

Integrated Care Board

Date of meeting	27 November 2025
Title of paper	Integrated Performance Report
Presented by	Asim Patel, Chief Digital Officer
Author	Glenn Mather, Neil Holt and Damian Nelson (Performance Team)
Agenda item	11
Confidential	No

Executive summary

The Integrated Performance Report (IPR) was presented to the November Quality and Outcomes Committee for their review, scrutiny and assurance. The purpose of this report is to provide the Integrated Care Board (ICB) with a summary update on the latest position against key performance metrics highlighted within the full Integrated Performance Report.

Summary of key performance metrics

Elective Recovery - Delivery of our planned waiting list recovery trajectory continues to be a challenge. The total number of patients waiting and the proportion of these that are waiting under 18 weeks on an incomplete pathway is off trajectory. We are also away from plan for our 52+ week waiting list trajectory with more longer waiting patients, particularly in specialties such as Gynaecology, Oral Surgery and Gastroenterology. There has also been renewed focus on eliminating all 65+ week waiters before the end of the year, and this is requiring additional engagement and input with providers. The patient cohort aged under 18 are experiencing longer waits (on average) than the over 18 population. Specific programmes of work are underway across the system to support recovering these targets through both the ICB commissioning and Elective Reform provider initiatives. Advice and Guidance (A&G) is a crucial scheme to support managing patients in the most appropriate setting and only converting to a referral into hospital if necessary. Our utilisation for pre-referral specialist advice continues to increase, supported by the national enhanced service for general practice. However, our diversion rates are below the nationally anticipated range of 40-45%.

Diagnostics – There has been a deterioration in performance against the 6 weeks diagnostic target in August 2025 to 77.3% on the previous month for the four main Lancashire & South Cumbria providers. Latest performance for the ICB shows that 77.8% of people waited less than 6 weeks for a diagnostic test. The ICB performance is above the national performance (76.0%) but below the North West performance (82.2%).

Cancer – ICB performance against the 75% Faster diagnosis standard was 70.3% in August 2025, with only one of the four L&SC providers achieving this standard. Performance for 31-day treatment target for the four providers was just below the standard at 94.6% in August 2025, ranking the Cancer Alliance 8th out of 20 nationally and the ICB 13th out of 42. 89.3% of Lower Gastrointestinal (LGI) urgent suspected cancer referrals included a Faecal Immunochemical Test (FIT) result in August 2025 against an 80% target.

Urgent and Emergency Care (UEC) – Performance against the 4hr target fell in September 2025 to 76.24% for the ICB, just below the 78%. 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 achieved in September 2025 (23 minutes and 25 seconds). Data up to 28 September 2025 for the month reported that 92.1% (2,724 out of 2,953) of ambulances were handed over in 45 mins.

Mental Health – There continues to be good performance in access for children and young people, specialist community perinatal services and the number of people accessing Individual placement support. The average length of stay in inpatient beds is currently below target. The number of out of area placement is 6 in the reporting period, although current data shows an improving position. Dementia diagnostic rates continue to be above target and above national levels. NHS talking therapies shows that the target for reliable improvement is being met, however the performance is below target for reliable recovery.

Children and Young People – The 18 weeks performance for Children’s Elective Care has remained static at 55.3% in September, with 3% of the total children’s waiting list waiting over 52 weeks. The latest data suggests this position remains relatively unchanged. There has been a significant improvement in the number of women smoking at the time of delivery, which was 6.9% in quarter 2 of 25/26, albeit Blackpool remains the highest proportion nationally.

Primary Care - The ICB planned for an increase in the number of general practice appointments provided during 2025-26. The latest August data reports that we are currently below our planning submission both in month and cumulative year to date. However, our appointment rate is below the national average and is directly influenced by workforce and recruitment pressures.

Our Dental Access and Oral Health Improvement Programme has been developed to enhance our understanding and management of oral health for the population of Lancashire and South Cumbria and includes a range of both local and national initiatives. We are already above our March 2026 ambition for the proportion of individual patients seen for both Adults (within 24 months) and Children (within 12 months), while the volumes of dental activity delivered are also above plan. A number of schemes are in place to support increased utilisation of the additional urgent dental capacity that has been commissioned.

The Pharmacy First service enables patients to be referred into community pharmacy for an urgent repeat medicine supply, minor ailments consultation, or for one of seven minor illnesses. Consultation activity reported to date is running well above planned levels.

