ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
5 NOVEMBER 2024	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Integrated Care System (ICS)
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CAMBRIDGESHIRE &PETERBOROUGH ICS PERFORMANCE REPORT

RECOMMENDATIONS
It is recommended that the Adults and Health Scrutiny Committee note the current Cambridgeshire & Peterborough performance as per sections 4 and 11.1 herein.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following their request to receive an update on system operational, quality and financial performance.

2. PURPOSE AND REASON FOR REPORT

2.1 This paper summarises the current performance across the Cambridgeshire and Peterborough (C&P) Integrated Care System (ICS). Section 4 of this report summarises performance highlights and challenges.

Attached in 11.1 of this paper is the September version of the the C&P Integrated Performance Report, that was discussed at the Integrated Care Board public meeting on 13th September. This report is discussed at the Quality, Performance and Finance committee and at the C&P ICS Board.

This report provides a holistic view of the system to monitor quality of care, access against national standards, activity against local plans, performance, contracts and finance.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

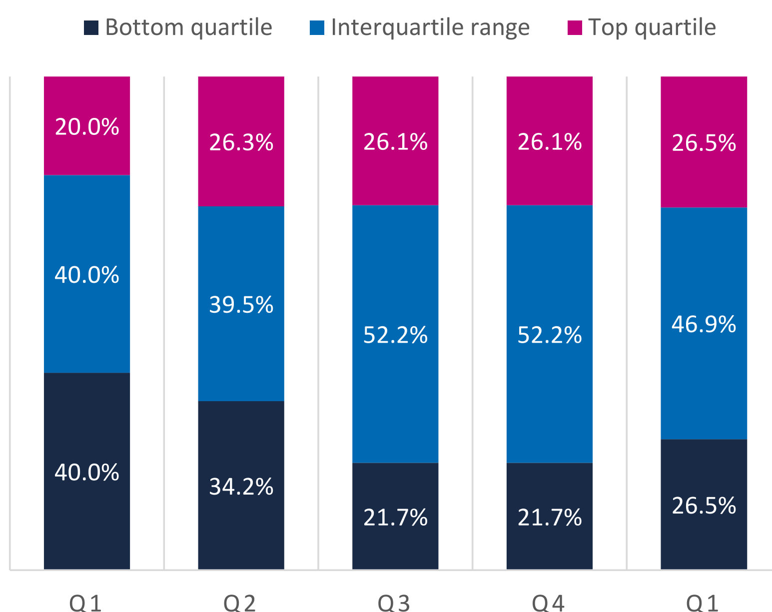
4. BACKGROUND AND KEY ISSUES

4.1 **APPROACH**
Operational performance is monitored routinely through the Integrated Care Boards (ICB) Quality, Performance and Finance Committee, reporting through to ICB Board. The Committee assess risk in the context of the ICBs Board Assurance Framework, with strategic risks identified on the quality and experience of services provided for our population, the timeliness and effectiveness of accessing services, the value for the public pound of the services provided and the experience of our workforce across Cambridgeshire and Peterborough (C&P). The Quality, Performance and Finance Committee has broad representation from across the Integrated Care System (ICS) including Health, Local Authority, Accountable Business Units, NHS Trusts, NHS England, Patient Safety Partners, Healthwatch and

Voluntary Sector provider representatives. Performance is also monitored through various other routes, including regular provider contract meetings and system improvement governance.

The ICB is assessed against the indicators included within the NHS England National Oversight Framework. This framework determines the level of oversight required by NHS England of ICBs and systems relative to performance, with four segments ranging from limited involvement through to intensive support. C&P ICB currently sits within segment 3 of the framework, which is regionally mandated support, following removal from segment 4 (intensive national support) in 2023.

The chart below shows C&Ps performance against the national indicators through 23/24 and Q1 24/25. The data quality and timeliness of performance information varies, so this is a snapshot of the position at the end of each quarter. The performance of the ICB against the indicators is shown as a percentage, as the number of metrics included has changed during the period.



Overall, the ICB has reported an improving performance position over the last 12 months, with the total number of indicators in the top quartile, when benchmarked nationally against all 42 ICBs, increase and the number within the bottom quartile reduce. Performance against these indicators is monitored monthly, forming the basis of the Integrated Performance Report, with detailed variation slides provided where performance is below national or locally agreed trajectories.

The ICB September Integrated Performance Report is provided as an appendix, with the highlights and challenges in the most recent pack, extracted and shown within this report.

4.2 SEPTEMBER EXECUTIVE SUMMARY HIGHLIGHTS

Highlights

1. **Dementia diagnosis:** While an area of ongoing underperformance against national standard and within bottom quartile when benchmarked nationally (36/42), dementia diagnosis rate in C&P continues to improve. Performance in the most recent month (June) was 60.5% vs. national target of 66.5% and continues to show special cause improvement variation. This is above C&Ps operational plan trajectory and is the best performance in this area for over four years due to coordinated system actions.

