

Produced on:

04 December 2019



Corporate Performance Report

Quarter 2

2018/19 financial year

General Purposes Committee

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

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 or up to 4% over target • Blue – current performance is over target by 5% or more • 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
Useful Links	Provides links to relevant documentation, such as nationally available data and definitions

Indicator 20: 2C(2) Average monthly number of bed day delays (social care attributable) per 100,000 18+ population

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
114.0	161.9	109.5	↓	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
194.0	129.0	R		

Indicator Description

This measure reflects the number of delays in transfer of care which are attributable, to social care services. A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying such a bed.

Calculation:
 $(X/Y) \times 100,000$

Where:

X: The average number of delayed transfers of care (for those aged 18 and over) each day that are attributable to Social Care. This is the average of the 12 monthly "DTCOC Beds" figures calculated from the monthly Situation Report (SitRep).

Y: Size of adult population in area (aged 18 and over)

Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

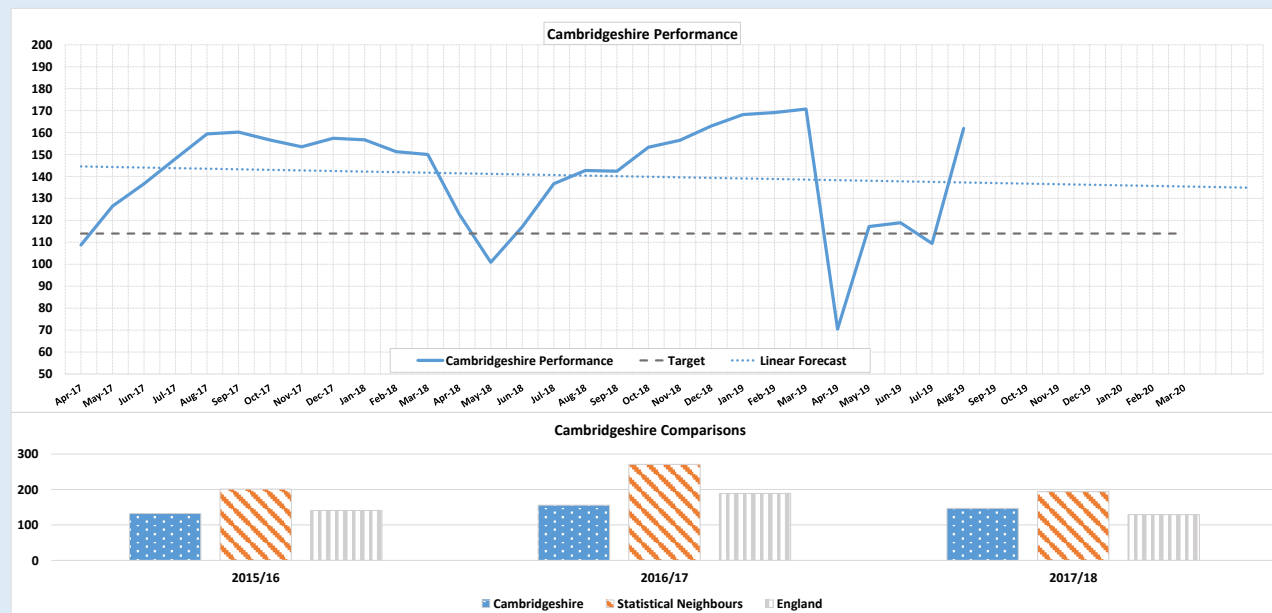
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

August saw a steep increase in the number of delays compared to the preceding few months. Although recent performance is exceeding the target ceiling, the period from Apr-Jul 19 has seen figures below or within 10% of target, which, relatively speaking is significantly better than at any other 3 month period in recent years.

Across this period, delays arranging domiciliary care accounted for 62% of social care attributable bed day delays. This reason was the most common cause for ASC delays for the top 4 hospital trusts reporting DTCs in Cambridgeshire, Cambridge University Hospitals FT, North West Anglia FT, Cambridgeshire & Peterborough FT and Queen Elizabeth Hospital.

The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

Indicator 21: 1F Proportion of adults, in contact with secondary mental health services, who are in paid employment

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
12.5%	13.5%	13.4%	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
9.3%	7.0%	B		

Indicator Description

The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

Adults here are defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). The measure is focused on 'paid' employment. Voluntary work is to be excluded for the purposes of this measure.

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

Where:

X: Number of working age adults (18-69 years) who are receiving secondary mental health services and who are on the CPA recorded as being in employment. The most recent record of employment status for the person during the previous twelve months is used.

Y: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the CPA at the end of the month.

Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

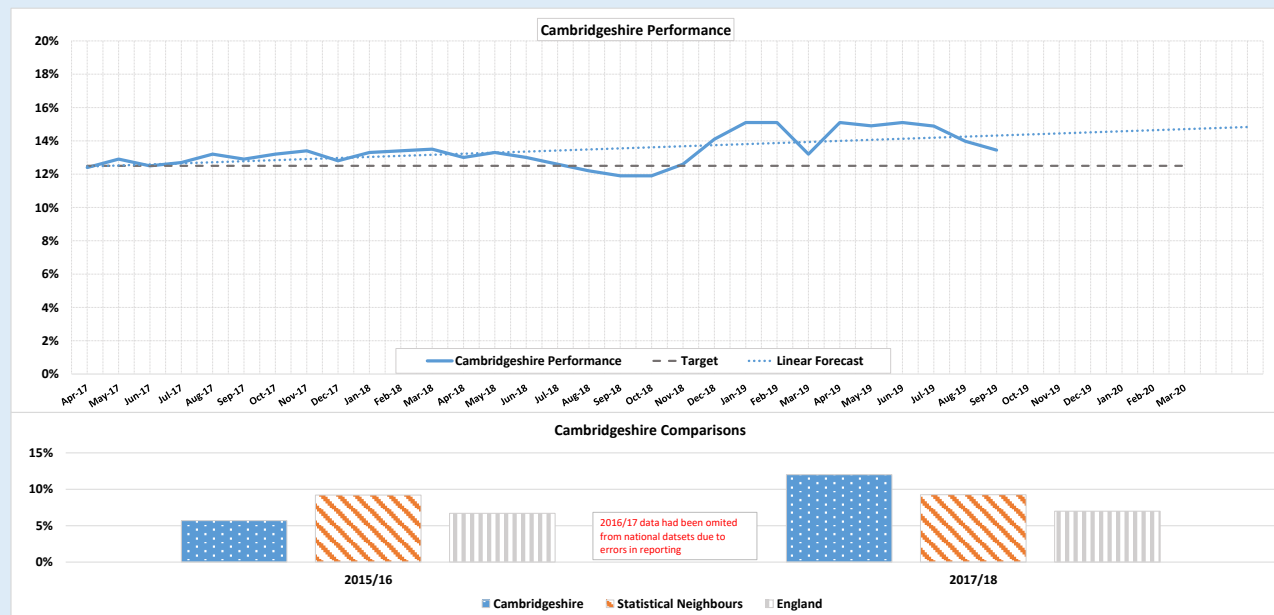
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

Indicator 105: Percentage of adult safeguarding enquiries where outcomes were at least partially achieved

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
87.0%	95.3%	94.2%	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)		RAG Rating	
96.0%	94.0%		B	

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, upon conclusion 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

