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Corporate Performance Report

Quarter 2

2020/21 financial year

General Purposes Committee

Business Intelligence
Cambridgeshire County Council
business.intelligence@cambridgeshire.gov.uk

Key



Data Item	Explanation
Target / Pro Rata Target	The target that has been set for the indicator, relevant for the reporting period
Current Month / Current Period	The latest performance figure relevant to the reporting period
Previous Month / previous period	The previously reported performance figure
Direction for Improvement	Indicates whether 'good' performance is a higher or a lower figure
Change in Performance	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
Statistical Neighbours Mean	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
England Mean	Provided as a point of comparison, based on the most recent nationally available data
RAG Rating	<ul style="list-style-type: none"> • Red – current performance is off target by more than 10% • Amber – current performance is off target by 10% or less • Green – current performance is on target by up to 5% over target • Blue – current performance exceeds target by more than 5% • Baseline – indicates performance is currently being tracked in order to inform the target setting process • Contextual – these measures track key activity being undertaken, but where a target has not been deemed pertinent by the relevant service lead
Indicator Description	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
Commentary	Provides a narrative to explain the changes in performance within the reporting period
Actions	Actions undertaken to address under-performance. Populated for 'red' indicators only
Useful Links	Provides links to relevant documentation, such as nationally available data and definitions

Target	Direction for Improvement	Current Year (to date)	Previous Year	Change in Performance
87.0%	↑	96.0%	95.3%	Improving
Statistical Neighbour Mean 96.0%		England Mean 94.0%		RAG Rating <div style="background-color: blue; color: white; padding: 5px; text-align: center; width: 40px; margin: 0 auto;">Blue</div>

Indicator Description

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, after completion of the safeguarding enquiry, the achievement of these outcomes is reported. This data is collected as part of the statutory Safeguarding Adults Collection.

Calculation:

$$(X/Y) \times 100$$

Where:

X = The number of concluded enquiries where outcomes were either achieved or partially achieved.

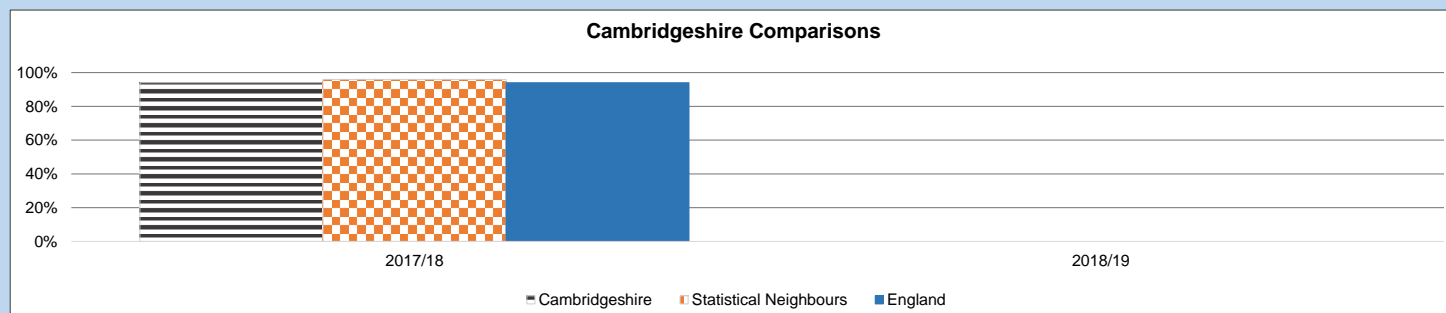
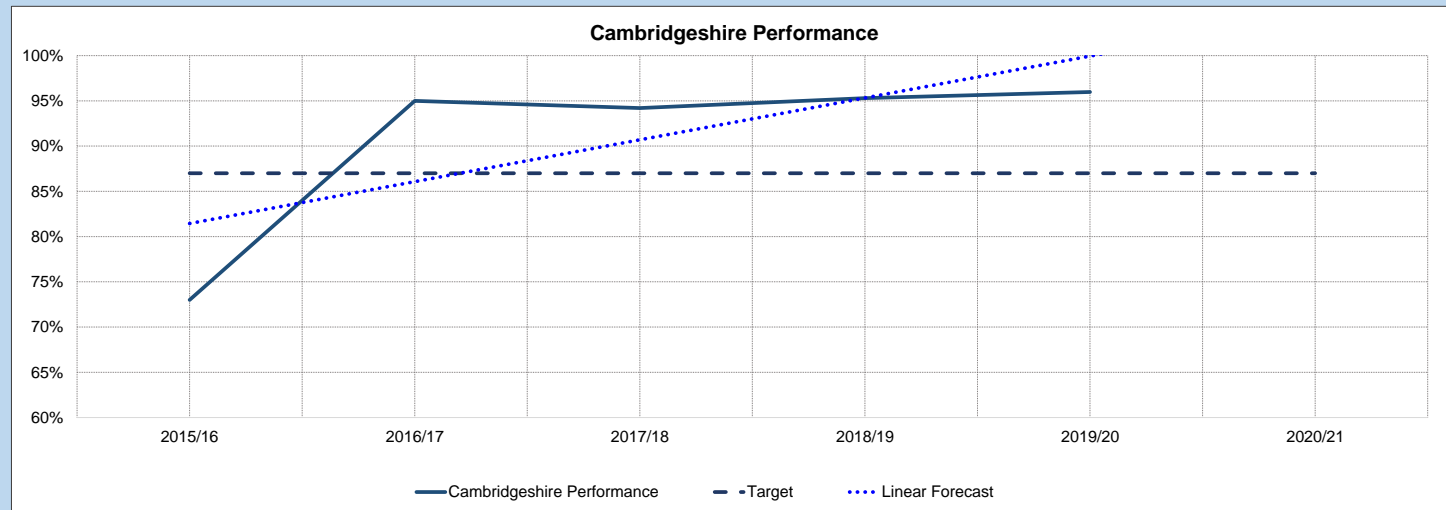
Y = The number of concluded enquiries where the adult(s) expressed desired outcomes.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

Performance at this indicator is strong. It remains consistent with national performance and that of our statistical neighbours.

There is still room for improvement in how we make safeguarding personal. In 2019/20, approximately 16% of adults subject to a S42 enquiry were not asked for their desired outcomes.

Actions

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
77.8%	↑	83.0%	91.2%	Declining
Statistical Neighbour Mean		England Mean		RAG Rating
79.5%		77.8%		Blue

Indicator Description

This indicator shows the proportion of new clients who received short term services during the year, where no further request was made for ongoing support. Since short term services aim to reable people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery. That is, short term support that results in no further need for services.

Short term support is designed to maximise independence. Therefore, it will exclude carer contingency and emergency support. This stops the inclusion of short term support services which are not reablement services.

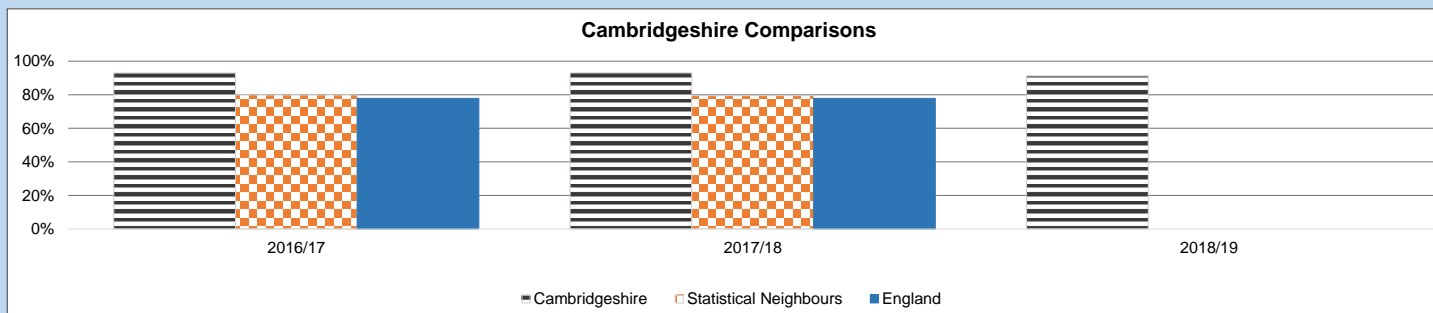
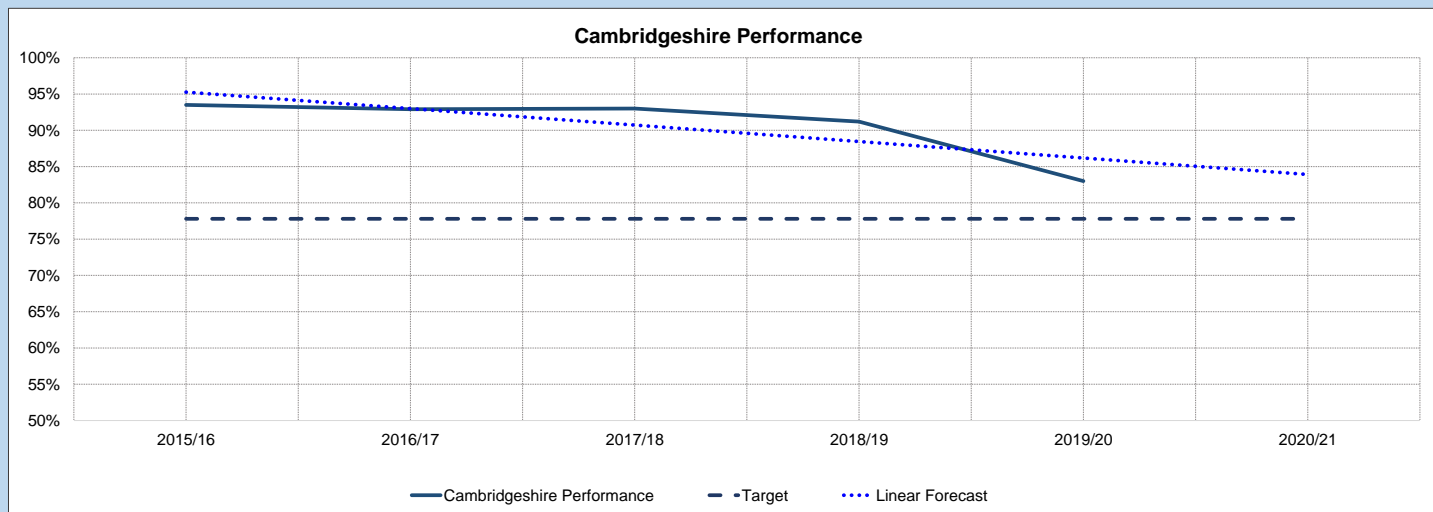
Calculation:

$$(X/Y)*100$$

Where:

X = Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support", "Short Term Support (Other)", "No Services Provided - Universal Services/Signposted to Other Services", or "No Services Provided - No identified needs".

Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding should are not included in this total.



Commentary

Performance fell between 2018/19 and 2019/20 but is still above target. It is also above the national and statistical neighbour averages.

The score for 2019/20 is the first to come from the new social care records system. This system has allowed us to better record outcomes of requests for support. We can identify, with more certainty, requests resulting in a long-term service. This has resulted in a perceived fall in performance at this indicator.

This brings the Council's performance closer to that of comparator organisations. For the past few years we have been a positive outlier. We are confident that this is more accurate reflection of the situation.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital.](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

Actions

Indicator 162: Number of carers receiving council funded support for every 100,000 of the population

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
271	↓	12	15	n/a
Statistical Neighbour Mean		England Mean		RAG rating
280		249		Blue

Indicator Description

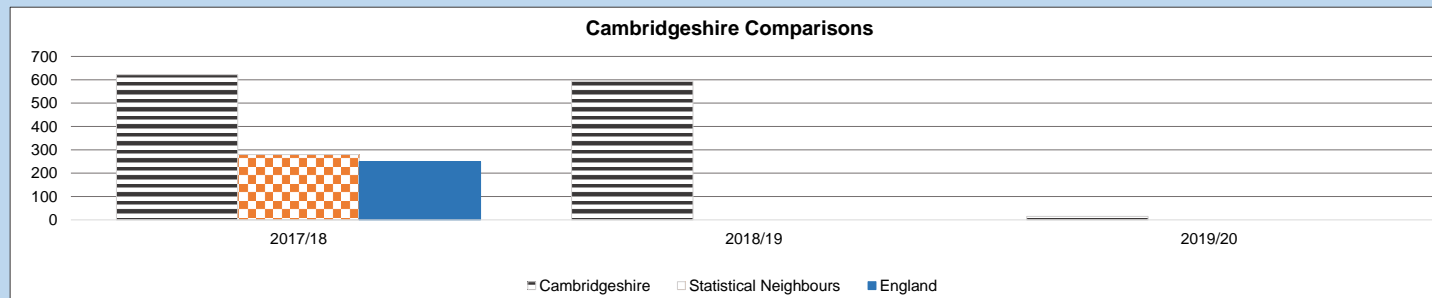
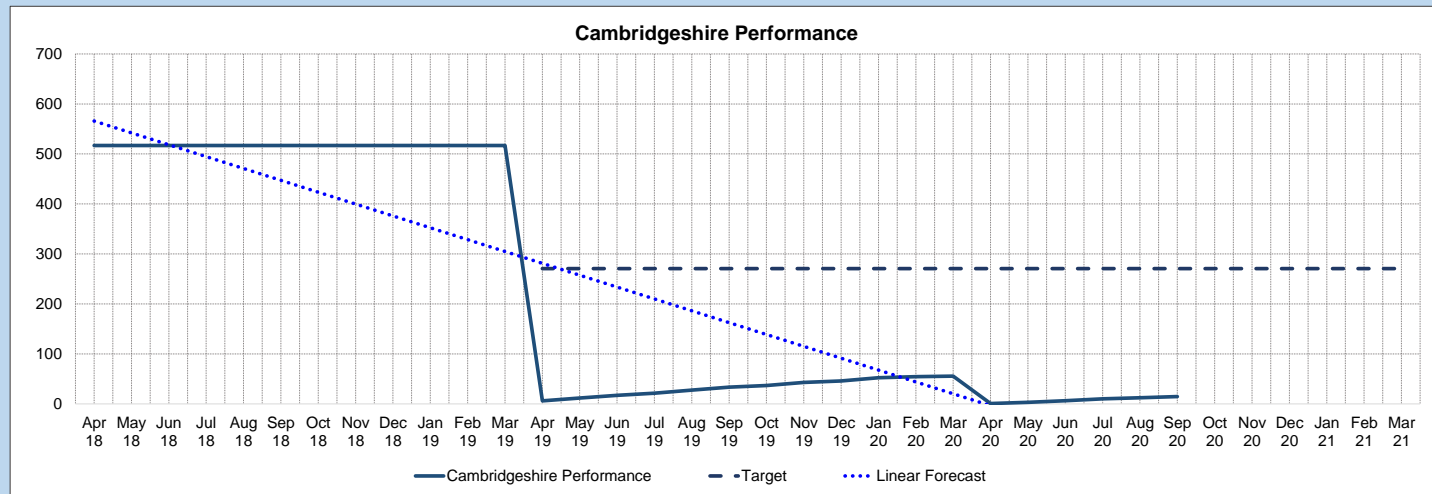
Carer's assessment and targeted support can enable carers to continue caring for family members in their own homes and prevent carer breakdown.

The method used for calculating this measure is as follows:

$$R = \frac{X}{Y} * 100000$$

Where R is the rate every 100 000 members of the population. X is the sum of all carers supported by the following delivery mechanisms. These are as defined by the Social Care Short and Long Term Care Return as: "Direct Payment only", "Part Direct Payment", "Councils with Adult Social Services Responsibilities Managed Personal Budget", and "Councils with Adult Social Services Responsibilities Commissioned Support only". Y is the adult population of the county based on the relevant mid year estimate from the Office for National Statistics.

Source: Short and Long Term Care, LTS003, Table 1



Commentary

The number of carers supported with one off direct payment has increased, but at a slower rate than in 2019/20. In the last year, the number of carers supported with conversations has increased. We recorded 638 carer conversations in quarter 2 of 2020-21. In the previous comparable period before Covid-19 lockdown, we recorded 511 carer conversations.

Note

The values for 2017/18 and 2018/19 use the accepted national definition of the indicator. The definitions are specified in national data returns. This allows for local and national comparisons.

In October 2018, the Council introduced a new social care records system. There were also changes in practice as detailed in the Actions box below.

As a result, the values reported for 2019/20 use data about one-off direct payments only. These made up 95% of the services provided in 2018/19. The values for this indicator will accumulate through the year. This is why 'change in performance' is not applicable from month to month using this indicator.

Useful Links

- [Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)
- [The local area benchmarking tool from the Local Government Association](#)

Actions

The Adult Positive Challenge Programme (APCP) showed how we could improve carer support . Too often our approach to supporting carers was with a lengthy assessment. These often led to a fixed-value direct payment. APCP identified that this approach was not meeting the support needs of carers.

Our new approach offers flexible support to carers. It provides carers with access to our carer support service. It also allows them to contribute the care and support plans of the people they support.

As a result we have seen a reduction in one-off direct payments provided to carers. This represents a more appropriate use of direct payment to meet a carer's assessed need. As a result, we were expecting to see a reduction in the number of carers supported on this measure.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
12.3%	↑	37.6%	36.8%	Improving
Statistical Neighbour Mean		England Mean		RAG Rating
11.2%		16.8%		Blue

Indicator Description

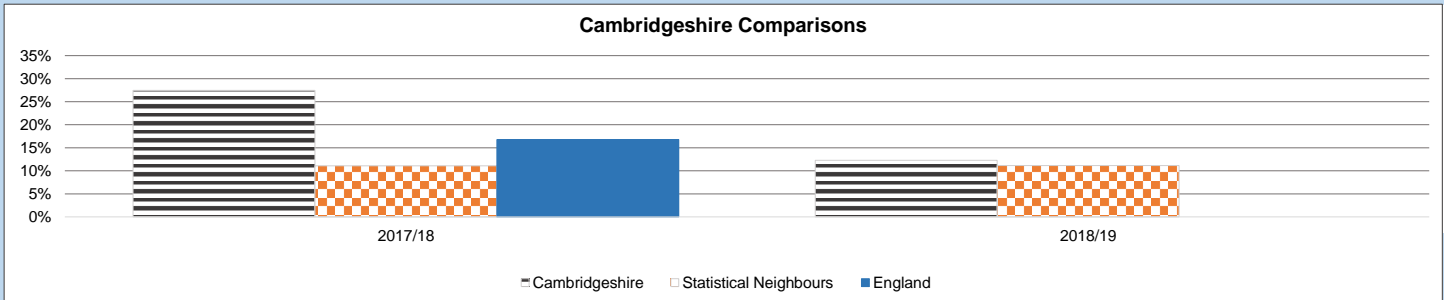
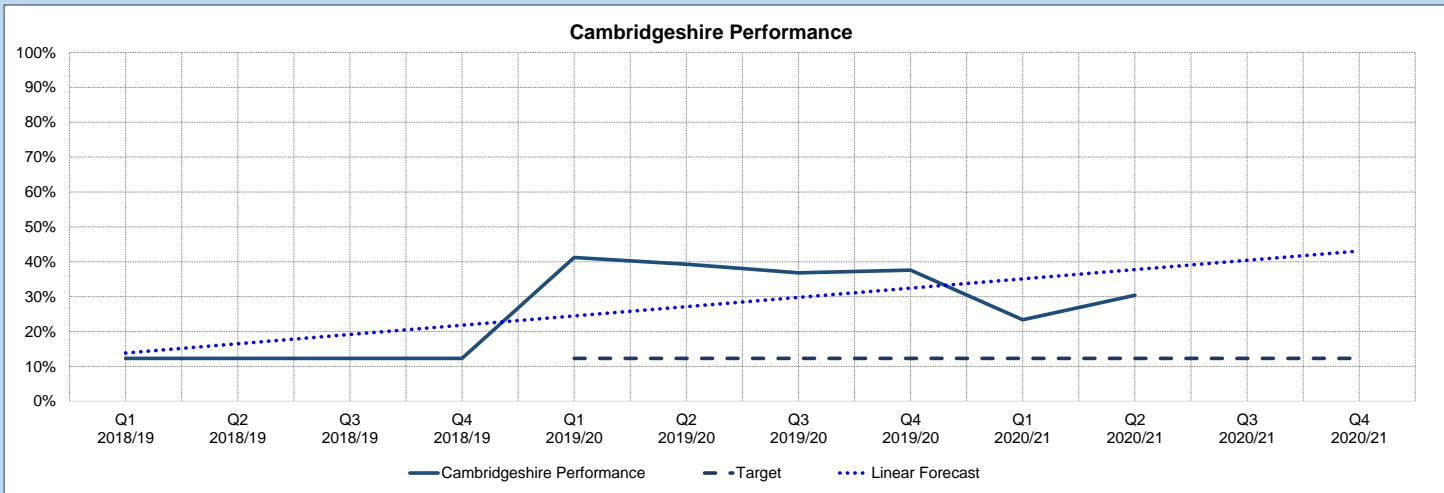
This indicator shows the promotion of Technology Enabled Care in preventing people's health deteriorating and requiring long term care and support.

The method used in the calculation of this measure is as follows:

$\% = X/Y$

Where X is the number of requests for support received in the period where the sequel to that request was "Ongoing Low Level Support". This is defined by the social care short and long term support Return. Y is the total number of requests for support received by the county during the period.