All Age Continuing Care - Continuing Health Care (CHC) Standard and Fast Track Eligibility continue to reduce and move closer to the National average.				
Public and Stakeholder Engagement				
The ICB works with provider and partner colleagues to consider patient experience and public feedback on individual services within each organisation. ICB programmes of work related to the key performance metrics included in this report consider patient and resident voices, public engagement and involvement and patient experience as an important aspect of service or performance improvement.				
Recommendations				
The Board is asked to note the achievement and on-going actions against key performance indicators and the work underway to improve quality and safety and reduce health inequalities across Lancashire and South Cumbria.				
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	
Quality & Outcomes Committee	5 Nov 2025		Committee notes the report.	
Executive Team	18 Nov 2025			
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			

Integrated Care Board – 27 November 2025

Integrated Performance Report

1.0 Introduction

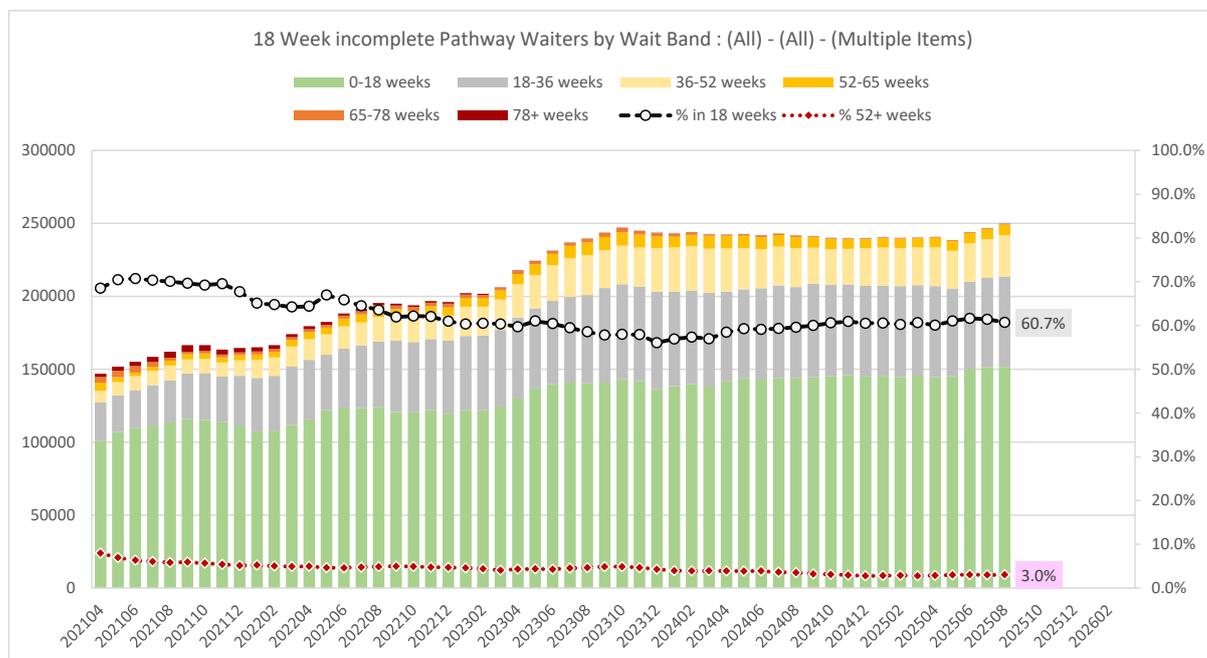
- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and will be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. Therefore, it is essential there 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 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 The Integrated Performance Report (IPR) is being developed to include a commentary on the impact on quality of services and to draw out the inequalities of various indicators where applicable, so interventions can become more accurately tailored to the needs of the population.
- 1.4 Due to when updated data is received, this report provides the most recent position on a selection of indicators where available.

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 following narrative outlines current performance against a number of key NHS metrics, focused quality and safety initiatives and health inequality goals that were highlighted within the Integrated Performance Report that was reviewed at the Quality and Outcomes Committee. The focus metrics were identified using statistical process control (SPC) charts as demonstrating 'special cause variation' or where the current position appears to be adrift of planned performance.
- 2.3 Appendix A contains the full suite of SPC summary tables across each of the themed commissioning domains as reported via the Integrated Performance Report through the November Quality and Outcomes Committee.