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

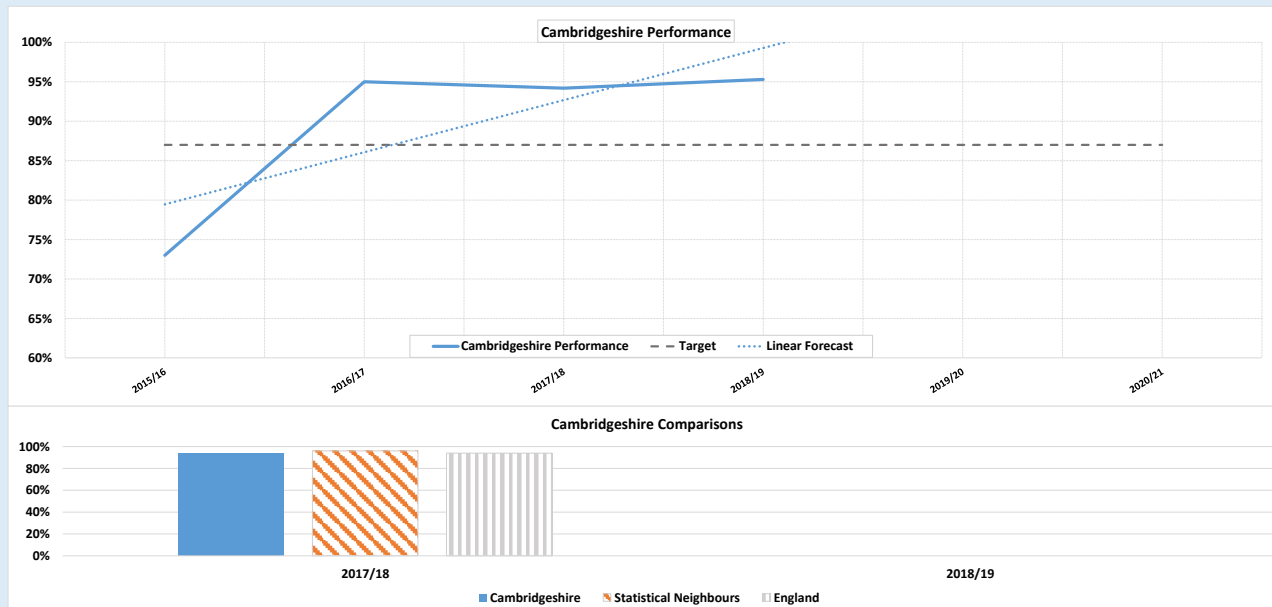
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance at this measure is strong and remains consistent with national performance and that of statistical neighbours. There is room for improvement in the number of adults at risk being asked to express their desired outcomes. In 2017/18, approximately 17% of adults at risk who were subject to a S42 enquiry were not asked for their desired outcomes.

Indicator 126: 1C(2A) Proportion of adults receiving Direct Payments

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
24.0%	21.6%	21.5%	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
31.7%	28.5%	R		

Indicator Description

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes.

The implementation of the SALT return has enabled this measure to be strengthened. Its scope has been limited to people who receive long-term support only, for whom self-directed support is most relevant, and this will better reflect councils' progress in delivering personalised services for users and carers. Both measures for self-directed support and direct payments have also been split into two, focusing 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)*100

X: The number of users receiving direct-payments and part-direct payments at the financial year end.

Y: Clients aged 18 or over accessing long term support at the financial year end.

Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

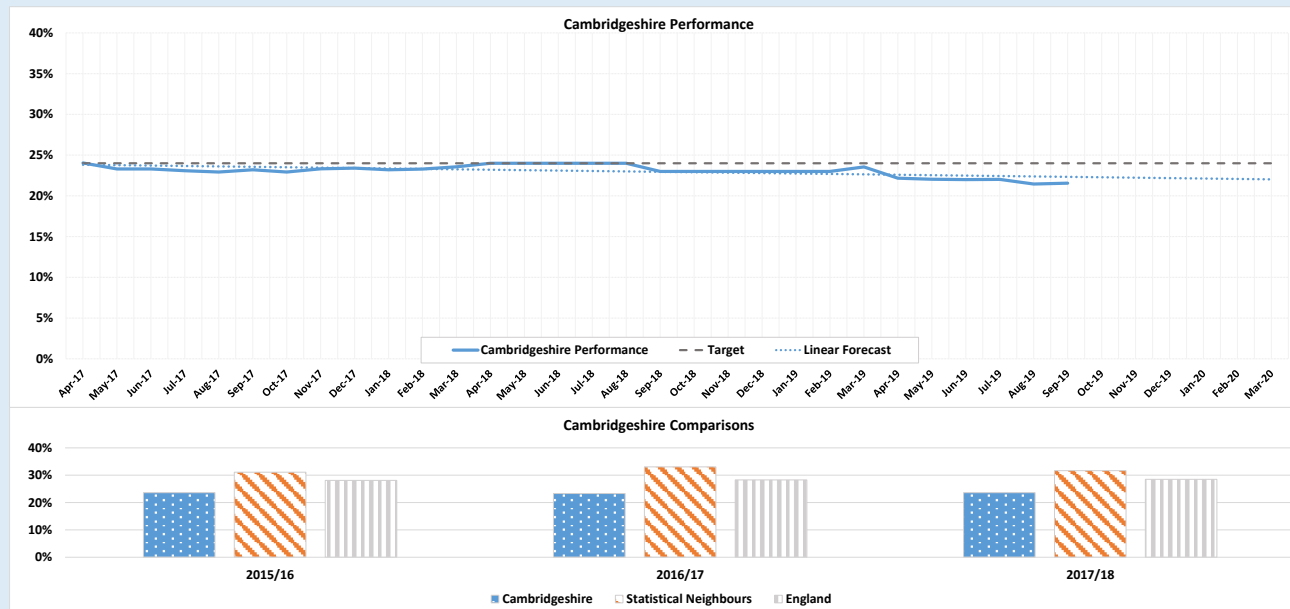
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

The proportion of adults receiving Direct Payments increased slightly at the end of 2018/19 bring this indicator to within 10% variance of target. The target for this indicator was increased during 2018 in order to reflect the eastern region average, causing the indicator to be below target. Performance in September climbed slightly compared to the previous month.

Work is underway to investigate why uptake of direct payments has reduced and put steps in place to address any issues as we would hope to increase use of direct payments as part of the move towards a more personalised approach.

Indicator 140: 2D Percentage of new clients where the sequel to Reablement was not a long-term service

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
77.8%	91.2%	93.0%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
79.5%	77.8%	B		

Indicator Description

This measure will reflect the proportion of those 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 – short-term support that results in no further need for services.

Short-term support is defined as 'short-term support which is designed to maximise independence', and therefore will exclude carer contingency and emergency support. This prevents the inclusion of short-term support services which are not reablement services.

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

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"; "No Services Provided - No identified needs".

Y: Number of new clients who had short-term support to maximise independence. Those with a sequel of either early cessation due to a life event, or those who have had needs identified but have either declined support or are self-funding should be subtracted from this total.

Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

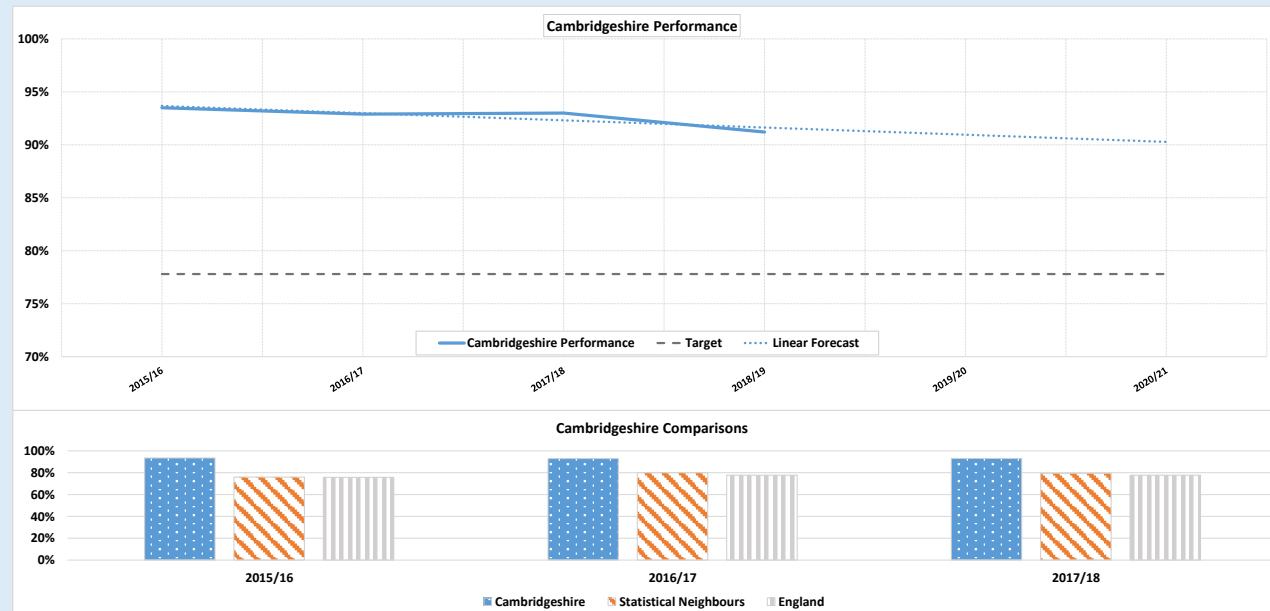
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance has dipped slightly in 2018/19 but is still comfortably above target, as well as the national and statistical neighbour averages.