Source: Short and Long Term Care, STS001, Tables 1a and 1b



Commentary

We received fewer referrals from our partner organisations in quarter one. COVID-19 has reduced contact between our partners and service users. Some service users were reluctant and declined support due to the transmission risk. This may have resulted in lower numbers, as needs are not seen by those who usually make referrals. Hospital discharge pathways have also changed in response to COVID-19. This too could be contributing to the reduction. Yet, quarter two appears to show a recovery for this indicator. Referrals for existing long-term clients are not included in this indicator.

Ongoing low-level support includes Technology Enabled Care and Occupational Therapy equipment. The percentage of requests ending in ongoing low-level support was higher in 2019/20 than previous years. This increase demonstrates that we are supporting more people to maintain their independence.

Improved recording due to the Mosaic system, has also contributed. It has improved our ability to show the work we do to help people maintain their independence.

Note: In 2018/19, information from two systems populated this indicator. This affected data quality. This was due to the implementation of a new social care records system part way through the year. Performance data collected in 2017/18 was not affected by the same data quality issues. Comparing performance in 2019/20 to 2017/18 shows an improvement of around 10%.

Useful Links

Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
20.0%	↓	24.8%	21.2%	Declining
Statistical Neighbour Mean		England Mean		RAG Rating
21.5%		22.6%		Red

Indicator Description

This indicator shows the level of re-referrals into children's social care. A re-referral could mean that the child's needs were not previously fully met, or a significant incident has occurred to change their circumstances.

This measure is expressed as a percentage of children, with a referral to social care, within the reporting month, who have had a previous referral to social care which opened within the last year.

A referral is defined as a request for services to be provided by children's social care. It is in respect of a child who is currently not assessed to be in need. New information relating to children who are already assessed to be a child in need is not counted as a referral.

Calculation:

$$(X/Y) \times 100$$

Where:

X = The number of children with a referral who also have a previous referral starting within the last 12 months.

Y = The number of children with a referral this month.

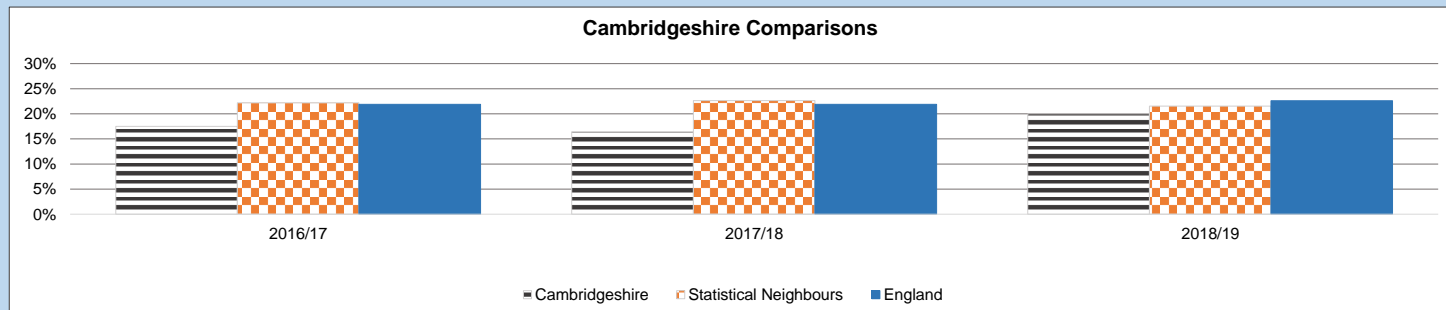
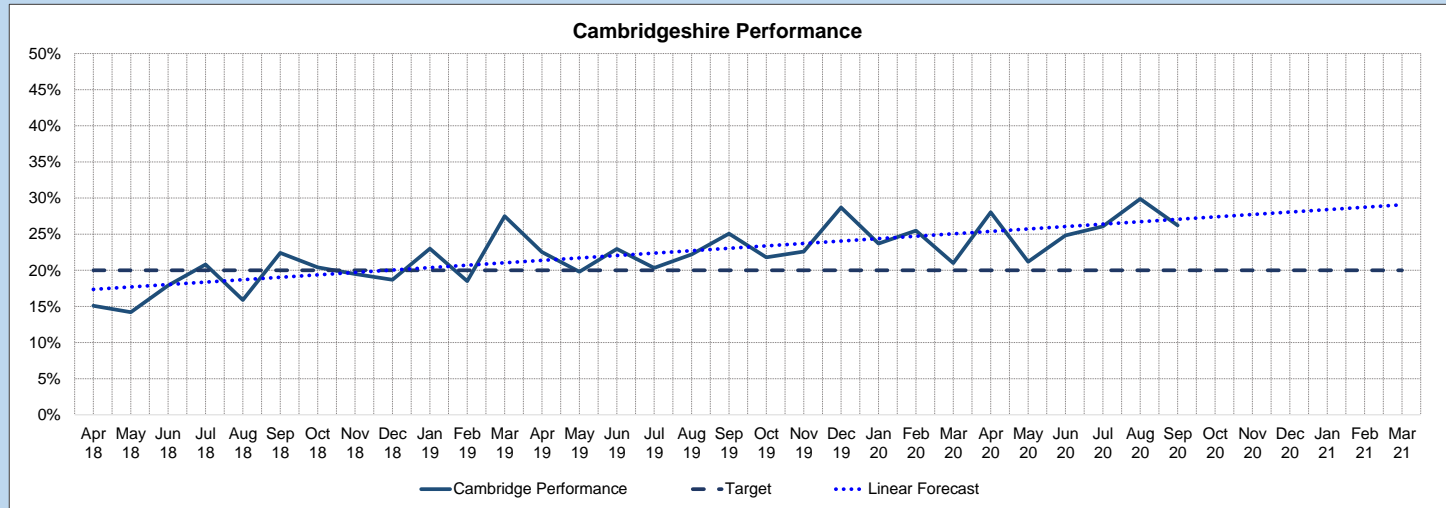
Sources: Department for Education; Local Authority Interactive Tool (LAIT); Cambridgeshire County Council Business Intelligence Team.

Useful Links

[Local Authority Interactive Tool \(LAIT\)](#)

[The local area benchmarking tool from the Local Government Association](#)

[Department of Education - Children in Need Statistics](#)



Commentary

There has been a trend of increasing numbers of re-referrals since the beginning of 2018. While they are above target, the indicator is only just above statistical neighbour averages. Cambridgeshire re-referral rates have actually been too low in recent years.

There is a balance where when a re-referral rate is too low, this indicates that cases are being kept open for too long. A re-referral rate that is too high, may indicate that cases have been closed too early. Where there have been changes in the way the service works with children, it can also take time for these to be understood by partner agencies. This can sometimes result in re-referrals of children that do not reach social care thresholds. That being said, this indicator should not continue to increase. We are reviewing children re-referred to ensure that this is not an area of concern.

Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
41.6	↓	28.7	27.3	Declining
Statistical Neighbour Mean		England Mean		RAG Rating
36.0		43.7		Blue

Indicator Description

This indicator shows the number of children at risk of significant harm within the county.

A Child Protection Plan is put in place where a child is at risk of significant harm. This plan sets out the action needed to keep the child safe and to promote their welfare.

This measure is expressed as the rate of children with a Child Protection Plan, at month end, for every 10,000 population (0-17).

Calculation:

$$(X/Y) * 10,000$$

Where:

X: The number of children with a Child Protection Plan at month end.

Y: The population of 0 to 17 year old children.

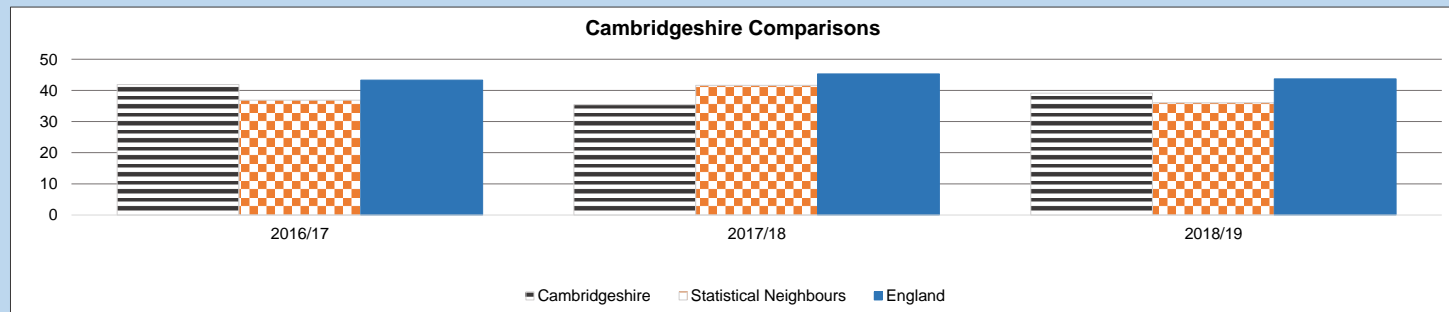
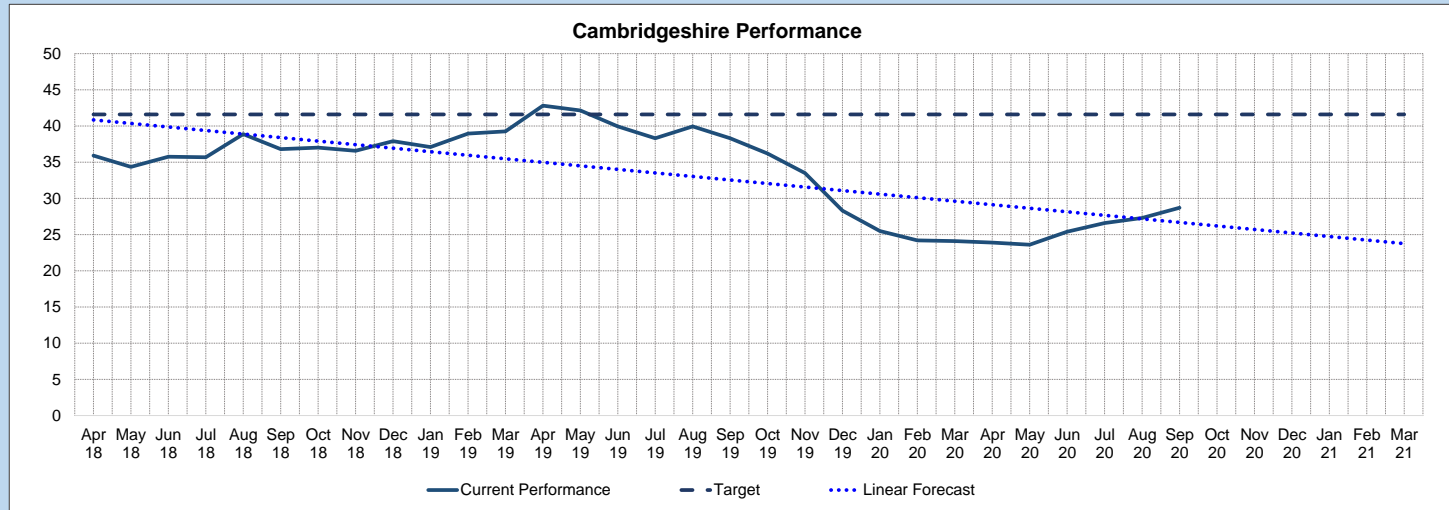
Source: Cambridgeshire County Council Business Intelligence: Childrens Team.

Useful Links

[Local Authority Interactive Tool \(LAIT\)](#)

[The local area benchmarking tool from the Local Government Association](#)

[Department of Education - Children in Need Statistics](#)



Commentary

NOTE:

The target for this indicator was reviewed and is now in line with the statistical neighbour average.

We are taking action to review all children subject to Child Protection Plans. As a result, the rate is reducing and is now already below the statistical neighbour average. This shows good performance. Child Protection Plans should only be in place for children at risk of significant harm, and where parents are not engaging or making progress in addressing issues. We should see this rate further decrease in Cambridgeshire as Family Safeguarding becomes established.

Actions

Indicator 3: The number children in care every 10,000 population under 18

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
40.0	↓	50.9	51.2	Improving
Statistical Neighbour Mean		England Mean		RAG Rating
49.2		65.0		Red

Indicator Description

This indicator shows the number of children who are in the care of the local authority. This measure is expressed as the number of children in care as a rate for every 10,000 children aged 0 to 17. Children in care include all children being looked after by a local authority:

1. Children subject to a care order under section 31 of the Children Act 1989.
2. Children looked after on a voluntary basis through an agreement with their parents under section 20 of the Children Act 1989.

Calculation:

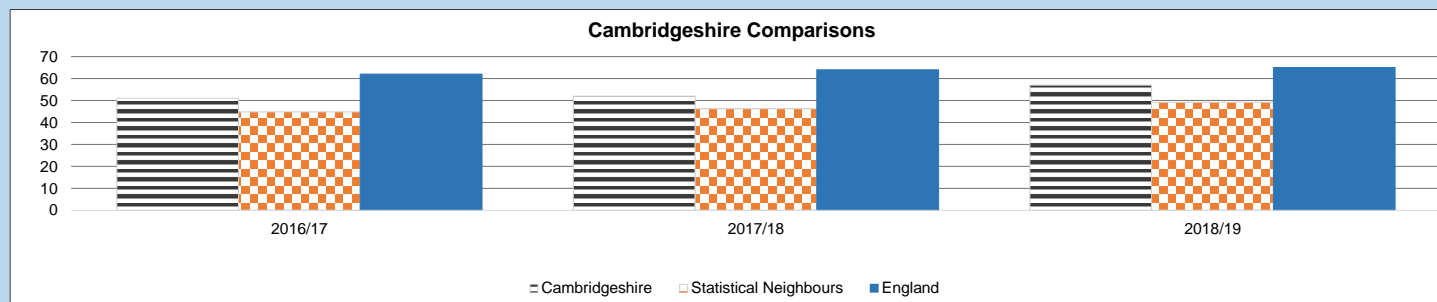
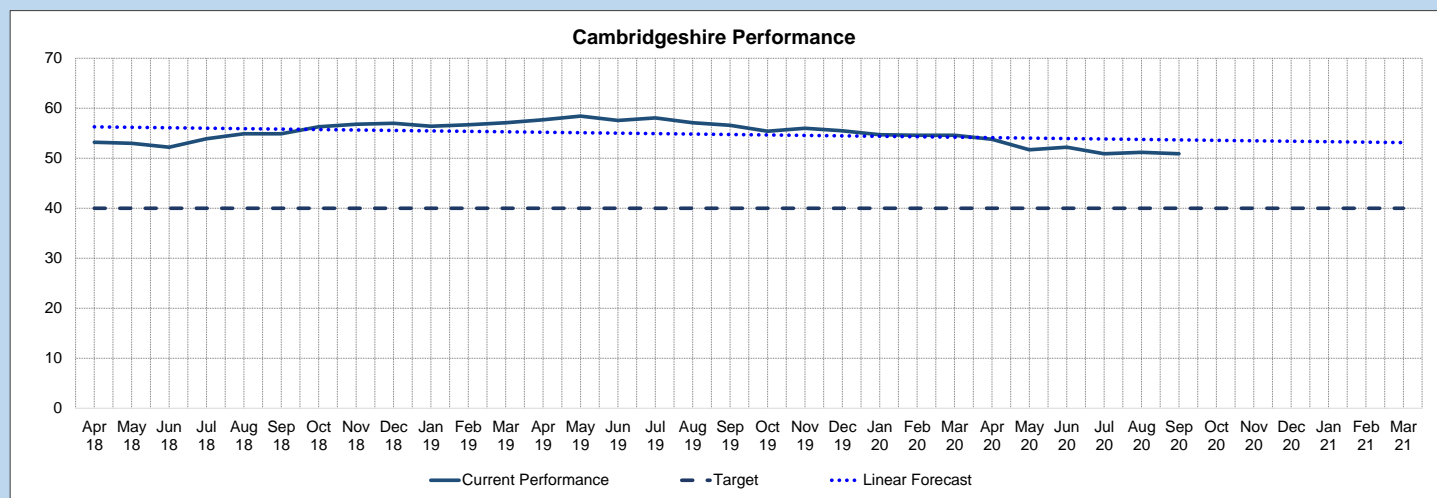
$$(X/Y)*10,000$$

Where:

X = The number of children in care at month end.

Y = The population of 0 to 17 year old children.

Sources: Department for Education; LG Inform; Cambridgeshire County Council Business Intelligence; Children's Team



Commentary

Numbers of children in care remain higher than they should be. The restructure of children's services is addressing this, along with the implementation of Family Safeguarding in the county.

The number of Children in Care has started on a downward trend. The rate is above the statistical neighbours, but below the England average. While there was a small increase in numbers in June, the trend has been downwards since July 2019. We expect there to be a continued reduction over the longer term. However, there is a potential impact from the Covid-19 pandemic. As a result of the lockdown, completing the work needed for children to leave care has been taking longer. There are also concerns that increased difficulties faced by families may increase the risk of children coming into care. It is too early to assess the full implication of Covid 19. However, our current expectation is that numbers will continue to decline, but potentially at a slower rate.

Useful Links

[Local Authority Interactive Tool \(LAIT\)](#)

[The local area benchmarking tool from the Local Government Association](#)

[Department of Education - Children in Need Statistics](#)

Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
21.0%	↓	18.0%	28.6%	Improving
Statistical Neighbour Mean		England Mean		RAG Rating
23.9%		20.8%		Blue

Indicator Description

This indicator shows the number of children at risk of significant harm for a second or more times. Re-registration of a child indicates that the actions to reduce the risk of harm were not successful or significant event has occurred to change their circumstances.

This measure is expressed as a percentage of children who became subject to a Child Protection Plan at any time during the year, who had previously been the subject of a Child Protection Plan, or on the Child Protection Register of that council.

Calculation:

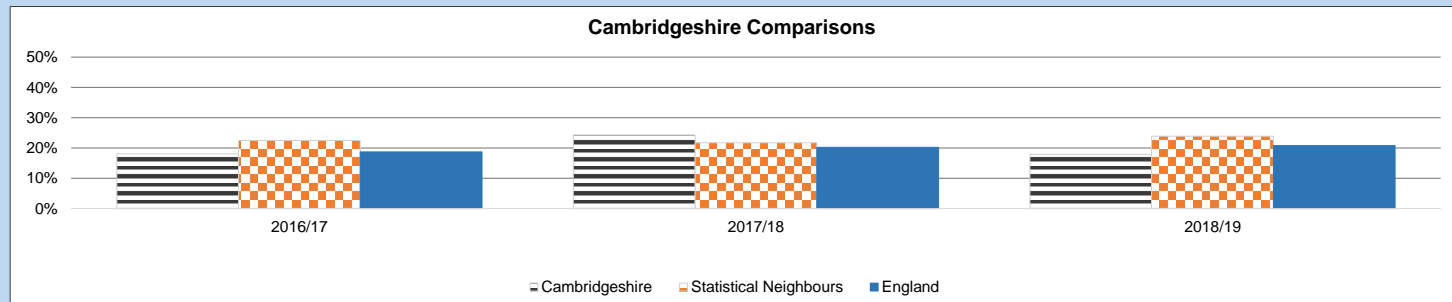
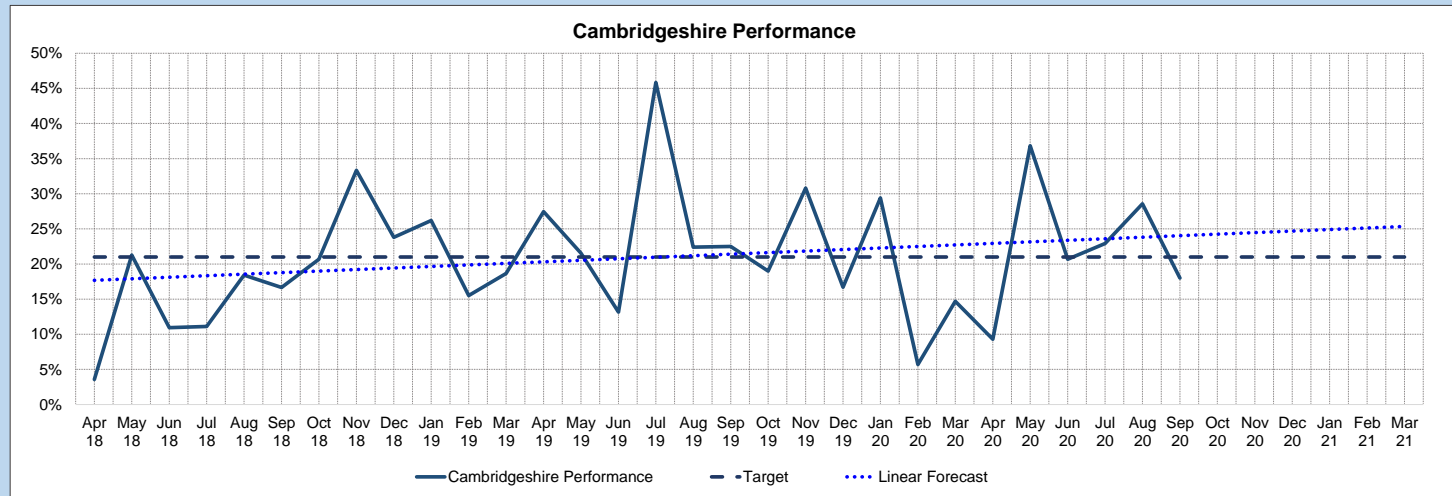
$$(X/Y) \times 100$$

Where:

X = The number of children with a Child Protection Plan at month end, who have had a previous child protection plan.

Y = The number of children with a Child Protection Plan, at month end.

