

# Adults and Health Committee

## Quarterly Performance Report



Quarter 3, 2025/26 Financial Year

Produced on: 19 February 2026

# Key

Data Item	Explanation
<b>Target / Pro Rata Target</b>	The target that has been set for the indicator, relevant for the reporting period
<b>Current Month / Current Period</b>	The latest performance figure relevant to the reporting period
<b>Previous Month / previous period</b>	The previously reported performance figure
<b>Direction for Improvement</b>	Indicates whether 'good' performance is a higher or a lower figure
<b>Change in Performance</b>	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
<b>Statistical Neighbours Mean</b>	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
<b>England Mean</b>	Provided as a point of comparison, based on the most recent nationally available data
<b>RAG Rating</b>	<ul style="list-style-type: none"> <li>• <b>Red</b> – current performance is off target by more than 10%</li> <li>• <b>Amber</b> – current performance is off target by 10% or less</li> <li>• <b>Green</b> – current performance is on target</li> <li>• <b>Baseline</b> – indicates performance is currently being tracked in order to inform the target setting process</li> <li>• <b>Contextual</b> – these measures track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.</li> <li>• <b>In Development</b> - measure has been agreed, but data collection and target setting are in development</li> </ul>
<b>Indicator Description</b>	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
<b>Commentary</b>	Provides a narrative to explain the changes in performance within the reporting period
<b>Actions</b>	Actions undertaken to address under-performance. Populated for 'red' indicators only
<b>Useful Links</b>	Provides links to relevant documentation, such as nationally available data and definitions

## Adults & Health Committee Scorecard

KPI	Target	Direction for Improvement	Performance (Current Period)	Performance (Previous Comparable Period)	Change in Performance	Frequency Reported	Last Updated	RAG Rating
A&H 001: Social Care Quality of Life Score (Score out of 24)	19.5	Higher is better	19.1	19.3	↓	Annually	2024/25	Amber
A&H 002: New client contacts, rate per 100,000 population (YTD)	Contextual	Contextual	3475.49	3435.31	↑	Quarterly	Q3 2025/26	Contextual
A&H 003: Requests from new clients where the outcome was short term support to maximise independence per 100,000 population (YTD)	495	Higher is better	571.8	565.7	↑	Quarterly	Q3 2025/26	Green
A&H 004: Long term support needs of adults (18-64) met by admission to residential and nursing care homes per 100,000 population (YTD)	5.63	Lower is better	7.71	9.11	↓	Quarterly	Q3 2025/26	Red
A&H 005: Long term support needs of adults (65+) met by admission to residential and nursing care homes per 100,000 population (YTD)	450	Lower is better	383.57	403.24	↓	Quarterly	Q3 2025/26	Green
A&H 006: Total people accessing long term support in the community aged 18-64, per 100,000 population	540	Higher is better	581.73	566.32	↑	Quarterly	Q3 2025/26	Green
A&H 007: Total people accessing long term support in the community aged 65+, per 100,000 population (YTD)	2500	Higher is better	2424	2503	↓	Quarterly	Q3 2025/26	Amber
A&H 008: Percentage of people in receipt of long-term support for more than 12 months that have received a review in the last 12 months (snapshot)	75%	Higher is better	56.59%	58.99%	↓	Quarterly	Q3 2025/26	Red
A&H 009: Percentage of safeguarding enquiries where risk has been removed or reduced (YTD)	90%	Higher is better	84.3%	85.1%	↓	Quarterly	Q3 2025/26	Amber
A&H 010: Number of carers assessed or reviewed per 100,000 population (YTD)	45	Higher is better	52.64	57.10	↓	Quarterly	Q3 2025/26	Green
A&H 011: Carers Conversations carried out (monthly average, YTD)	265	Higher is better	327.89	320.17	↑	Quarterly	Q3 2025/26	Green
A&H 012: Proportion of people using social care who receive direct payments as part of self directed support (Adults receiving direct payments) (snapshot)	19%	Higher is better	17.47%	17.08%	↑	Quarterly	Q3 2025/26	Amber
A&H 013: Percentage of Cambridgeshire Care Homes rated good or outstanding by CQC (ASCOF 6B)	80%	Higher is better	81.2%	81.2%	→	Quarterly	Q3 2025/26	Green

## Adults & Health Committee Scorecard

KPI	Target	Direction for Improvement	Performance (Current Period)	Performance (Previous Period)	Change in Performance	Frequency Reported	Last Updated	RAG Rating
A&H 014: Percentage of children in 20% most deprived areas achieving a good level of development at age 2-2 ½ years	TBC	Higher is better	In Development					
A&H 015: Percentage of children with free school meal status achieving a good level of development at the end of Reception in Cambridgeshire	51.3%	Higher is better	45.9%	40.5%	↑	Annually	2024/25	Red
A&H 016: Percentage of overweight or obese year 6 pupils living in 20% most deprived areas of Cambridgeshire	21.1%	Lower is better	28.0%	26.3%	↑	Annually	2024/25	Red
A&H 017: Percentage of New Birth Visits completed (within timescales and total)	95%	Higher is better	94.0%	94.0%	↑	Quarterly	Q2 2025/56	Amber
A&H 018: The percentage of smoking cessation service users who quit for at least 4 weeks as part of a structured quit attempt	50%	Higher is Better	50.0%	47.0%	→	Quarterly	Q1 2025/26	Green
A&H 019: Achievement against target for completed NHS Health Checks	67.5%	Higher is Better	60.0%	60.0%	↓	Quarterly	Q2 2025/56	Red
A&H 020: Emergency hospital admissions due to falls in people aged 65 and over per 100,000 population	1984	Lower is Better	2050	2033	↑	Annually	2023/24	Amber
A&H 021: Sexual Health - HIV late diagnosis in people first diagnosed with HIV in UK	43.3%	Lower is Better	49.0%	53.5%	↓	Annually	2022/24	Red
A&H 022: Behaviour Change Service: percentage achievement against target for adult referrals to the service received from the 20% most deprived areas	30%	Higher is Better	30.0%	29.0%	↑	Quarterly	Q2 2025/26	Green
A&H 023: Proportion of those in drug and alcohol treatment services who are making substantial progress (complete treatment successfully, are drug free or have a sustained reduction in drug use)	46.4%	Higher is Better	47.6%	47.2%	↑	Quarterly	Q1 2025/26	Green

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
19.5	↑	19.1	19.3	Declining

RAG Rating

Amber

**Indicator Description**

This metric gives an overarching view of the quality of life of people who draw on social care. It is based on the outcome domains of social care-related quality of life identified in the adult social care outcomes toolkit (ASCOT) developed by the Personal Social Services Research Unit.

This measure is an average quality of life score based on responses to the Adult Social Care Survey (ASCS). It is a composite measure using responses to survey questions covering the 8 domains identified in the ASCOT:

- control
- dignity
- personal care
- food and nutrition
- safety
- occupation
- social participation
- accommodation

For further details of the methodology used to calculate this indicator, please refer to the ASCOF handbook 2024/25, linked below.

**Useful Links**

- [Measures from the Adult Social Care Outcomes Framework](#)
- [ASCOF Handbook of Definitions 2024-25](#)



**Commentary**

Results for the 24/25 Adult Social Care survey were published in December 2025 with the Social Care Quality of Life score for Cambridgeshire reducing from 19.3 to 19.1. However, this is in line with a reduction seen across both Peer Neighbours (19.05) and England (19) comparators and the decrease is not statistically significant. Cambridgeshire is ranked 65 out of 153 Councils where a lower rank is better.

**Path to Green**

The target for this indicator is currently under review following the publication of recent results. The Quality of Life Score is a composite measure of responses to questions across 8 domains and the individual results are being reviewed to give more context to the overall score and further work will result from this with our lived experience Partnership Boards and commissioned providers. The 25/26 annual ASC Survey will be completed by May 2026 with results from the survey are expected to be published in October 2026.

<b>Pro Rata Target</b>	<b>Direction for Improvement</b>	<b>Current Quarter</b>	<b>Same Quarter Last Year</b>	<b>Change in Performance</b>
Contextual	Contextual	3475.49	3435.31	Contextual
<b>Statistical Neighbour Mean*</b>		<b>England Mean*</b>		<b>RAG Rating</b>
3374.1		3353.5		Contextual

**Indicator Description**

Effective community prevention and information services should minimise the number of people needing to contact adult social care directly. A marked growth in the number of contacts might show that universal community services are not meeting need. Conversely a marked reduction might suggest that we are not providing the right pathways into adult social care for those who do need it.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

Calculation:

$$(X/Y) * 100,000$$

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

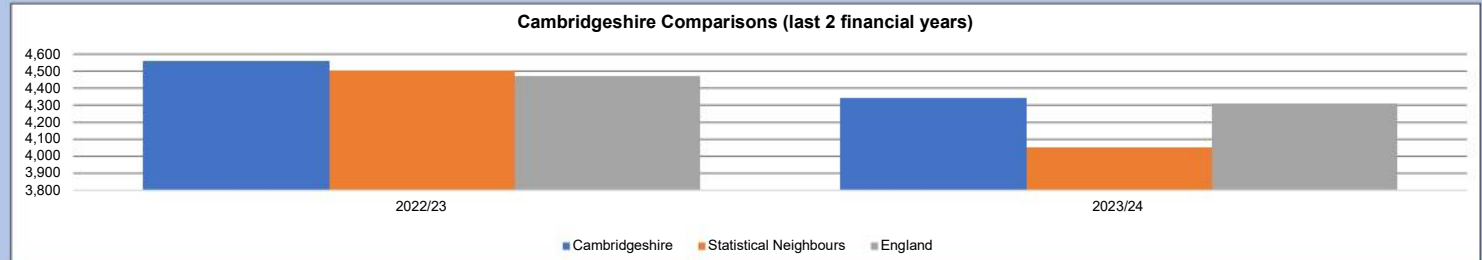
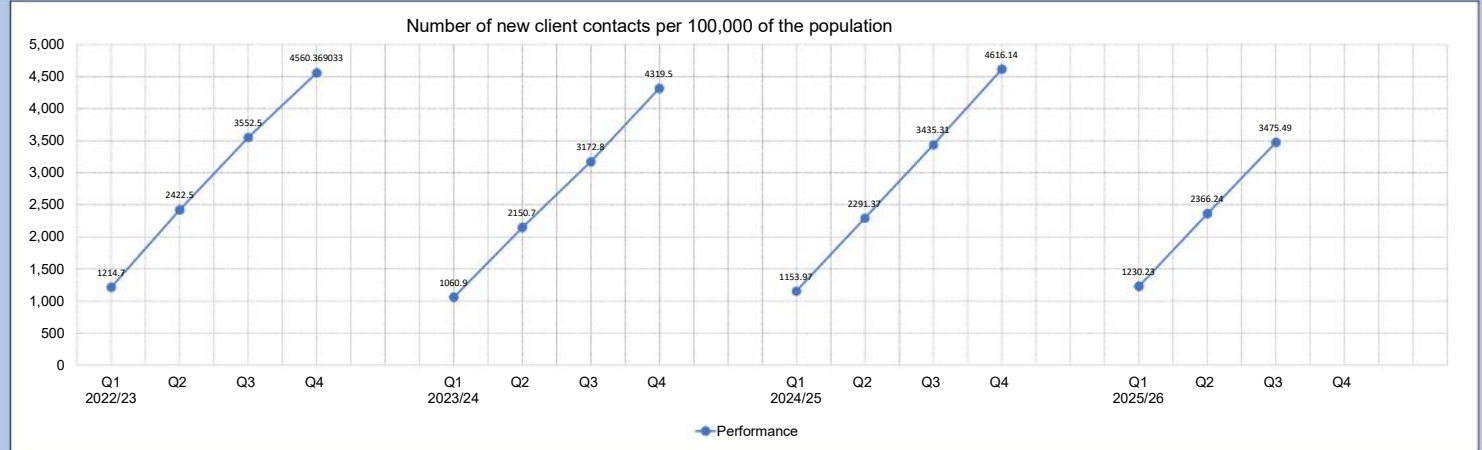
Y = 18+ population

\*Statistical neighbour and national means for each quarter are calculated by dividing the latest annual figure by 4 and multiplying by the number of the quarter being reported. This is to reflect a comparative year-to-date position.

**Useful Links**

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

[ASCOF Handbook of Definitions 2024-25](#)



**Commentary**

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Local contacts remain higher than both statistical neighbours and national comparisons. Work is underway to improve the Adult Social Care information and advice offer to ensure that people are able to find relevant support easily with planned changes to the website to improve the user journey. There is also a programme of work underway to improve the Customer Experience for people contacting the Council.