Indicator 162: Number of carers receiving Council funded support per 100,000 of the population

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
271	622	612	↓	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
280	249	R		

Indicator Description

Carers 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:

$$R = X/Y * 100000$$

Where R is the rate per 100 000 members of the population.

X is the sum of all carers supported by the following the following delivery mechanisms (as defined by the Social Care SALT Return): "Direct Payment only", "Part Direct Payment", "CASSR Managed Personal Budget", "CASSR Commissioned Support only" and "Respite or other forms of carer support delivered to the cared-for-person".

And Y is the adult population of the county based on the relevant mid-year estimate from the Office for National Statistics.

Source: SALT LTS003, Table 1

Useful Links

NHS Digital 2017/18 Data:

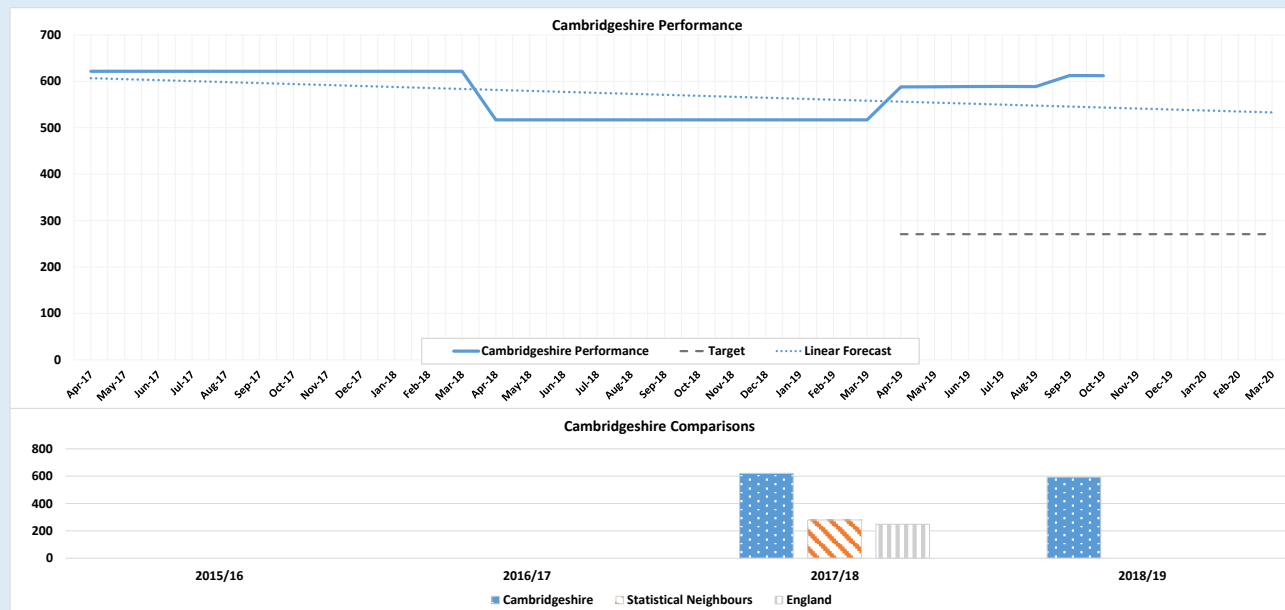
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascf/current>

NHS Digital Archived Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascf/archive>

LG Inform:

<https://lginform.local.gov.uk/>



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Recent performance has shown a slight increase in the number of carers supported with funded support. This appears to be due to an increase in the number of cared for people receiving respite, or other forms of support delivered directly to the cared-for-person.

In previous years direct payments were often used as a standard delivery mechanism for support a carer. There is now a greater focus on targeting support to carers in more varied ways which do not necessarily involve one-off grant payments. Recording of these interactions with carers is less robust than those involving a financial transaction and as such, the number of carers being supported appear to be in decline. Target represents a 50% reduction of Carer Direct Payments from the 2018/19 baseline.

Indicator 1: Percentage children whose referral to social care occurred within 12 months of a previous referral

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
20.0%	25.1%	22.2%	↓	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
22.6%	21.9%	R		

Indicator Description

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

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 and 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 (Department for Education, 2019).

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); CCC Business Intelligence Team.

Useful Links

Local Authority Interactive Tool (LAIT):

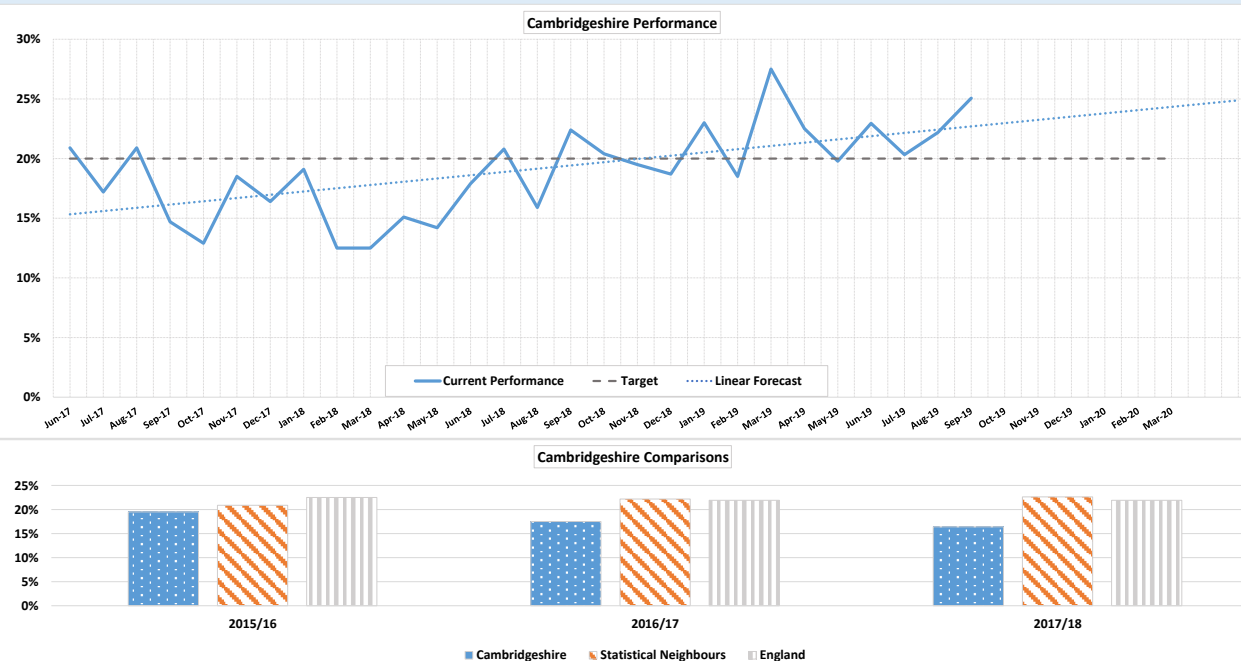
<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LG Inform:

<https://lginform.local.gov.uk/>

Department of Education - Children in Need Statistics

<https://www.gov.uk/government/collections/statistics-children-in-need>



(Mean England and Statistical Neighbour data obtained from Local Authority Interactive Tool (LAIT))

Commentary

Recent changes in the way that contacts and referrals are considered within the Integrated Front Door mean that this indicator is likely to swing more than usual. This means that the current reported re-referral rate needs to be viewed with caution. The impact of the changes will reduce as we move towards the end of the year.

In Q1 2019, 21.8% (261) of referrals to social care occurred within 12 months of a previous referral. This is below statistical neighbours and in line with the England average. There has been an upward trend in re-referrals since the beginning of 2018.

