



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
4 MARCH 2026

REPORT OF THE DIRECTOR OF PUBLIC HEALTH, LAW AND GOVERNANCE AND THE ICS PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and health system performance in Leicestershire and Rutland based on the available data in late January 2026.
2. The report contains the latest available data for Leicestershire and Rutland and LLR on a number of key performance metrics (as available in January 2026) and provides the Committee with local actions in place.

Background

3. The Committee has, as of recent years, received a joint report on health performance from the County Council's Business Intelligence Service and the ICS Commissioning Support Unit Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

Future Changes to Performance Reporting Framework

4. In March 2025 NHS England (NHSE) published its new NHS Performance Assessment Framework for 2025/26 setting out a revised approach to assessing how success and areas for health performance improvement will be identified and how organisations will be rated. The new framework replaced the NHS System Oversight Framework 2021/22. NHSE are testing new ICS operational plan submissions against the new framework. The framework data was published on 26 June 2025 in an interactive web-based public accountability tool.

5. The approach is based on assessing performance metrics across four domains of an integrated care system for ICBs and acute care, mental health, community and ambulance providers. The extensive set of metrics cover a wide range of areas including national operating objectives in the NHS planning guidance, finance and productivity metrics, public health and patient outcome metrics, quality and inequalities metrics, and priority system metrics.

6. A number of national and local priorities have been set for the health system for 2025/26 including: -
 - Improving referral to treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement. Improving performance against the cancer 62-day and 28-day Faster Diagnosis Standard to 75% and 80% respectively by March 2026.
 - Improving Accident and Emergency waiting times with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26.
 - Improving patients access to general practice, improving patient experience, and improving access to urgent dental care, providing 700,000 additional dental appointments.
 - Improving patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improving access to children and young people's mental health services, to achieve the national ambition for 345,000 additional children and young people aged 0 to 25 compared to 2019.

7. Delivery of the national priorities will aim to be achieved by focusing on -
 - Reducing demand through developing Neighbourhood Service models;
 - Making full use of Digital Tools;
 - Addressing inequalities and shifting towards secondary prevention;
 - Living within budget, reducing waste and improving productivity; Providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity.
 - Maintaining focus on the overall quality and safety of services.

8. The following 3 areas form the main basis of current reporting to this Committee, and they will continue to be revised as the new performance assessment approach develops further:
 - a. ICB/ICS NHS System Priorities Performance Report – Appendix 1
 - b. Leicestershire Public Health Strategy outcome metrics and performance – Appendix 2.
 - c. Performance against metrics/targets set out in the Better Care Fund plan.

9. Performance reporting is also a key element of the LLR ICB Collaboratives, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year.

NHS System Oversight Framework

10. The new NHS Oversight Framework 2025/26 describes a consistent and transparent approach to assessing Integrated Care Boards (ICBs) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement. This is a 1-year framework and has been developed with the engagement and contributions from the NHS leadership and staff, representative bodies and think tanks, including through two public consultations.
11. NHSE will report ICB performance against the full suite of oversight metrics, but will not issue a comparative rating. ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is performing its statutory duties. NHSE will introduce the segmentation approach for ICBs in 2026/27.

Summary of ICB/ICS Performance

12. The performance report attached as Appendix 1 aims to provide a high-level overview of the Leicester, Leicestershire and Rutland (LLR) achievement of the 2025/26 Plan Priorities. Slide 3 sets out a summary of performance issues against current plan targets, contained in the body of the report. The main issues are included below for ease of reference.

Alerts

13. The alerts are as follows:
- Acute and Community Hospital **bed occupancy** remains maximised at above 90% occupancy. This is despite additional bed capacity being opened.
 - **Referral To Treatment (RTT) waits** for 65+ and 52+ weeks have improved but remain above plan. Trauma and orthopaedics, Gynaecology and Ear, Nose and Throat continue to be pressured with a high volume of referrals.
 - **Cancer 62-day performance** is behind plan with a risk to the delivery of the planned target of 63.2% - an improvement plan is place with improvements expected in Q4.

- Shift in **Length of Stay in in-patient Mental Health** provision – ongoing discharge delays due to social care capacity. Court of Protection, Prison repatriation and MoJ decisions causing extended delays.
- Number of **Learning Disability Adults and Autistic Adults** inpatients remains above plan. This is linked to the number of Learning Disability Adult inpatients that are under MoJ restrictions that risk meeting the end of year target.

Assure

- CATEGORY 2 EMAS **Ambulance response** (<30mins) remains red – Ambulance Handover delays remained challenged – Release to Respond has now been implemented. This has overall improved the performance of Ambulance Handovers thus impacting on the CAT 2 Mean Response.
- **Cancer** - FDS – improvement from previous month
- **Mental Health Talking Therapies** Reliable recovery is off plan in November although improved from October – Service working to deliver the target for Q4.
- **Long waits for CYP services** continue to increase as expected however the rate of increase has been less than anticipated with the October outturn c200 below plan.
- LLR remain in tiering for **Elective Care (52 weeks), Cancer (62 Day), Emergency Department (4 hours performance) and Ambulance Handover**.
- **GP Appointments delivered** in month for October were slightly below plan – the impact of the implementation of Online Consultation and new additional contractual obligations will have impacted on delivery. It is expected November will have returned to expected levels.