3.0 Domain 1 – Elective Recovery

3.1 The number of patients waiting for treatment in the ICB has increased for the third consecutive month to a total of 249,556 patients at the end of August 2025. This movement runs contrary to local and national expectations for reductions in the total number of waiters.



3.2 At the end of August 2025, Lancashire & South Cumbria ICB commissioned activity included:

- 23 patients waiting in excess of 78 weeks.
- 245 patients waiting in excess of 65 weeks.
- 7565 x 52+ week waiters of which 1053 patients (13.9%) were waiting at IS providers or at NHS providers outside of the LSC area.

3.3 During 2025-26, the focus has moved back to the 18 week referral to treatment (RTT) measure. There is a national average target of 65% by March 2026 as a milestone towards recovery back to the 92% constitutional standard. Within the 2025-26 planning round a level of expected performance (5% above baseline by March 2026) has been articulated for each provider (and ICB).

3.4 At the end of August 2025, the ICB was reporting that 60.72% of patients were waiting 0-18 weeks for treatment (against our 62.77% trajectory). Although off trajectory, our performance is above the regional average (57.9%) and is close to the national average (60.96%). However, there are variations in performance across the 4 main providers within our system (from 53.3% at Lancashire Teaching Hospitals Trust (LTHT) to 67.4% at University Hospitals of Morecambe Bay (UHMB)).

- 3.5 3.03% of patients were waiting 52 weeks or longer for treatment at the end of August 2025 (against our 2.18% recovery trajectory). Although this is a better position than the regional average (3.44%) we have not reduced the number and proportion of long waiting patients as we originally planned. There is variation by provider and specialty with particular challenges in Gynaecology, Oral Surgery and Gastroenterology. Specific programmes of work are underway across the system to support delivery and address these pressures through both the Planned Care commissioning and Elective Reform provider initiatives.
- 3.6 A national letter from the NHS Chief Executive on 18th September outlined the requirement that “all providers are expected to eliminate their remaining 65 week waits by mid-December and meet the planning guidance requirements for 52 week waits by the end of March 2026”. The latest August RTT data reports a total of 245 x 65+ week waiters for L&SC ICB. This is comprised of our patients waiting at our local NHS providers, most significantly Blackpool Teaching Hospitals (BTH), plus some patients waiting at “out of area” NHS or Independent Sector providers. Well over half of these current 65+ week waiters are waiting in Gynaecology. Providers and ICB commissioners working to get these patients seen and treated by the deadline.
- 3.7 The percentage of patients who are discharged to a Patient Initiated Follow-Ups (PIFU) is tracking in line with our updated 2025-26 planning submission and remains above the North West and National averages. However, there are wide variations between providers with University Hospitals Morecambe Bay making the greatest contribution to the overall system level performance.
- 3.8 Pre-referral Advice and Guidance utilisation has been increasing this year, supported by the national Enhanced Service for General Practice. However, our diversion rates are below the nationally anticipated range of 40-45% with variations by specialty and provider.
- 3.9 There has been an increase in the number of 52 weeks waits for Adult Community Services in August 2025 to 69, after 8 months of falling numbers. The increase is mainly due to an increase in the numbers waiting for weight management service. This increase was expected and has been built into the planned numbers. However, the current waits are significantly lower than the planned number. The 18 weeks performance for community services in the ICB is 87.9%, which is above North West (87.3%) and national (86.3%) figures.

4.0 Domain 2 – Diagnostics

- 4.1 The performance for the ICB deteriorated in August 2025 on the previous month to 77.8%, remaining above national performance (76.0%), but below the North West position (82.2%). The aggregate performance for the 4 main providers

within the ICB also deteriorated in the month to 77.3%. There is variation in performance between providers from 58.4% at Lancashire Teaching Hospitals to 98.1% at East Lancashire Hospitals Trust.