Indicator 2: Number of children with a Child Protection Plan per 10,000 population under 18

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
41.6	38.3	39.9	↓	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
41.6	45.3	B		

Indicator Description

This measure gives an indication of the number of children at risk of harm within the county. A child protection plan is put in place where a child is at risk of significant harm, the plan sets out the action needed to keep the child safe and to promote their welfare.

Expressed as the rate of children with a child protection plan, at month end, per 10,000 population (0-17).

Calculation:
 $(X/Y) \times 10,000$

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):

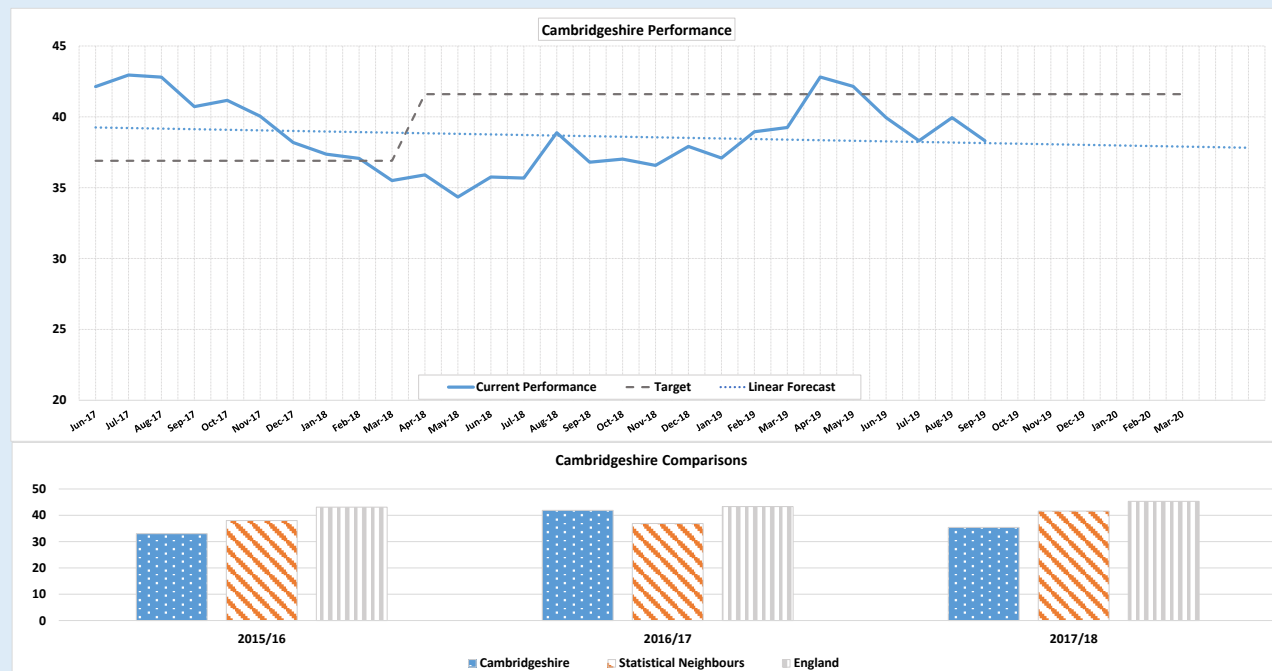
<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LG Inform:

<https://lginform.local.gov.uk/>

Department of Education - Children in Need Statistics

<https://www.gov.uk/government/collections/statistics-children-in-need>



(Mean England and Statistical Neighbour data obtained from Local Authority Interactive Tool (LAIT))

Commentary

NOTE: The target for this indicator has been reviewed and is now in line with the statistical neighbour average.

We are taking concerted action to review all children subject to Child Protection Plans, and the rate is reducing and is now already below the SN average. This is good performance as only those children at risk of significant harm and where parents are not engaging or making progress in addressing issues should be subject to plans. As Family Safeguarding become established in Cambridgeshire during 2020/21, we should see this rate decrease further.

In April 2019 the number of children on a child protection plan peaked at 581. Since then the number has decreased, with 542 on a child protection plan at the end of June. The rate of children on a plan per 10,000 population is below target. At the end of June the rate was below the Statistical Neighbours and England average.

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

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
40.0	56.6	57.1	↓	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
46.3	64.0	R		

Indicator Description

This measure gives an indication of the number of children who are in the care of the local authority.

Expressed as the number of children in care as a rate per 10,000 children aged 0-17. Children in care includes all children being looked after by a local authority; those subject to a care order under section 31 of the Children Act 1989; and those looked after on a voluntary basis through an agreement with their parents under section 20 of that Act (Department for Education, 2018).

Calculation:
 $(X/Y) \times 10,000$

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: Childrens Team

Useful Links

Local Authority Interactive Tool (LAIT):

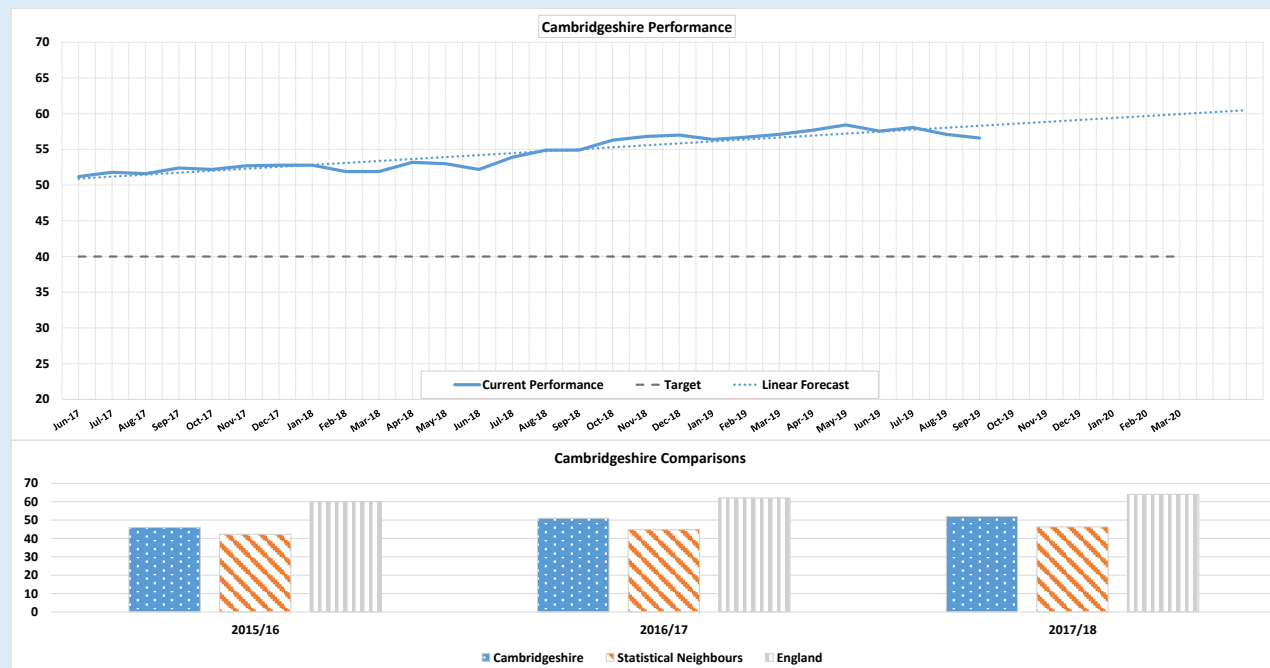
<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LG Inform:

<https://lginform.local.gov.uk/>

Department of Education - Children in Need Statistics

<https://www.gov.uk/government/collections/statistics-children-in-need>



(Mean England and Statistical Neighbour data obtained from Local Authority Interactive Tool (LAIT))

Commentary

Numbers of children in care remain higher than they should be. The restructure of children's services will address this, as will the implementation of Family Safeguarding in the County.

The number of Children in Care is on an upward trend. The rate is above the Statistical Neighbours but below the England average. At the end of June there were 781 Children in Care in Cambridgeshire, 66 were unaccompanied asylum seeking children.