Sources: Department for Education; LG Inform; Cambridgeshire County Council Business Intelligence; Children's Team



Commentary

NOTE:

The target for this indicator has been reviewed. It is now in line with the statistical neighbours and England average.

In quarter 4 2019/20, 12 of the 86 Child Protection Plan registrations were re-registrations within 2 years. The rate of second or subsequent Child Protection Plans is below target. It is also below the statistical neighbours and England Average.

Useful Links

[Local Authority Interactive Tool \(LAIT\)](#)

[The local area benchmarking tool from the Local Government Association](#)

[Department of Education - Children in Need Statistics](#)

Actions

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
70.0%	↑	75.0%	71.0%	Improving

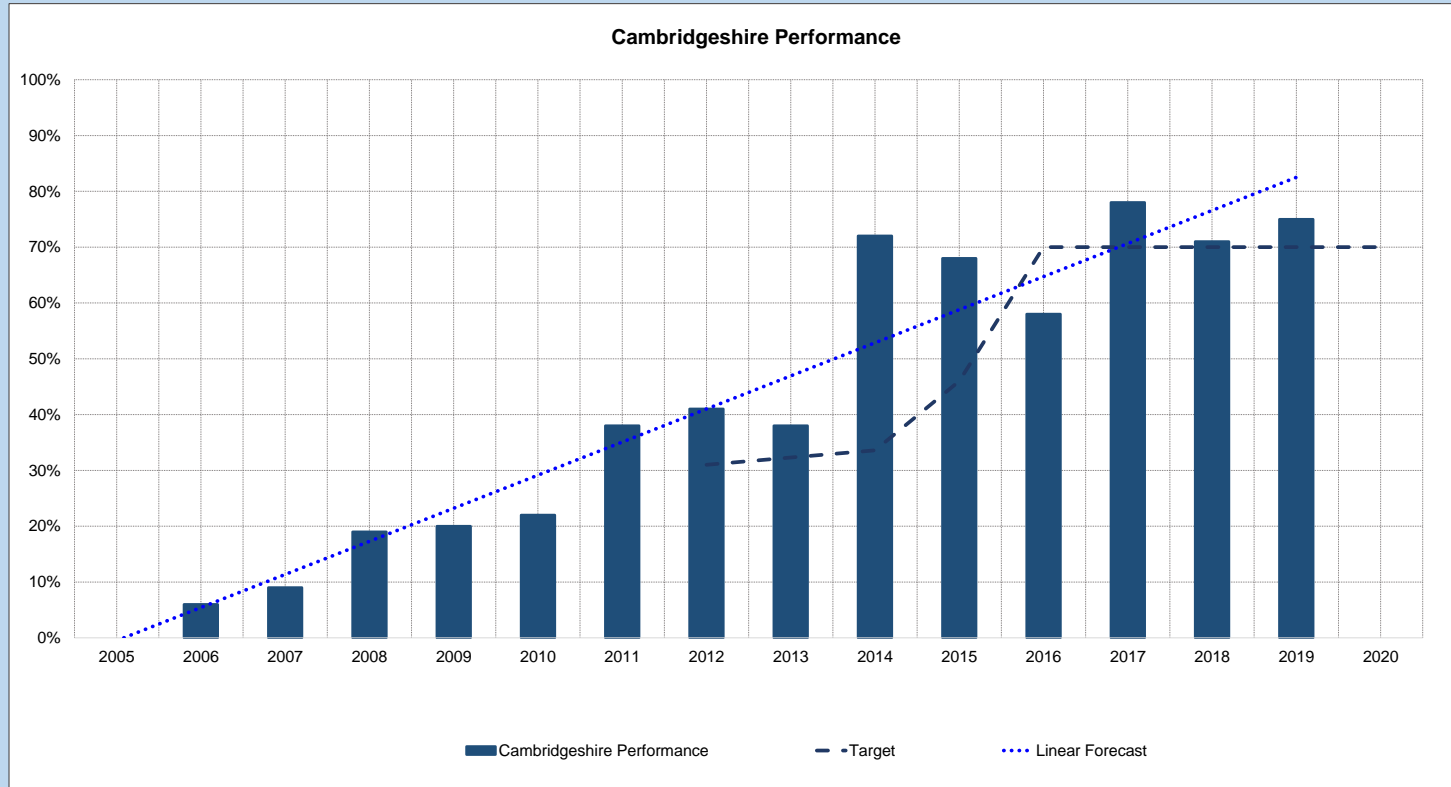
RAG Rating

Blue

Indicator Description

This indicator shows the level of growth in cycling. It changes from a baseline number rather than showing what proportion of the population cycle.

Data is sourced from annual traffic surveys that are carried out at key points across the county.



Commentary

The overall growth from the 2004-05 average baseline is 71%. This is better than the Council's target. There was a 2% decrease in cycle trips in 2018 compared with 2017.

Cycling growth is measured by the overall increase across a number of automatic and manual count points located throughout Cambridgeshire. This gives a large, robust sample.

In 2004/05, there were 40,246 cycle journeys measured in the sample. In 2019, there were approximately 70,415 cycle journeys measured in the sample. This shows an overall growth of 75%.

As this is an annual indicator, there has been no change in the data since quarter 3 of the 2019-20 performance report presented to the committee. An update for 2020 will be available for the quarter 3 2020-21 committee.

Useful Links

Actions

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
3.0%	↓	2.5%	3.0%	Improving

RAG Rating

Blue

Indicator Description

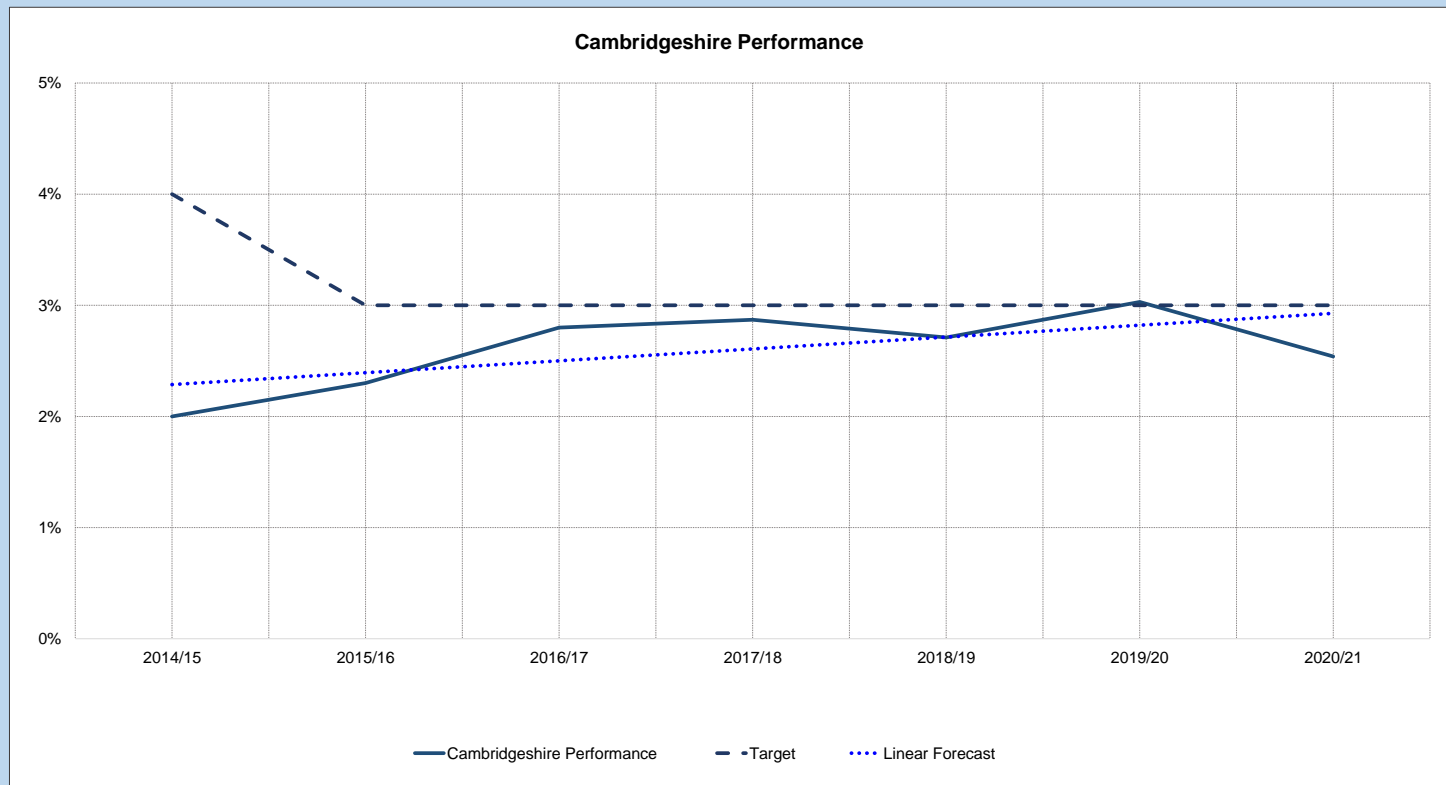
This indicator shows the principal roads where maintenance should be considered.

It is measured as a percentage of the local authority's A roads (principal roads) carriageways, where maintenance should be considered. This indicator was reported as national indicator 168, and is an updated version of the previous Best Value Performance Indicator 223 (previously the Best Value Performance Indicator 96). Note that there are some differences from how this data was collected as a Best Value Performance Indicator, which may hide/increase differences in performance.

Source name: Department for Transport

Collection name: Road conditions

Polarity: Low is good



Commentary

The actual figure has improved from last year's figure of 3.03% to 2.54%. This is a slight improvement but not a material change.

This indicator is reported nationally as a round figure, so would be reported as 3% for each year. The indicator remains on target.

Performance as measured by this indicator is achieved via maintenance schemes which are identified and delivered through the authority's asset management approach to maintaining the highway network. This approach is detailed in the Highway Asset Management Policy, Strategy and the Highway Operational Standards as approved by H&I Committee on 10 March 2020.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Department for Transport National Indicator 168](#)

Actions

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
0.0%	↓	-0.5%	-0.9%	Declining

RAG Rating

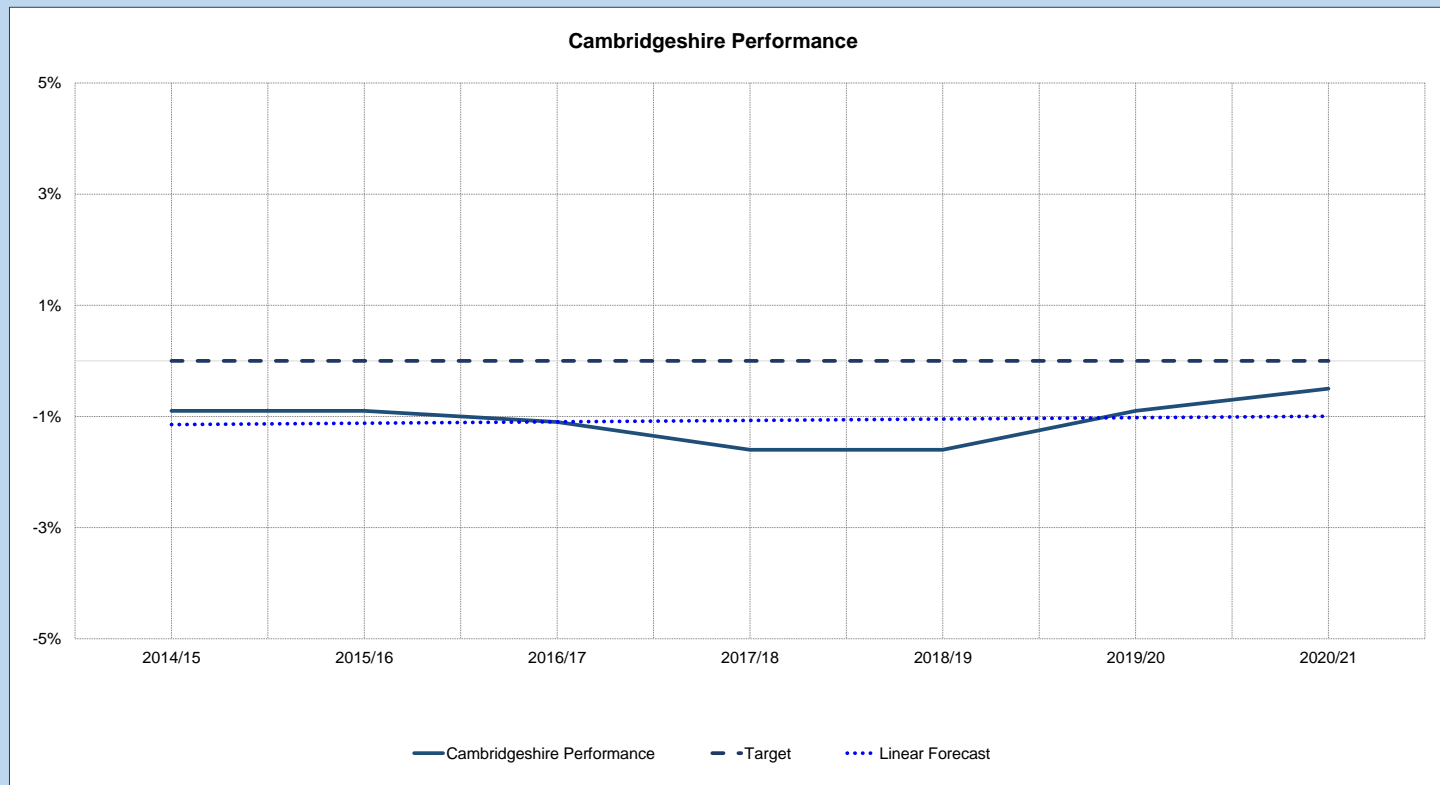
Blue

Indicator Description

This key performance indicator is based on a national data collection methodology.

Target: No formally agreed target in place. Proposed target used for the graph to the right. Proposed target: 0%

The proposed target recognises both the importance of the A road network, and that such roads are more likely to have been designed in accordance with underlying soil conditions.



Commentary

The A class roads in Fenland are in better condition than those in the remainder of the county and this gap has remained reasonably steady since 2014/15.

The target is currently being achieved.

The identification of maintenance schemes is based upon the principles as set down in the Highway Asset Management Policy, Strategy and the Highway Operational Standards as approved by H&I Committee on 10 March 2020. There will be occasions where the indicator is above, at and below target as roads deteriorate through their lifecycle across the County. However, a long term view of this indicator should result in performance at or around the target level.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Cambridgeshire County Council Highway Operational Standards Policy April 2020](#)

Actions

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
4.0%	↓	3.3%	3.7%	Improving

RAG Rating

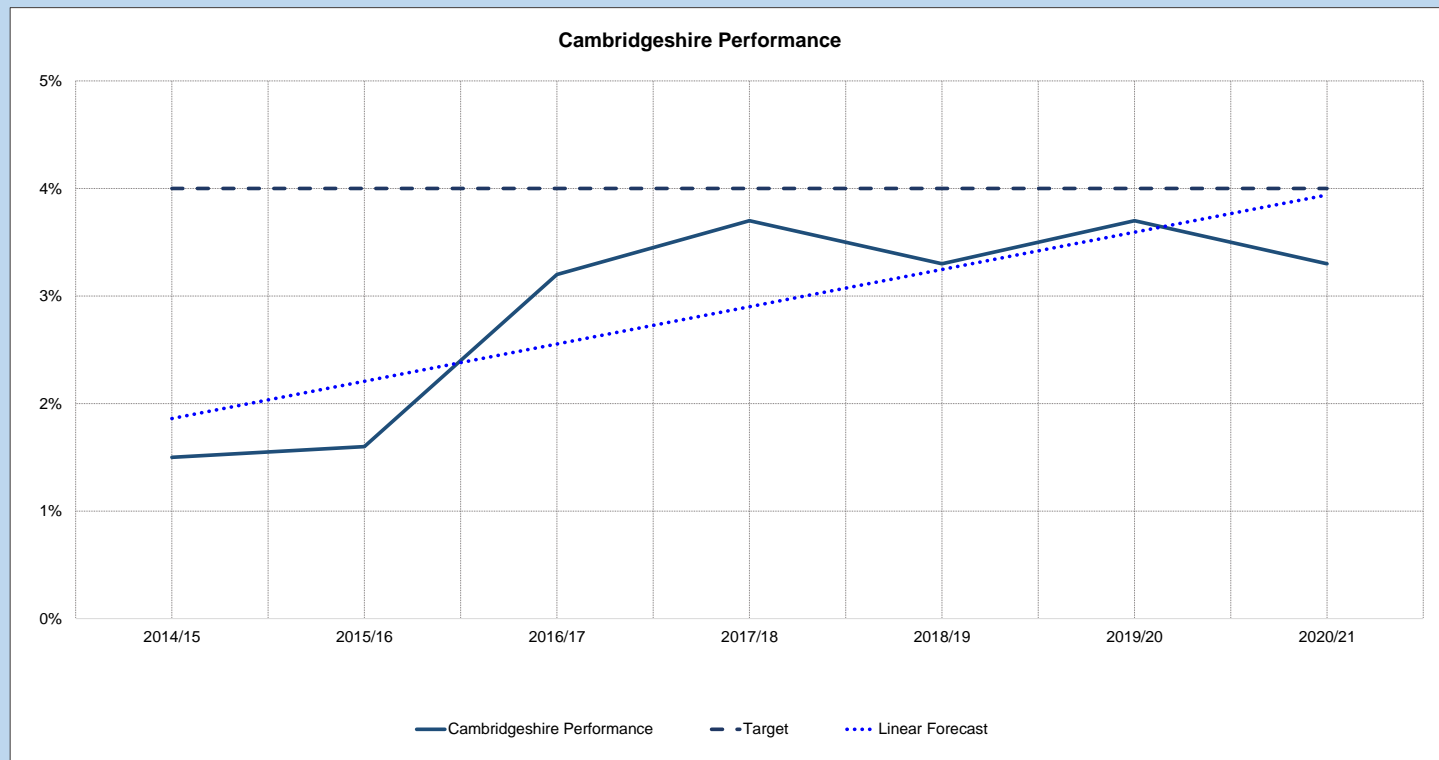
Blue

Indicator Description

This key performance indicator is based on a national data collection methodology.

Target: No formally agreed target in place. Proposed target used for the graph to the right. Proposed target: 4%

The proposed target recognises that B class roads are less likely to have been designed with the underlying soil conditions in mind.



Commentary

Given that a significant proportion of B class roads will have evolved and will not have been designed to address issues with underlying soil conditions, some difference in the overall condition of B roads in Fenland soil areas when compared to those in other areas is inevitable. This is reflected in the target of 4%.

The target is currently being achieved.

The prioritisation of maintenance schemes in accordance with the Authority's approved asset management policies is likely to achieve performance at or near the target level. To significantly exceed the target would require large scale investment, beyond that which is currently available to the Authority.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Cambridgeshire County Council Highway Operational Standards Policy April 2020](#)

Actions

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
7.0%	↓	5.6%	6.6%	Improving

RAG Rating

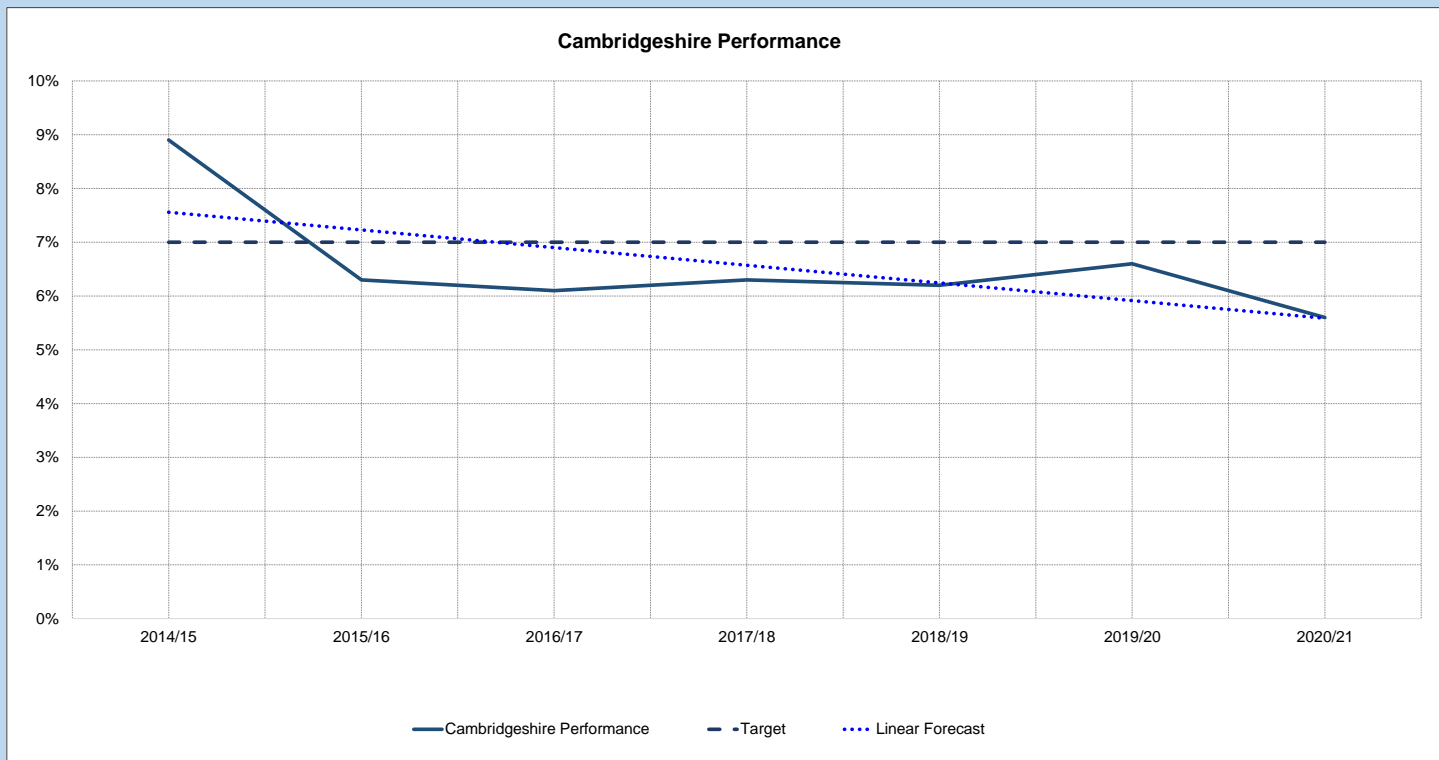
Blue

Indicator Description

Based on a national data collection methodology

Target: No formally agreed target in place. Proposed target used for the graph to the right. Proposed target: 7%

The proposed target recognises that C class roads are less likely to have been designed with the underlying soil conditions in mind.