**Path to Green**

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
495	↑	571.8	565.7	Improving

**RAG Rating**

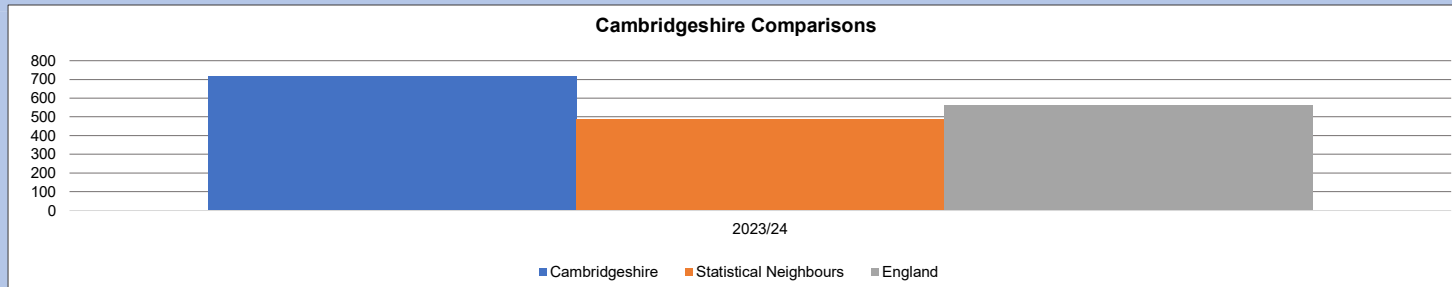
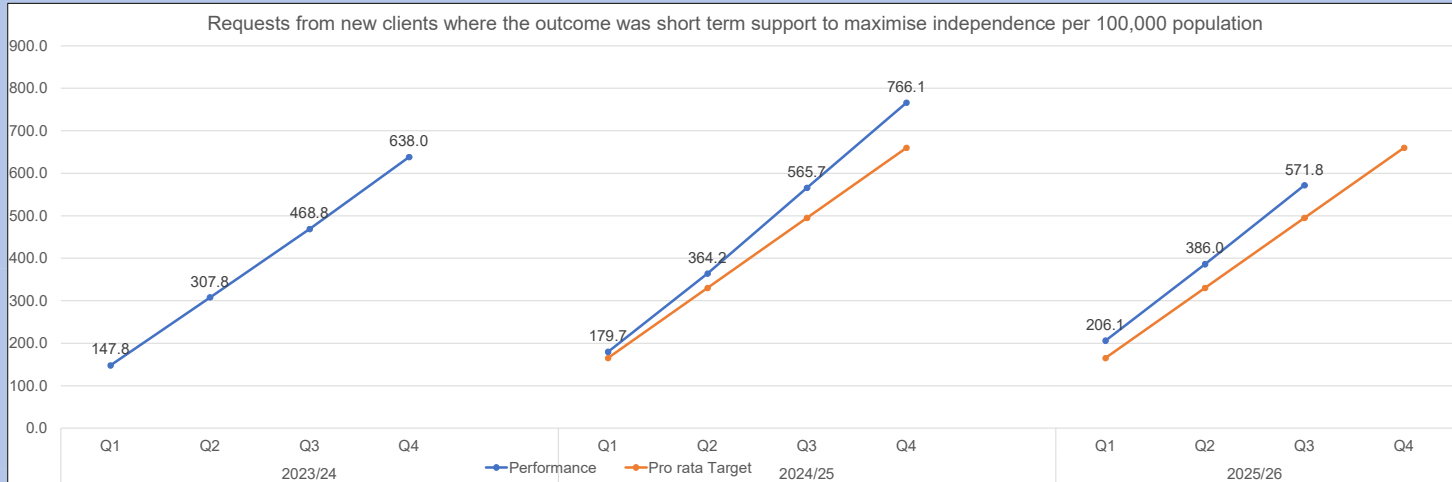
Green

**Indicator Description**

Number of requests from new clients aged 18 and over year to date where the sequel is short term services to maximise independence per 100,000 population.

Number of new clients where the sequel to a request for support was short term support to maximise independence (STS001).

New requests for support resulting in short term support, divided by 18+ population, multiplied by 100,000.



**Commentary**

Using the benchmarking figures for 2023/24, Cambridgeshire compares favourably with its statistical neighbours and England overall. The performance has consistently improved compared to last year, ensuring that Cambridgeshire continues to focus on prevention services and early intervention services which support people to maximise their independence including reablement, occupational therapy and technology enabled care.

**Useful Links**

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

[ASCOF Handbook of Definitions 2024-25](#)

**Path to Green**

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
5.63	↓	7.71	9.11	Improving

**RAG Rating**

Red

**Indicator Description**

This measure reflects the number of younger adults whose long-term support needs are met by admission to residential and nursing care homes relative to the population size. The measure compares council records on numbers admitted to residential or nursing care with population figures based on ONS population estimates.

Formula  
The formula is x over y multiplied by 100,000.

Where:

X: the sum of the number of council-supported younger adults (aged 18 to 64) whose long-term support needs were met by an admission from the community to residential and nursing care during the year (not counting transfers between residential and nursing care).

Source: CLD.

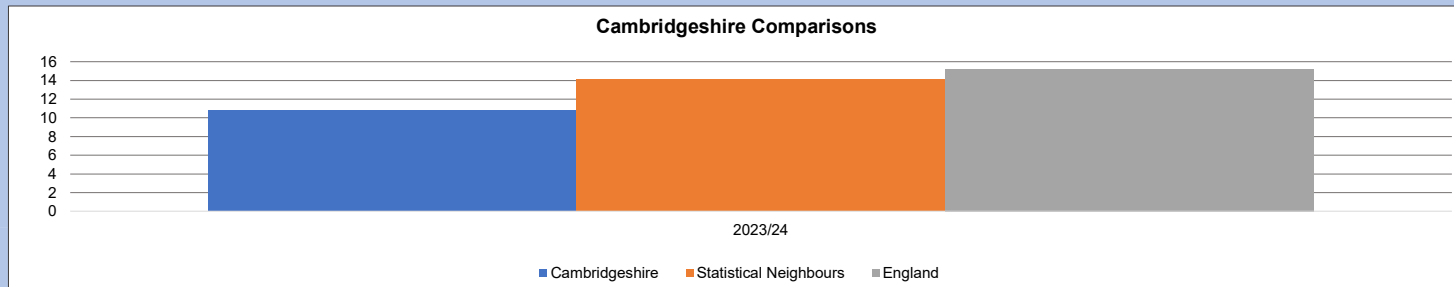
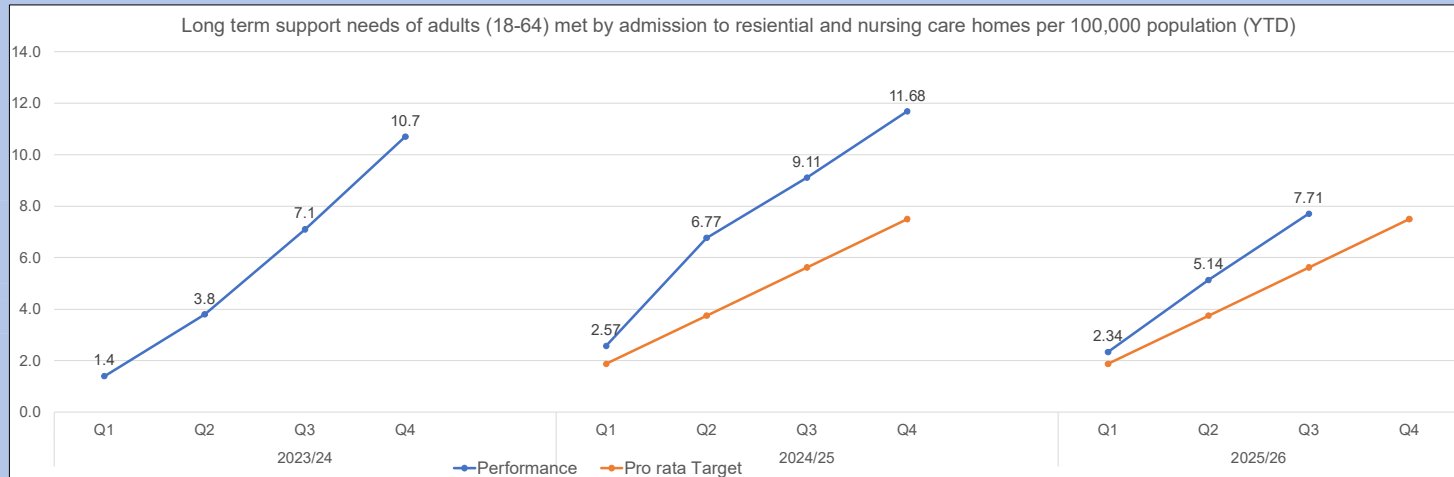
Y: size of younger adult population (aged 18 to 64) in area (ONS mid-year population estimates).

Source: ONS.

**Useful Links**

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

[ASCOF Handbook of Definitions 2024-25](#)



**Commentary**

As a year-to-date calculation, this indicator increases month-on-month. The YTD figure for December was 7.71, compared to a November figure of 7.01. The annual year end target for this indicator is 7.5, with the year-to-date cumulative target for December being 5.6. Although below target the current position is an improvement from last year (December 2024 = 9.11), and reflects a very small number of individuals.

**Path to Green**

Work is planned with the Insight team to understand the details behind the performance against target for this indicator and areas for improvement which will include a focus on support which maximises independence wherever possible. This will also include a review of benchmarking from recently published national comparator data to ensure that targets are appropriate. An initial workshop has been held to discuss possible approaches and a further internal workshop is planned to help determine the long-term needs, costs and commissioning implications for this cohort.

**Timeline:** National benchmarking data was published at the end of December 2025 and work is planned to review and agree new targets by April 2026. The follow-up workshop date is planned for March 2026 with action plan to follow.

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
450	↓	383.57	403.24	Improving

**RAG Rating**

Green

**Indicator Description**

This measure reflects the number of older adults whose long-term support needs are met by admission to residential and nursing care homes relative to the population size. The measure compares council records on numbers admitted to residential or nursing care with population figures based on ONS population estimates.

**Formula**  
The formula is x over y multiplied by 100,000.

Where:

X: the sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by an admission from the community to residential and nursing care during the year (not counting transfers between residential and nursing care).

Source: CLD.

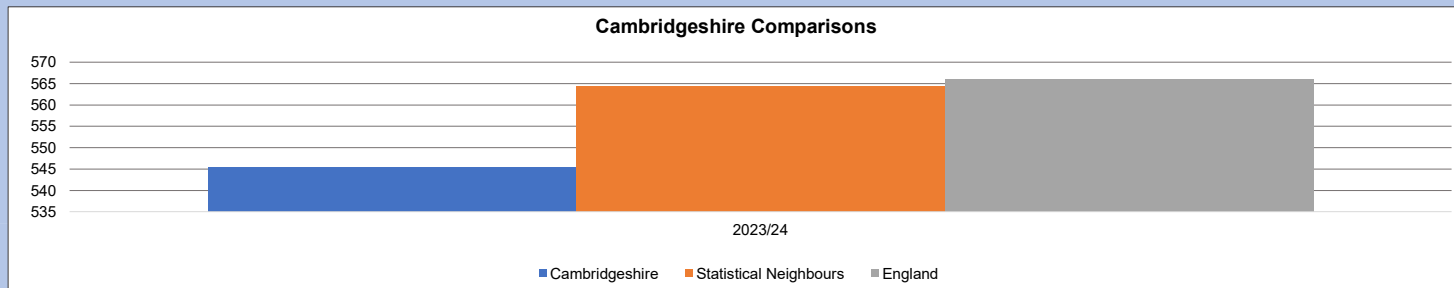
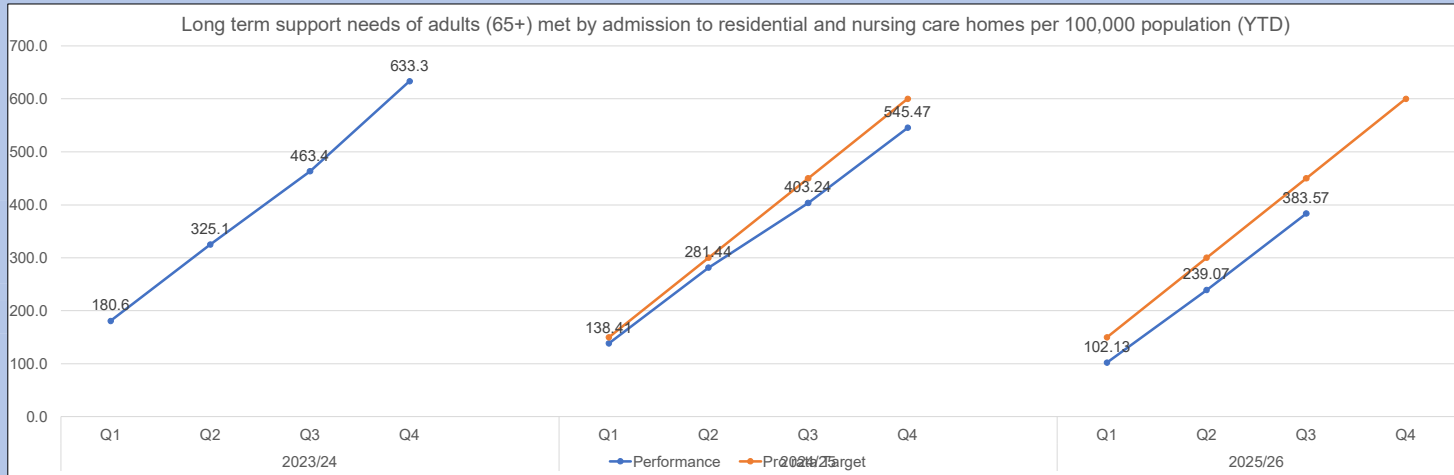
Y: size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

Source: ONS.

**Exclusions**  
People funding their own residence in a care home with no involvement from the council are excluded.

**Useful Links**

- [Measures from the Adult Social Care Outcomes Framework](#)
- [ASCOF Handbook of Definitions 2024-25](#)



**Commentary**

Cambridgeshire compares favourably with its statistical neighbours and England overall with significantly less people requiring an admission to a residential or nursing setting to meet their needs. There is a focus on ensuring good quality community options are available including settings such as Extra Care. With the continued focus on supporting people within a community setting (including their own home) wherever possible continues to be effective and comparison to both target and performance in 2024/25 shows further improvement.