Indicator 118: Number of young first time entrants into the criminal justice system, per 10,000 of population

[Return to Index](#)

December 2019

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
6.9	2.1	4.0	↓	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
1.5	2.0	B		

Indicator Description

This is a Youth Justice Board National measure the number of first time entrants to the criminal justice system where first time entrants are defined as young people (aged 10 – 17) who receive their first substantive outcome (relating to a youth caution, youth conditional caution or court disposal). (Ministry of Justice, 2019), expressed in the rate per 10,000 population.

Calculation:
 $(X/Y) \times 10,000$

Where:

X: The number of first time entrants to the criminal justice system aged 10-17 in the month.

Y: The population of 10 to 17 year old children.

Sources: Ministry of Justice; LG Inform; Cambridgeshire County Council Business Intelligence: Childrens Team

Useful Links

Local Authority Interactive Tool (LAIT):

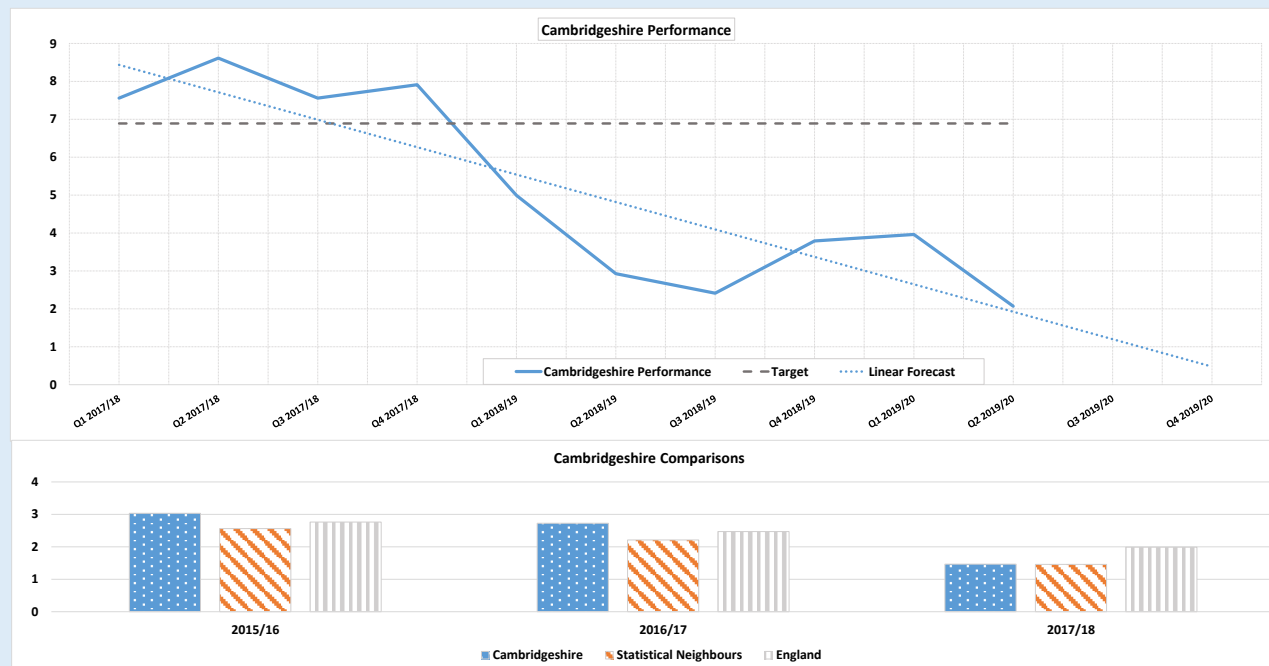
<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LG Inform:

<https://lginform.local.gov.uk/>

Ministry of Justice Statistics

<https://www.gov.uk/government/collections/criminal-justice-statistics-quarterly>



(Mean England and Statistical Neighbour data obtained from Local Authority Interactive Tool (LAIT))

Commentary

The number of first time entrants to the criminal justice system is on a downward trend and performance has been strong during the last 12 months when comparing ourselves against statistical neighbours and the national average. Cambridgeshire has embedded partnership arrangements to support Prevention and Community Resolution programme to intervene with young people early, which has seen an impact upon performance against this measure.

Indicator 9: Ofsted - Pupils attending schools that are judged as Good or Outstanding (Secondary Schools)

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
90.0%	94.7%	94.7%	↑	Unchanged
Statistical Neighbours Mean	England Mean		RAG Rating	
85.3%	79.9%		B	

Indicator Description

This measure gives an indication of how many children are attending state-funded secondary schools which have been judged, by ofsted inspection, to be Good or Outstanding.

Expressed as the percentage of children in all state-funded secondary schools, at month end.

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

Where:

X: The number of children attending state-funded secondary schools judged as good or outstanding at their latest Ofsted inspection.

Y: All children attending state-funded secondary schools where the school has had an Ofsted inspection.

Source: Cambridgeshire County Council Business Intelligence: Education Team.

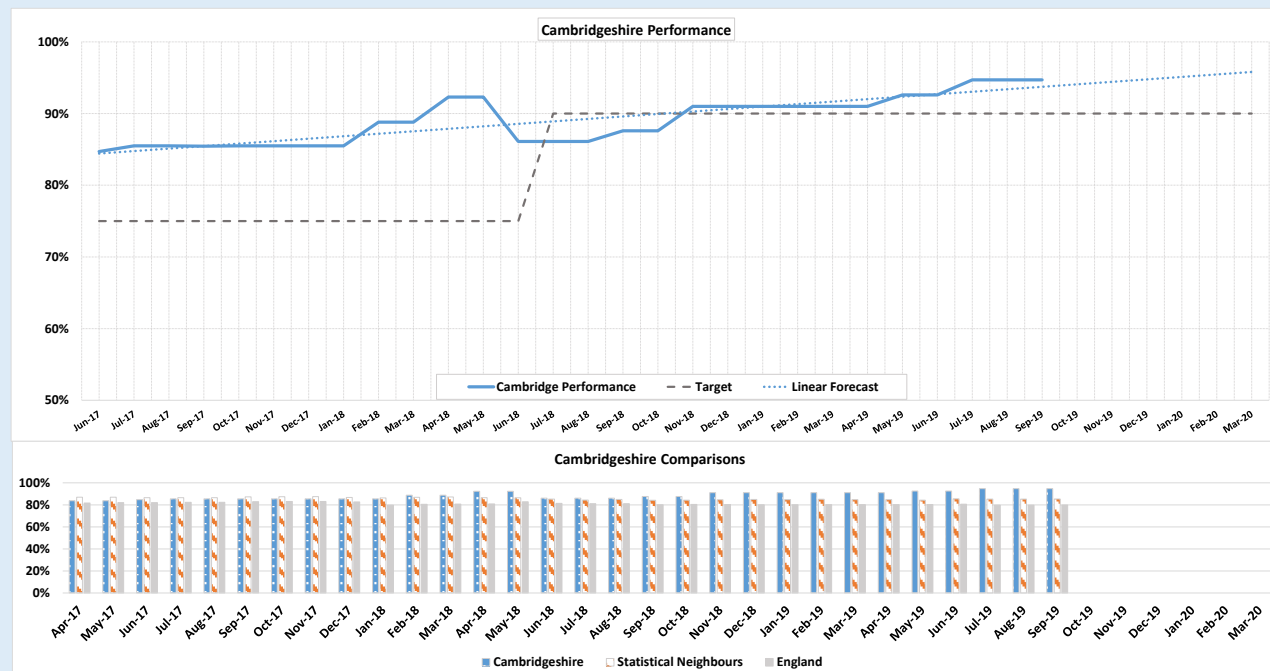
Useful Links

State-funded school inspections and outcomes: management information:

<https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes>

LG Inform:

<https://lginform.local.gov.uk/>



(Mean England and Statistical Neighbour data obtained from Local Authority Interactive Tool (LAIT))

Commentary

Indicator 128: Percentage of EHCP assessments completed within timescale

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
70.0%	85.4%	86.9%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
64.5%	58.0%	B		

Indicator Description

Education, Health and Care (EHC) plans for children and young people aged up to 25 were introduced on 1 September 2014 as part of the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014.

The percentage of EHCP assessments completed within 20 weeks (including exception cases).