Commentary

Given that most (if not all) C class roads will have evolved and will not have been designed to address issues with underlying soil conditions, some difference in the overall condition of C roads in Fenland soil areas when compared to those in other areas is inevitable. This is reflected in the target of 7%.

The target is currently being achieved.

The prioritisation of maintenance schemes in accordance with the Authority's approved asset management policies is likely to achieve performance at or near the target level. To significantly exceed the target would require large scale investment, beyond that which is currently available to the Authority.

Many of the C roads in Fenland are similar in character and usage to unclassified roads elsewhere in the county, thus rendering the comparison not being of like-for-like roads. This might serve to exacerbate the reported gap

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Cambridgeshire County Council Highway Operational Standards Policy April 2020](#)

Actions

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
8.0%	↓	7.0%	6.6%	Declining

RAG Rating

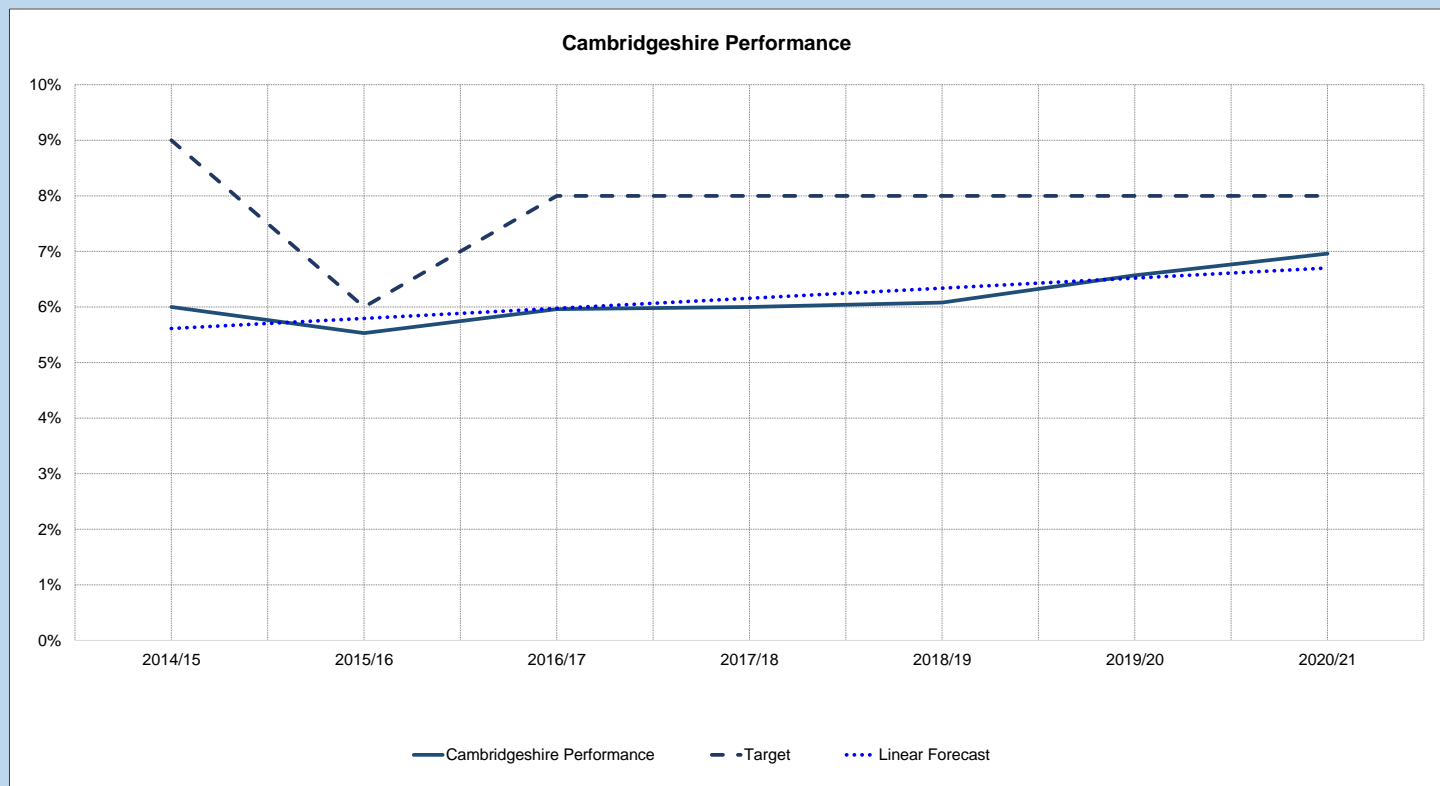
Blue

Indicator Description

This is the percentage of the local authority's B road and C road carriageways where maintenance should be considered. This indicator was previously reported as NI 169, and is an updated version of the former Best Value Performance Indicator 24a (formerly Best Value Performance Indicator 97a). Note that there are some differences from how this data was collected as a Best Value Performance Indicator which may hide / increase differences in performance.

Source: Department for Transport

Polarity: Low value is good



Commentary

The actual figure has changed from last year's figure of 6.57% to 6.96% but remains below the target of 8% for B and C class roads.

Performance as measured by this indicator is achieved via maintenance schemes being identified and delivered through the authority's asset management approach to maintaining the highway network. This approach is detailed in the Highway Asset Management Policy, Strategy and the Highway Operational Standards as approved by H&I Committee on 10 March 2020.

Information about road classifications can be found in the Council's Highway Operational Standards document, appendix L, which is updated annually - see link in 'Useful Links'.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Cambridgeshire County Council Highway Operational Standards Policy April 2020](#)

Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
251	↓	324	327	Improving

RAG Rating

Red

Indicator Description

Killed and seriously injured casualties is derived from Stats19 data.

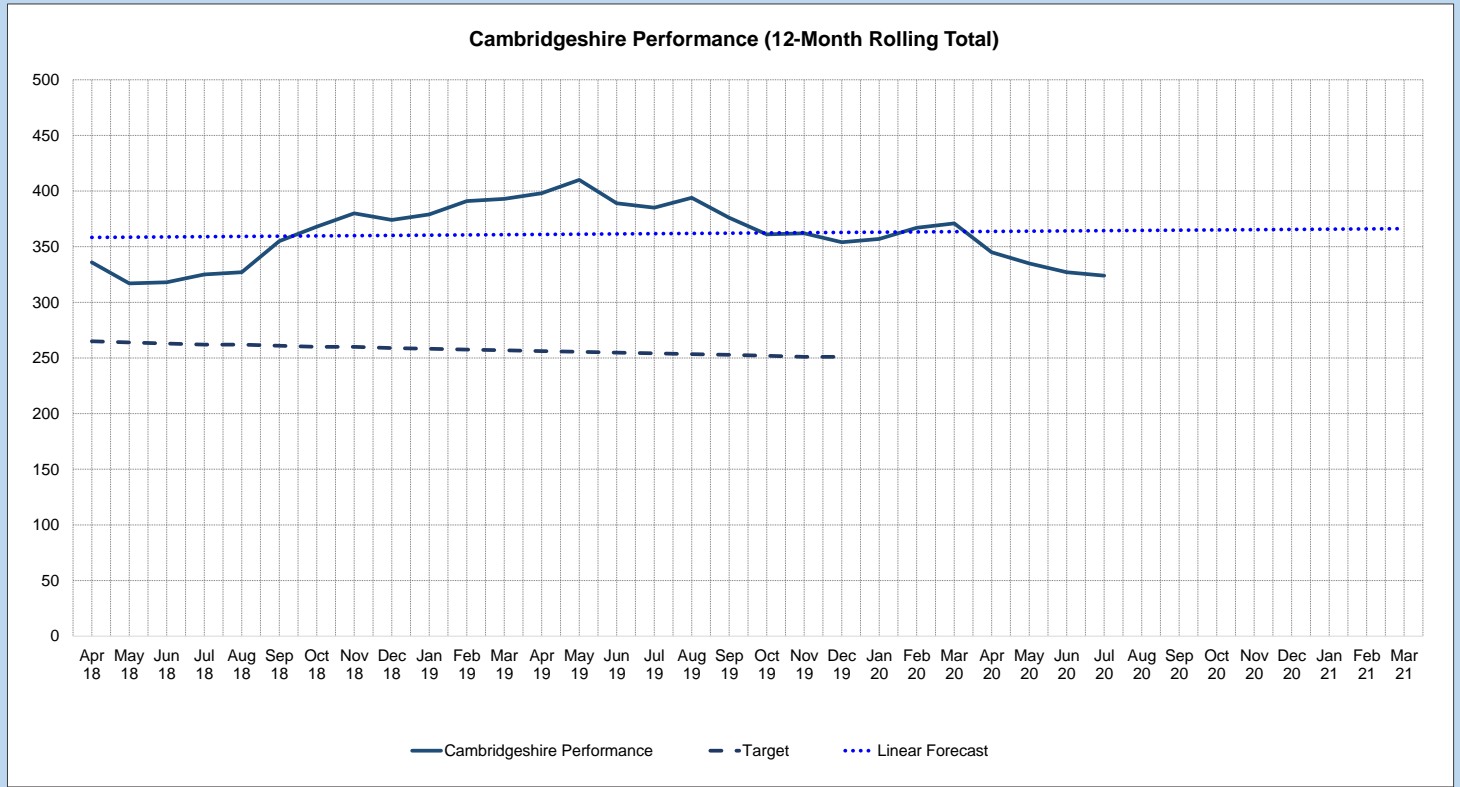
It is measured by the number of all people of all ages reported killed or seriously injured on Cambridgeshire roads over a 12 month rolling total.

This indicator includes casualties who were fatally or seriously injured only. These include:

1. Fatal casualties who sustained injuries that caused death less than 30 days after the accident. Confirmed suicides are excluded.
2. Seriously injured casualties who suffered an injury that led to hospitalisation as an inpatient, or any of the following injuries, whether or not they are admitted to hospital. Fractures, concussion, internal injuries, crushing, burns (excluding friction burns), severe cuts and lacerations, severe general shock requiring medical treatment and injuries causing death 30 or more days after the accident.
3. Casualties recorded as seriously or slightly injured by the police based on information available a short time after the accident. This generally will not reflect the results of a medical examination, but may be influenced according to whether the casualty is hospitalised or not. Hospitalisation procedures will vary regionally.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)



Commentary

New provisional data for May and June 2020 shows a fall in killed or seriously injured casualties. This has been affected by the decrease in traffic on the roads during the Covid-19 pandemic. During peak lock-down in April 2020, there were only 9 killed or seriously injured casualties, compared with 35 in April 2019.

The 12 month rolling total of people killed or seriously injured to the end of July 2020 is now 324, compared with 385 for the same period of the previous year.

Provisional data shows that in July 2020 there were 2 fatalities and 29 serious casualties.

Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
2.0%	↓	0.1%	0.2%	Improving

RAG Rating

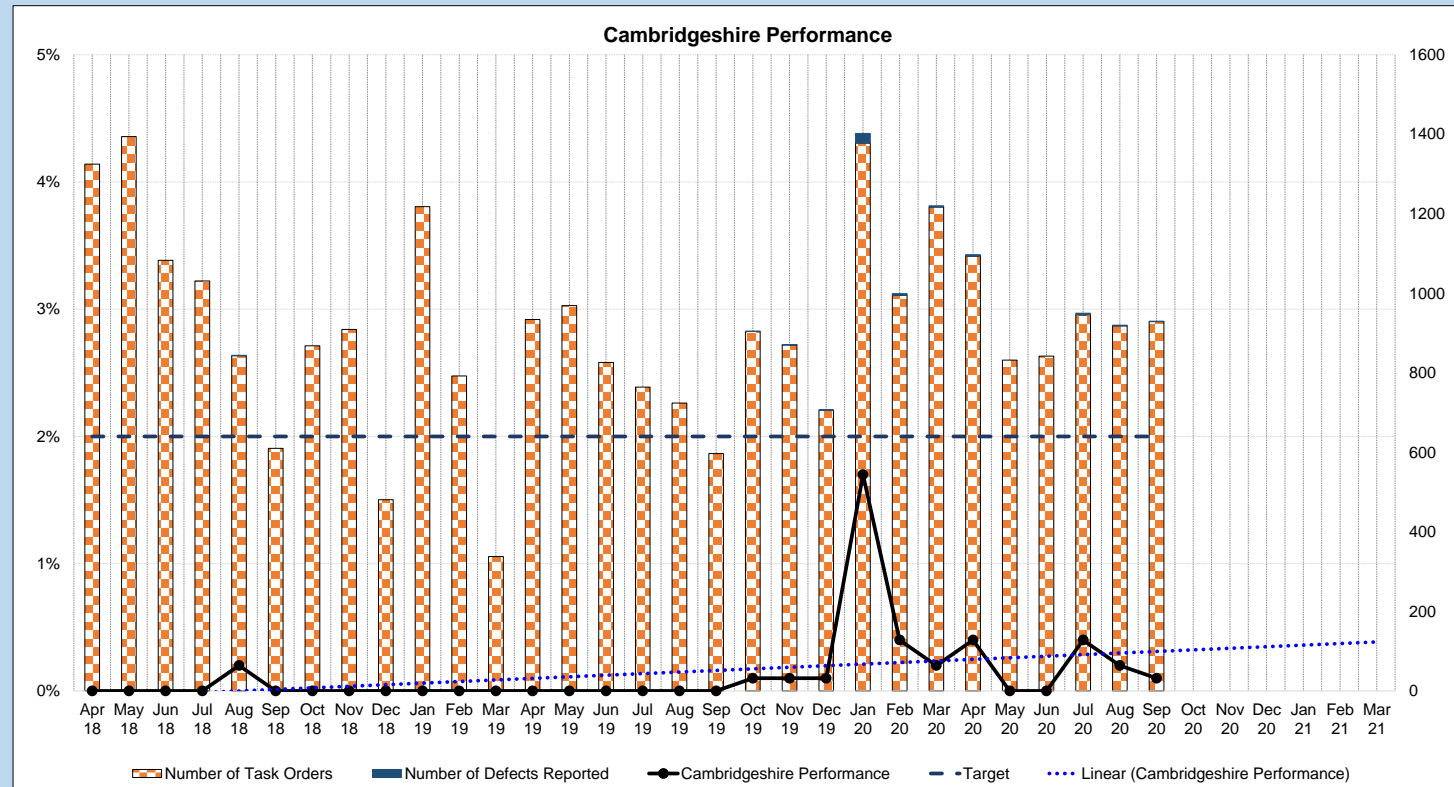
Blue

Indicator Description

This is a key indicator of the quality of highway repairs.

After any order completed by Skanska, the Cambridgeshire County Council officer who ordered it can inspect its quality. If the quality is not consistent with the specified standard, a defect certificate is raised. This key performance indicator measures the number of defect certificates raised. It is reported as a proportion of the total number of orders completed in a given month.

This is a local indicator and there are no statistical neighbour or England data to compare to.



Commentary

As a result of system training, the reporting of defects increased. This can be seen over the period from January 2020 through to March 2020 when Covid 19 affected services.

There were two failed inspections during August, therefore the monthly percentage of defect certificates is 0.2% of the total number of orders, significantly below the target which is set at 2%.

Useful Links

Actions

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
90%	↑	55.3%	53.6%	Improving

RAG Rating

Red

Indicator Description

This indicator shows the proportion of freedom of information requests received that are answered within 20 days each month.

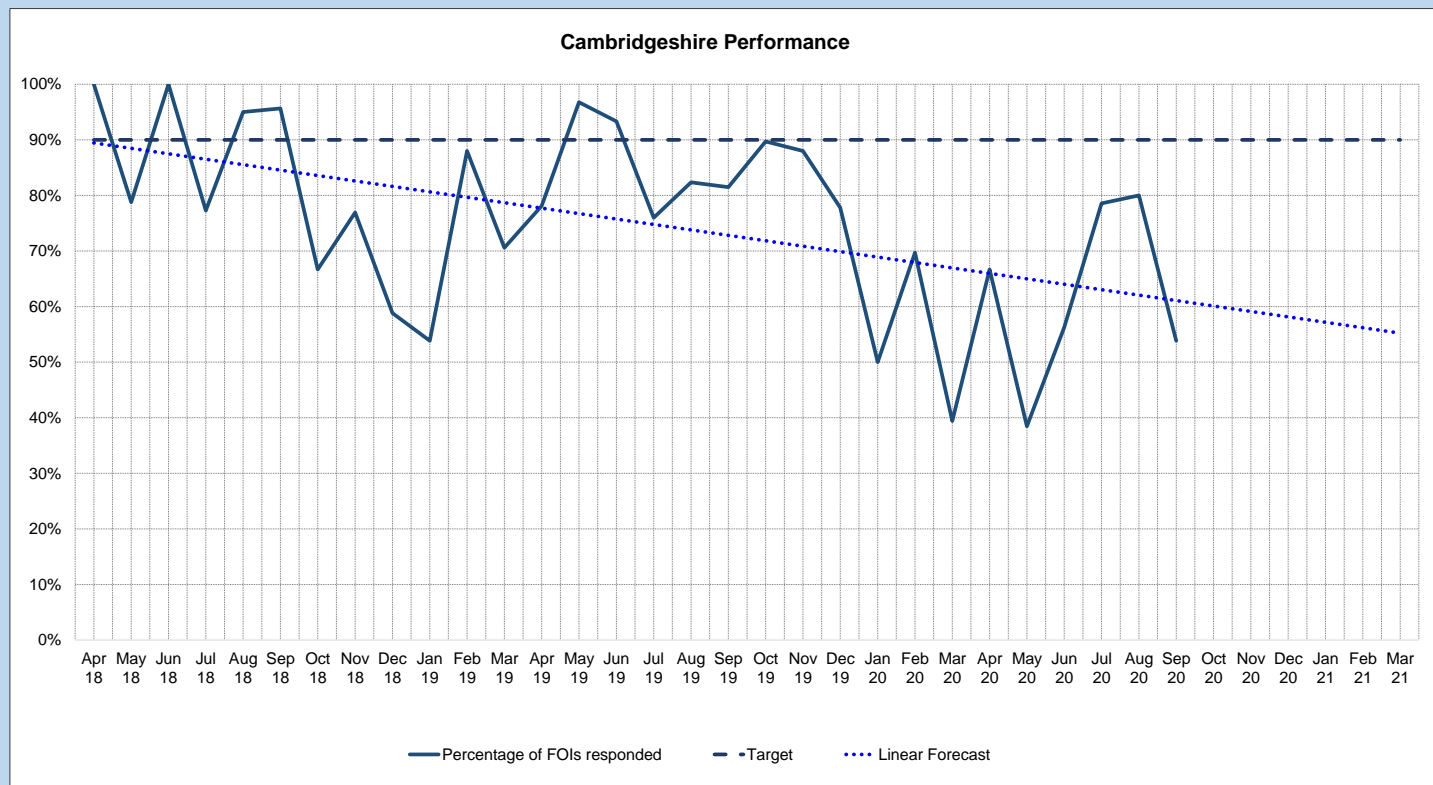
Anyone has a right to request information from a public authority. The council has two separate duties when responding to these requests:

1. to tell the applicant whether the Council holds any information falling within the scope of their request;
2. and to provide that information

The Council normally has 20 working days to respond to a request.

For a request to be valid under the Freedom of Information Act it must be in writing. However, requesters do not have to mention the Act or direct their request to a designated member of staff. Any letter or email to a public authority asking for information is a request for recorded information under the Act.

Useful Links



Commentary

A total of 26 freedom of information requests were received during September 2020. Of these, 14 were responded to within the 20 working day deadline. The response rate to freedom of information requests for the financial year to date is 62.6%, which is below the 90% target. Performance dipped during lockdown where staff were redeployed.

Actions

The directorate now tracks freedom of information requests. Freedom of Information requests have been reported into the Place & Economy Directorate Management Team since September in order to monitor progress. Performance since September 2020 has improved.

