Agenda Item No: 11

Performance Report Quarter 1 2025/26

To:	Adults and Health Committee
Meeting Date:	9 October 2025
From:	Executive Director Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not Applicable
Executive Summary:	This report provides an update to the committee on the performance monitoring information for Quarter 1 of 2025/26, 1 April to 31 June 2025.
Recommendation:	The committee is asked to scrutinise and comment on the performance information presented.

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1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This report analyses the strategic key performance indicators (SKPIs) which directly link to Ambition 3: Health inequalities are reduced and Ambition 4: People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs. Due to the complex nature of SKPIs, some indicators may also impact other ambitions.

2. Background

2.1 The Performance Management Framework builds a clear performance process, linking individual services' performance all the way through to strategic decision-making, supporting the council to embed performance at the heart of everything it does.

2.2 The Performance Management Framework sets out that Policy and Service Committees should:

- Set outcomes and strategy in the areas they oversee.
- Track progress quarterly.
- Consider whether performance is at an acceptable level. Request further information on different SKPIs each quarter to effectively assess performance.
- Seek to understand the reasons behind the level of performance and identify remedial action.

2.3 This report, delivered quarterly, continues to support the committee with its performance management role. It provides an update on the status of the selected Adult Social Care & Public Health SKPIs and tracks the performance of the services the committee oversees.

2.4 These indicators enable members of this committee to have the best overview of performance in line with our strategic ambitions. These indicators will, where possible, be benchmarked against national and regional performance and set appropriate targets to allow fair scrutiny.

2.5 From quarter 1 2025/26 onwards, quarterly corporate performance reports submitted to Policy and Service Committees will be presented in the format of a scorecard. This will support the delivery of a transparent view of performance and will enable each committees' scorecards to be brought together into a holistic scorecard for the organisation for consideration by the Strategy, Resources and Performance committee. Each Policy and Service Committee scorecard will continue to have an appendix providing further detail for each SKPI.

2.6 The report covers the period of Quarter 1 2025/26, up to the end of June.

2.7 The most recent data for indicators for this committee can be found in the dashboard at Appendix 1. The dashboard includes the following information for each SKPI:

- Current and previous performance and the projected linear trend.
- Current and previous targets. Please note that not all SKPIs have targets, this may be because they are being developed, or the indicator is being monitored for context.
- Red / Amber / Green (RAG) status.
- Direction for improvement to show whether an increase or decrease is good.

- Change in performance which shows whether performance is improving (up) or deteriorating (down).
- The performance of our statistical neighbours. This is only available, and therefore included, where there is a standard national definition of the indicator.
- SKPI description.
- Commentary on the KPI and path to green.

2.8 The following RAG criteria are being used:

- Red – current performance is 10% or more from target.
- Amber – current performance is off target by less than 10%.
- Green – current performance is on target or better.
- Baseline – indicates performance is currently being tracked in order to inform the target setting process.
- Contextual – these KPIs track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.
- In development - KPI has been agreed, but data collection and target setting are in development.

3. Main Issues

3.1 Current performance of available indicators monitored by the Committee is as follows:

Status	Number of KPIs	Percentage of KPIs*
Red	7	30%
Amber	8	35%
Green	6	26%
Baseline	-	-
Contextual	1	5%
In Development	1	5%

**Figures may not add to 100 due to rounding.*

3.2 This quarter is the first quarter that has included Public Health indicators in this report, these are A&H indicators 014 to 023 in the dashboard. There is one indicator that is currently in development and will be added to the dashboard when finalised:

- Indicator 014, Percentage of children in 20% most deprived areas achieving a good level of development at age 2-2 ½ years.

There will be an updated data set to finalise this indicator; Officers are confident of completing the update for this indicator for the next iteration of this quarterly performance report.

3.3 There is 1 indicator which is identified as contextual, Indicator AHC 002: Number of new client contacts per 100,000 of the population.

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. There is also a programme of work underway to improve the Customer Experience for people contacting the Council.