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

Where:

X: The number of EHCP assessments (including) exception cases issued within the month which took 20 weeks or less to complete.

Y: The number of EHCP assessments issued within the month.

The CCC target of 70% was set in June 2018 when this indicator was included in corporate performance reporting. Prior to this, no target was set.

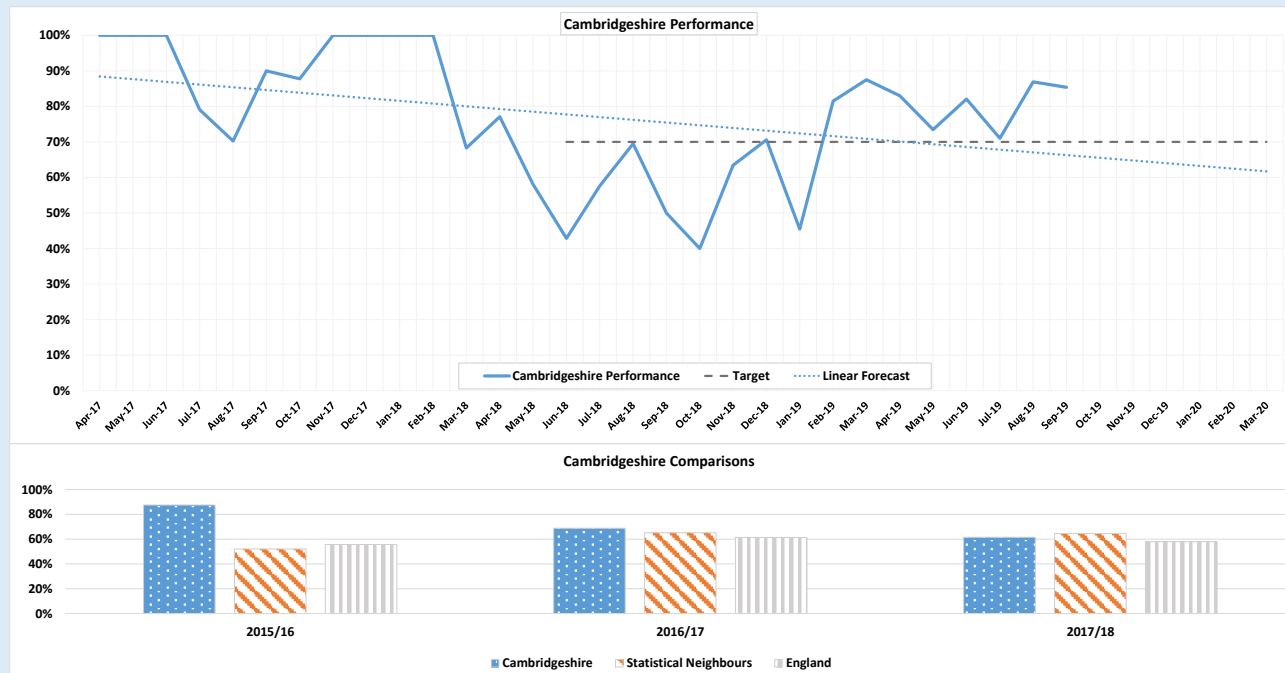
Useful Links

Local Authority Interactive Tool (LAIT):

<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LG Inform:

<https://lginform.local.gov.uk/>



(Mean England and Statistical Neighbour data obtained from Local Authority Interactive Tool (LAIT))

Commentary

Nationally the percentage of EHC plans being issued in timescale has decreased. In 2018, 60% of EHC plans were issued in timescale which shows a decrease from 2017 when 65% of new EHC plans were issued to timescales.

Cambridgeshire has seen a similar drop in line with the national data however since February 2019 performance has remained well above target and significantly above both the statistical neighbour average and the national average.

Indicator 132: Percentage of Persistent absence (All children)

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
8.5%	9.6%	8.9%	↓	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
10.6%	11.2%	R		

Indicator Description

In law, parents of children of compulsory school age (5-16) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Failure to comply with this statutory duty can lead to prosecution. Local Authorities are responsible in law for making sure that pupils attend school. Schools are required to take attendance registers twice a day: at the beginning of the morning session and during the afternoon session. In their register schools are required to distinguish whether pupils are present, engaged in an approved educational activity, or are absent. Where a pupil of compulsory school age is absent, schools have to indicate if their absence is authorised by the school or unauthorised.

Since the beginning of the 2015/16 academic year, pupils have been identified as persistent absentees if they miss 10% or more of their possible sessions.

Expressed as a percentage

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

Where:

X: The number of enrolments classed as persistent absentees

Y: The number of enrolments.

Source: Cambridgeshire County Council Business Intelligence: Education Team.

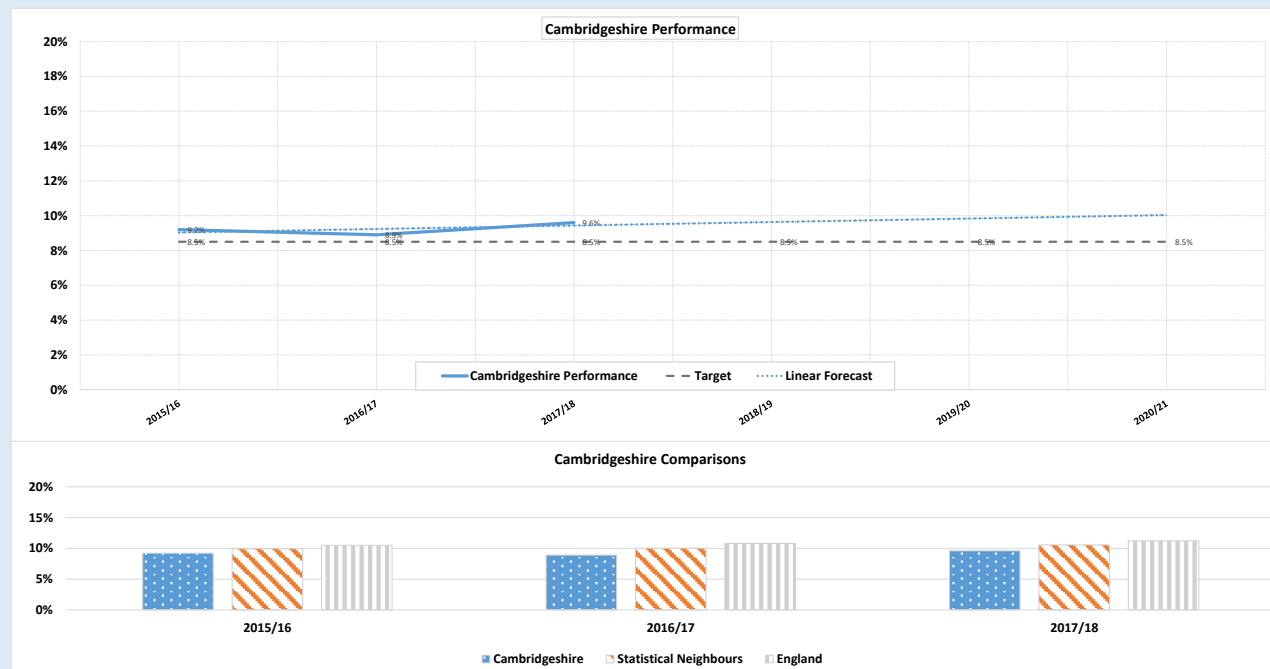
Useful Links

Local Authority Interactive Tool (LAIT):

<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LG Inform:

<https://lginform.local.gov.uk/>



(Mean England and Statistical Neighbour data obtained from Local Authority Interactive Tool (LAIT))

Commentary

Although persistent absence in all schools rose by 0.7 percentage points from the previous year, it is still well below both the England average (1.6 percentage points below) and the statistical neighbour figure (1.0 percentage points below).

This is the first time in the last five years that persistent absence rose in primary and secondary schools and the increase is 0.6 percentage points for both school phases which is in line with similar increases for statistical neighbours and the England average.

Persistent absence in special schools has risen by 6 percentage points since the previous year. This is higher than both our statistical neighbour average and the England average.