2. **Patient flow:** We have seen continued improvement in some aspects of patient flow through Q1 and into July. Non elective length of stay is showing special cause improvement at 5.8 days (latest month) which is below operational target. Additionally, the number of patients not meeting criteria to reside, still in hospital, continues to be low compared to the national position, with 18.6% of patients continuing to reside in hospital and 83.4% being discharged (ranked 4th best out of 42 ICBs) with the number of bed days lost due to delayed discharges also reducing by 20% in the same period, despite some challenges in July with Pathway One health capacity. While the number of patients remaining in the Emergency Department for more than 12 hours remains high at 11.0% in July, this is an improvement from 15.3% in April and now moves the ICB out of the bottom quartile nationally (ranked 30/42).

3. **Cancer performance:**
    - **Faster diagnosis standard (FDS)** – C&P ICB has exceeded the 75% target for 28-day FDS for cancer patients for the fifth consecutive month, reporting 79.9% performance. This places C&P ICB 8/42 ICBs when benchmarked nationally.
    - **62-day cancer target** – Performance continues to be ahead of 24/25 operational plan trajectory, reporting 70% in June vs. 65% plan. The national target is 75% and it is expected all providers achieve this before March 2025.
    - **Earlier cancer diagnosis** – C&P ICB has seen an upturn in the percentage of cancers being identified at stage 1 or stage 2 in the most recent data – 50.9% for Q4 23/24. Performance is 60.9% on a rolling 12-month basis, the highest it has ever been and on track to achieve the interim standard of 63.9% by March 2025.

4.2 SEPTEMBER EXECUTIVE SUMMARY CHALLENGES

There are multiple areas of challenged performance across ICB, both at a collective system level and at individual providers. Where performance is off track, there is a clear local escalation process to increase level of support to the provider/s, oversight arrangements and assurance on progress. Formal recovery plans are monitored through contract meetings with ICB Committee oversight linked to risk and assurance on controls. The ICB works collaboratively with NHS England team on its approach, recognising the responsibility of NHS England in oversight of ICBs and constituent providers.

Headlines

1. **RTT +65-week waiters:** The national planning expectation was that all over 65-week waits should be treated by the end of September. This is a 'must do' and one of the key targets for the NHS, with close attention on delivery from the new government. There is a known risk of up to 57 patients breaching 65 weeks at the end of September, including all reasons (capacity, complexity, corneal national issue, patient choice and not fit to commence treatment). This is a conservative estimate with further risk expected to be identified at NWAFT due to changes in consultant availability. Risks continue to be assessed for mitigation, including use of independent sector provision as appropriate. See slide 21 for further detail.

2. **UEC performance tiering:** UEC performance across C&P has recovered following deterioration in May and June, with 4-hour performance, average ambulance handover times and C2 ambulance response performance now back within usual variation. However, in July, C&P ICB has been moved into the national UEC tiering programme (tier 2) which is regionally led oversight and support. Additionally, the national team has launched a new rapid improvement programme, with both Peterborough City Hospital and Addenbrookes selected to participate.

3. **Diagnostics:** The national planning expectation is for 95% of patients to wait no more than six-weeks for their procedure or test by the end of March 2025. Currently the system is achieving 62.4%. Challenges remain in capacity across modalities such as Echocardiography, NOUS, CT and MRI.

4. **Safeguarding:** Following the additional investment for Initial Health Assessments, CPFT have now cleared the backlog of patients they had. CCS have agreed to take on responsibility for the MASH until new arrangements are in place and they continue to source a location for completion of Child Protection Medicals (CPA) in Peterborough to remove inequalities in access. The ICB has outlined its intention to recommission CPAs, MASH and IHAs to respective providers.

5. **Mental health Inpatient provision:** Out of area placements continue to be high, with bed days and volume of patients exceeding in year trajectory. This also puts considerable pressure on CPFTs financial position as the costs associated with these placements is high. Closed beds remain on Mulberry though CPFT have indicated in their recovery plan, as shared at the Improvement Board, that 4 of these beds should be opened in October linked to successful recruitment. Opening of the remaining 6 beds and implementation of planned actions to improve patient flow and reduce length of stay overall are both critical to achieving the year end planned position for improving performance against this indicator. There is also the potential for additional inpatient bed pressures linked to the national requirement for a detailed assessment of current Intensive assertive and outreach practices. Local self-assessments are due to NHS England by 30th Sept.

5. CONSULTATION

5.1 Not applicable

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 None / Not applicable

7. REASON FOR THE RECOMMENDATION

7.1 None / Not applicable

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None / Not applicable

9. IMPLICATIONS

Financial Implications

9.1 None / Not applicable

Legal Implications

9.2 None / Not applicable

Equalities Implications

9.3 None / Not applicable

Rural Implications

9.4 None / Not applicable

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 NHS England National Oversight Framework [NHS England » NHS Oversight Framework]

11. APPENDICES

11.1 Appendix 1 - C&P ICS Integrated Performance Report (September 2024)

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