- 4.2 The diagnostic waiting list for the ICB and the 4 main providers continued to fall in August 2025. The ICB waiting list has fallen by 10.4% since the end of 2024-25 (5,465) while the aggregated waiting list for the 4 main providers has fallen by 15.2% (6,983) over the same period. This trend compares well against both the national and North West diagnostic waiting list sizes which have both increased over the same period.
- 4.3 The ICB position is driven by challenged performance at Lancashire Teaching Hospitals Trust. Echocardiography, Colonoscopy and Non-Obstetric Ultrasound (NOUS) had the highest number of patients waiting over 6 weeks at 2,135, 793 and 681 respectively. Performance at Blackpool Teaching Hospital deteriorated significantly with an additional 633 patients waiting over 6 weeks compared to the previous month.
- 4.4 The Community Diagnostic Centres (CDCs) are a key national policy, part of the elective care recovery plan, aimed at enhancing diagnostic services in England. They alleviate pressure on acute services, dedicate resources for elective diagnostics, and boost diagnostic capacity.
- 4.5 Across Lancashire & South Cumbria, community diagnostic centres activity was under plan by 38% in August 2025. There were 19,473 tests undertaken against a plan of 31,222. Preston Healthport and Westmorland saw the greatest variance. Recovery plans for both sites have been produced and providers and commissioner are reviewing flexibility of plans to support recovery for all CDC sites.

5.0 Domain 3 – Children & Young People (CYP)

- 5.1 The number of children waiting over 52 weeks in Children's community services through national reporting was 251 in August, above plan (199). The ICB is aware that there are also 179, 52 weeks waits for community paediatric services at Lancashire Teaching Hospitals and over 100, 52 weeks waits in North Cumbria Integrated Care Community services. Most long waiters are in community paediatric services mainly as a result of the Neurodevelopment pathways, with increasing pressure on children's therapy services.
- 5.2 The ICB is working with providers through the vulnerable services process to support providers in reducing these waits, which has been successful in reducing waits for children's speech and language therapy services. The lead commissioner has also developed an ICB wide service specification for community paediatrics to ensure consistent delivery of services.

- 5.3 For elective waits in children, the latest data shows there are 2 children waiting over 65 weeks within the ICB provider collaborative and a further 2 children waiting out of area. The total waiting list in the provider collaborative for children is 18,058 with 21,411 waiting for the ICB as a commissioner.
- 5.4 The number of 52 weeks waits is 540 or 2.99% of the total waiting list across the 4 main providers, and 673 or 3.14% of the total waiting list for the ICB as a commissioner. The long waiter numbers in L&SC are mainly in Special Care Dentistry, Maxillofacial Surgery and ENT. There are several initiatives being led by the ICB CYP commissioners to resolve the current demand and reduce future demand. A Dental summit was held to improve the efficiency of the pathway including best use of theatre capacity, targeted preventative initiatives work with Primary Care Dental practitioners and detailed work to understand the demand on the general paediatric pathway with continuing work on Allergy.
- 5.5 The smoking at time of delivery (SATOD) indicator shows an improving position. This improvement has been driven across all areas within the ICB. Blackpool SATOD remains relatively high and is the highest rate in England when the rate is reported at sub ICB level. The position in quarter 1 of 2025-26 (11%) is significantly below the position at quarter 1 2024-25 (17.7%).
- 5.6 There is significant proportion of patients recorded as 'not known' in Lancashire Teaching Hospitals in quarter 1 of 2025-26, which reflects on the proportions for Chorley and South Ribble and Greater Preston at 37.5% and 33.1% respectively.

6.0 Domain 4 – Cancer

- 6.1 In August 2025, University Hospitals Morecambe Bay achieved the 75% Faster Diagnosis Standard (FDS). The total ICB position was below target at 71.1%. Performance at Blackpool Teaching Hospital has been challenged since April 2025 due to issues in the Breast and Lower Gastrointestinal (LGI) pathways, with breast seeing the largest decline in performance.
- 6.2 ICB Performance against the 31-day standard in August 2025 was 92.9%, above our recovery trajectory although below the 96% target.
- 6.3 Achievement against the 62-day standard remains less favourable. Overall, performance across the ICB in August 2025 was 67.8%, with none of our providers achieving the target.