**Path to Green**

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
540.0	↑	581.73	566.32	Improving

**RAG Rating**

Green

**Indicator Description**

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

$$(X/Y)*100$$

Where:

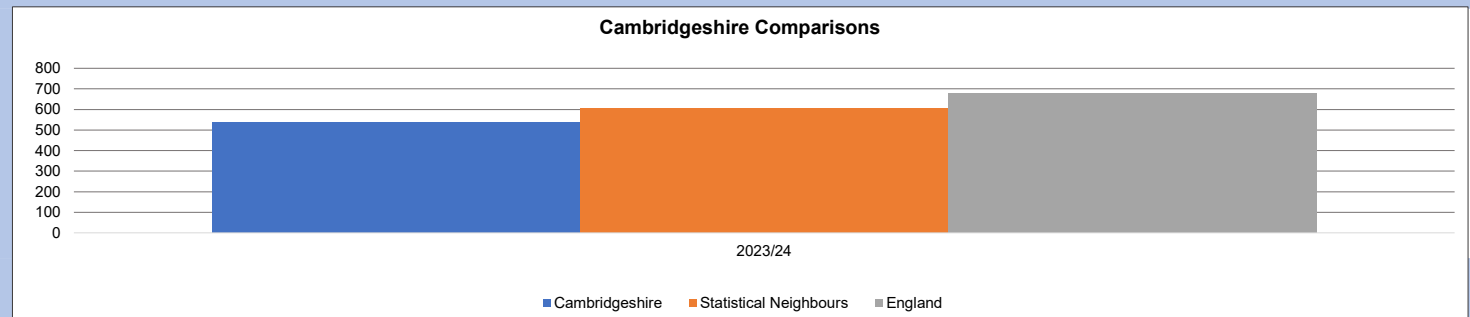
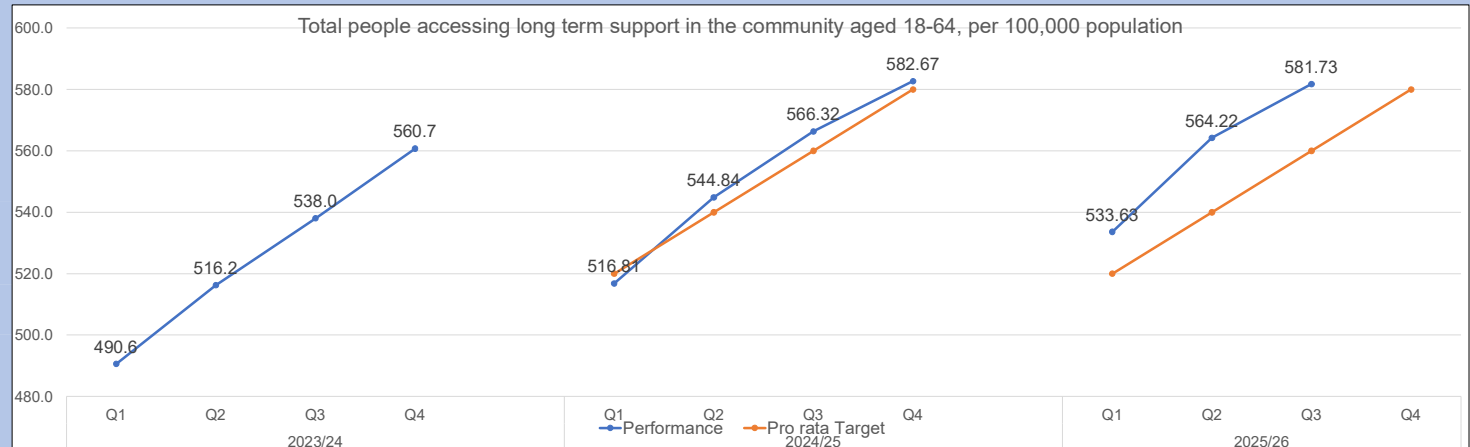
X = Total number of people accessing long-term support in the community aged 18-64

Y = Total number of people accessing long-term support aged 18-64

**Useful Links**

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

[ASCOF Handbook of Definitions 2024-25](#)



**Commentary**

Cambridgeshire has a lower rate of community support when compared with its statistical neighbours and England overall when using 2023/24 benchmarking comparisons. The rate for Cambridgeshire has continued to improve in comparison to the same quarter in 2024/25 and has exceeded target. Cambridgeshire continues to focus on effective solutions to meet people's need within a community setting.

**Path to Green**

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
2500	↑	2424.00	2503.40	Declining

**RAG Rating**

Amber

**Indicator Description**

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

$(X/Y) \times 100$

Where:

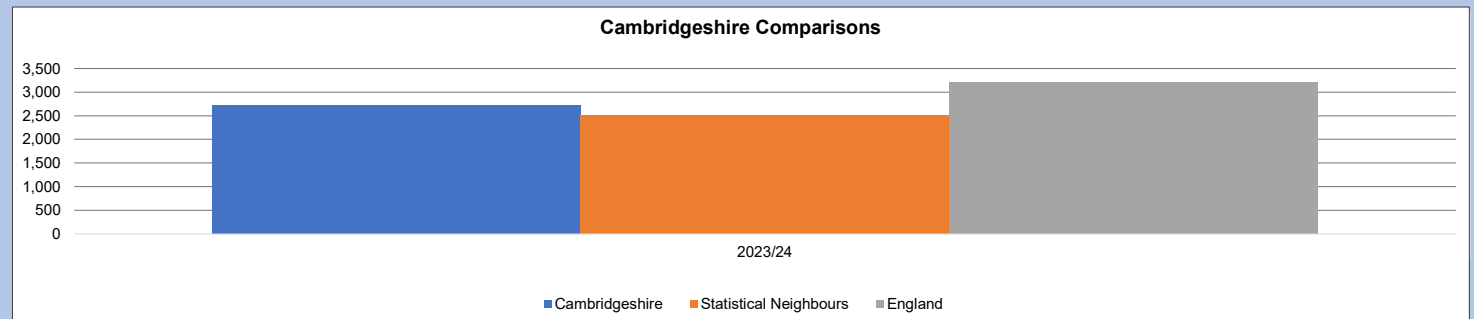
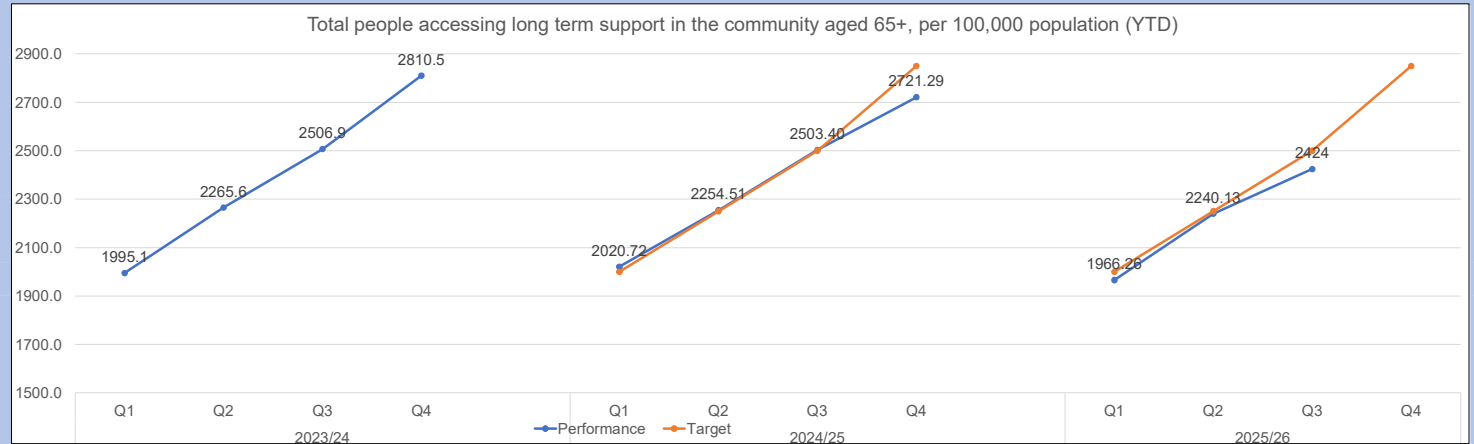
X = Total number of people accessing long-term support in the community aged 65 and over

Y = Total number of people accessing long-term support aged 65 and over

**Useful Links**

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

[ASCOF Handbook of Definitions 2024-25](#)



**Commentary**

Using the new benchmarking figures for 2023/24, Cambridgeshire compares favourably with its statistical neighbours but not with England overall. The performance for this indicator is slightly less when compared to the same quarter last year, but continues to be within 10% of target. Ensuring that there are appropriate community options for people aged 65+ is an area of focus including expanding extra care provision and other community support options.

**Path to Green**

Following the development of demand profiles, work has been underway to identify additional extra care schemes in areas of need. Maintaining interventions which will ensure that people are able to remain in their own homes including ongoing development of Technology Enabled Care options, Community Micro Enterprises and the domiciliary care provider market.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
75%	↑	56.59%	58.99%	Declining

RAG Rating

Red

**Indicator Description**

It is a statutory duty to review long term care and support plans at least once a year. Regular reviews can help safeguard from risk, but also support personalisation by continuing to support people to connect to their communities and make the most of the local assets.

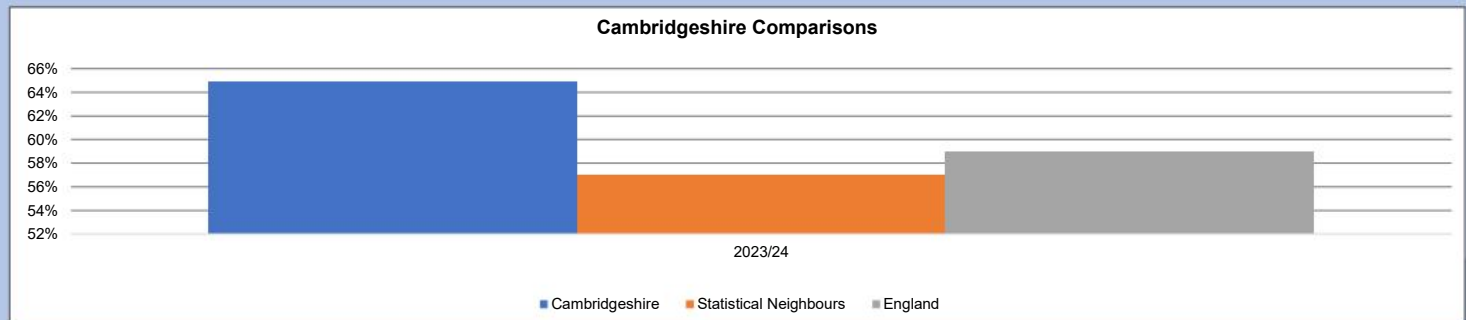
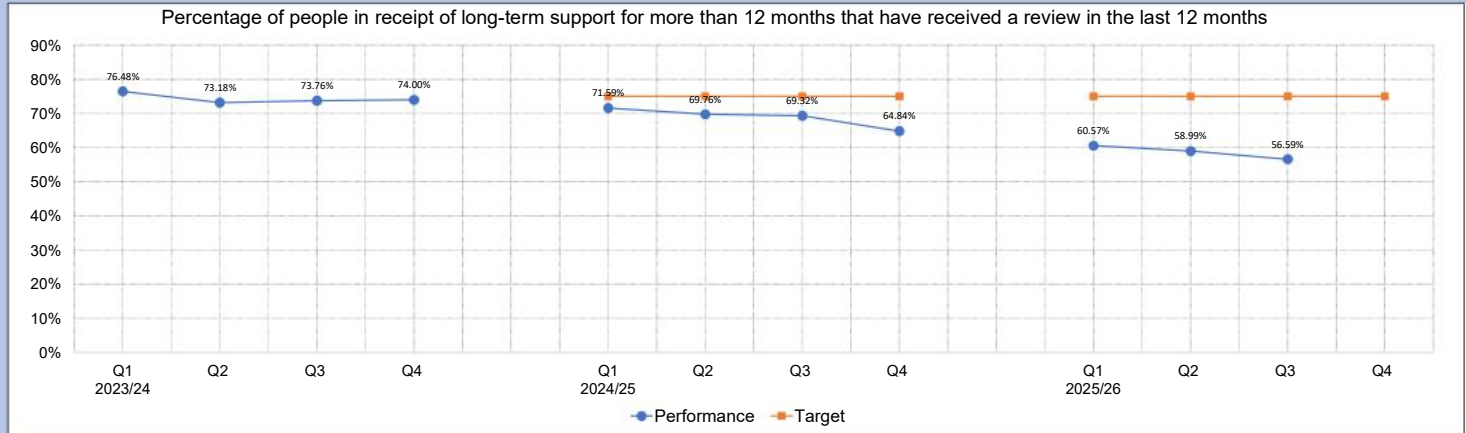
Calculation:

$(X/Y)*100$

Where:

X = Number of people receiving long-term support for over 12 months who have received a review in the last 12 months

Y = Total number of people receiving long-term support for over 12 months at the end of the period



**Commentary**

The most recent position for this indicator in December was 56.6% compared to a November figure of 57.3%. This is below the target of 75% and recently published national benchmarking data shows it is below the national and peer group averages for 2024-25 (59% and 63% respectively).

**Useful Links**

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

[ASCOF Handbook of Definitions 2024-25](#)

**Path to Green**

Reviews of the structures, resources and demands on the operational teams is underway with an initial workshop to look at capacity and demand held in early 2026. Following a consultation, staffing resources are being moved into the Community Teams from February but there is an expectation that performance trends will not improve whilst this transition takes place. Magic Notes implementation is underway with 3 community teams with the aim of increasing efficiency and reviews however this may take a few months to realise improvements. Work is also planned with the Performance & Intelligence team to conduct a review of benchmarking from recently published national comparator data to ensure that targets are appropriate.

**Timeline:** Review of operational structures, demand and capacity underway, initial workshop 16th January. Magic notes was introduced in December 2025 for 3 community teams, the usage and impact of which is currently being measured. It may take a few months to realise improvements. National benchmarking data was published at the end of December 2025 and work is planned to review and agree new targets by April 2026.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
90.0%	↑	84.3%	85.1%	Declining
Statistical Neighbour Mean		England Mean		RAG Rating
91.0%		91.0%		Amber

**Indicator Description**

This indicator tracks the effectiveness of safeguarding enquiries in reducing or removing risk. It should be viewed alongside indicators 236 and 105, which reflect the desired outcomes of the person at risk. This is to ensure that there is not a perverse incentive to go against the person's wishes and eliminate risk when that person has capacity to decide on a level of risk that is acceptable to them.