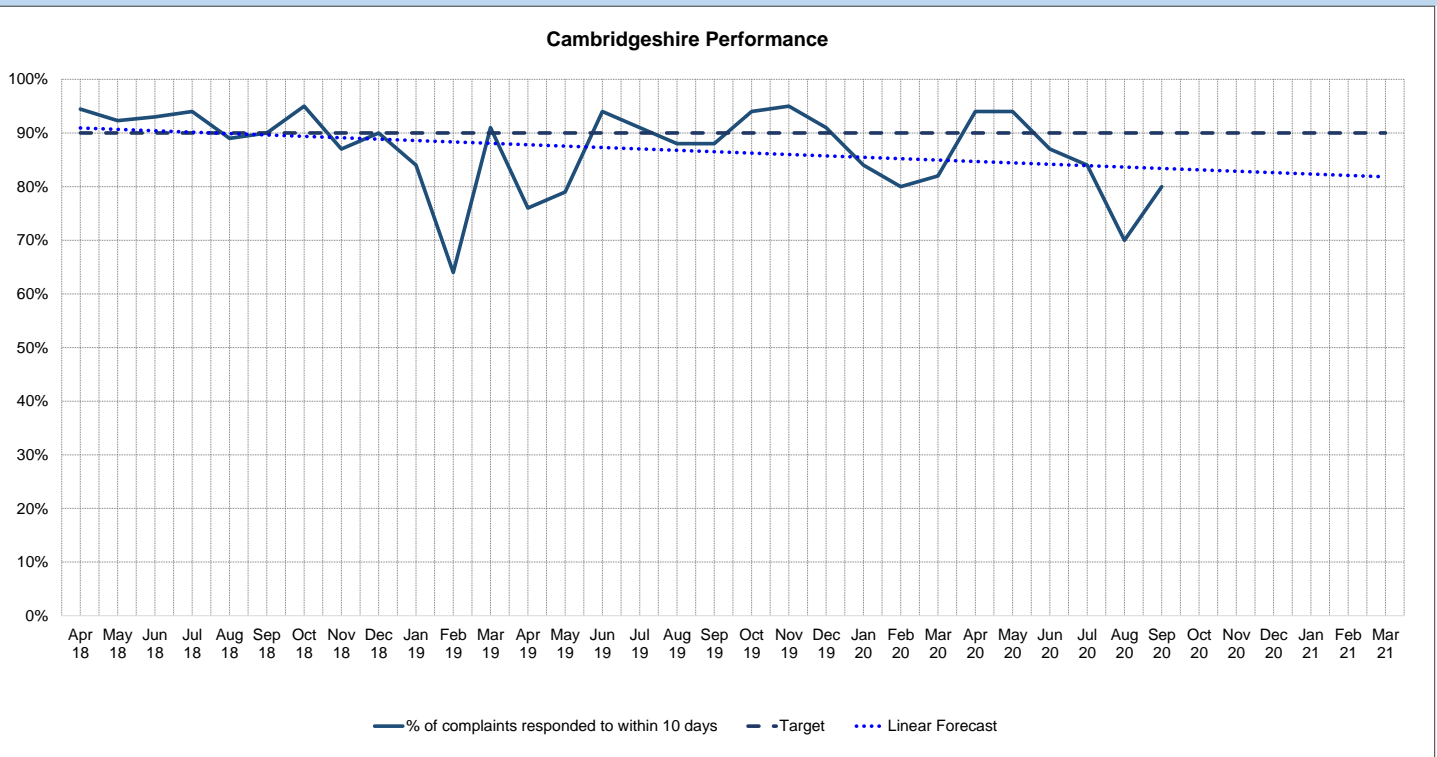
Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
90%	↑	79.2%	89.6%	Declining

RAG Rating

Red

Indicator Description

This indicator shows the proportion of complaints received that are answered within 10 days by the Place and Economy Service each month.



Commentary

Of the 63 complaints received for July, 53 were responded to within the 10 working days, giving an 84% pass rate. Of the 37 complaints received for August, 26 were responded to within the 10 working days, giving a 70% pass rate. Of the 49 complaints received for September, 39 were responded to within the 10 working days, giving an 80% pass rate. Performance dipped during lockdown where staff were redeployed.

Useful Links

Actions

The directorate now tracks complaints. Complaints have been reported into the Place & Economy Directorate Management Team since September in order to monitor progress. Performance since September 2020 has improved.

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
80.0%	↑	98.0%	99.0%	Declining
Statistical Neighbourhood Mean		England Mean		RAG rating
N/A		N/A		Blue

Indicator Description

This is an indicator for access to Sexual Health Services.

Fast access to sexual health services promotes good sexual health. This can help to reduce the chance of spreading sexually transmitted infections and reduce sexual health inequalities.

This measure is the percentage of those offered an appointment who then go on to be seen within 48 hours of contacting the service.

This is a British Association for Sexual health and HIV standard. It is also a recommended outcome within the Integrated Sexual Health Service National Specification template.

Calculation:

$(X/Y) \times 100$

Where:

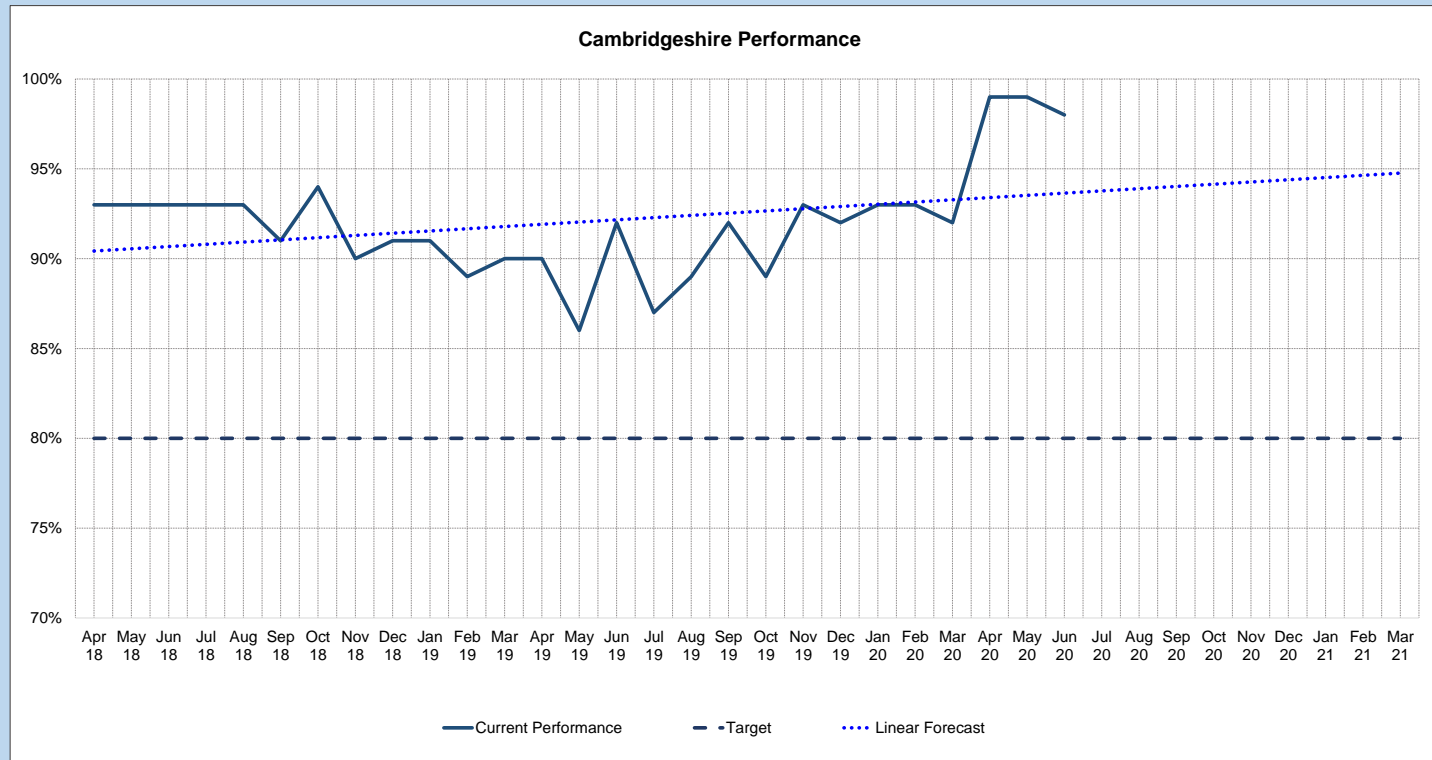
X: The number of people offered an appointment with a sexual health service seen within 48 hours.

Y: The number of people offered an appointment with a sexual health service.

Source: Integrated Sexual Health National Specification

Useful Links

- [The local area benchmarking tool from the Local Government Association](#)
- [Integrated Sexual Health national service specification from Public Health England](#)



Commentary

This target has consistently been met over the year. The dip in performance in March/April reflects the impact of COVID 19. However, since then the performance has recovered back to its former level.

Actions

Indicator 53: Number of NHS Health Checks completed

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
18000	↑	13766	10552	Improving
Statistical Neighbour Mean England Mean		RAG rating		
N/A		Red		

Indicator Description

The NHS Health Check is a national Programme. It provides a way of engaging people in early conversations about their health, risks and lifestyle changes. It is risk assessment for the early detection of risk factors relating to Diabetes, Hypertension and Cardiovascular Disease. It also provides an opportunity to discuss dementia awareness.

This is measured as the number of people aged between 40 and 74 years of age, without any diagnosed ongoing condition, who receive an NHS Health Check through their GP Practice or through the outreach NHS Health Checks. The latter are undertaken by the Lifestyle Services with hard to reach groups or populations with high rates of cardiovascular disease.

Targets are set based on the eligible population for an NHS Health Check. This is outlined in the NHS Health Check programme guidance. The local authority's Public Health Intelligence Team support with target setting across all GP practices.

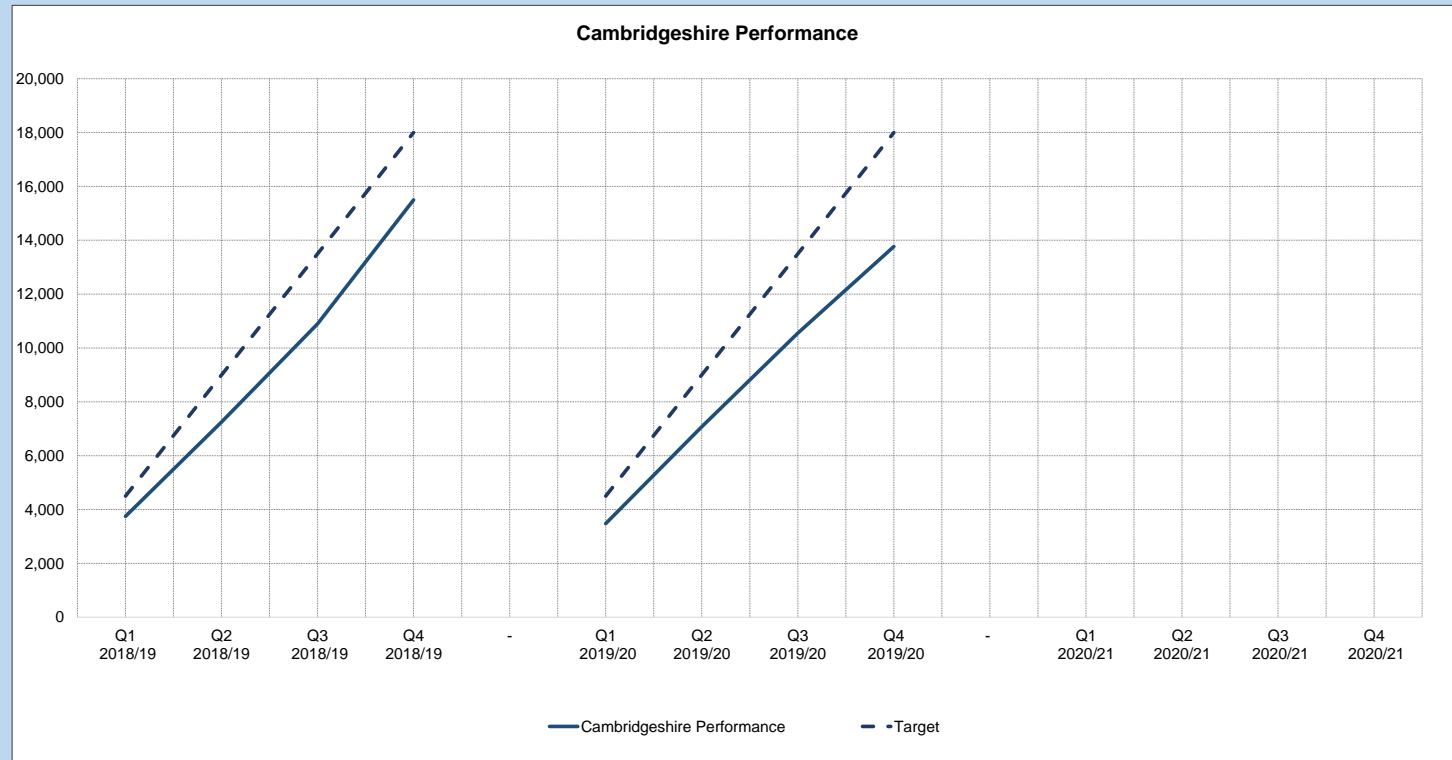
Calculation: Number of health checks completed within a financial quarter.

Source: NHS Health Check National Guidance

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Health Check National Guidance from the National Health Service](#)



Commentary

The end of year performance is lower this year at 76% (13,766) of the target. This is compared to 2018/2019 when 86% (15,498) of the target was achieved.

During quarter 4, data trawls in GP practices have been undertaken. In previous years, this has contributed to improvement in performance. However, during March, when the COVID 19 emergency situation started, practice activity decreased in terms of health checks completed and data processed. This has contributed to the decrease in activity this year. Nationally, the NHS Health Checks programme was paused due to COVID-19. As such, there is no data available for quarter 1 2020/2021. The Programme will resume in August 2020.

Actions

The NHS Health Check Programme is starting to resume in Primary Care from 1st August 2020.

Indicator 56: Smoking Cessation. Four week quitters

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
360	↑	217	112	Improving
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Red

Indicator Description

Smoking remains a Public Health priority area. It remains the main cause of preventable illness in England.

This indicator is calculated as the number of individuals accessing a stop smoking programme (through a GP, pharmacy or integrated lifestyle provider), who set a quit date which is followed by 4 weeks of an evidence based, structured, programme of support. The indicator refers to those who are confirmed as quitting after 4 weeks.

Targets are made by the Public Health Intelligence team. This is based on the national guidance and based on the estimated number of smokers.

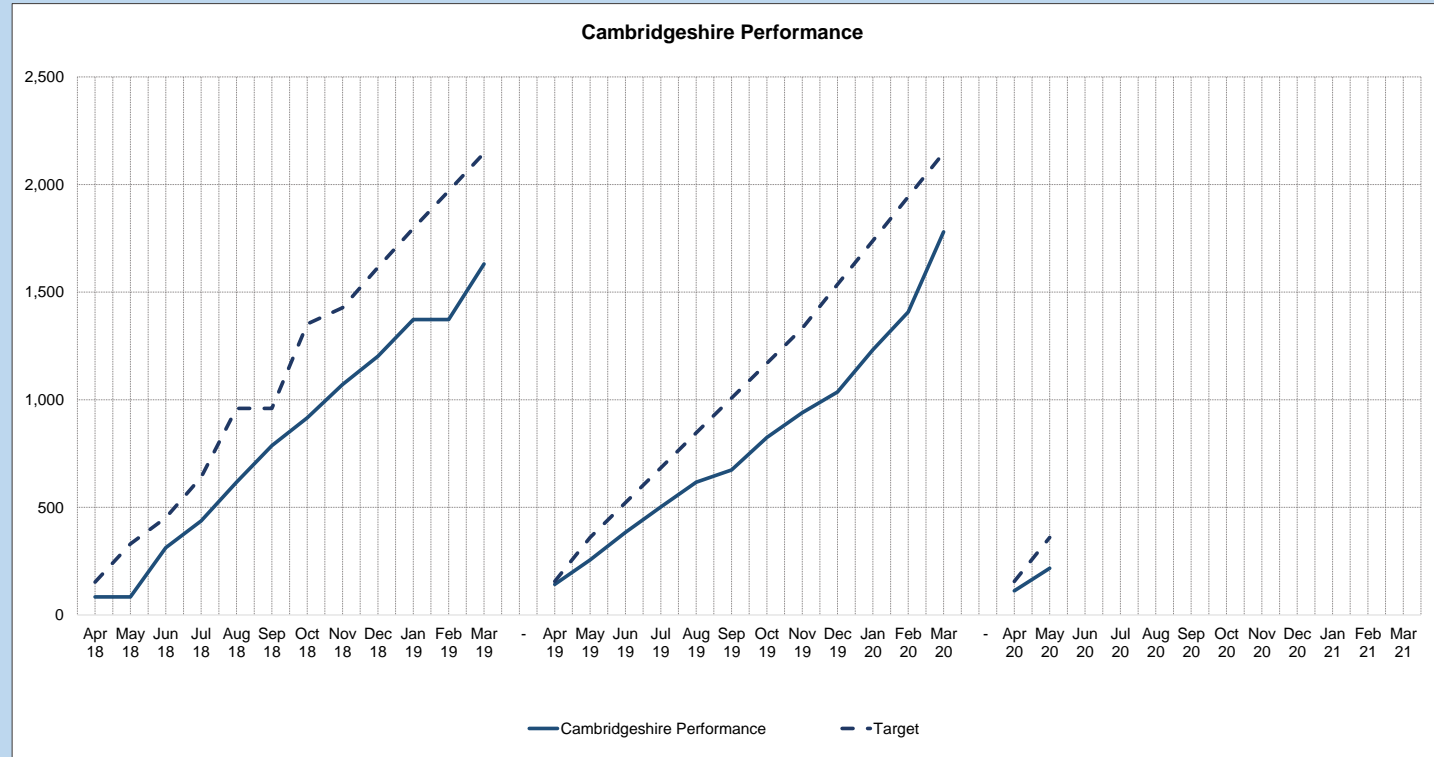
Calculation: Number of 4 week quitters.

Source: National Centre for Smoking Cessation and Training (NSCST) Stop Smoking Guidance

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[The National Institute for Health Care Excellence \(NICE\) stop smoking interventions guidelines](#)



Commentary

Stop Smoking performance data is always two months behind the reporting period. This is due to the intervention taking two months in total to complete. This means the complete quarter 1 data is not available at this time.

During quarter 1, when many practices had reduced activity, many clients were referred to the Lifestyle Services to receive virtual support. Due to this, overall performance has not dropped as expected. Clients provided positive feedback on the virtual service.

The Stop Smoking Services activity provided by GP practices has fallen in recent years. This is associated with competing pressures on GP staff. As a result, more activity has been diverted to the core service provided by the Integrated Lifestyle Service.

Actions

Lifestyle Service staff will continue to support GP practices. This has been achieved by ensuring their patients can have easy access to services, both in "safe" face to face contact and also virtually.

There have been number of promotional campaigns during quarter 1 that focused on the poorer outcomes from COVID 19 that are associated with smoking. These will be continued.

Indicator 57: Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
56.0%	↑	47.0%	55.0%	Declining
Statistical Neighbour Mean		England Mean (2017/18)		RAG Rating
49.0%		47.0%		Red

Indicator Description

There has been a lot of research published demonstrating the positive outcomes breastfeeding can have on mother and infant. It is recommended that mothers exclusively breastfeed. Breastmilk is associated with several benefits. These include a reduction in the risk of infections, obesity and diabetes in the infant, and a reduced risk of ovarian/breast cancer in the mother.

Breastfeeding is also known to have a positive impact on mother and infant attachment that can enhance the quality of relationships between parents and their babies. This will positively influence a child's future life chances.

Calculation:

$$(X/Y) \times 100$$

Where:

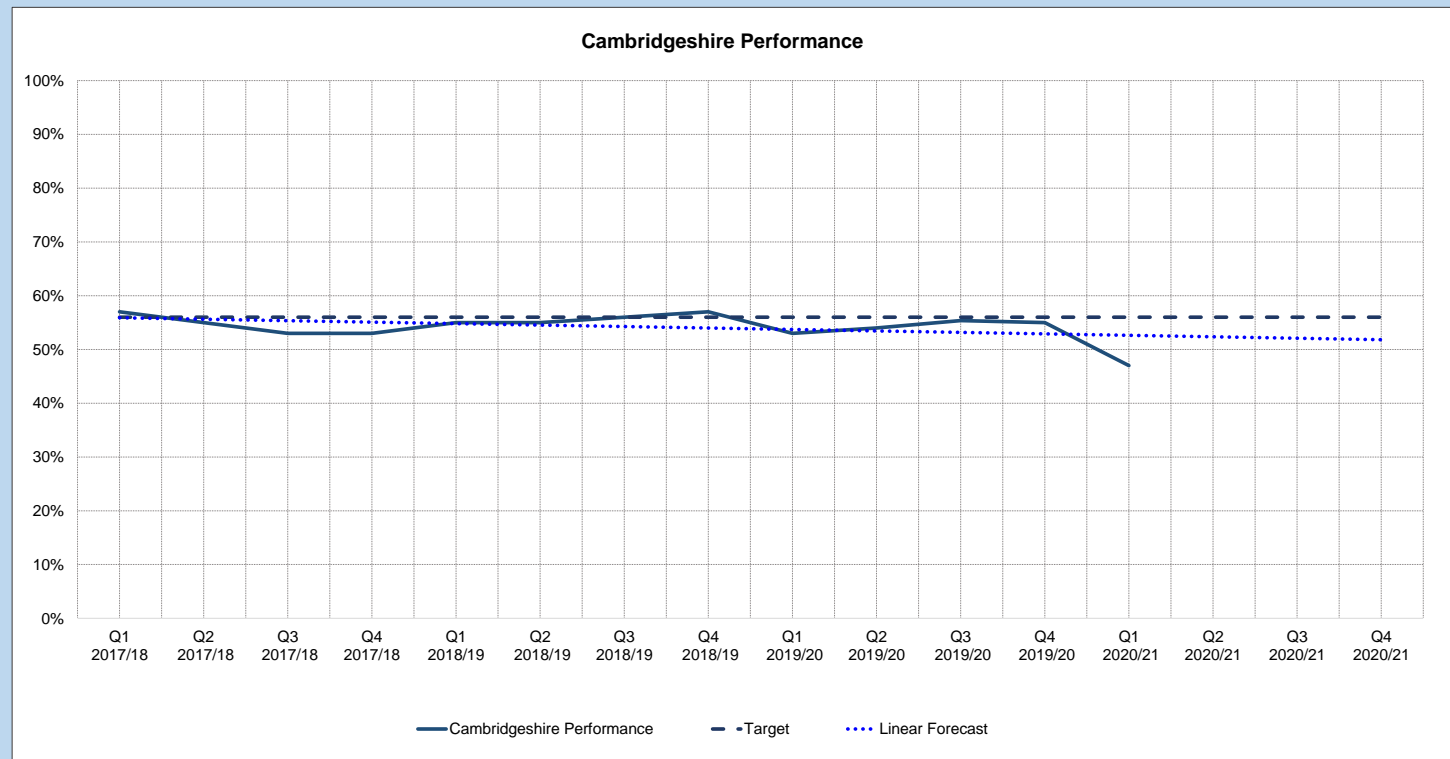
X = Number of infants recorded as being totally and partially breastfed at 6 to 8 weeks

Y = Total number of infants due 6 to 8 week check.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Public Health England breastfeeding statistics webpage](#)



Commentary

This is a challenging, locally set target. It considers the national average currently stands at 47%. County-wide performance breastfeeding statistics have seen a large reduction this quarter.