4. Summary of Performance

4.1 An overview of the current performance for Adult Social Care Services (Indicators AHC 001-AHC 013) monitored by the Committee is as follows:

- We have seen an improvement in the quality-of-life score based on responses to the Adult Social Care Survey (ASCS). Results from the 2024/25 survey will be published later this year. (AHC001)
- New contacts for Adult Social Care remain high per 100,000 of population but the conversion rate to people requiring formal care and support is low indicating an effective prevention, information and advice offer. (AHC002)
- There continues to be strong performance within delivery of short-term services which are maximising independence for people contacting the Council for support. (AHC003)
- Safeguarding continues to be an effective area of practice with performance in line with national and statistical neighbour averages for reducing or removing risk, although Cambridgeshire has seen a slight decline in performance this quarter. (AHC009)
- The number of people who have not received a review of their long-term care and support needs within the last 12 months remains at a lower level then statistical or national comparators and there is a declining trend which continues to be monitored. (AHC008)
- An increasing number of adults aged 18-64 require their needs to be met within a residential of nursing setting but a high proportion continue to be supported within the community with an increased rate of the population compared to this time last year. (AHC004 and AHC006)
- A large proportion of adults aged 65+ are having their long-term support needs met in their own home or another community setting with less people needing admission to residential and nursing care homes. (AHC005 and AHC007)
- The number of Carer Conversations carried out remains above target at an average of 323 per month (vs target of 265) although the rate of carers assessed or reviewed per 100,000 population is at a lower level for Quarter 1 when compared to previous years. (AHC010 and AHC011)
- The number of people receiving a Direct Payment improved slightly this quarter following a period of static or declining trends. Work continues to improve this area of performance with a range of initiatives. (AHC012)
- The percentage of Care Homes rated Good or Outstanding by CQC remains above the target of 80% (81.2% for Quarter 1). This includes all care homes in Cambridgeshire and not just those which are commissioned by the Council.

4.2 An overview of the current performance for Public Health (Indicators AHC014 – AHC023) monitored by the Committee is as follows:

- The percentage of children of obese children in year 6 living in the 20% most deprived areas indicator is rated as red. That is, there is a higher proportion of obese children living in more deprived areas is higher than in the less deprived areas. This

gap has increased since 2017.There are a range of interventions based in schools and communities. For example, Public Health has commissioned a child weight management service that includes primary prevention initiatives as well as weight management, the Healthy Schools Service Learn to Live Well Obesity Fund. There is ongoing work to increase the number of children who are eligible for Free School Meals but do not take them up.

- The indicator HIV Late Diagnosis has been in recent years consistently rated as red high although numbers are low. Public Health has commissioned a new Sexual Health Prevention Service that is focusing upon increasing opportunistic HIV testing, outreach with high-risk groups and peer programmes.

- The percentage of children receiving free school meals who achieve a good level of development at the end of the reception year is rated red. Public Health commissions health visitors who work closely with Early Years Service and initiatives include peer support programmes and targeted mentoring for families with children eligible for Free School Meals.

- The percentage of new birth visits undertaken by the health visitors within 14 days is rated as amber. There has been a sustained improvement to reach the current 93% rate just below the 95% target. New processes have been put in place by to increase the timeliness of the new birth visits.

- The percentage of smoking cessation service users who quit for at least 4 weeks as part of a structured quit attempt, is rated as amber. There has been slow improvement since the COVID-19 pandemic. However, in Cambridgeshire overall smoking rates have improved with fewer people smoking. The national and local strategic focus is now upon groups where smoking rates remain high such as the homeless or those with mental health problems. Public Health has commissioned bespoke services to work with these groups that are slowly gaining traction.

- The achievement against target for completed NHS Health Checks is rated amber, but this Programme has shown a very good, sustained improvement against an annual increase in target. Last year's target was exceeded, and this quarter is just below target. The sustained improvement is anticipated to be maintained which reflects the diversity of approaches that includes workplace and community programmes.

- Emergency hospital admissions due to falls in people aged over 65 and over per 100,000 population is rated as amber. There has been a downward trend in performance but there is a comprehensive programme of work underway that is reviewing and seeking to understand the drivers of this performance and the current services. The aim is to improve and develop services and increase preventative interventions.