Calculation:

$(X/Y)*100$

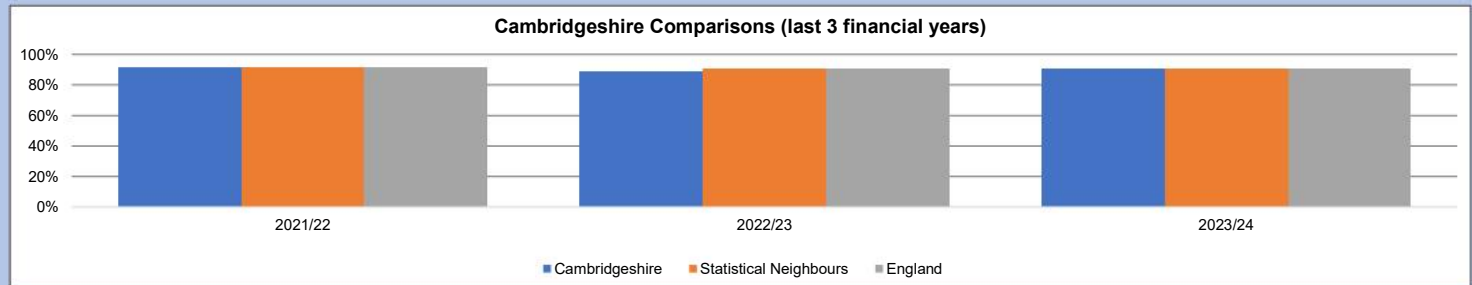
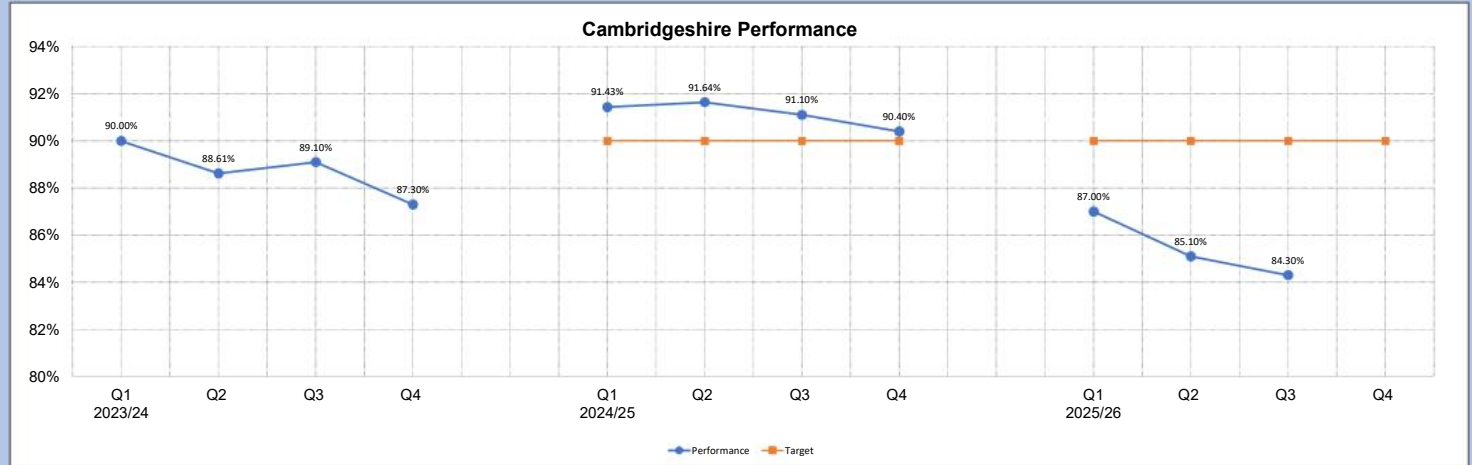
Where:

X = The number of enquiries where the risk had been reduced or removed when the enquiry concluded

Y = The number of concluded enquiries where a risk was identified

**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:](#)



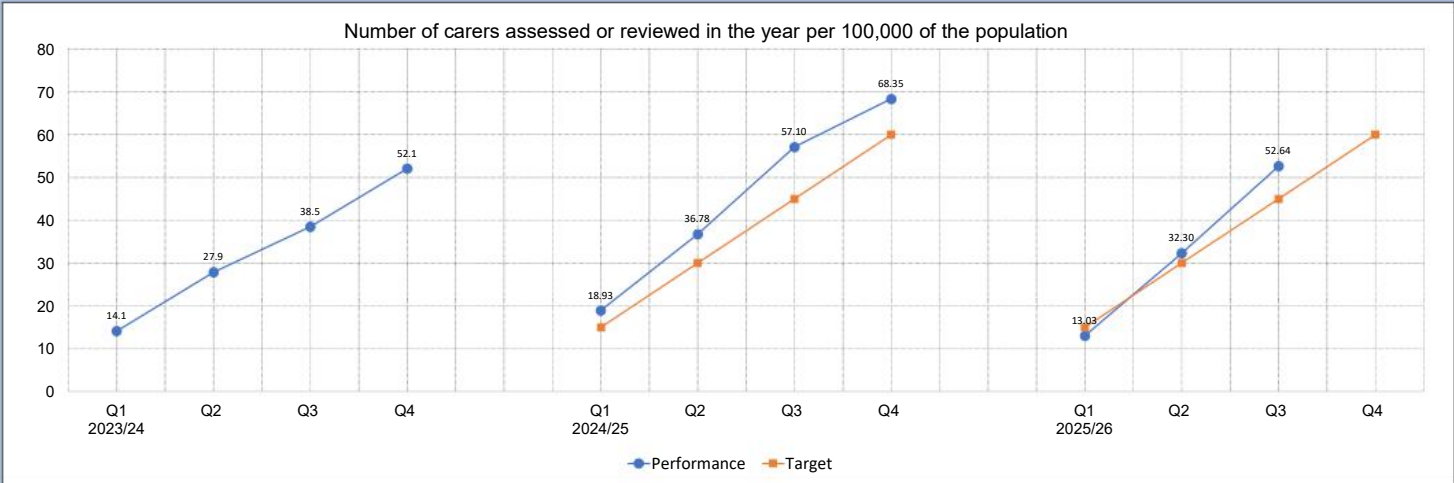
**Commentary**

The proportion of safeguarding enquiries where the risk was reduced or removed has decreased over previous quarters and continues to be monitored alongside safeguarding processes which are being embedded.

**Path to Green**

A deepdive audit of safeguarding practice and decision making is underway as well as supporting managers through managerial audits to develop further focus on safeguarding decision making throughout the process. A further thematic audit will be undertaken during the next audit cycle.

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
45.0	↑	52.64	57.10	Declining
<b>Statistical Neighbour Mean*</b>		<b>England Mean*</b>		<b>RAG Rating</b> <span style="background-color: green; color: white; padding: 5px; font-weight: bold;">Green</span>
365.5		358.5		



**Indicator Description**

Reviews are also an important time to make contact with carers to check that they remain able to offer their critical support. Assessments and reviews can be done jointly or separately from the cared for person. It is an opportunity to support carers to continue their caring role but also to plan for the future.

Calculation:

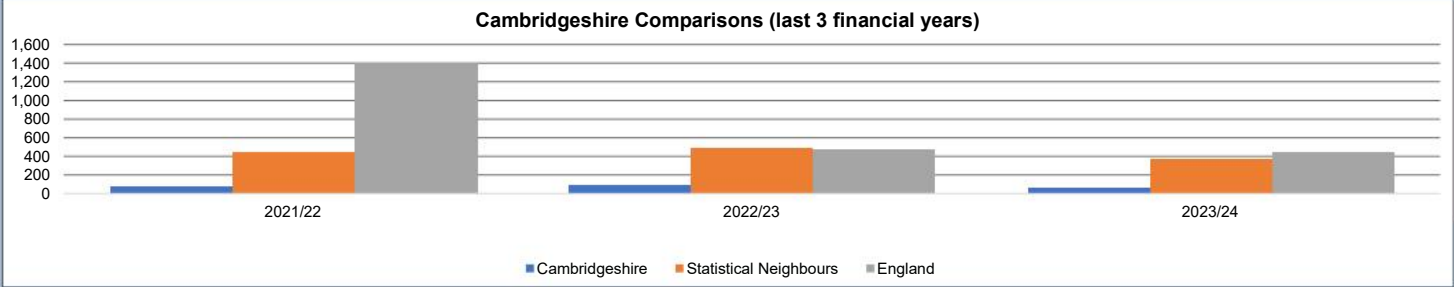
$(X/Y) * 100,000$

Where:

X = Total number of carers with a carers assessment or review in the period

Y = 18+ population

\*Statistical neighbour and national means for each quarter are calculated by dividing the latest annual figure by 4 and multiplying by the number of the quarter being reported. This is to reflect a comparative year-to-date position.



**Commentary**

The rate of carers assessed or reviewed per 100,000 population continues to be above the year-to-date target for this year. However, performance is noted as 'declining' due to being lower than the position for each respective quarter in the previous year. It is anticipated that performance will continue with expected rates over the last quarter and will remain above target by year end.

The carers assessed rate is significantly lower than the national average, and that of our statistical neighbours. This is due to the way carer activity is recorded in Cambridgeshire and is a reflection of our process. A move away from carers assessments by default to a more constructive and timely conversation accounts for the lower volume of carers assessments. Activity by teams supporting carers can be recorded as carers conversations, which are above target for the year to date but are not counted in the above measure.

**Useful Links**

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

[ASCOP Handbook of Definitions 2024-25](#)

**Path to Green**

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
265	↑	327.89	320.17	Improving

RAG Rating

Green

**Indicator Description**  
 The Carers Conversation provides the opportunity for a constructive and timely conversation with carers, without the need to undergo a full assessment of need.

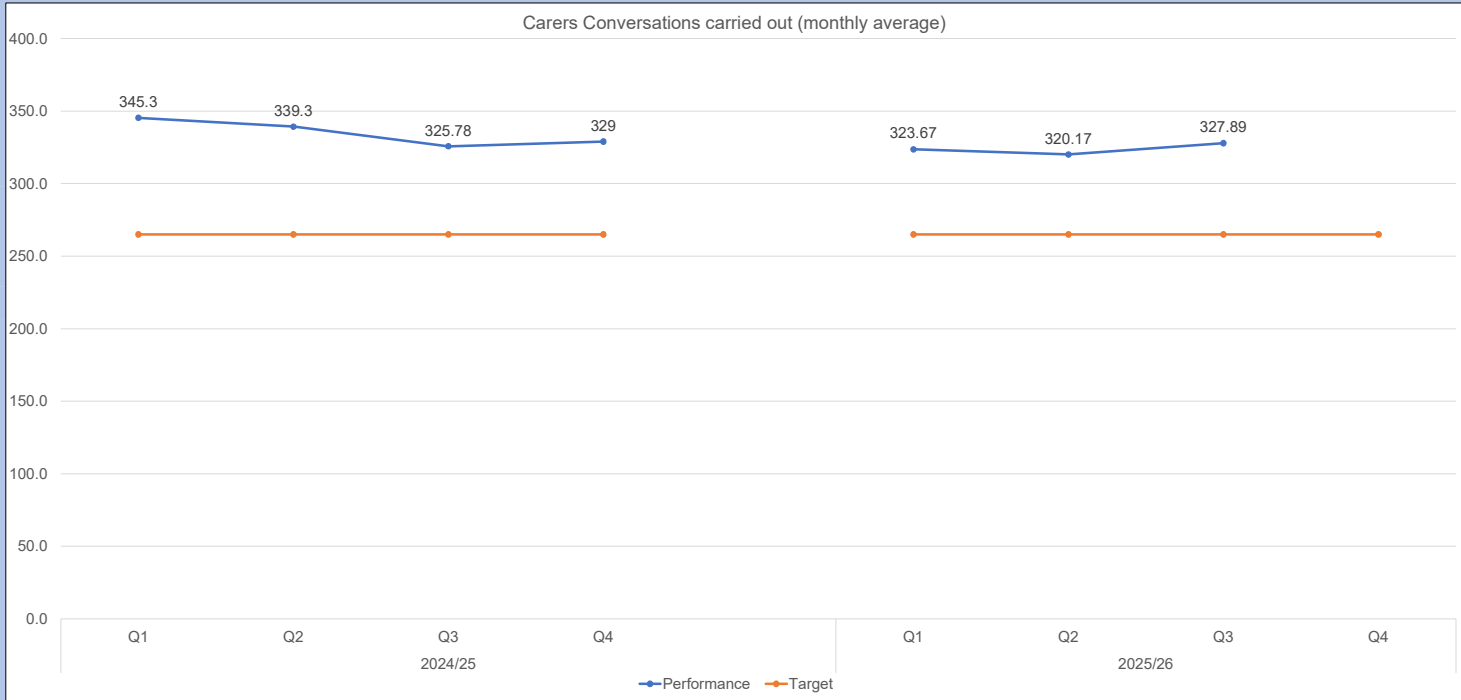
Calculation:  
 (X/Y)

Where:  
 X = Total number of carers conversations completed in the period (YTD)  
 Y = Number of Months in the Period (YTD)

**Useful Links**

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

[ASCOF Handbook of Definitions 2024-25](#)



**Commentary**

Carers Conversations are an important part of the support to Unpaid Carers and provide opportunity for a supportive conversation to understand an individual's situation and support which they can access. Monitoring of the number of carers conversations alongside Carer Assessments (AHC010) provides an overview of the support being accessed. Performance remains above target and there has been a slight increase in performance compared to last quarter.