Indicator 37: Number of visitors to libraries/community hubs - year-to-date

[Return to Index](#)

December 2019

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
2,400,000	988,888	485,038	↑	Improving

RAG Rating

R

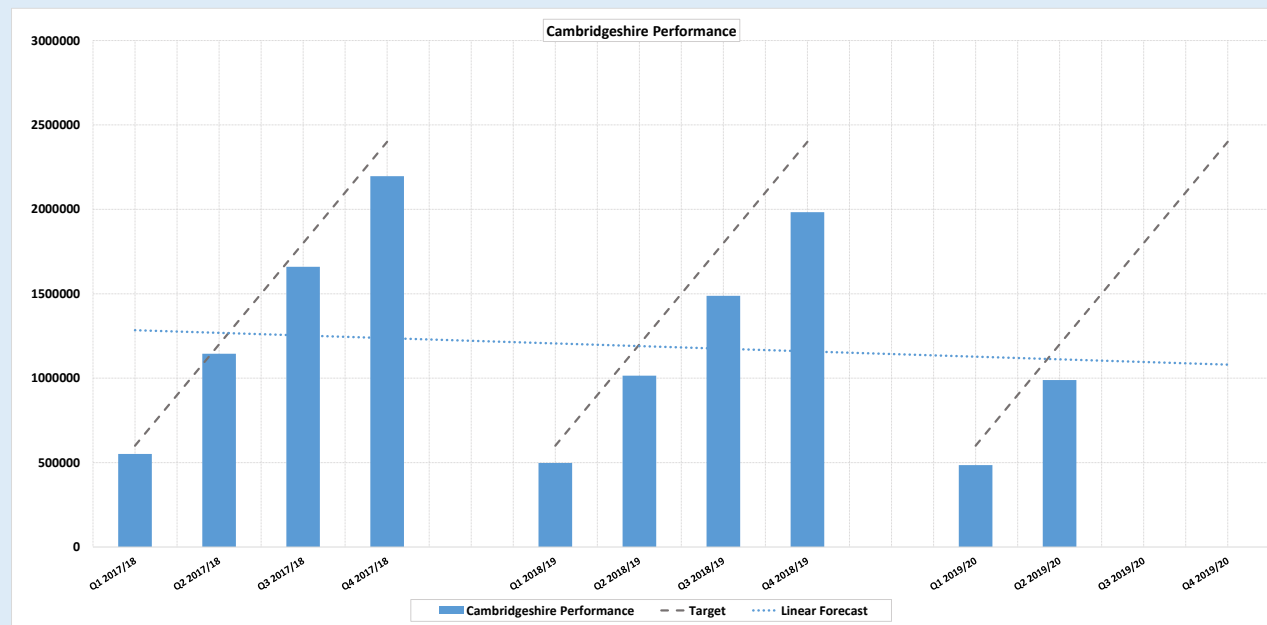
Indicator Description

The indicator is a rolling total, each quarter, of the number of physical visits to Cambridgeshire libraries.

This is a local indicator and therefore there are no statistical neighbour or England comparator data.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>


Commentary

Recommendation: To change the indicator measure.

On LG Inform there is an library visits indicator collected as part of the Public Library Statistic from CIPFA Statistical Information Services. The indicator is Number of physical visits to libraries per 1,000 population (there is data for each English county local authorities) and therefore could produce some comparator statistics.

Indicator 34: The average journey time per mile during the morning peak on the most congested routes

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
4.0	4.45	4.52	↓	Improving

RAG Rating

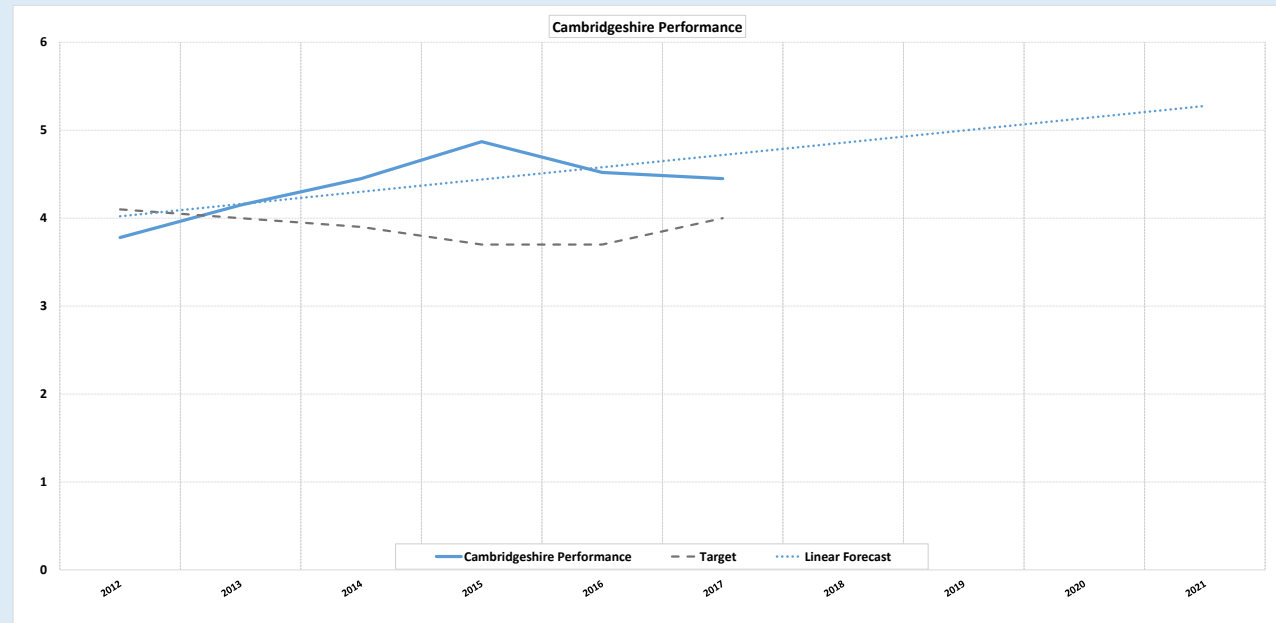
R

Indicator Description

Strategic measure of traffic reduction and management work.

This is a standard indicator for which we have good history.

Useful Links



Commentary

At 4.45 minutes per mile, the latest figure for the average morning peak journey time per mile on key routes into urban areas in Cambridgeshire is better than the previous year's figure of 4.52 minutes.

The figure for Cambridge city is 5.29 minutes compared to the previous year's figure of 5.44 minutes.

The target for 2017/18 is to reduce this to 4 minutes per mile.

Indicator 39: Principal roads where maintenance should be considered

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
3.0%	2.7%	2.8%	↓	Improving

RAG Rating

B

Indicator Description

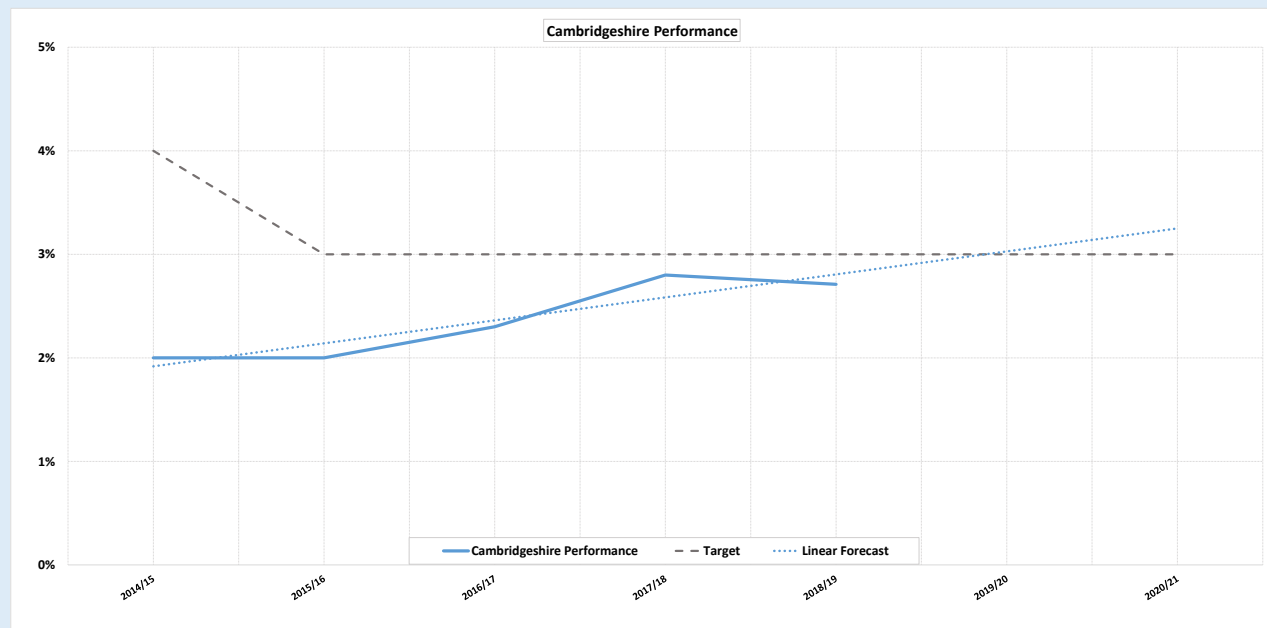
Principal roads where maintenance should be considered.