The Provider states that a reduction in 6 to 8 week contacts during the early part of lockdown has had a negative effect on the ability to record breastfeeding. Therefore, these figures need to be treated with caution as the decrease is attributed to status not being recorded, rather than an increase in women reporting not to be breastfeeding.

Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, vary greatly across the county. Broken down by districts, breastfeeding for quarter 1 stand at 59% in South Cambridgeshire, 60% in Cambridge City, 47% in Huntingdonshire, 41% in East Cambridgeshire, and 33% in Fenland.

The Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited. This shows quality of care in terms of support, advice and guidance offered to parents/carers. It also shows the excellent knowledge staff have in respect of responsive feeding.

Actions

To address low breastfeeding rates in Fenland, 2 new weekly infant feeding clinics have been set up in Wisbech and March. They help better support families experiencing difficulties. Along with support offered through Health Visitors, a new community breastfeeding peer support service has been commissioned. It is hoped this will improve breastfeeding initiation and duration rates across both Fenland and Peterborough to address inequalities. This came into effect from 1st April 2020.

Within the new contract, the Provider (National Childbirth Trust) will carry out an extensive co-production exercise with local families and stakeholders. This will find how best to support the unique needs of this community. The provider has said performance will improve from next quarter. This is due to the 6 to 8 week contact activity returning to normal.

Indicator 60: Health visiting mandated check. Percentage of children who received a 6 to 8 week review by 8 weeks

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
95.0%	↑	76.0%	92.0%	Declining
Statistical Neighbourhood Mean	England Mean (2017/18)	RAG Rating		
N/A	86.0%	Red		

Indicator Description

This visit is crucial for assessing the baby's growth and wellbeing. It also helps provide core health messages. These include breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such as sleep.

The Health Visitor will review their general health and provide contact details for local health clinics and children's centres where the mother can access a range of support. The visit, in addition to the 6 to 8 week medical review (which is often completed by the GP) forms part of the Child Surveillance Programme.

Calculation:

$$(X/Y)*100$$

Where:

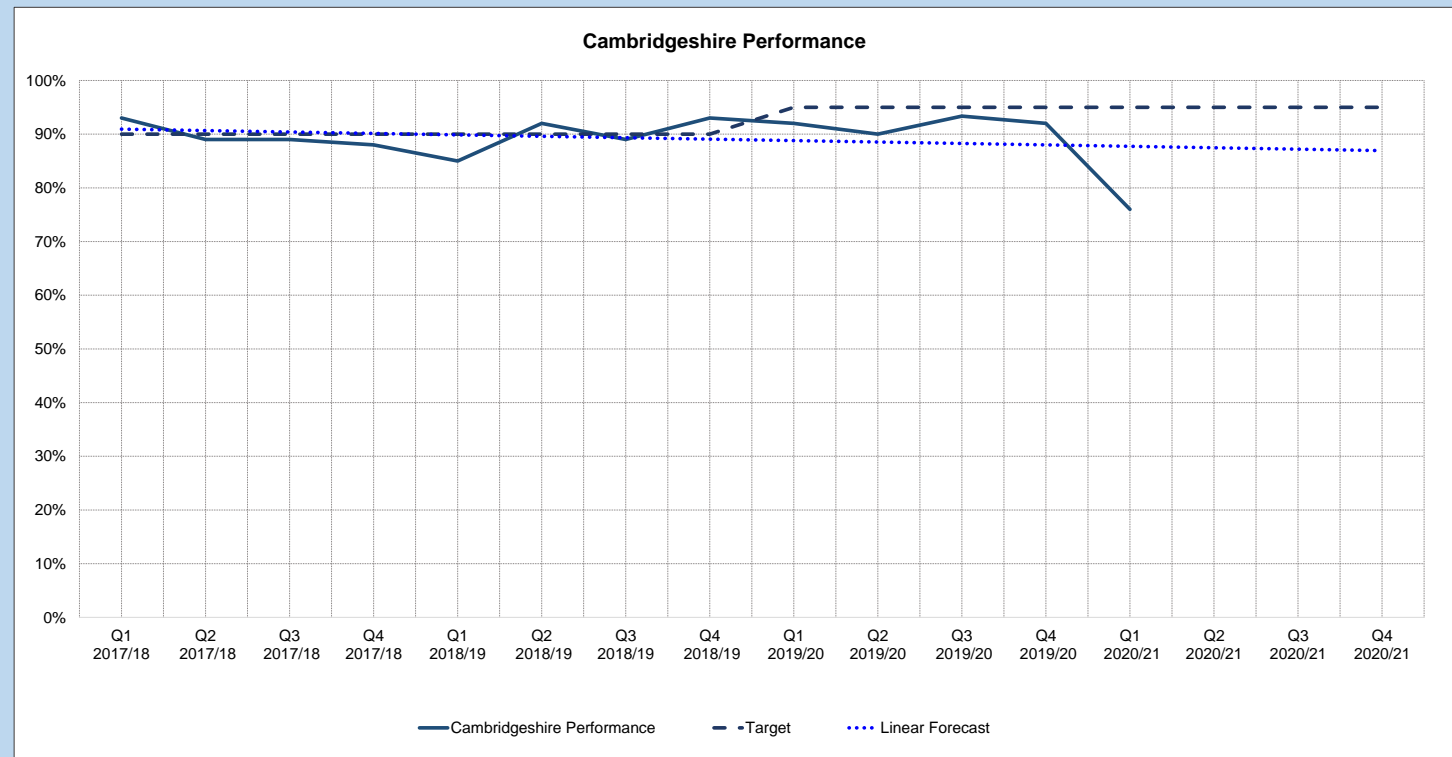
X = The number of children due a 6 to 8 weeks review by the end of the quarter who received a 6 to 8 weeks review by the time they turned 8 weeks.

Y = Total number of infants turning 8 weeks old during reporting period.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Public Health England health visitor service delivery statistics 2018 to 2019](#)

**Commentary**

Performance has decreased substantially compared to quarter 4. The RAG rating is now red across all localities. However, the Provider understands the importance of meeting this target to meet the requirements of Public Health England.

This decrease is attributed to the Covid 19 response. The national guidance does not prioritise this contact as an essential service. Whilst the Provider continued to complete this contact where possible, a combination of uncertainty of redeployment in the early days of the outbreak and lack of admin processes, resulted in a large decrease in performance. However, activity for June is an early sign that performance is improving. Also, several extra contacts will have been carried out after the 8 week target. Although, the exact figure is not currently reported.

There is an understanding that this is a challenging target to meet. Therefore, it has been agreed that if the provider can show the ability to provide a 95% 6 to 8 week Breastfeeding Coverage target, this could be scaled back to 90%, in line with the national target.

When district variability is considered, 86% of contacts were completed in Fenland, 79% in Huntingdonshire, 77% in South Cambridgeshire, 74% in Cambridge City and 67% in East Cambridgeshire.

Note. Due to Covid-19, most of these contacts were held virtually, either by telephone or video conferencing.

Actions

Commissioners have been told that performance for this indicator will recover to previous levels over the next quarter. However, this is subject to Covid 19 conditions and will continue to be monitored. Currently the Public Health England 0 to 5 Health Visitor metric submissions have been suspended.

Indicator 62: Health visiting mandated check. Percentage of children who received a 2 to 2.5 year review

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
90.0%	↑	73.0%	65.0%	Improving
Statistical Neighbourhood Mean		England Mean (2017/18)		RAG Rating
N/A		78.0%		Red

Indicator Description

The 2 year check includes the review with parents of the child's, emotional, social, behavioural and language development using the The Ages & Stages Questionnaires 3. The visit will respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education and the two year old funded offer, as well as general health promotion (dental health, healthy eating, injury and accident prevention, toilet training).

Calculation:

$(X/Y) * 100$

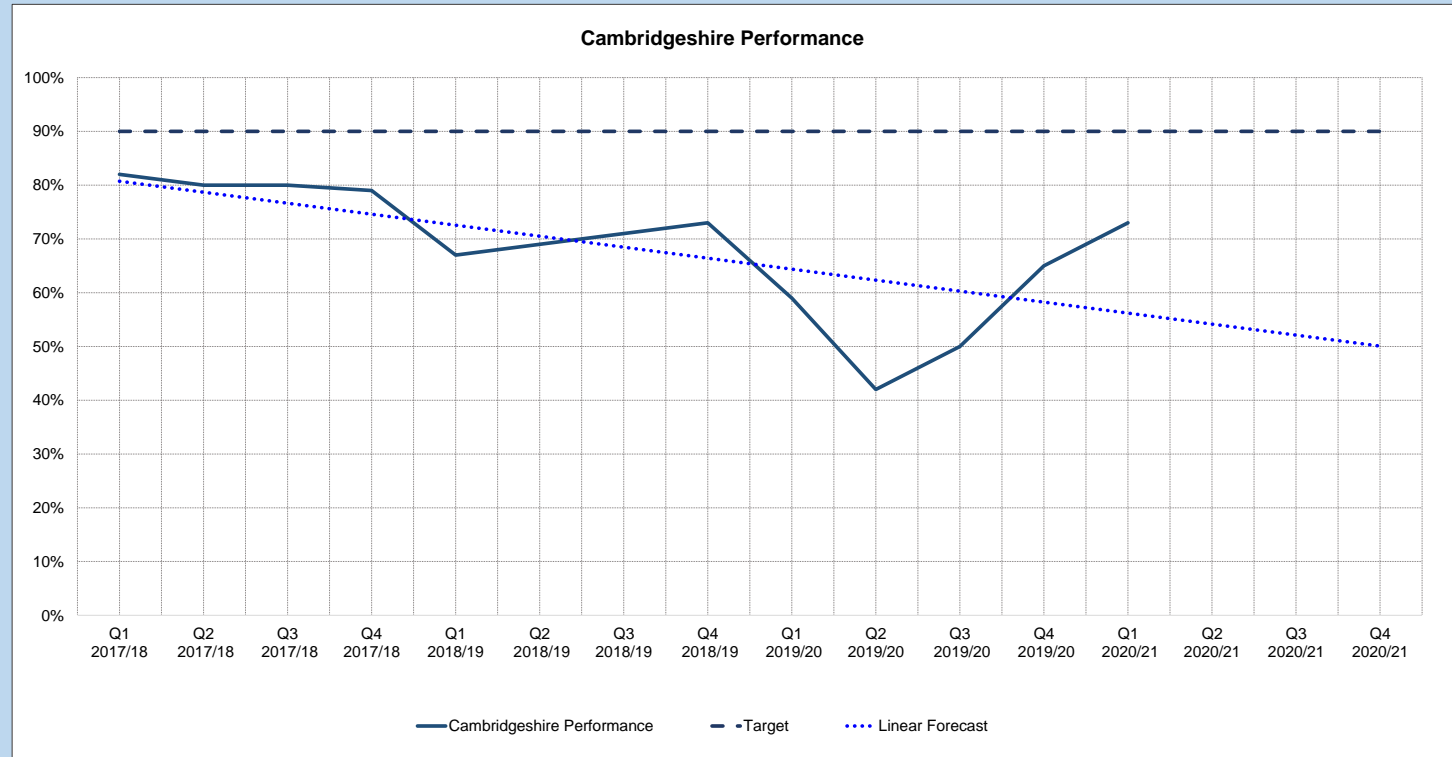
Where:

X = Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years of age.

Y = Total number of children who turned 2.5 years, in the appropriate quarter.

Useful Links

- [The local area benchmarking tool from the Local Government Association](#)
- [Public Health England health visitor service delivery statistics 2018 to 2019](#)



Commentary

Performance has further improved this quarter. The provider has achieved 73% of contacts, which again is commendable given the current circumstances.

Broken down to a district level, 59% of contacts were completed in Cambridge City, 69% in South Cambridgeshire, 71% in East Cambridgeshire, 78% in Fenland and 80% in Huntingdonshire.

If exception reporting is accounted for, performance would increase to 93%. This means that most families were offered a contact. This quarter it was reported that 198 reviews were not wanted and 336 were not attended.

Note. Due to Covid 19, most of these contacts were delivered virtually, either by telephone or video conferencing.

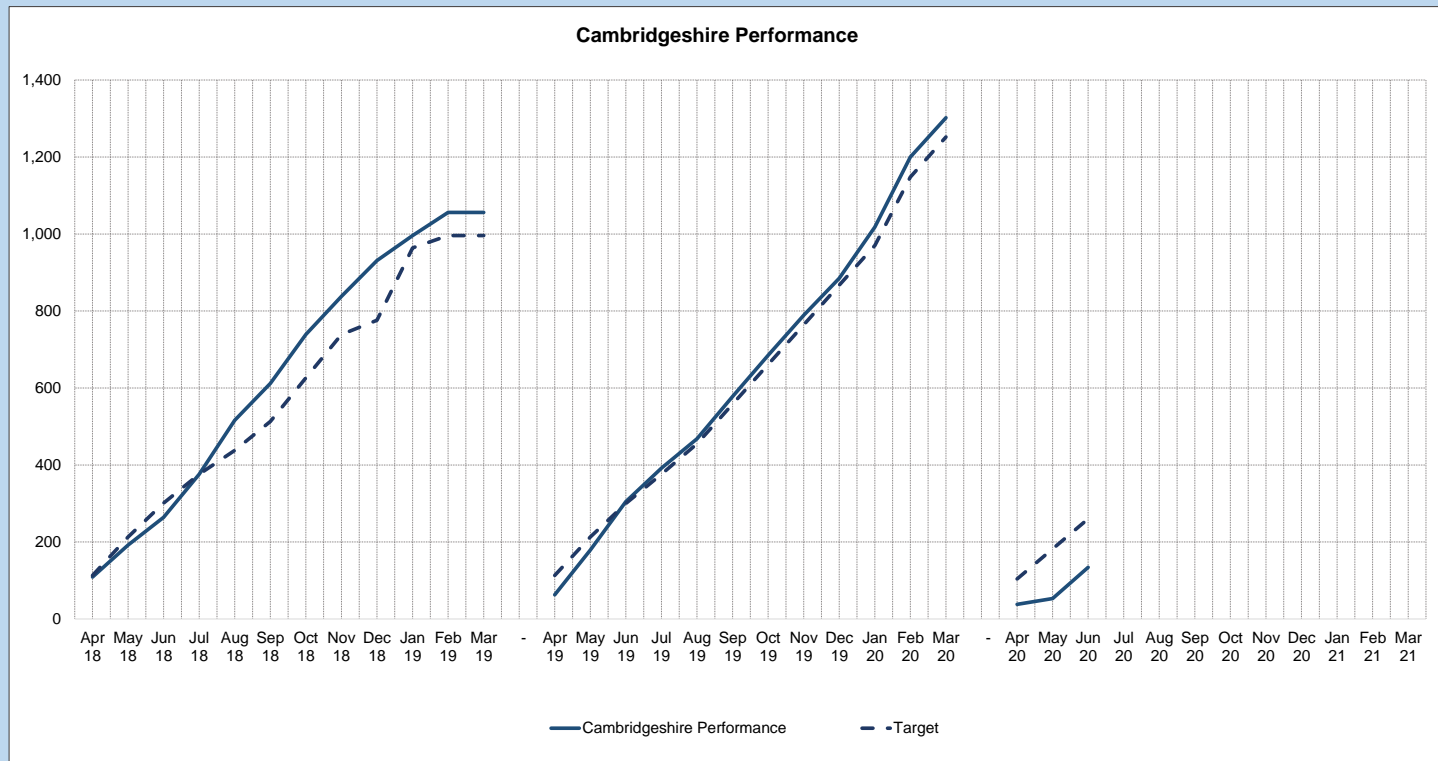
Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
260	↑	134	53	Improving
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Red

Indicator Description

Health Trainer Services provide evidence based behavioural change interventions. This supports individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service. These GP Service Health Trainers are located in the 20% most deprived areas in Cambridgeshire. Those supported by Health Trainers develop a Personal Health Plan with behavioural change goals.

This indicator refers to those who complete their Personal Health Plans.



Commentary

The impact of COVID 19 is reflected in the fall in performance. Previously, this was consistently above target. As face to face contact was stopped, it took several weeks to establish virtual consultations and it was difficult to recruit new clients. However, this has started to improve as services resume and new approaches to service delivery are being introduced.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

Actions

Referrals into the lifestyle service from Primary Care dramatically reduced during lockdown. Specific communications are being circulated to GP practices and Pharmacies to encourage them to start referring again.

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
136	↑	53	45	Improving
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Red

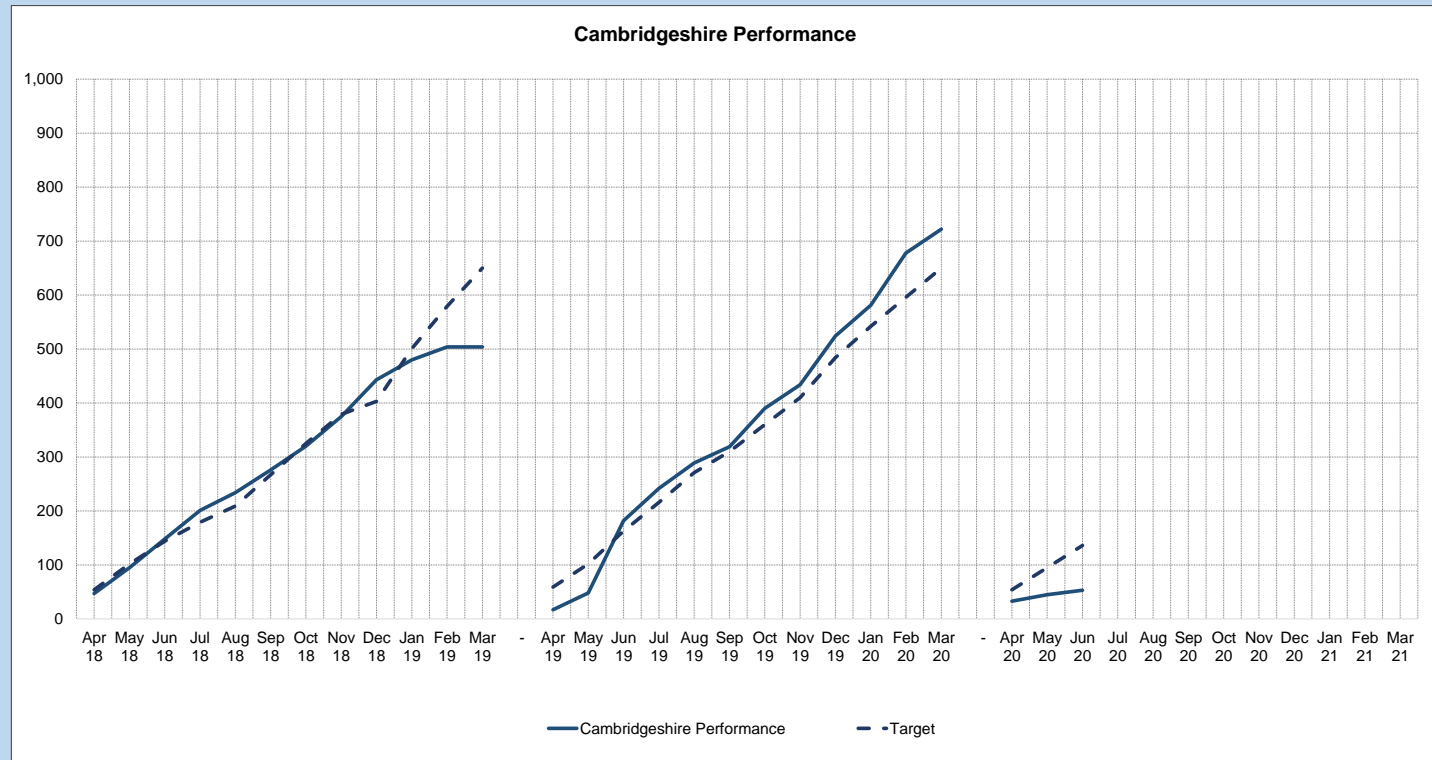
Indicator Description

Health Trainer Services provide evidence based behavioural change interventions. This supports individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service. These GP Service Health Trainers are located in the 20% most deprived areas in Cambridgeshire. Those supported by Health Trainers develop a Personal Health Plan with behavioural change goals.