**Path to Green**

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
19.0%	↑	17.47%	17.08%	Improving
<b>Statistical Neighbour Mean</b>		<b>RAG rating</b>		
27.1%		Amber		
<b>England Mean</b>				
26.2%				

**Indicator Description**

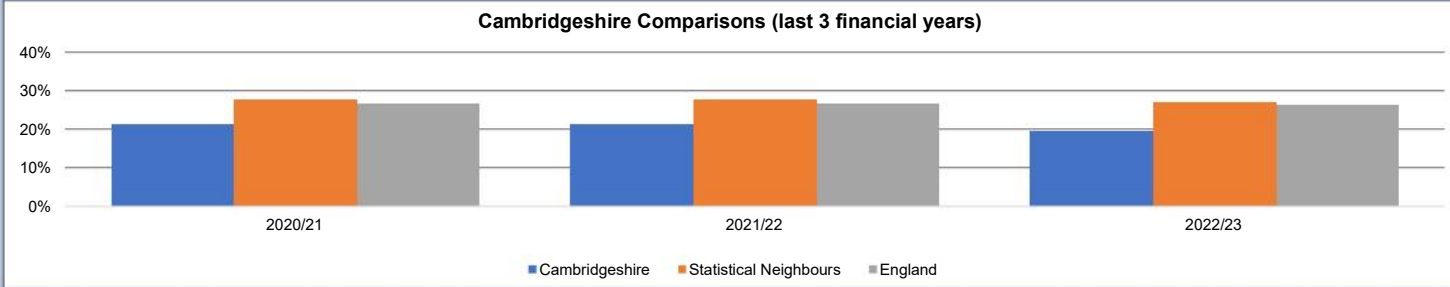
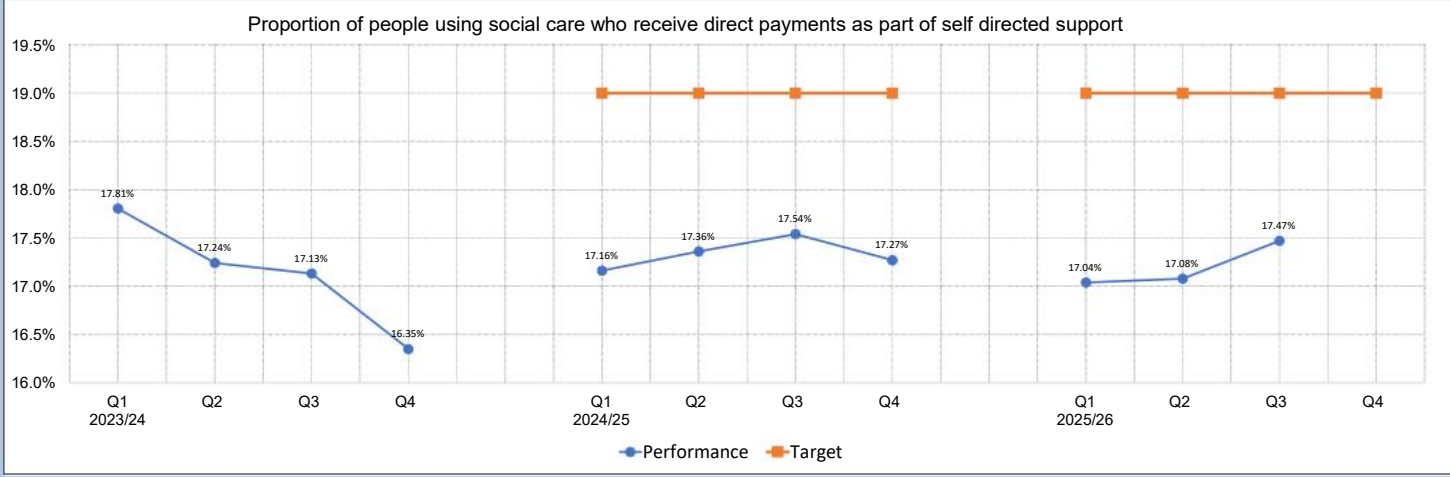
Direct payments provide people with more choice and control over how they meet their care and support needs. The scope of this indicator is limited to people who receive long term support only. These include people whose self directed support is most relevant. This will better reflect the council's progress in delivering personalised services for users and carers.

Both measures for self directed support and direct payments have also been split into two. They will focus on users and carers separately. This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:  
 $(X/Y) \times 100$   
 X = The number of users receiving direct payments and part direct payments at the end of the period.  
 Y = Clients aged 18 or over accessing long term support at the end of the period.

**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**

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data.

The percentage of people receiving direct payments is lower than both statistical neighbours and national comparisons and improving performance continues to be an area of challenge. Though it is noted this quarter does show a slight increase in performance. The number of people with direct payments remains stable but overall numbers of the adult social care population is increasing. The service continue to develop our Community Micro Enterprises offer which seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them as well as supporting practitioners to offer a direct payment option.

**Path to Green**

Work has been undertaken to review the current process and delivery of direct payment options. A Task and Finish group has been established to focus on improving a number of aspects including information, awareness and process to support improved delivery of this indicator. Further work is underway to support the development of Individual Service Funds which will also improve the options available to people. Commissioning of the framework will be undertaken during 2026.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
80.0%	↑	81.2%	81.2%	Unchanged

RAG Rating



Indicator Description

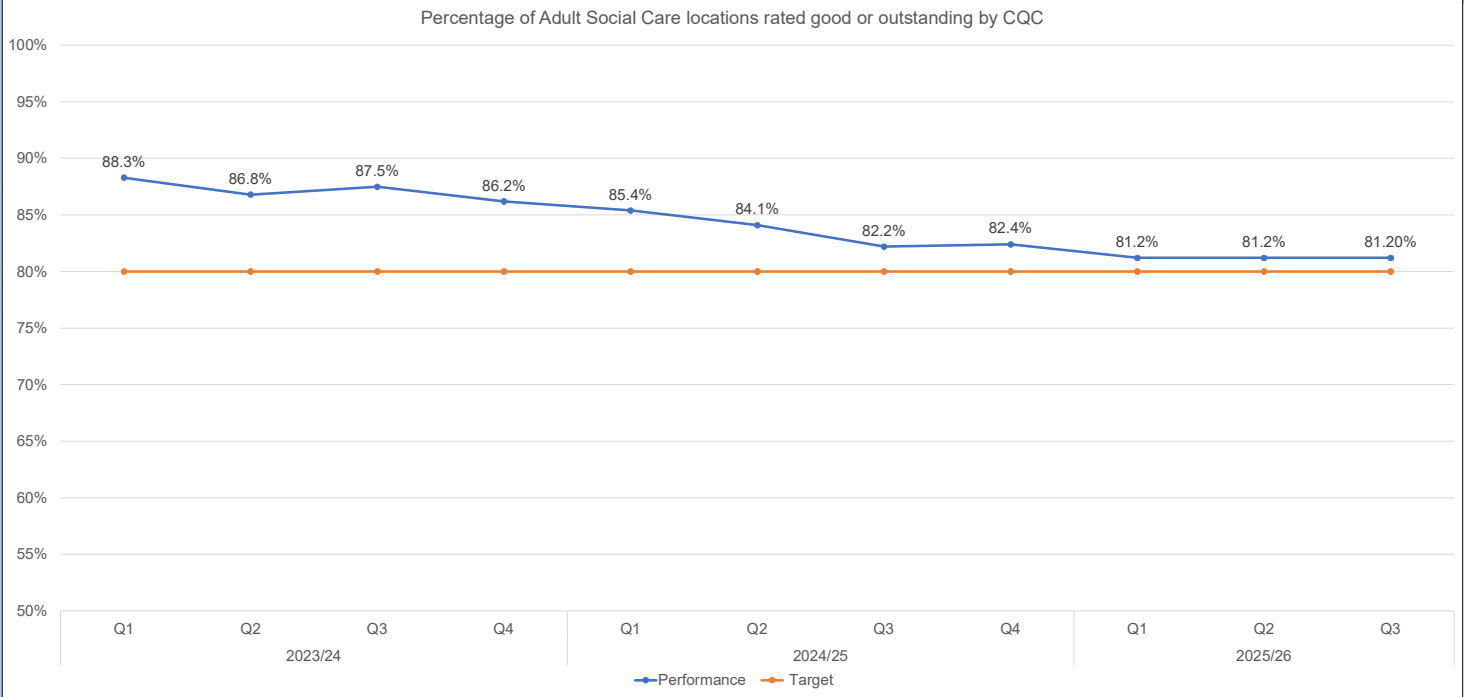
This metric gives an indication of the quality-of-care provision within Cambridgeshire. This metric excludes home care as these services often operate across several local authorities. Assigning them to one local authority based on their postcode may be misleading.

Calculation

$(X/Y) * 100$

X = Cambridgeshire Care Homes Rated Good or Outstanding

Y = All Cambridgeshire Care Homes



Commentary

The performance has steadily declined since Q1 2023/24 although has remained steady in 2025-26 and overall remains above target. This is due to an increase in the number of locations that the CQC have not rated, which is beyond the control of the council.

Useful Links

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

[ASCOF Handbook of Definitions 2024-25](#)

Path to Green

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
51.3%	↑	45.9%	40.5%	Improving

RAG Rating



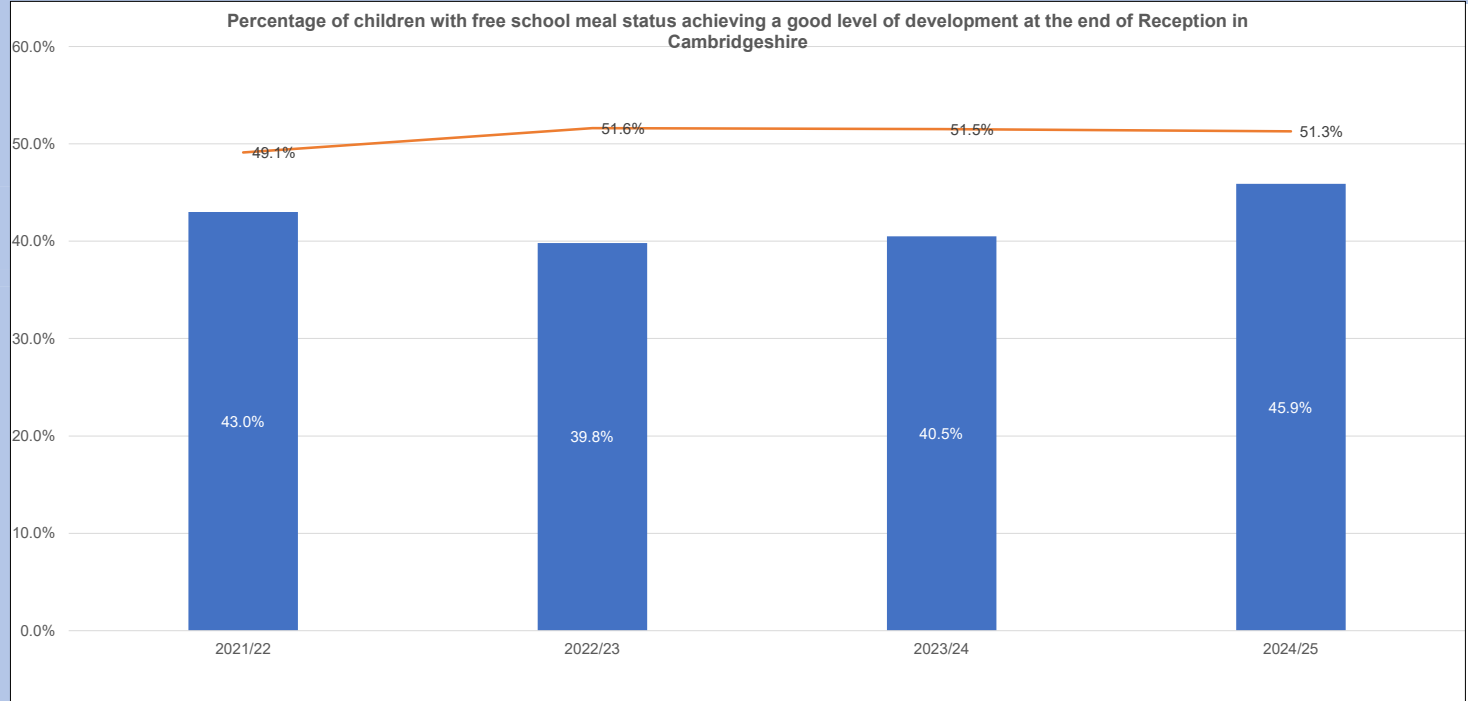
**Indicator Description**

This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

Children with free school meal status are defined as having reached a good level of development at the end of the early years foundation stage (EYFS) as a percentage of all eligible children with free school meal status.

Children are defined as having a good level of development at the end of the early years foundation stage (EYFS) if they are at the expected level for the 12 early learning goals (ELGs) within the 5 areas of learning relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.

The target is calculated using the England average as a benchmark figure, however work will be done before the next annual data set to agree a local target and trajectory.



**Commentary**

Data for this indicator is released annually with the 24/25 data released in December 2025. The percentage of children eligible for FreeSchool meals achieving a good level of development at age 5 has increased by 5.5% from last year, a quicker rate of increase than the overall improvement for England. However, this is still 5% lower than the national rate for this cohort. In year improvements have been supported by improved capacity within the health Visiting service that has enabled earlier intervention and targeted support for more families. Our Early Years service has put in place a number of targeted interventions to support schools and settings with high numbers of children in receipt of free school meals including updating assessment guidance focusing on inclusion, transition support between Early years settings and primary schools, and an enhanced training offer.

**Useful Links**

[Department of Health & Social Care reporting dashboard](#)

[Starting Reception](#)

**Path to Green**

A new 'Starting Reception' initiative has been launched across Cambridgeshire to support school readiness and the home learning environment. This sits alongside the development of '50 things to do before your 5' app that is jointly funded by Public Health and Early Years (details on both can be found on the link in the 'useful links' section). Colleagues from the Healthy Children programme and Child and Family Centres will be supporting this new resource. Targeted work with schools and settings with large numbers of families eligible for Free School meals by our Early Years team is starting to show results. This work will be picked up in the new 'Best Start in Life' development plan which will be published at the end of March, which outlines a cross system approach to improving GLD.

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
21%	↓	28.0%	26.3%	Declining

RAG Rating



**Indicator Description**

This indicator shows the proportion of children aged 10 to 11 years classified as living with obesity in the 20% most deprived areas of Cambridgeshire.