Provider Performance against 3 core cancer standards (August 2025)

PROVIDER	FDS	31 Day	62 Day
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	77.6%	96.2%	68.7%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	63.0%	95.8%	60.3%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	74.8%	92.7%	68.1%
EAST LANCASHIRE HOSPITALS NHS TRUST	70.1%	96.0%	74.9%
L&SC AGGREGATE (4 x Providers)	71.1%	94.6%	67.8%
TARGET	75.00%	96.00%	85.00%

L&SC Cancer Alliance Performance against 3 core cancer standards (August 2025)

CANCER ALLIANCE	FDS	31 Day	62 Day
L&SC Cancer Alliance (CCG TOTAL)	70.3%	94.6%	67.7%
TARGET	75.00%	96.00%	85.00%

- 6.4 At least 80% of Lower Gastrointestinal (LGI) urgent suspected cancer referrals should include a Faecal Immunochemical Test (FIT) result. The ICB has achieved over the target since February 2025.
- 6.5 Service improvement work is ongoing across a range of pathways including Urology, Skin, Lung and Gynaecology. Investments have been made to each Trust to support improvements in their local pathways.
- 6.6 The ICB Cancer Board which includes representation from all acute trusts, NHSE, Public Health, and the Cancer Alliance oversees early diagnosis, screening, and secondary care delivery. Operational oversight takes place at monthly trust-level reviews and fortnightly cancer manager meetings focusing on variation, milestone tracking, and best practice.

7.0 Domain 5 – Urgent & Emergency Care

- 7.1 The information for September 2025 shows that for the number of patients seen and treated within 4 hours in A&E remained under the 78% target at 76.24%. This performance was better than both the England (75.03%) and the North West (72.40%) achievement.
- 7.2 The latest data shows an upwards pressure on the proportion of patients waiting more than 12 hours in A&E (9.58% for week ending 6 October 2025). The data shows that this performance was similar to that across the North West (9.57%).
- 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. The proportion of delays over 60 minutes has been falling since December 2024 and for September 2025 was at 2.09% under both the North West figure (4.00%) and the national performance (7.60%). There is variation between providers with East Lancashire Hospitals at 0.42% and University Hospitals Morecambe Bay at 4.80%.

7.4 From 1 August 2025, NHS England 45-minute ambulance handover Implementation (Release to Rescue) commenced with all providers being required to have processes to support safe and successful implementation at site levels. Data up to 28 September 2025 for the month reported that 92.1% (2,724 out of 2,953) of ambulances were handed over in 45 mins.

7.5 The Category 2 response time target in the planning guidance is an average of 30 minutes across the year. This was achieved again in September 2025 at 23 minutes and 25 seconds and continues to compare favourably to the national achievement of 30 mins and 46 seconds.

*CAT 2 - A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport

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 metric looks at the average number of beds occupied by patients who no longer meet the criteria to reside (NMC2R) as a percentage of the average number of occupied adult General and Acute (G&A) beds available during the month.

7.7 Across Lancashire & South Cumbria 13.11% of all adult General and Acute (G&A) beds were occupied by patients who are not meeting the criteria to reside (NMC2R). The data can fluctuate daily (and weekly) while there is variability at provider level, overall, the ICB performed better than North West and National averages.

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 Lancashire & South Cumbria remained at 373 beds. The occupancy of 65.78% for September 2025 snapshot shows a decrease from the last reported period and is below the planning trajectory of 80.16%.

7.9 Work continues on reporting the delivery, impact, exceptions and de-escalation cost reductions of the place-based Urgent and Emergency Care improvement plans. The Urgent and Emergency Care (UEC) Strategic System Improvement Group continues to review delivery of improvement plans, their impact and key challenges and constraints.

8.0 Domain 6 – Mental Health and Learning Disabilities

- 8.1 There are a number of indicators that have been introduced as part of the 2025-26 NHS plan which the ICB has started to monitor. The latest information at the end of August 2025 shows that there were 6 patients with an inappropriate out of area placement (OAPs), up slightly on the last reported period. The ICB continues to work with Lancashire & South Cumbria Foundation Trust to deliver their 5-point plan to reduce the number of OAPs. The latest data shows that has now fallen to 1.
- 8.2 The latest local data shows that the ICB is still not meeting the reliable recovery target for talking therapies although performance has improved to 45.2% against a target of 48%. The lead commissioner is working with providers against a detailed recovery plan to improve access, reduce waiting times, enhancing recovery through increased therapy sessions for patients with the greatest need, building workforce capacity and monitoring continuous improvement.
- 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.
- 8.4 The latest data shows that talking therapies reliable improvement, average length of stay for Adult Acute Beds, People Accessing Specialist Community Perinatal Mental Health services, Children and Young People Mental Health access and the Number of People Accessing Individual Placement Support are all continue to meet target or be above plan.