- The percentage achievement against the target for adult referrals to the Behaviour Change Service from the 20% most deprived areas is rated amber. Generally, this indicator target is achieved but it has fallen slightly this quarter. The Service continues to undertake engagement work in deprived areas and working closely with partners working in the deprived areas who refer into the Service. This fall in

performance may reflect seasonal variation as it includes rural more deprived areas where spring agricultural activities are prioritised. The Behaviour Change Service has just been recommissioned and the new Service will start on 1 December 1 2025. The Service is now place based with separate contracts for each of the five districts. One the ambitions for the service is to strengthen relationships with communities and partners especially those working and living in more deprived areas.

- The proportion of those in drug and alcohol treatment services who are making substantial progress and are drug free is rated green. The Service is performing in line with the national average on the treatment progress measure.

5. Conclusion and recommendations

5.1 3.1 shows the breakdown of RAG status for this committee's indicator set. Of the 15 indicators updated this quarter that monitor change in performance, 7 indicators saw an improvement in performance.

- A&H 003: Requests from new clients where the outcome was short term support to maximise independence per 100,000 population. This indicator retains Green RAG status.
- 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). This indicator remains RAG rated as red but performance is improving.
- A&H 006: Total people accessing long term support in the community aged 18-64, per 100,000 population (YTD). This indicator retains Green RAG status
- A&H 007: Total people accessing long term support in the community aged 65+, per 100,000 population (YTD). This indicator remains RAG rated as amber but performance is improving.
- A&H 010: Number of carers assessed or reviewed in the year per 100,000 of the population. This indicator remains RAG rated as red but performance is improving.
- A&H 011: Carers Conversations carried out (monthly average). This indicator retains Green RAG status
- A&H 017: Percentage of New Birth Visits completed (within timescales and total). Amber status maintained as the improvement was not great enough to meet the target.
- A&H 018: The percentage of smoking cessation service users who quit for at least 4 weeks as part of a structured quit attempt. Amber status maintained as the improvement was not great enough to meet the target.
- A&H 023: Proportion of those in drug and alcohol treatment services who are making substantial progress and are drug free. (increase in the percentage exceeding the target). Moved from amber to green status.

5.2 Of the 15 indicators updated this quarter that monitor change in performance, 8 indicators saw a decline in performance.

- A&H 005: Long term support needs of adults (65+) met by admission to residential and nursing care homes per 100,000 population (YTD). This indicator remains green despite a slight decline this quarter.
- 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. This indicator remains RAG rated as red.

- A&H 009: Percentages of safeguarding enquiries where risk has been reduced or removed. This indicator remains RAG rated as amber despite a slight decline this quarter.
- A&H 012: Proportion of people using social care who receive direct payments as part of self-directed support. This indicator remains RAG rated as red.
- A&H 013: Percentage of Cambridgeshire Care Homes rated good or outstanding by CQC (ASCOF 6B). This indicator remains green despite a slight decline this quarter.
- A&H 016: The percentage of obese year 6 children living in the 20% most deprived areas.
- A&H 019: Achievement against target for completed NHS Health Checks
- A&H 020: Emergency admissions due to falls in people aged 65 and over per 100,000 population. Performance has fallen but remain within the amber status.
- A&H 022: Behaviour Change Service: percentage achievement against target for adult referrals to the service received from the 20% most deprived areas. Moved from green to amber status, though the change was small.

5.3 This Corporate Performance paper is a monitoring paper. There are no recommendations for this quarter.

6. Significant Implications

6.1 Finance Implications

Whilst there are no direct financial implications poor performance can have an impact on the Council's finances. This is why it is important to consider the relationship between the SKPIs and financial performance.

6.2 Legal Implications

Performance of some indicators is linked to statutory duties. Tracking performance is therefore important as not meeting statutory requirements could have legal consequences for the Council.

6.3 Risk Implications

This report provides the latest performance information for this committee. The SKPI's performance should be scrutinised with a consideration towards to how improving or declining performance may impact risk.

6.4 Equality and Diversity Implications

The individual policies that relate to activity represented by these SKPIs will be underpinned by consideration of the outcome of Equality Impact Assessments.

6.5 Climate Change and Environment Implications

Where relevant the individual areas of activity represented by these SKPIs will be supported by an Environmental Impact Assessment.

7. Source Documents

7.1 None