This indicator refers to those who complete their Personal Health Plans.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)



Commentary

Performance has fallen in response to COVID 19. Previously, the service has consistently performed well. This fall in performance is due to the inability to have face to face contact and the reluctance of many clients to complete their interventions. Also, it has not been possible to validate any behavioural changes through contact. However, the situation is improving as services are resumed and new approaches to service delivery have been introduced.

Actions

Referrals into the lifestyle service from Primary Care dramatially reduced during lockdown. Specific communications are being circulated to GP practices and Pharmacies to encourage them to start referring again.

Indicator 82: Percentage of Tier 2 clients recruited who complete the course and achieve 5% weight loss

[Return to Index](#)

December 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
30.0%	↑	49.0%	42.0%	Improving
Statistical Neighbourhood Mean		England Mean		RAG rating
N/A		N/A		Blue

Indicator Description

Obesity is considered to be public health priority. It is a chronic condition associated with multiple risk factors such as type 2 diabetes or heart disease. The Tier 2 weight management services offers individuals a structured programme to make continued lifestyle changes.

This indicator shows the percentage of individuals completing a Tier 2 adult weight management intervention who have a weight loss of 5%.

NICE Public Health Guidance recommendation for Tier 2 adult weight management is that 30% of all participants lose 5% of their initial body weight, at the end of an evidence based structured intervention.

Calculation:

$$(X/Y)*100$$

Where:

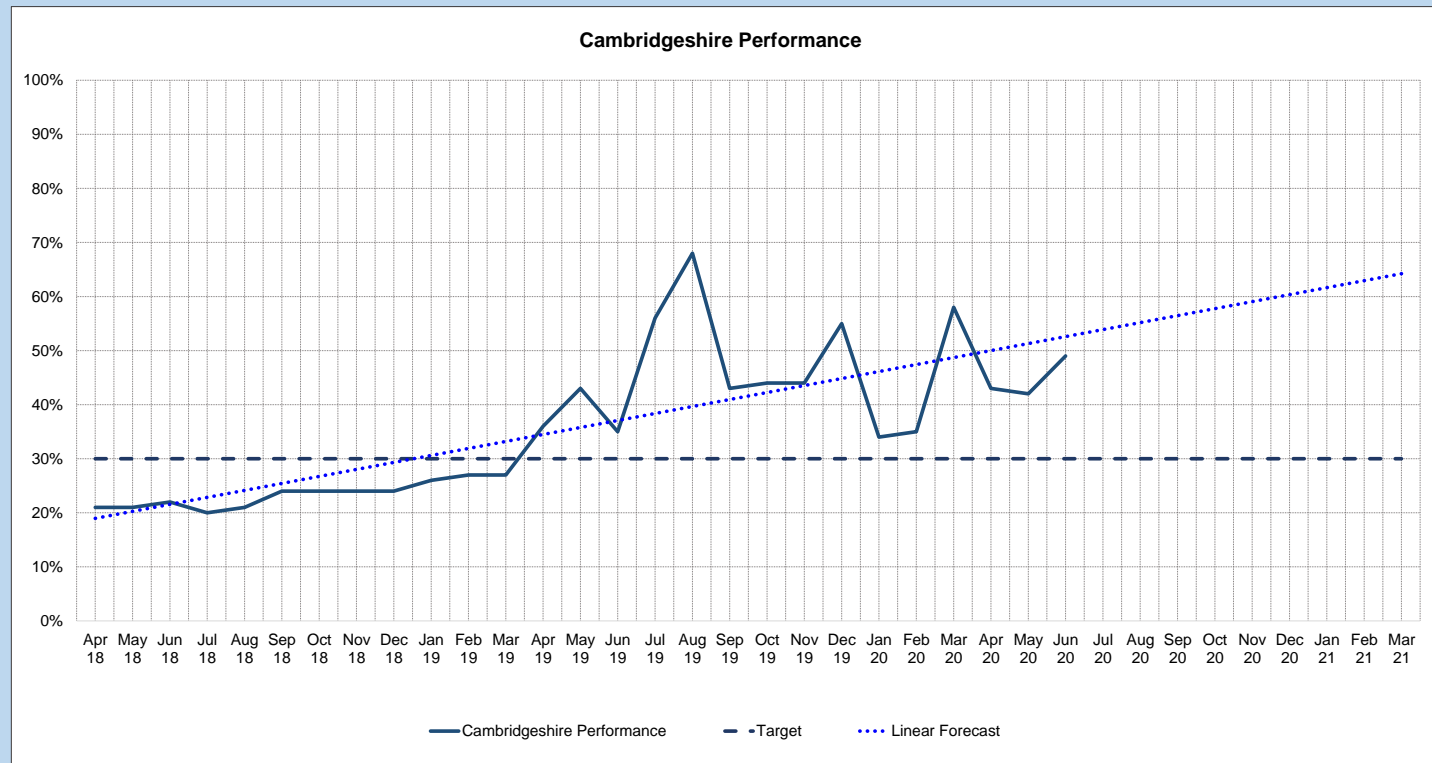
X = The number of Tier 2 clients recruited who complete the course and achieve 5% weight loss.

Y = the number of Tier 2 clients recruited.

Source: NHS Key Performance Indicators Tier 2.

Useful Links

- [The local area benchmarking tool from the Local Government Association](#)
- [National Institute for Health Care Excellence weight management public health guidelines](#)



Commentary

Performance has remained above target despite COVID 19 pressures. Although, weight loss was initially self reported due to not having any face to face contact.

Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
60.0%	↑	0.0%	0.0%	Unchanged
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Red

Indicator Description

Obesity is a chronic condition with multiple risk factors associated such as type 2 diabetes and heart disease. The Tier 3 weight management services offers individuals a structured programme to make continued lifestyle changes. This is a significant Public health Priority.

This indicator is measured as a percentage of individuals completing a Tier 3 weight management intervention who have a weight loss of 10%.

Public Health England recommendations for Tier 3 Adult Weight Management suggests that 30% of all participants will lose a minimum of 10% of their initial body weight, at the end of the active intervention.

Calculation:

$$(X/Y)*100$$

Where:

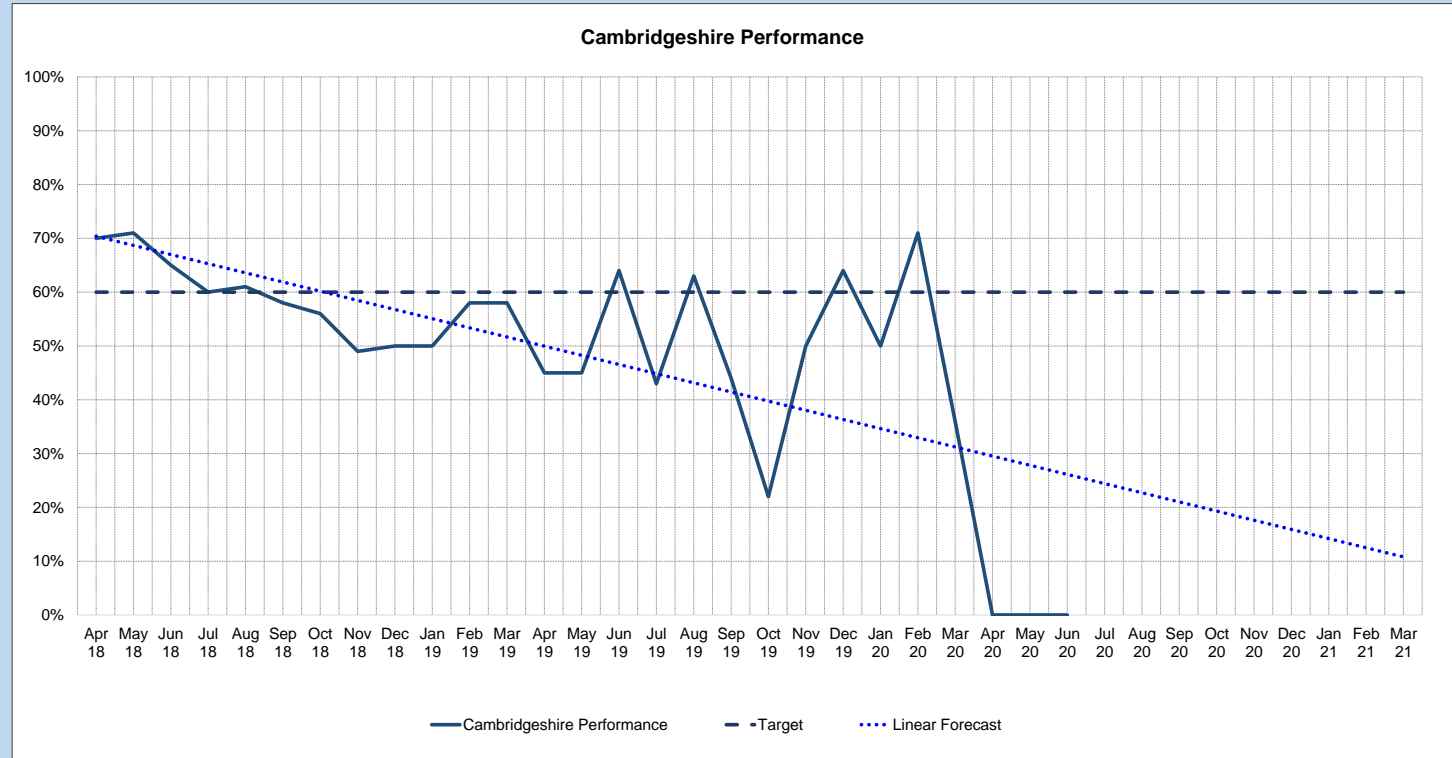
X = The number of Tier 3 clients recruited who complete the course and achieve 10% weight loss.

Y = the number of Tier 3 clients recruited.

Source: NHS Key Performance Indicators Tier 2: Qualitative insights into user experiences of tier 2 and tier 3 weight management services.

Useful Links

- [The local area benchmarking tool from the Local Government Association](#)
- [Insights into user experiences of tier 2 and tier 3 weight management services](#)



Commentary

The achievement of the Tier 3 weight management service target is challenging due to the complex needs of the patients. The Service is provided by Cambridge University Hospitals Foundation Trust. During the Covid 19 lockdown, the Hospital was not allowed to accept any new patients. Therefore, there was limited contact with patients.

Actions

The service has re-commenced and is being monitored closely. This is to ensure that patients who have complex needs are being treated and supported.

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
70	↑	98	77	Improving
Statistical Neighbour Mean England Mean		RAG rating		
N/A		Blue		

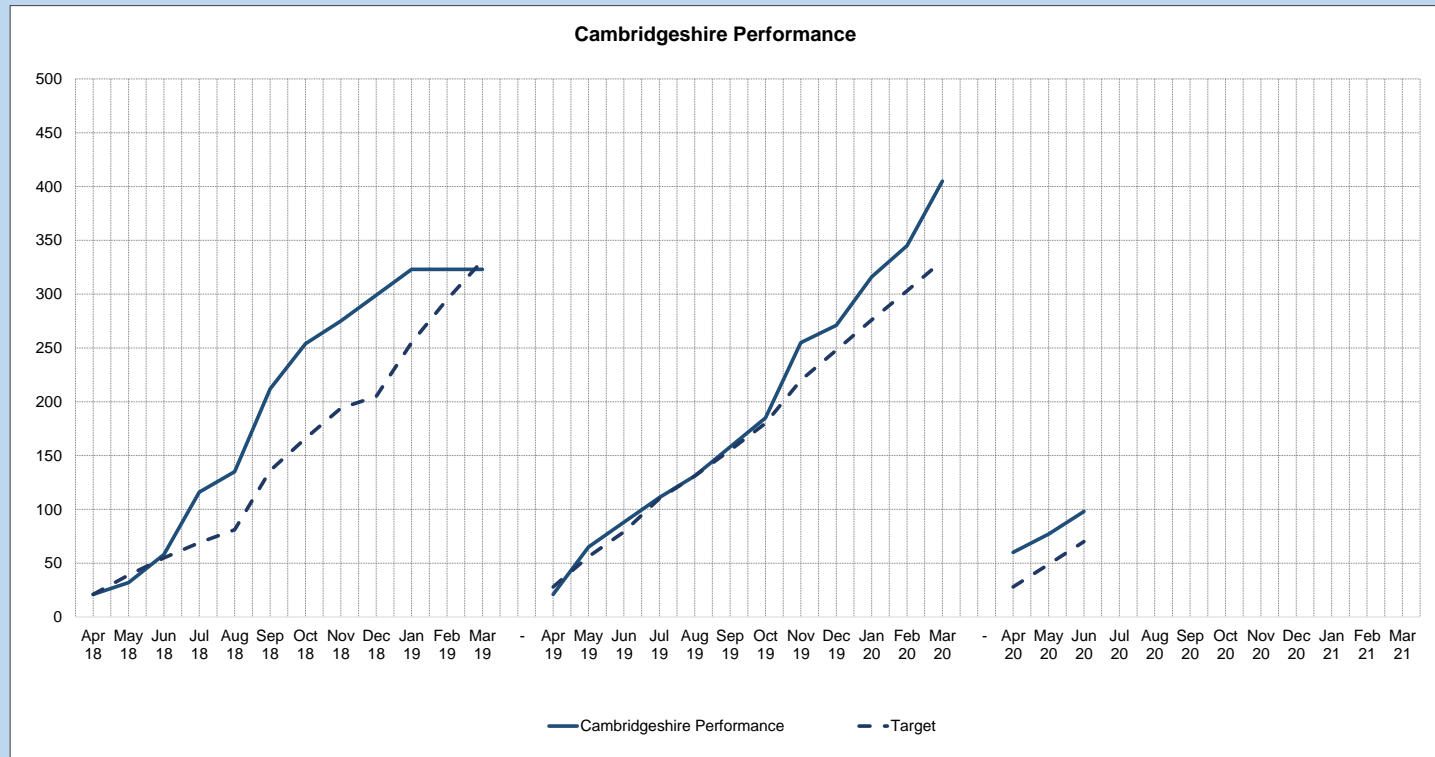
Indicator Description

Health Trainer Services provide evidence based behavioural change interventions. This supports individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service. These are specialist Health Trainers who provide evidence based interventions to those at risk of falling. Those supported by Specialist Falls Prevention Health Trainers develop a Personal Health Plan. This plan has behavioural change goals.

This measure refers to those who complete their Personal Health Plan.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)



Commentary

The target performance is being consistently achieved. This reflects the considerable amount of virtual support that was provided to clients during this period. This enabled clients to complete their Personal Health Plan that was set up 26 weeks before. The clients were willing to engage virtually as a result of the good relationships with the Health Trainer. These were established during support before lockdown. Clients were familiar with the exercises and confident to progress with virtual Health Trainer support. Face to face assessments were not undertaken.

Actions

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
21.1%	↑	15.4%	19.4%	Declining
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Red

Indicator Description

Baseline period: Completion period: 01/04/2017 to 31/03/2018
 Latest Period: Completion period: 01/04/2018 to 31/03/2019
 Benchmarking comparison: (all substance groups): Opiates, Non-opiates, Alcohol & Non-opiates and Alcohol.

Direction of travel: Current data measured against the baseline (B). Due to rounding small differences, it may not be visible in displayed percentages, but are taken into account in direction of travel calculation.

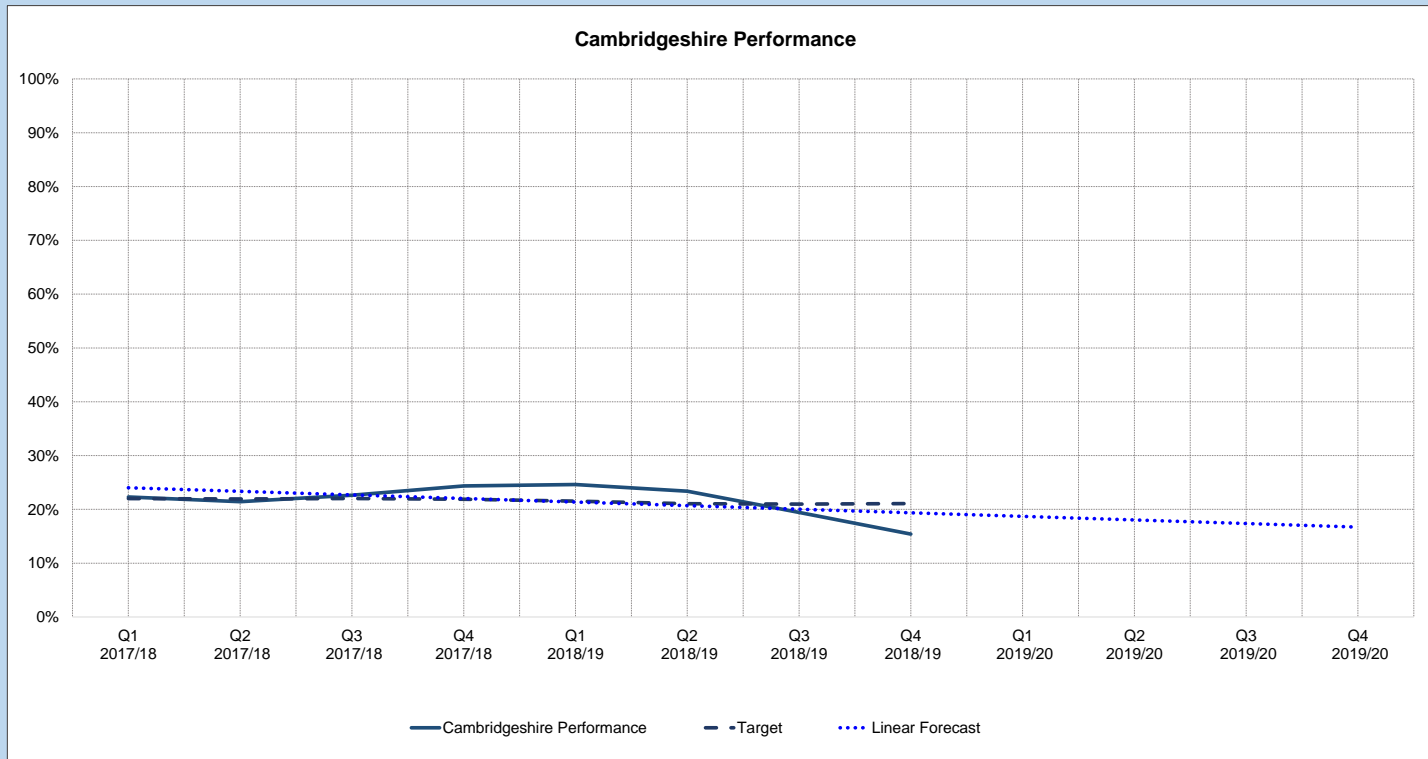
Calculation:

$(X/Y)*100$

Where:

X = Successful completions.

Y = Total individuals in treatment.



Commentary

The Adult Drug and Alcohol Treatment Service is provided by Change Grow Live. The Service provides data to the national reporting tool, the National Drug Treatment Monitoring System. However, this is only available for public viewing up to quarter 4 2018/19. Locally collected data is available, but there are variations between these and the national figures. Work is being undertaken to fully understand these variations. We aim be able to present more real time data in the next reporting period.

Following a competitive procurement, a new provider was commissioned. The new contract started in October 2018. The re-commissioning involved substantial restructuring of service delivery. This had a predicted impact on performance, which reached its lowest level in the summer of 2019. It has since started to stabilize.