9.0 Domain 7 – Primary Care

- 9.1 The 2025-26 Operational Planning guidance required the ICB to submit a plan for the anticipated volumes of GP appointments that would be undertaken profiled across the year. The latest August data suggests that we are below our original planning submission both in month and cumulative year to date. There are variations in appointment rates at sub-ICB level.
- 9.2 L&SC has a lower general practice workforce per head of population than national averages and this will impact upon the number of appointments able to be provided. This is particularly significant in terms of GPs per head of population as the latest position suggests 5.35 Full time equivalent GPs per 100k weighted population for the ICB compared with 6.30 FTE GPs per 100k weighted population nationally.
- 9.3 It is the ICB's ambition for 40.3% of the adult resident population (in a 24 month period) and 63.03% of resident children (in a 12 month period) to have seen an NHS dentist by March 2026. The latest available position for September 2025 is reporting 40.56% for adults and 64.67% of children, both of which are running above our planning trajectory.

- 9.4 In February 2025, L&SC ICB was given a target allocation for the number of additional urgent dental appointments the ICB would need to provide as part of the Government's commitment to deliver an additional 700k urgent appointments nationally. The ICB has reported a level of delivery consistent with the programmes baseline [around 11,500 urgent appointments per month]. The latest September position and the cumulative activity to date are reported to be below planned levels, which now includes the extra targeted activity. Additional capacity from the call handling service has recently come online and will direct more people into the services the ICB has commissioned. The ICB has also implemented the Urgent Dental Care Incentive Scheme in the second half of this year with an associated communications campaign to support this initiative.
- 9.5 The Pharmacy First service enables patients to be referred into community pharmacy for an urgent repeat medicine supply, minor ailments consultation, or for one of seven minor illnesses. Pharmacy provision is excellent across the system with 98% of pharmacies signed up to deliver Pharmacy First. There is variation of GP referrals into the service, however the ICB has a Pharmacy Access programme to look at those practices who are sending low and no referrals. Consultation activity reported to date is running well above planned levels. The growth in the number of consultations for the seven defined clinical pathways has slowed, with the most recent data showing that 8864 consultations were carried out in June 2025. Minor illness referrals have been running at around 5,000 per month for the past 7 months while urgent medicine supply referrals have also settled into a pattern of between 4-5,000 referrals per month. Blood Pressure checks had a peak in October 2024, though the underlying trend is one of steady growth. Similarly, oral contraception consultations are also increasing.

10.0 Domain 8 – All Age Continuing Care

- 10.1 '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.
- 10.2 The data is updated on a quarterly basis and has not changed since the September 2025 Integrated Performance Report where it was reported that the ICB is a national outlier for Standard CHC packages in both monthly eligibility rates and eligibility per 50 thousand population, with almost double the rate seen nationally. The rate has reduced for the last three quarters and is closing the gap to the national average.
- 10.3 The next update will be included within the January 2026 report.

11.0 Quality and Patient Safety

11.1 Patient Safety and Harm Review Oversight

Blackpool Teaching Hospitals and Lancashire Teaching Hospitals are currently designated as Tier 1 providers, triggering intensive oversight and direct NHS England engagement to accelerate RTT recovery. The ICB Quality Team has enhanced surveillance of harm review processes for patients experiencing extended waits. All providers submit quarterly harm review reports, with findings to date indicating minimal or no harm.

11.2 Infection Prevention and Control (IPC)

Post-infection reviews for *Clostridioides difficile* (C. diff) and Methicillin-resistant *Staphylococcus aureus* (MRSA) are ongoing. No new learning has emerged, though persistent challenges remain around isolation capacity and managing complex patient needs. IPC oversight continues to be embedded within the ICB's broader safety and risk framework.

11.3 Patient Experience Themes

Feedback from urgent and emergency care settings highlights the need for:

- Improved communication on waiting times
- Clearer discharge information
- More consistent staff updates during ED stays

These themes are being escalated through the UEC Strategic Oversight Board and linked to improvement planning.