Update, Risk and Learning on Plans

- Operational pressures due to the **emergency demand** impacting upon elective activity.
- Rollout of PAS has impacted on overall productivity in 2025/26 in UHL impacting on total **waiting list size**.
- Impact of court of protection delays due to MoJ impact on timelines adversely impacting on Length of Stay.
- Learning Disability Adults - **annual health checks** at 56.1% currently and the local target is 80%. Practices continued to be supported by the PCLNs to meet the target in Q4.

Advise

- Continue to deliver to the system **4-hour performance** to target. Delivery of plans continue to maintain this with continued pressure on the Emergency Department.
- **18 week waits** remains static and below plan.
- **Mental Health** – reliable improvement performance continues to be strong at 67%
- **CYP access to Mental Health services** – more children and young people continue to be able to access services in LLR.

13. The ICB is forecasting to exceed its running cost allocation due to under delivery against the corporate staff costs target. Bank spend is above the system cap for the year to date and forecast to continue to be at year end, however this was planned at the start of the year.

Public Health Outcomes Performance – Appendix 2

14. Appendix 2 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 36 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that Leicestershire is performing better than the England value or benchmark and 'red' worse than the England value or benchmark.
15. Analysis shows that of the comparable indicators, 13 are green, 17 amber and 3 red. There are 3 indicators that are not suitable for comparison or have no national data.
16. Of the thirteen green indicators: cancer screening coverage – breast cancer and cancer screening coverage - bowel cancer, have both shown significant improvement over the last five years. Cervical cancer screening coverage (25-49 years old) and cervical cancer screening coverage (50-64 years old) have both shown a significant declining (worsening) performance over the last five years, whilst new STI diagnoses (excluding chlamydia aged 24 years and under) has shown a significant increasing (worsening) performance.
17. Of the seventeen indicators that are amber: smoking status at time of delivery has shown significant improvement over the last 5 time periods. Successful completion of drug treatment: non opiate users and admission episodes for alcohol-related conditions have both shown a significant worsening performance over the last five years.
18. Of the three red indicators: for HIV late diagnosis in 2022-24, Leicestershire ranked 15th out of 16 when compared to its nearest statistical neighbours. For the cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check in 2020/21-2024/25, Leicestershire ranked 11th out of 16. For breastfeeding prevalence at 6 to 8

weeks in 2024/25, Leicestershire ranked 5th out of 8 when compared to its nearest statistical neighbours.

19. In 2022-24 life expectancy at birth increased in both males and females in Leicestershire. In 2021-23, inequality in life expectancy at birth for males in Leicestershire falls within the best quintile of the country, whilst for females in Leicestershire life expectancy at birth falls within the 2nd best quintile. Leicestershire and Rutland have combined values for the following two indicators - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).
20. Further work is underway to progress improvement across the range of indicator areas. Further consideration will be given to actions to tackle these areas as part of the Health and Wellbeing Strategy implementation and the public health service plan development process.

Better Care Fund and Adult Care Health/Integration Performance

21. Nationally, the Better Care Fund (BCF) plan guidance for 2025/26 was published by NHS England (NHSE) in January 2025. Full Health and Wellbeing Board BCF Submissions were made by end of March 2025, with outcome letters in May 2025.
22. The BCF performance framework for 2025/26 is set out in the table below: -

Emergency Admissions	
Indicator	Emergency admissions to hospital for people aged 65+ per 100,000 pop.
Supporting Metric	Unplanned hospital admissions for chronic ambulatory care sensitive conditions per 100,000 pop.
Supporting Metric	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
Discharge Delays	
Indicator	Average length of discharge delay for all acute adult patients
Indicator	Proportion of adult patients discharged from acute hospitals on their discharge ready date
Indicator	For those adult patients discharged on DRD, average number of days DRD to discharge
Supporting Metric	Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-

	6 days, 7-13 days, 14-20 days and 21 days or more.
Supporting Metric	Local data on average length of delay by discharge pathway.
Residential Admissions	
Indicator	Long-term support needs of older people (age 65 and over) met by admissions to residential and nursing care homes, per 100,000 population.
Supporting Metric	Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.
Supporting Metric	The proportion of people who received reablement during the year, where no further request was made for ongoing support.

23. The table below shows the latest BCF metrics for the 2025/26 financial year, the targets and outturns for Q2 where available:

Metric	Target Q3	Actual	Commentary
Indirectly standardised rate (ISR) of emergency hospital admissions per 100,000 population	1581	1430 Oct/Nov only.	Quarter 3 data so far shows improved performance against the plan. Year to date (YTD) shows that the average rate of admissions is 1,432 per month against a plan of 1,653.
Average length of discharge delay for all acute adult patients, derived from a combination of:	0.41	0.60	Data for Quarter 3 so far shows that off target by 2.4% against planned performance. YTD, 1.6% off target. However, data shows Leics HWB performing better against both the England and East Midlands average. Data is currently only available until November 25.
proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)	86.5%	84.9%	
for those adult patients not discharged on DRD, average number of days from DRD to discharge.	3.22 days	4.6 days	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	217	213	The plan for Q3 was 217 admissions and actual data shows this to be 213 up until Quarter 2. YTD performance is 421 against a target of 434.
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List of Appendices

Appendix 1 – LLR NHS System Priorities Performance Report
Appendix 2 – Public Health Outcomes – Key Metrics

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:

<http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/>

LLR Integrated Care Board meetings can be found at the link below

<https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/>

NHS Performance Assessment Framework for 2025/26.

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