	*	↑	51.3%	49.1%	51.9%	55.6%	52.0%	54.8%	54.0%	50.8%												
Seasonal influenza vaccine uptake amongst GP patients in England 2022 to 2023 - 65 Years +	Sep24-Jan25	85%	73.74%	*	↓	66.7%	70.3%	70.1%	76.6%	73.1%	77.0%	76.3%	77.1%												
Hypertension case-finding	2023-24	80%	79.57%		↑	95.5%	101.0%	76.2%	83.9%	78.7%	77.8%	74.4%	70.9%												
% of hypertension patients who are treated to target : CVD Prevent	Sep-24	80%	67.46%	*	↓	64.3%	68.7%	66.9%	67.3%	68.2%	71.3%	70.8%	64.9%												
Proportion of diabetes patients that have received all eight diabetes care processes	Apr-Sep24		25.34%			30.9%	30.6%	24.5%	18.4%	20.5%	20.7%	28.9%	26.5%												
Percentage of resident population seen by an NHS dentist - ADULT	Jan-25		38.91%		↑																				
Percentage of resident population seen by an NHS dentist - CHILD	Jan-25		61.85%		↑																				
GP CQC Ratings (no. practices inadequate or requiring improvement)	Feb-25		3			0	0	0	2	0	0	0	1												
S044a: Antimicrobial resistance : Antibacterial items by STAR-PU	Dec-24	0.871	1.004		↑	1.069	1.128	0.937	0.959	1.086	0.948	1.102	0.926												
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Dec-24	10%	7.34%	✓	↑	5.39%	7.97%	5.55%	7.12%	7.73%	7.78%	8.30%	9.10%												
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	Dec-24		1.032		↔	1.300	1.669	0.655	0.734	0.556	1.505	1.826	0.906												
Environmental impact of inhalers - average carbon footprint per salbutamol inhaler	Dec-24		16.760		↑	16.569	15.970	15.256	16.427	18.688	21.174	16.720	16.272												
MRSA Infections	Dec-24	0	2	*		0	0	0	0	0	1	0	1	0	0	0	0				0	0	✓		

S04 - Meet financial targets and deliver improved productivity		ICB COMMISSIONER				S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE					
						PROVIDER																	
Key Performance Indicator	Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	BTH	ELHT	LHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	we 09/02/2025													81.30%	86.50%	85.00%	82.50%			85%	84.0%		
RTT completed pathway activity as a percentage of 2019/20 baseline plus A&G diversions uplift	Dec-24		115.8%											120.10%	95.29%	107.70%	124.43%						

S03 - Make working in L&SC an attractive and desirable option for existing and potential employees		ICB COMMISSIONER				S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE					
						PROVIDER																	
Key Performance Indicator	Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	BTH	ELHT	LHT	UHMB	LSCFT	NWAS	Plan	Actual	In month	Direction
FTE doctors in General Practice per 10,000 weighted patients	Dec-24		5.42		↑	4.69	4.68	4.87	5.92	6.74	5.66	4.66	6.21										
FTE Nurses in General Practice per 10,000 weighted patients	Dec-24		3.13		↔	2.15	3.30	2.93	3.30	2.85	2.73	4.10	3.43										
FTE Direct Patient Care staff in GP practices per 10,000 weighted patient population	Dec-24		2.65		↓	1.19	2.88	2.51	1.74	2.55	1.80	3.16	3.95										
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population	Dec-24		11.21		↑	8.03	10.85	10.31	10.97	12.15	10.20	11.92	13.60										