12.0 Health Inequalities

12.1 The ICB Board agreed its unifying goals in March 2025.

12.1.1 To reduce the gap in healthy life expectancy by 50% between our most and least disadvantaged communities by March 2034

Healthy Life Expectancy data is not available for L&SC broken down by Index of Multiple Deprivation (IMD)* however the Life Expectancy data for 2018-2024 shows that the gap in inequalities has not reduced. This data is very high level and may mask changes that are happening at a local scale and some of the changes that take longer to show an impact. The Population health Needs Assessment currently underway will provide greater detail on this and the Strategic Commissioning Planning process currently underway will include a major focus on how we can deliver a greater impact on this.

12.1.2 To decrease non-elective (unplanned) admissions by 20% for people from IMD 1 and 2 by March 2027

Over the period 2018-2024 we have not seen a reduction in non-elective admissions for IMD 1 & 2. Again, this is high level data and it masks some of the changes at a local scale or on individual pathways. We have good examples of approaches that impact on non elective admissions for people in IMD 1 and 2 and are looking at how we build on these approaches.

12.1.3 To optimise the health of children with a long-term condition in IMD 1 and 2 with a dedicated focus on addressing the health needs of children frequently attending urgent care

There is evidence that the work underway on children's Long Term Conditions is beginning to take effect. For example, local data suggests that asthma admissions have reduced, there is a reduction in epilepsy admissions for under 16s and the inequality gap for paediatric admissions for 16 yrs and under has narrowed for both general paediatric admissions and behavioural and mental health paediatric admissions.

* Indices of Multiple Deprivation (IMD) measures relative deprivation across small geographic areas. In the IMD system, an area is classified into 10 deciles, with Decile 1 being the 10% most deprived and Decile 2 being the next 10% most deprived. Sometimes these are grouped into quintiles, where Deciles 1 and 2 together make up the most deprived 20% of areas.

- 12.2 A significant amount of work is underway across the ICB to tackle inequalities. A particular example is cancer early diagnosis where local data indicates that the inequality gap is narrowing as a result of the work underway through the Cancer Alliance and working with partners in the ICB and in the wider system. Teams across the ICB are increasingly using data and insight on health inequalities to help steer their work. Some areas of further focus are urgent and emergency care and planned care.

13.0 NHS Operational Planning Guidance 2025-26 and Integrated Performance Report

- 13.1 The revised and updated Integrated Performance Report (IPR) was presented to the November Quality and Outcomes committee. This report has been developed to align to the national metrics in the NHS 2025-26 priorities and operational planning guidance along with legacy metrics of key relevance. The report contains an increased focus on quality, outcomes and health inequalities while the analysis of performance has been improved to utilise Statistical Process Control (SPC) methodology. The integrated report also includes narrative outlining actions being undertaken to improve services and reduce variation across Lancashire & South Cumbria.

- 13.2 Feedback from the Quality and Outcomes Committee and from the last board have been considered and a number of revisions made to the range of included metrics. The IPR will continue to be developed and refined in line with further national, regional and local requirements to support the ICB in reporting progress against its functions and responsibilities.

14.0 Medium Term Planning Framework – delivering change together 2026-27 to 2028-29

- 14.1 In October 2025 the NHS Medium Term Planning Framework for 2026-27 to 2028-29 was published and set out a shift in focus from short-term recovery to medium-to-long term reform, empowering local leaders and accelerating the implementation of the government's 10-Year Health Plan.

14.2 The plan sets out ambitious performance targets to be met by 2028-29, including:

- Achieving the 18-week referral to treatment standard for at least 92% of patients.
- Improving A&E 4-hour performance to 85% nationally.
- Reducing average Category 2 ambulance response times to 18 minutes.
- Ensuring 90% of clinically urgent patients can be seen by a GP on the same day (subject to consultation).

14.3 The framework provides a blueprint for an iterative and continuous planning process, requiring ICBs and providers to develop robust five-year plans that align with these national priorities and improve patient outcomes and experience.

14.4 The trajectories and targets will be built in to the Integrated Performance Report going forward.

15.0 Conclusion

15.1 Whilst performance within Lancashire & South Cumbria continues to compare well with that of the North West and nationally across a number of measures, there are continuing challenges in the size of elective waiting lists, cancer performance measures and long waits in community services.

16.0 Recommendations

16.1 The Board is asked to note the achievement and on-going actions against key performance indicators and the work underway to improve quality and safety and reduce health inequalities across Lancashire and South Cumbria.

Asim Patel
Chief Digital Officer

November 2025