Useful Links

[National Drug Treatment Monitoring System statistics webpage](#)

Actions

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
90.0%	↑	71.0%	76.0%	Declining

RAG Rating

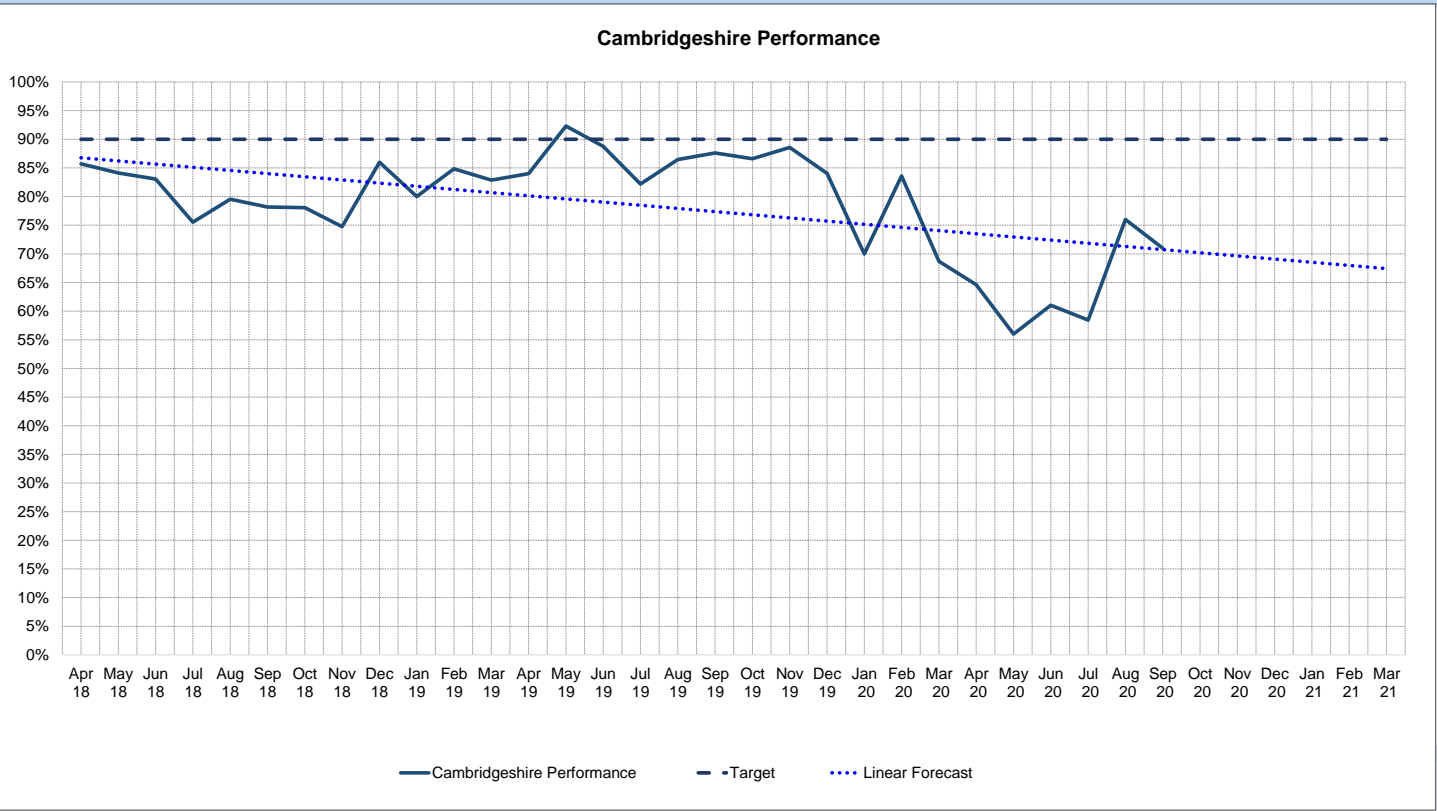
Red

Indicator Description

We have seen a sharp increase in the number of Freedom of Information requests and Subject Access Requests. This increase followed the changes to the General Data Protection Regulations introduced in May 2018.

The capacity required to process these has caused a backlog. We are monitoring to see if this increase is sustained.

Useful Links



Commentary

The performance of the team has been significantly impacted by the COVID 19 pandemic. The Joint Management Team took the decision in March that services should not work in buildings unless it was critical. This has impacted on the team being able to access or scan paper files. The Information Commissioner's Office made a statement that it understood that public authorities would prioritise critical service delivery over rights work. As such, they would manage the expectations of anyone complaining about a failure to respond within 20 working days. As a result, and to help those critical services, freedom of information requests were held back or internal timescales extended to help those services. This has meant that as we return to normality and complete outstanding requests from the period, many will have to be considered overdue because of the impact of the pandemic. We are progressing with a review of the service. We will be providing the Joint Management Team with an update as well as requesting assistance from them for the return to a sense of normality. However, we will see continue to see an impact on performance as we begin to clear the delayed freedom of information request responses.

Actions

A remedial action plan is in development to be presented to JMT which will related to the committee once available

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
80.0%	↑	63.0%	41.6%	Improving

RAG Rating

Red

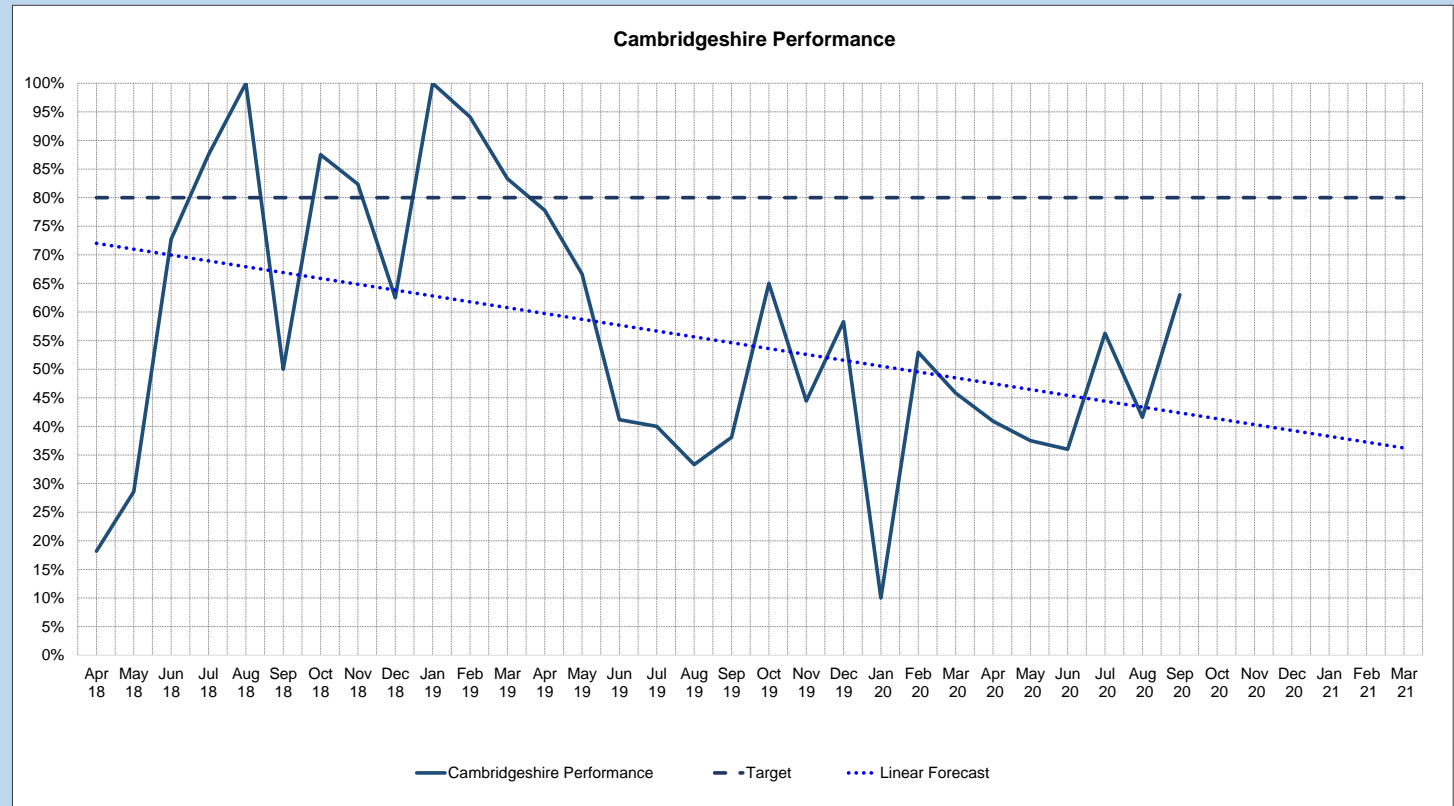
Indicator Description

We have seen a sharp increase in the number of Freedom of Information requests and Subject Access Requests. This increase followed the changes to the General Data Protection Regulations introduced in May 2018.

A Subject Access Request is a request by a member of public to release all the documentation we hold on them or their family. This can require the council to search archives and legacy business systems to retrieve documents. These archives can go back over many years.

The Information Commissioner recommends an organisation should aim for 80% of Subject Access Requests to be completed within the statutory timescales.

Useful Links



Commentary

The performance of the team has been significantly impacted by the COVID 19 pandemic. The Joint Management Team took the decision in March that services should not work in buildings unless it was critical. This has impacted on the team being able to access or scan paper files. The Information Commissioner's Office made a statement that it understood that public authorities would prioritise critical service delivery over rights work. As such, they would manage the expectations of anyone complaining about a failure to respond within a month. A service review report was taken to the Joint Management Team. A second paper has been submitted for the funding needed to provide specialist external companies to undertake work on the council's behalf. This will help to bring the overdue requests to conclusion. This has been agreed and we will be providing specialist services to deal with the overdue requests.

We are now progressing with a review of the service. We will provide the Joint Management Team with an update on the changes or resources required to make an impact.

Actions

A remedial action plan is in development. This will be presented to the Joint Management Team, which will related to the committee once available.

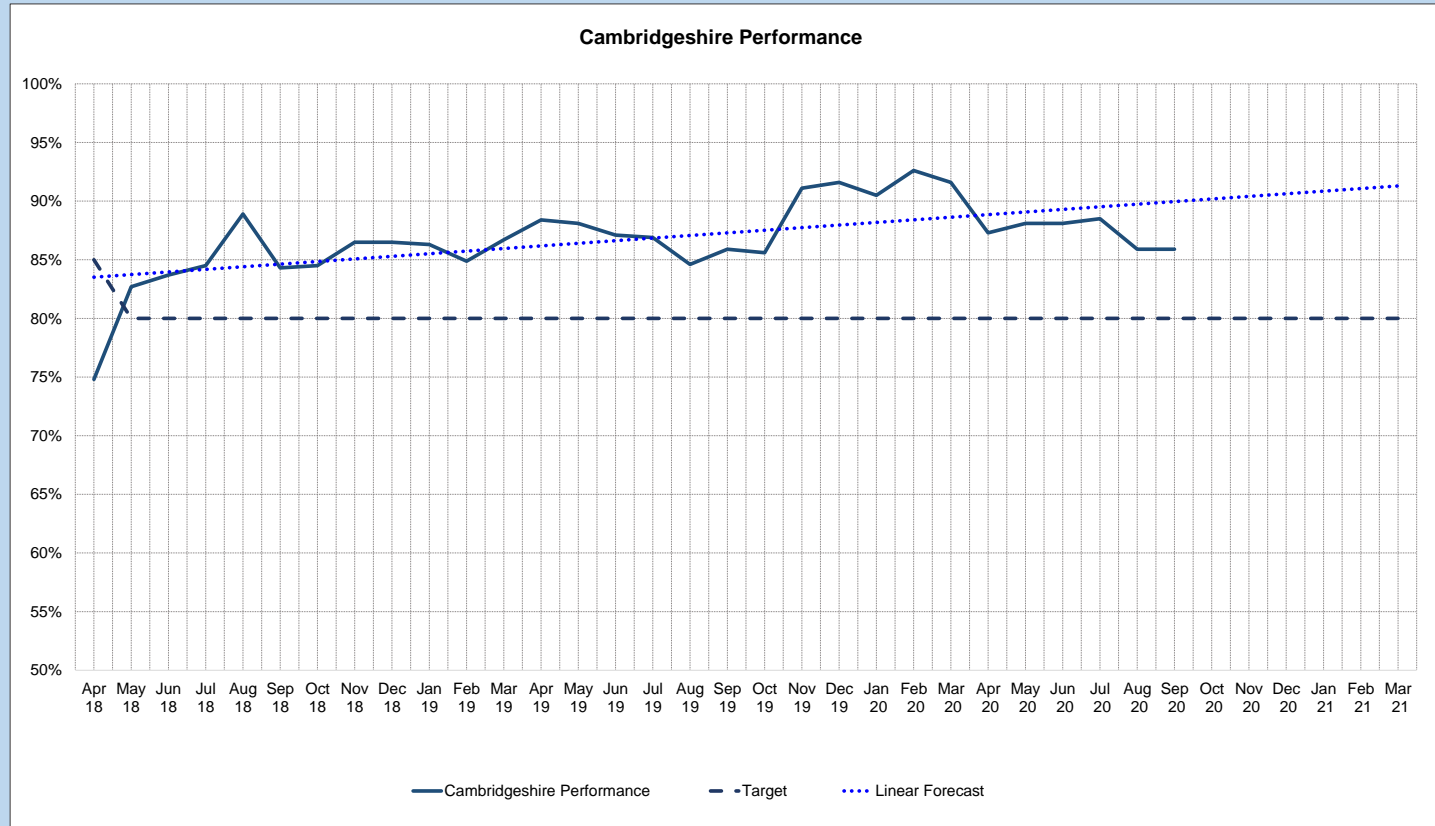
Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
80.0%	↑	85.9%	85.9%	Unchanged

RAG Rating

Blue

Indicator Description

Customer Services delivers a front facing service for customers. They can access seventeen county council services for Cambridgeshire and one service for Peterborough. Contacts are received through several channels. This indicator shows the number of information and advice enquiries resolved by customer services without needing to escalate to other council officers or teams.



Commentary

This target is being met and performance against this indicator is continually improving. This is a result of a close working relationship between Customer Services and the Communication and Information Team. Customer Services data is analysed to identify where digital content is missing or needs amendment. This is to make sure chances for customers to self-serve are maximised. It also makes sure call handlers can access relevant service information on request.

Actions

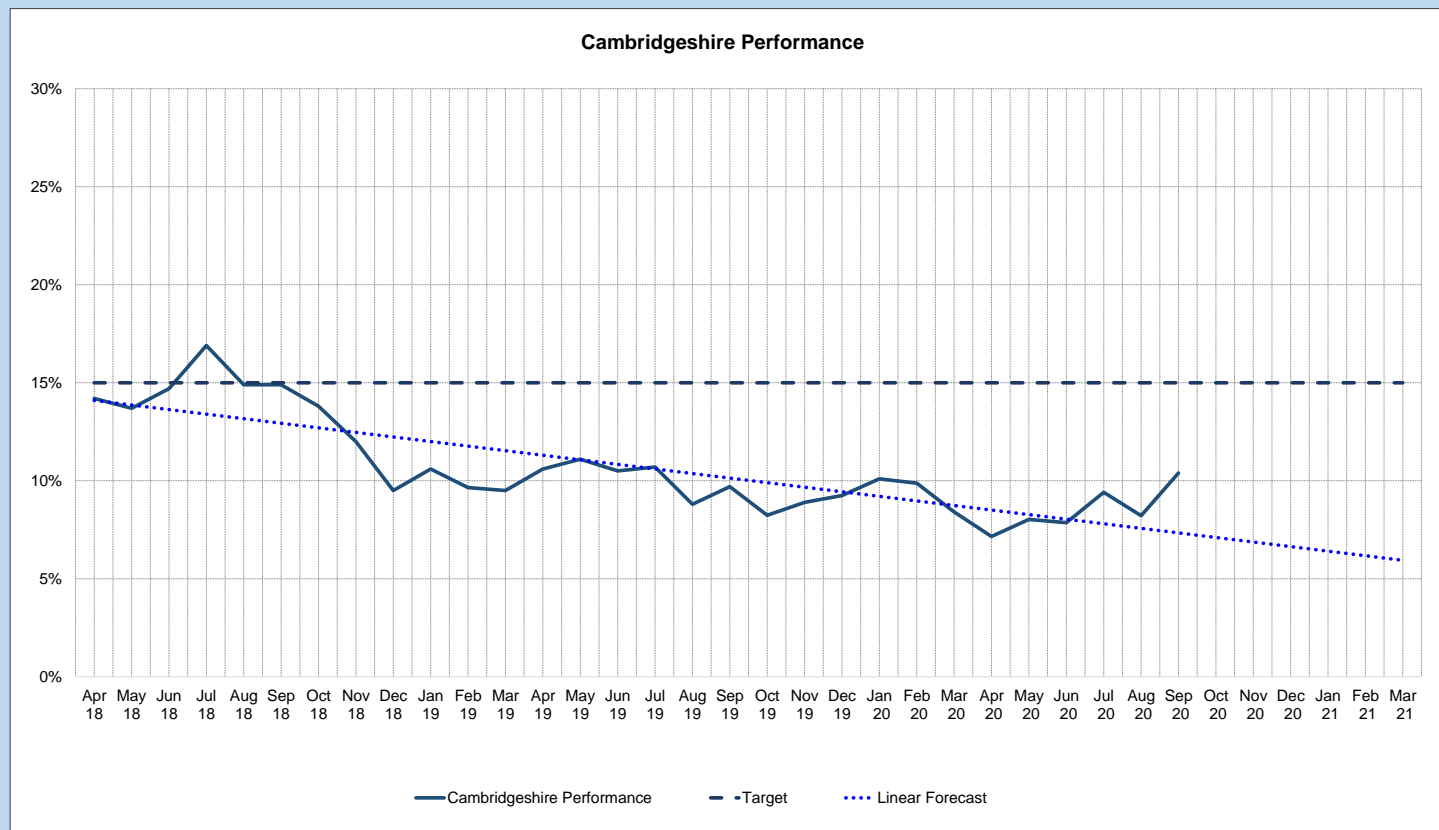
Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
15.0%	↓	10.4%	8.2%	Declining

RAG Rating

Blue

Indicator Description

This indicator shows the percentage of contacts received that could have been avoided. Customer Services log details of all enquiries received to analyse the data and make improvements to the service. This includes looking at details about why the customer contacted us and failure demand. One way of determining this is logging when avoidable contacts occur. The definition we use for an avoidable contact is 'When an external or internal customer has contacted us across any channel due to human error, or a system/process failure'.



Commentary

This target has been met consistently for the last 3 years. This is a result of the way in which data is being analysed within customer services and fed back to service areas in review meetings. This enables a focus on areas in which service improvements and the customer journey/experience can be improved. The messaging on the contact centre lines has been changed in line with our data findings. This ensures that requests for services, which fall outside of the remit of the county council, are quickly directed elsewhere.

Actions

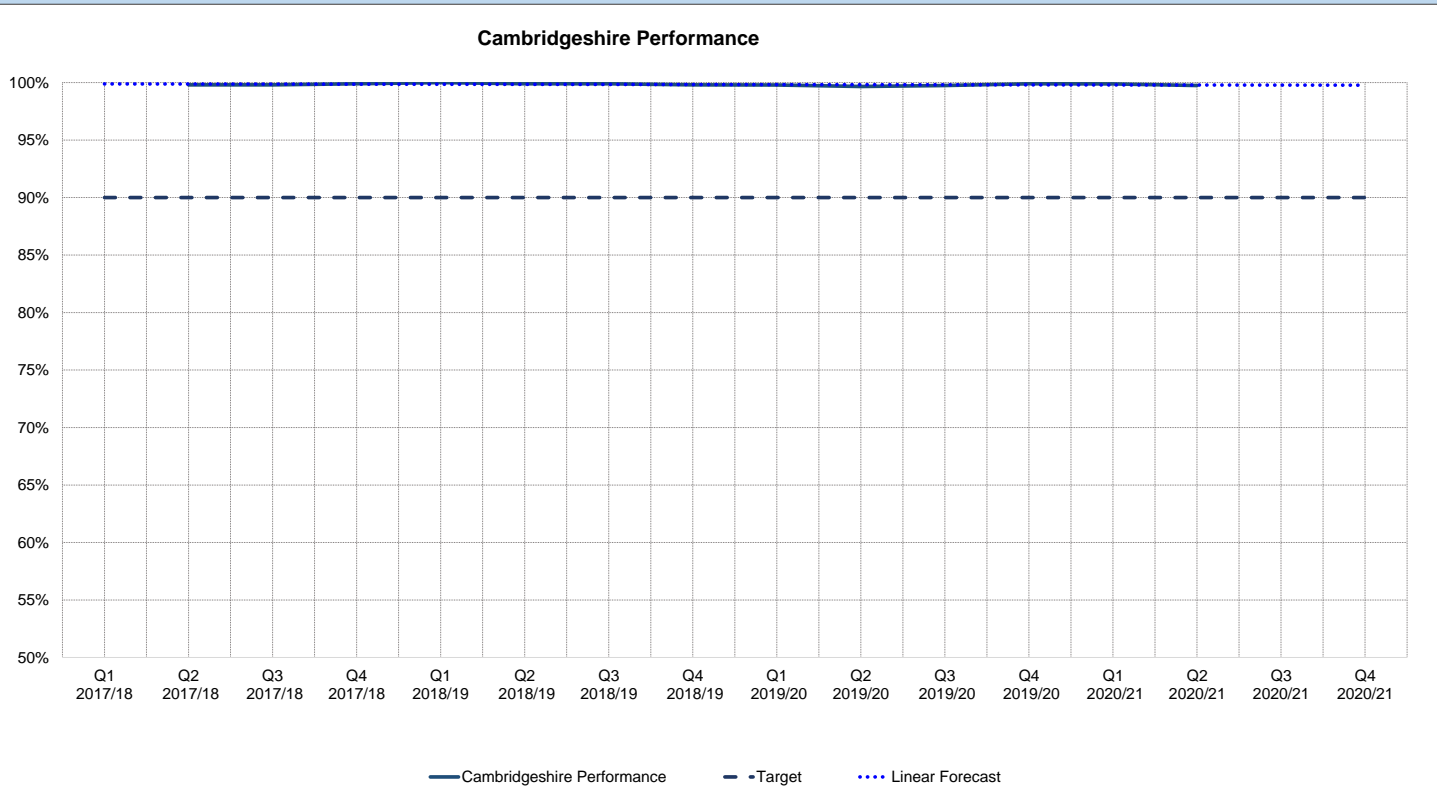
Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
90.0%	↑	99.7%	99.9%	Declining

RAG Rating

Blue

Indicator Description

The 'Universal Business System' covers a range of key business applications used across the council. These include Adults and Children's social care case management systems, the Council IT network, remote access systems and land and mobile telephone networks.



Commentary

Performance is above target

Actions

Actions