There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age

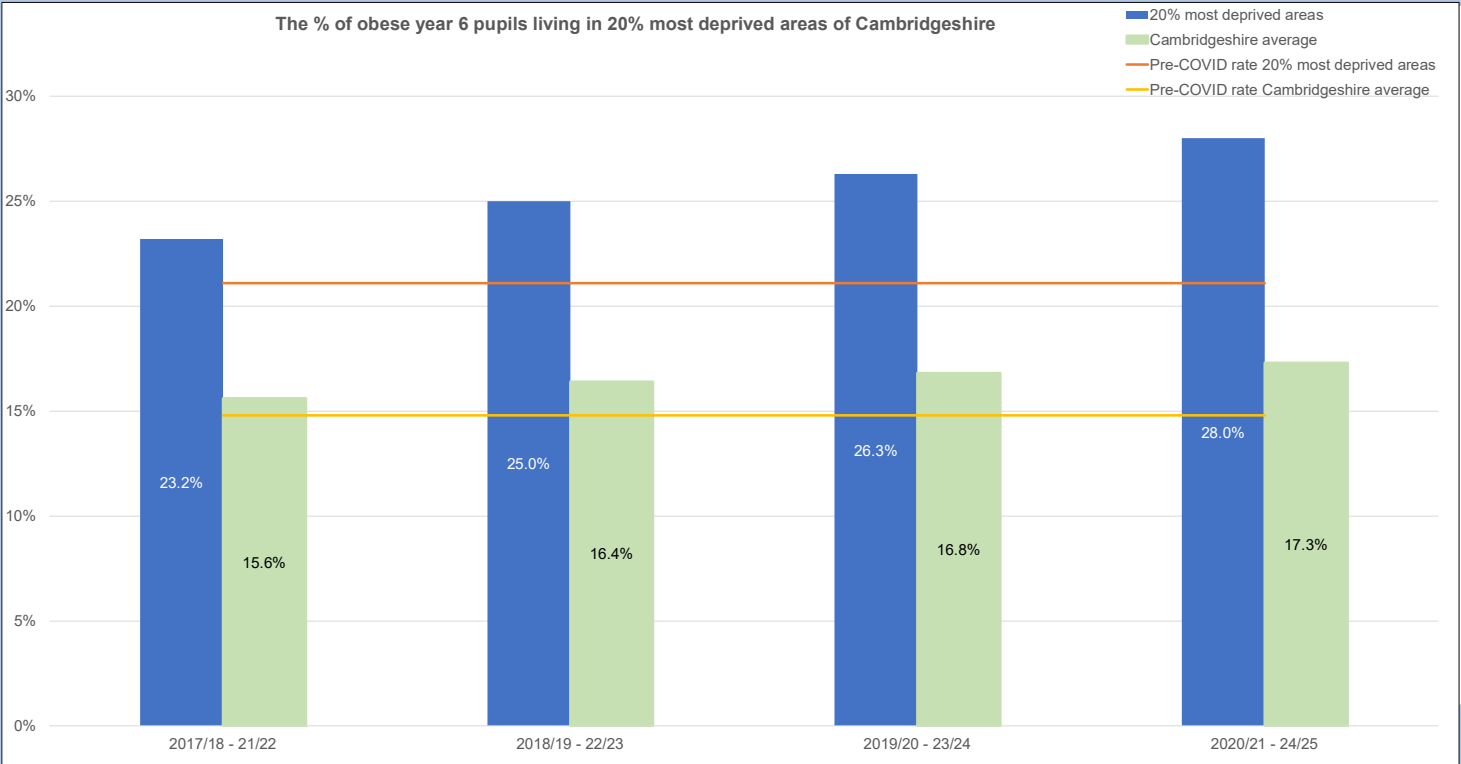
Children's BMI is categorised using variable thresholds that take into account the child's age and sex. These thresholds are usually derived from a reference population, known as a child growth reference, in England the National Institute for Health and Care Excellence (NICE) recommend using the British 1990 (UK90) growth reference.

For population monitoring purposes, a child's BMI is classed as overweight or obese where it is on or above the 85th centile or 95th centile respectively, based on the UK90 growth reference data. The population monitoring cut offs for overweight and obesity are lower than the clinical cut offs (91st and 98th centiles for overweight and obesity) used to assess individual children; this is to capture children in the population in the clinical overweight or obesity BMI categories and those who are at high risk of moving into the clinical overweight or clinical obesity categories. This helps ensure that adequate services are planned and delivered for the whole population.

**Useful Links**

The National Institute of Health and Clinical Excellence have produced guidelines to tackle obesity in adults and children: [Overview](#) | [Overweight and obesity management](#) | [Guidance](#) | [NICE](#)

Cambridgeshire Child Weight Management service: [Healthy You](#) | [Child Weight Management](#)



**Commentary**

Aggregated data for 2020/21 - 24/25 academic years shows that 28.0% of year 6 pupils living in the 20% most deprived areas of Cambridgeshire were classified as obese (blue bars).

This is significantly higher than the Cambridgeshire average of 17.3% (green bars) and an increase from 2019/20 - 23/24, when 26.3% of year 6 pupils living in the 20% most deprived areas of Cambridgeshire were obese.

The target set in the 2022 Health and Wellbeing Strategy is to reduce overweight and obesity levels to pre-pandemic levels by 2026. The aggregated pre-pandemic rate of obesity in year 6 pupils in the 20% most deprived areas was 21.1% (orange line). Since this time the rate of obesity in the 20% most deprived areas has increased, and at a higher rate than the Cambridgeshire average (green bars).

Single-academic year data is available for Cambridgeshire average. This shows that the obesity rate in year 6 increased post-COVID (15.0% in 2019/20 to 18.6% in 2021/22), but has since decreased in since but has risen again slightly in 2024/25 (17.0% in 2023/24 and 17.2% in 2024/25 )

**Path to Green**

Public Health have commissioned a Child Weight Management service that delivers targeted interventions. Parents/Carers of pupils measured as obese by the National Child Measurement programme are proactively followed up by the service. Children and their families are offered group and 1:1 support to make behavioural changes to improve their diet, increase physical activity and address any psychological concerns that may be contributing towards excess weight. The service is required to target pupils living in more deprived areas.

Universal interventions are also provided and include the Tier 1 Behaviour Change Service, Healthy Schools Service and the Learn-2-Live Well Schools Obesity Fund. The Public Health team are also working on implementation of auto-enrolment for free school meals. There are a number school and community schemes that promote physical activity and active travel.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
95%	↑	94.00%	94.00%	Unchanged

RAG Rating

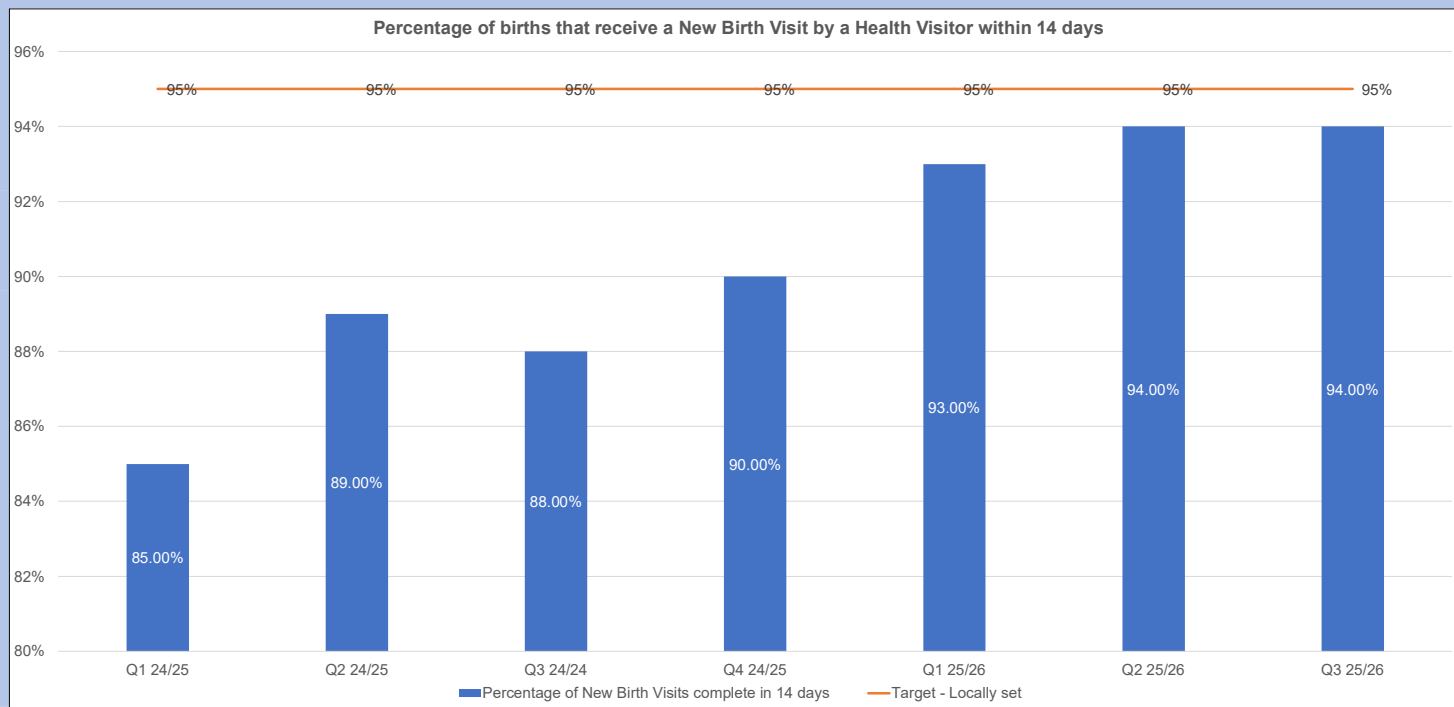
Amber

**Indicator Description**

This is a mandated check carried out by Health Visitors as part of the Healthy Child Programme. This is the percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor.

Local target was set at 95% as a stretch target. (National Benchmark 83.0% in 23/24)

Just target but improved and better than National



**Commentary**

In Quarter 3, 94% of babies had a New Birth Visit within the first 14 days. This is in line with performance in quarter 2. 97% of babies overall in quarter 3 had a New Birth Visit with some checks taking place a few days outside of that timescale. Of the 31 babies who did not receive a New Birth Visit, exemptions such as extended stays in acute services care have been recorded.

**Useful Links**

<https://fingertips.phe.org.uk/search/new%20birth>

**Path to Green**

Line managers are working hard to put in processes to deliver first attempt contacts as close to 10 days as possible to allow time to revisit within timescales.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
50%	↑	50%	47%	Improving

**RAG Rating**

**Green**

**Indicator Description**

Smoking remains a Public Health priority area. It remains the main cause of preventable illness in England. Approximately 60,000 people smoke in Cambridgeshire and the estimated cost of smoking in Cambridgeshire is £465 million per year.

This indicator is calculated as the number of individuals accessing a structured stop smoking programme, who set a quit date which is followed by 4 weeks of an evidence based, structured programme of support. This indicator refers to the percentage of those who have set a quit date who reports not smoking for at least days 15-28 of a quit attempt and is followed up 28 days from their quit date.

Stop smoking programmes are delivered through Cambridgeshire GP practices, community stop smoking service which is part of the integrated behaviour change service, the Smokefree app (digital support), Allen Carr programme and additional smaller providers that work with targeted groups e.g., The Ferry Project in Wisbech which works with the homeless and migrant communities.

During 23/24 31% of all service users who set a quit date through a structured stop smoking programme in Cambridgeshire were smoke free when followed up at 4-weeks. This was considerably lower than the national average of 54%.

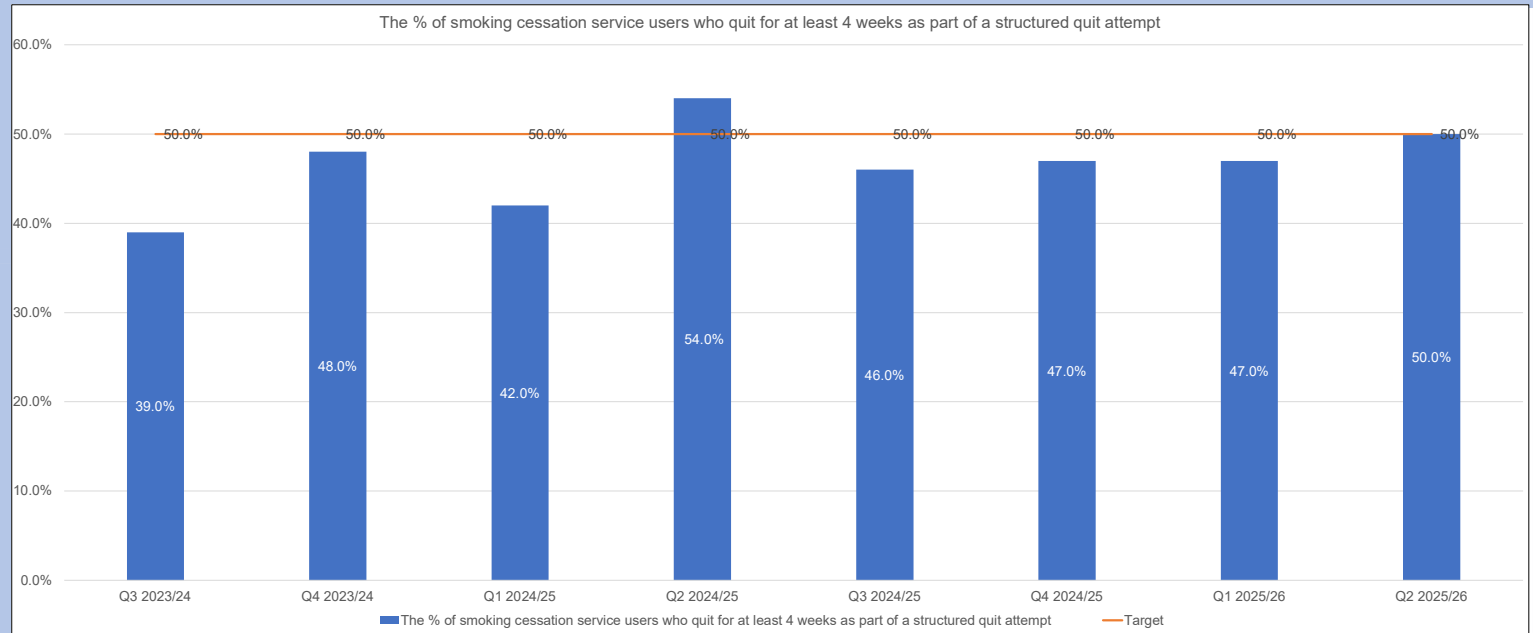
Due to reporting timings, this data set contains a one quarter lag.

**Useful Links**

[Statistics on Local Stop Smoking Services in England - NHS England Digital](#)

[Commissioning-delivery-and-monitoring-guidance.pdf](#)

[NCSCT - National Centre for Smoking Cessation and Training](#)



**Commentary**

During quarter 2, 760 service users set a quit date as part of a structured quit attempt, 50% (381) of those setting a quit date quit smoking for at least 4 weeks. Stop smoking support was delivered through GP practices, the Healthy You Behaviour Change Service, the Allen Carr group-based programme, the Smokefree App and the Ferry Project in Wisbech. The respective quit rates within each setting were GP Practices (50%), Healthy You (46%), Allen Carr (60%), Smokefree App (49%) and Ferry Project (63%). The GP practice and Allen Carr quit rates both increased during quarter 2 compared to quarter 1 which has meant the overall target was achieved during quarter 2.

**Path to Green**

The stop smoking support offer has been diversified so residents have different support options available in different settings e.g. face-to-face, digital and group support. Specialist stop smoking services have recently been commissioned to work specifically with groups with the highest smoking rates such as those who are homeless, those with mental health conditions and drug and alcohol service users. The varied support options will increase the number of Cambridgeshire smokers who access stop smoking services and the flexible individually tailored approach of the specialist stop smoking services should increase the number of people who successfully stop smoking for at least 4 weeks.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
67.5%	↑	60%	60%	Unchanged

RAG Rating

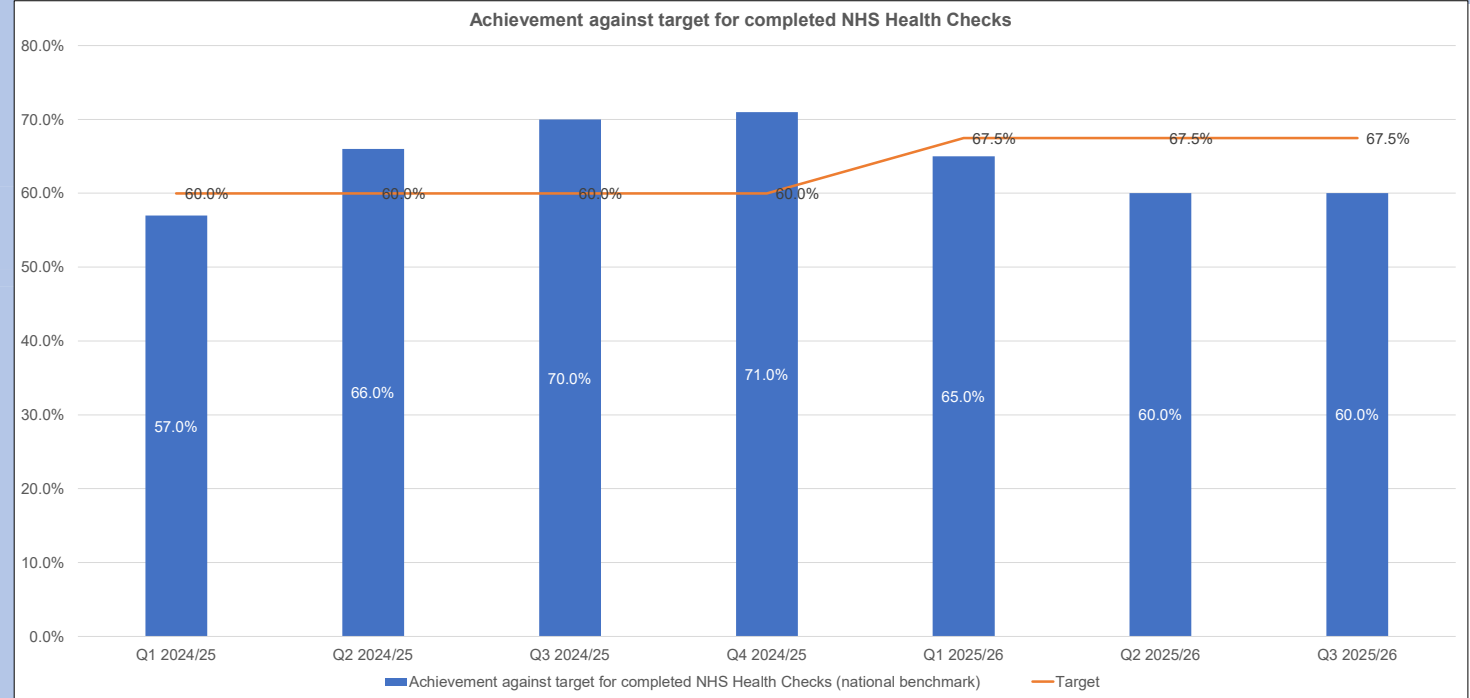


**Indicator Description**

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease. Everyone aged 40 to 74 who has not already been diagnosed with one of these conditions is invited once every five years for a check. The check assesses their risk and provides support and advice to help reduce or manage that risk. High uptake of NHS Health Checks is important for cohort population surveillance, enabling early identification of poor health and opportunities for timely intervention.

This indicator shows the percentage of the local eligible population aged 40 to 74 who received an NHS Health Check in the current quarter. Performance was severely impacted by the COVID-19 pandemic, when the service was de-prioritised and delivery paused entirely for a period. A five-year recovery and improvement programme was put in place to work towards the national target of 75% uptake by March 2027.

The national ambition of 75% uptake is based on public health modelling, which shows that this level of participation would reduce health inequalities, significantly lower cardiovascular disease, improve early detection of risk factors, and provide a strong return on investment for the NHS. Locally, the progressive target for 2024/25 was 60%, rising to 67.5% in 2025/26. The current England average uptake is around 44%.



**Commentary**

In quarter three 2025–26, the NHS Health Checks programme in Cambridgeshire achieved an uptake of 60% against the new annual target of 67.5%. In 2024/25 the target was 60%. This revised target came into effect on 1 April 2025, and it is typical for performance to take one or two quarters to adjust following a target increase. The eligible population has also grown by 0.75% since last year.

Performance in quarter three was also affected by system factors. The Healthy You Behaviour Change Service transitioned to a new provider on 1 December 2025, which led to a temporary drop in activity while one contractor exited and the new provider mobilised. In addition, GP delivery is likely to have been impacted by a significant flu season during the quarter, which diverted clinical capacity.

Despite these pressures, the current result remains close to the target.

**Useful Links**

[NHS Health Check - Data | Fingertips | Department of Health and Social Care](#)

[NHS Health Check - Commissioners and providers](#)

**Path to Green**

To achieve the increased target for 2025/26, an improved service has been included in the procurement of the new Place-Based Behaviour Change Service along with a programme of installations of self-service health check kiosks in public and community venues such as libraries and workplaces. Based on previous performance patterns, uptake is expected to improve steadily over the coming quarters, with the highest figures usually recorded in quarter four. Continued engagement with practices and targeted quality improvement work should help ensure the target is met by year end.

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
1984	↓	2050	2033	Declining

**RAG Rating**

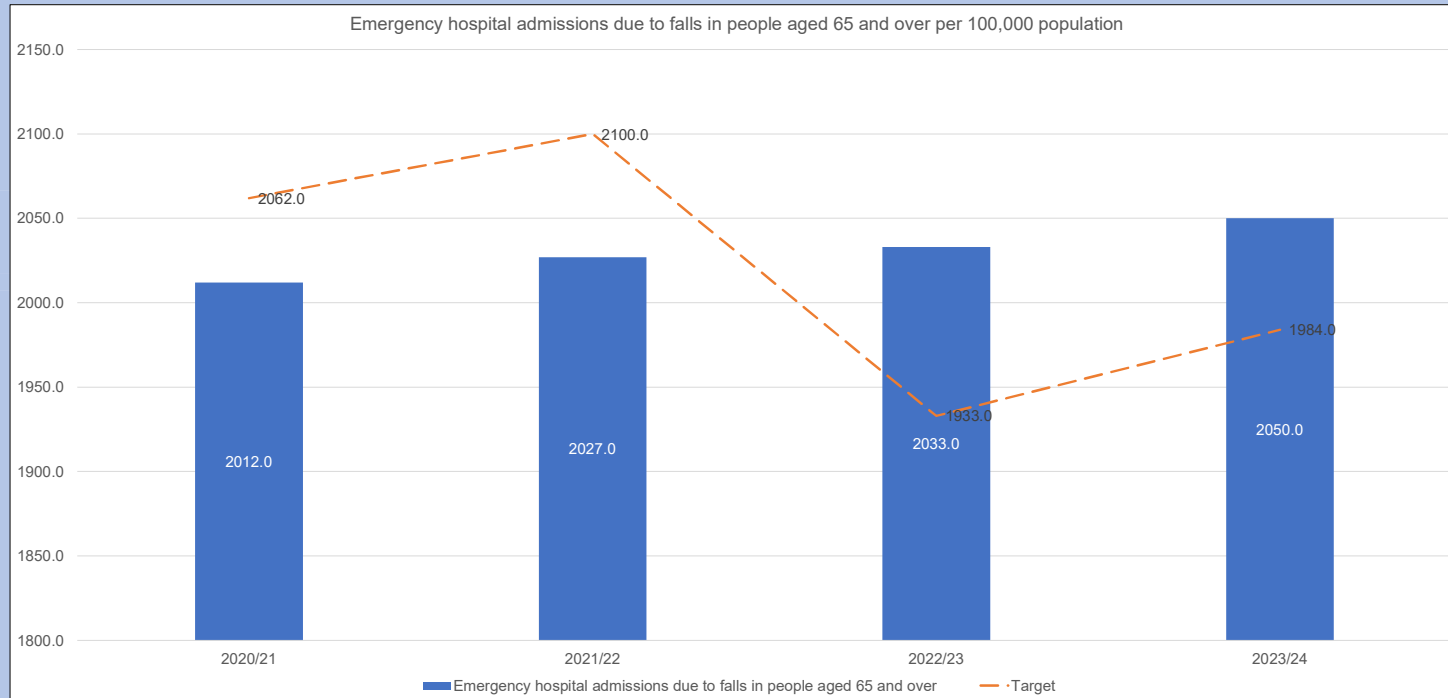
Amber

**Indicator Description**

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long term nursing or residential care. Indicator is: Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.

The target is set based on England average score for the financial year.

Falls prevention has system-wide engagement. Cambridgeshire County Council commission a number of falls prevention activity, focused on more "upstream" work among the less frail older individuals in the community. Action to address the most frail individuals is undertaken by CPFT, who provide community rehabilitation. In addition, Adult social care, our acute hospitals and VCSE organisations also have roles in improving or maintaining mobility among older people,



**Commentary**

There is a FaME falls prevention programme in Cambridgeshire to reduce the number of falls observed in the national indicator. There continues to be high demand for the FaME falls prevention programme commissioned as part of Health You. With 443 individuals starting the 26 weeks programme in the most recent financial year April 24-Mar 25, and 231 individuals completing the programme. 50% of individuals who complete the programme have improved strength and balance measurements.

There are also structured exercise programmes for less frail older people, with 15 classes available across the county, which have had 240 attendees in the past financial year. 81% of attendees had improved strength and balance measures after 6 months of attending.

Funding is also provided to each of the District Councils, who collectively deliver 60 weekly exercise sessions.

**Path to Green**

A falls prevention strategy has been developed and has been implemented over the past 2 years to reduce falls among older adults in Cambridgeshire. It focuses on prevention, early identification, and integrated care. Approaches within the strategy include raising public awareness about falls risks and promoting active, healthy lifestyles across the life course. Older adults are encouraged to take responsibility for their health, supported by accessible physical activity options - particularly strength and balance exercises.

Professionals and volunteers are being trained to better support physical activity, while the need for Age Friendly Communities to foster safer environments has been included in the most recent Healthy Places JSNA. Evidence-based interventions are being strengthened, particularly through improved coordination among primary, secondary, and community services. This includes access to falls risk assessments, medication reviews, and early intervention services.

The strategy also includes reducing the risk of falls for those in hospital, efforts focus on ensuring effective falls risk assessment documentation, timely referrals, and preventing patient deconditioning. To reduce falls risk for those in care homes, the focus is to ensure staff are trained to assess and manage falls risks and to promote physical activity, with robust referral processes to review fall-inducing medications.

Finally, falls prevention services are being designed to be inclusive, using data, co-production, and the removal of societal barriers to ensure all older adults, including those with disabilities, can access support tailored to their needs.

**Useful Links**

[Fingertips | Department of Health and Social Care](#)

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
43.3%	↓	49.00%	53.50%	Improving

**RAG Rating**

Red

**Indicator Description**

A HIV key strategic priority is to decrease HIV-related mortality and morbidity through reducing the proportion and number of HIV diagnoses made at a late stage of HIV infection.

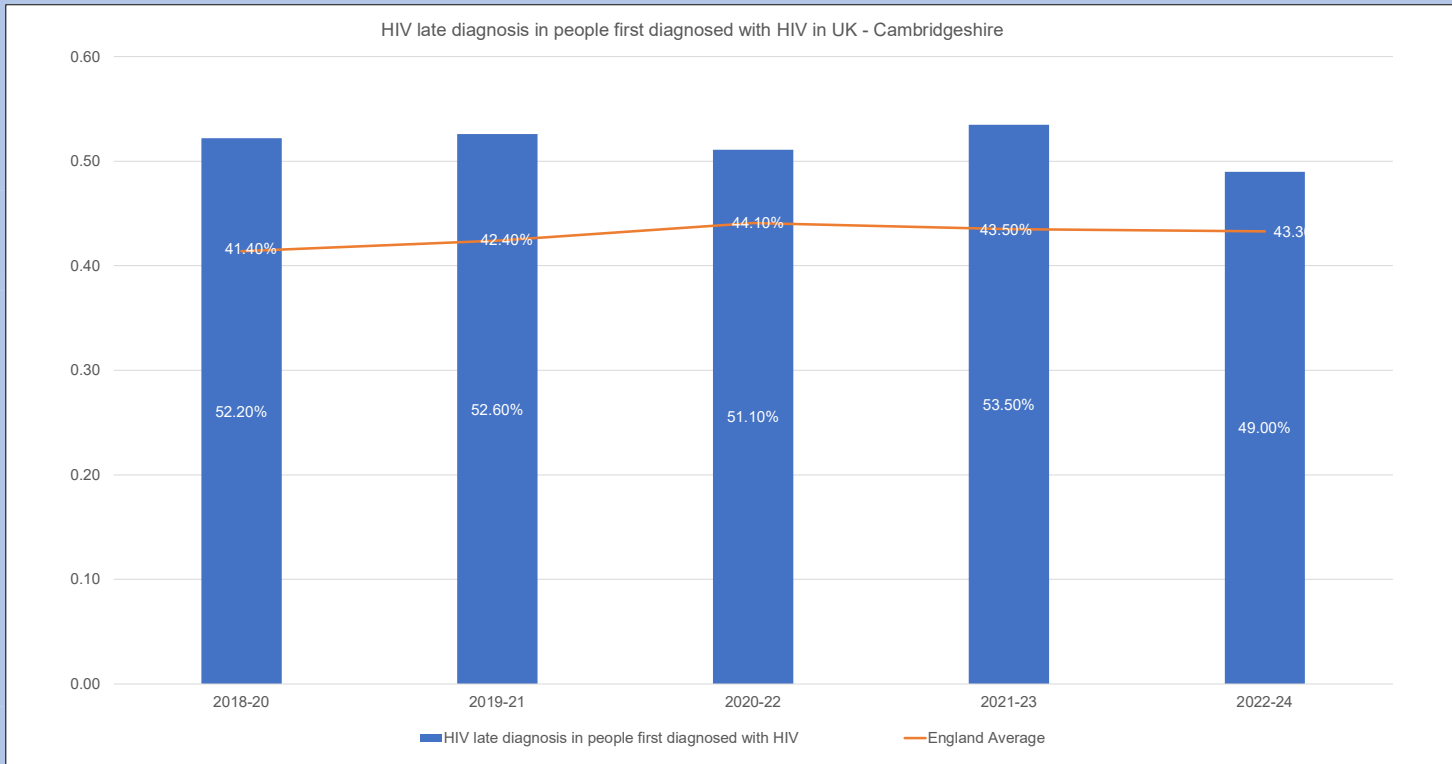
Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly, and this indicator is essential to evaluate the success of expanded HIV testing.

The data is calculated as the percentage of adults (aged 15 years or more) newly diagnosed with HIV with a CD4 count less than 350 cells per mm<sup>3</sup> within 91 days of diagnosis within Cambridgeshire. Data is presented by geographical area of residence. Where data on residence were unavailable, diagnoses have been assigned to the diagnosing area

Three-year combined data is shown due to small numbers in an individual year by local authority health area. The target for Cambridgeshire is to reach the national rate by 26/27. Currently this is 43.3%.

**Useful Links**

- [Government Statistics - HIV: Annual Data](#)
- [Public Health Data Collection and methodology.](#)



**Commentary**

Reducing late diagnoses of HIV is crucial to improving health outcomes and preventing the spread of the virus. This also contributes to the national target of zero new HIV transmissions by 2030. The UNAIDS '95-95-95' targets were met in England in 2023, with 95% of all those with HIV being diagnosed, 98% of those diagnosed receiving treatment, and 98% of those treated being virally suppressed and thus unable to pass on the virus. However, inequalities exist within HIV diagnosis and those in the most vulnerable groups are most likely to be diagnosed late.

Whilst the proportion of those being diagnosed late in Cambridgeshire remain high, it is worth noting that numbers are small. From April 2025, the commissioned provider of sexual health services, Cambridgeshire Community Services (CCS) have been commissioned to provide a sexual and reproductive health prevention service alongside the integrated sexual health service they already operate. The district breakdown of this outcome shows that Fenland is worse off with a rate of late diagnosis of 72.7% (this is influenced by a small number of diagnoses).

**Path to Green**

The reduction of late diagnosis of HIV is a local and national priority; recent analysis suggests that people first diagnosed at a late stage in 2022 were 10 times more likely to die (all cause among people with HIV) within a year of diagnosis, compared to people that were diagnosed promptly. From April 2025, CCC has commissioned a sexual health prevention service, which will aid the reduction of late diagnosis of HIV by helping to increase opportunistic testing (both by physically testing and by providing education and resources to health care professionals) and by supporting individuals to practice safer sexual practices. This education can also foster healthier relationships and reduce stigma associated with HIV. Additionally, peer support for HIV-positive residents provides emotional and practical assistance, helping individuals navigate their diagnosis and treatment. Peer support groups can offer a sense of community and shared experience, which is invaluable for mental health and adherence to treatment plans. Together, these strategies create a comprehensive approach to reducing late HIV diagnoses and supporting those living with HIV.

UK Health Security Agency (UKHSA) and British HIV Association (BHIVA) have developed very late HIV diagnosis reporting procedures, to further support the reduction of individuals missed by routine care. This will be further supported by the nascent C&P Sexual & Reproductive Health Strategy, which will seek to address this issue directly. Workshops are ongoing, to enhanced full-system working to support this strategy, and to include key stakeholders and patient groups in forming tangible actions. The analysis this will provide will help us to understand the reasons for very late diagnosis and to identify where opportunities for testing are being missed. This will further inform targeted interventions and support healthcare providers to offer testing where it is indicated. As a region, UKHSA are leading a HIV action plan that will further delve into the barrier to diagnosis that may be more specific to the system in the East of England. Whilst some areas, including many of our neighbours, have been included in the opt-out BBV testing scheme run by NHS England, Cambridgeshire does not currently qualify. Further rollout of this scheme will likely depend on the success of the currently participating sites, which is something to be followed with interest.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
30%	↑	30%	29%	Improving

RAG Rating

Green

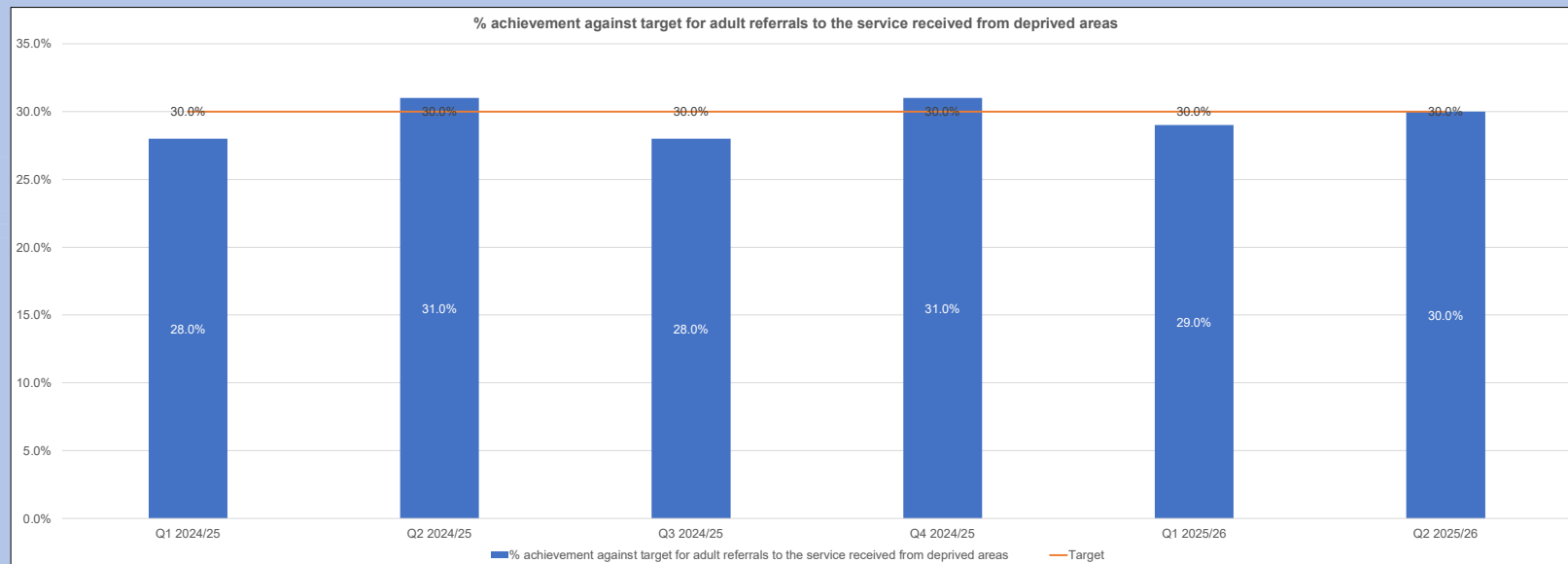
Indicator Description

This indicator is the proportion of referrals to the Integrated Behaviour Change Service that live in the 20% most deprived areas of Cambridgeshire.

The target proportion is 30% of the total number of referrals.

If an individual is referred who lives in the 20% most deprived areas (Quintile 1 postcode) then they are considered a referral from an area of high deprivation.

The integrated behaviour change service supports people to make healthy behaviour changes such as losing weight, stopping smoking and reducing their alcohol consumption.



Commentary

The number of referrals into the Health Trainer service for people from deprived areas is not available for Quarter 3. This is because following a commissioning process the provider of the Integrated Behaviour Change Service changed part way through the quarter. In Quarter 2 the Health Trainer service received 222 referrals for individuals living in the 20% most deprived areas, which is 30% of the overall referrals it received.

Useful Links

Path to Green

To increase the number of referrals from deprived areas the Behaviour Change Service continues to undertake engagement work in deprived areas by attending additional events and working closely with key partners who refer into the service by delivering MECC training.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
46.38%	↑	47.62%	47.16%	Improving

RAG Rating

Green

**Indicator Description**

This national measure includes the range of progress measures that individuals are making during drug/alcohol treatment.

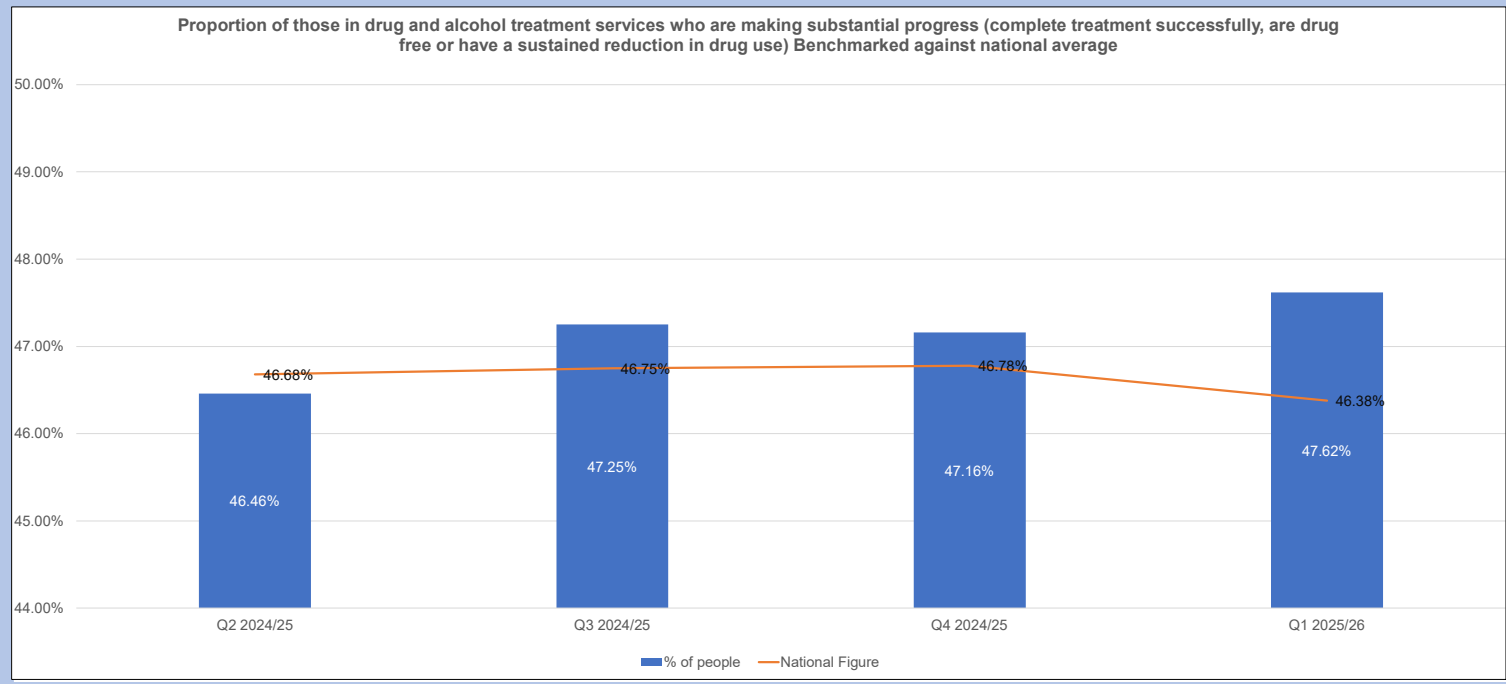
This measure reflects the proportion of those in treatment who completed successfully (excluding those who have acute housing problems), are drug free in treatment or have a sustained reduction in drug use.

This data is accessed from the National Drug Treatment Monitoring System (NDTMS) that is overseen by the Office of Health Improvement and Disparities (OHID). All services that provide structured drug/alcohol treatment services are asked to submit data to NDTMS. Local performance data is benchmarked against England average. Currently Cambridgeshire is performing above national average.

There are restrictions over the release of NDTMS data so there will be a delay in performance reporting, however commissioners will have access to more recent data for contract monitoring purposes.

**Useful Links**

<https://www.ndtms.net/Monthly/TreatmentProgress>



**Commentary**

To ensure that performance remains on track.

**Path to Green**

Commissioners continue to work closely with the commissioned provider CGL to ensure performance stays on track across the different drug profiles. Commissioners are working closely with the current service provider to ensure that performance remains strong during the re-commissioning exercise to minimise disruption. The new treatment service contract is due to start on the 1 April, 2026.