This is the percentage of the local authority's A-road and principal (that is, local authority owned) M-road carriageways where maintenance should be considered. This indicator was reported as NI 168, and is an updated version of the former Best Value Performance Indicator (BVPI) 223 (formerly BVPI 96). Note that there are some differences from how this data was collected as a BVPI 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 marginally from last year's figure of 2.8% to 2.71%. This is not a material change. The change of 0.1% from 17/18 to 18/19 is not significant and is within the range of experimental error.

As this is an annual indicator there has been no change in the data since the last performance report presented to the committee.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Indicator 40: Classified road condition - narrowing the gap between Fenland and other areas of the County

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
2.0%	4.1%	3.5%	↓	Declining

RAG Rating

R

Indicator Description

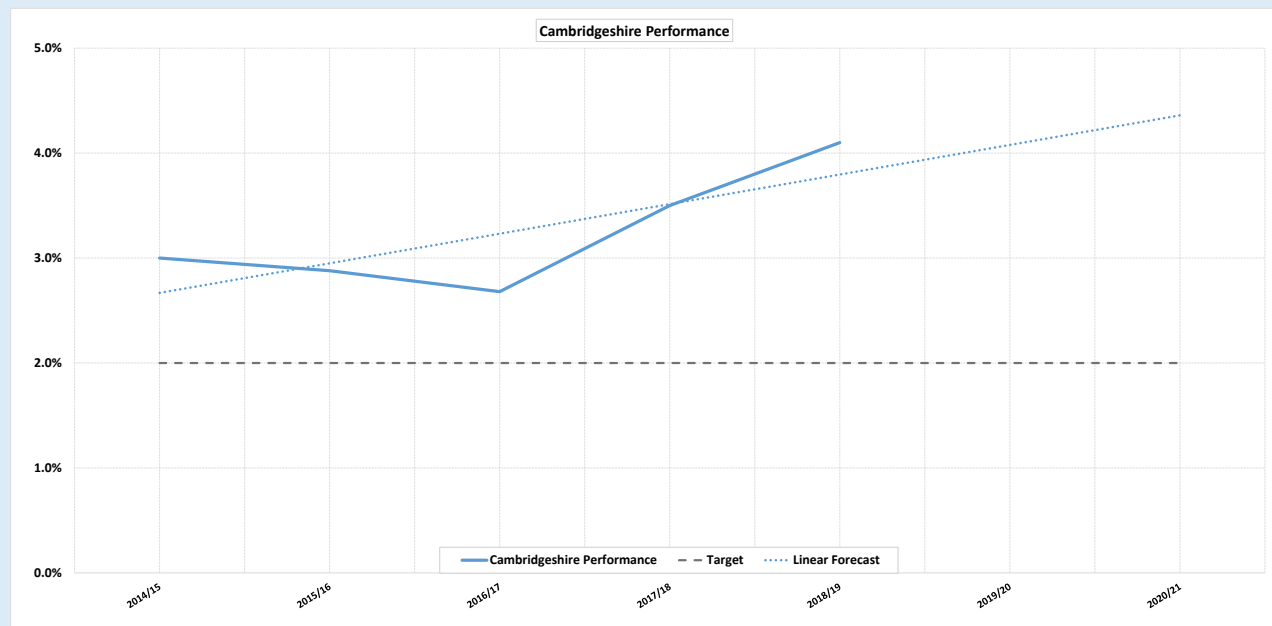
Indicator of key priority area for highways maintenance.

Based on national standard definition and data collection methodology so can be benchmarked.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>



Commentary

Figures show the gap increasing by 0.6% from 3.5% last year. Although this is of concern, this may be affected by the experimental error within the machine condition survey methodology. Significant investment has also recently been carried out in the Fenland area associated with the DfT Challenge Fund bid, and the effects of some of these works will not have been included in this year's survey.

As this is an annual indicator there has been no change in the data since the last performance report presented to the committee.

Indicator 41: Non-principal roads where maintenance should be considered

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
8.0%	6.0%	6.0%	↓	Unchanged

RAG Rating

B

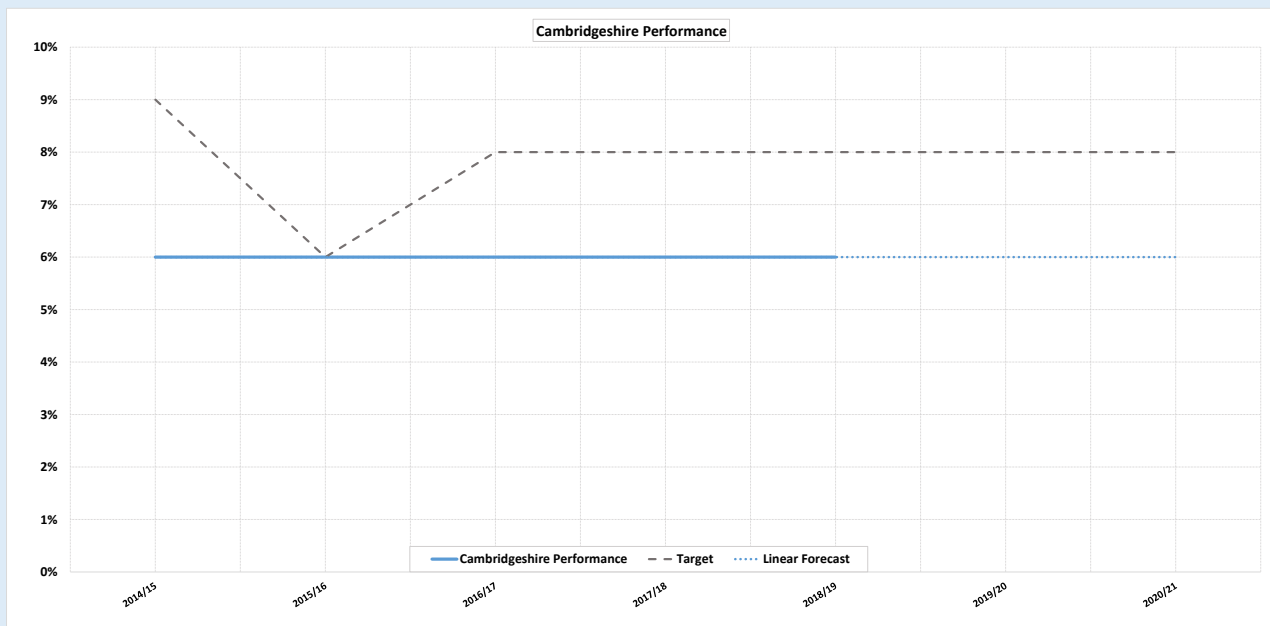
Indicator Description

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 (BVPI) 224a (formerly BVPI 97a). Note that there are some differences from how this data was collected as a BVPI which may hide / increase differences in performance.

Source: Department for Transport

Polarity: Low value is good

Unit of measure: Percentage of the total length surveyed.

**Commentary**

There is no overall change to the combined condition of B and C roads.

As this is an annual indicator there has been no change in the data since the last performance report presented to the committee.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Collection (URL):

<https://www.gov.uk/government/statistical-data-sets/rdc01-roads-where-maintenance-should-be-considered>

Indicator 43: Killed or seriously injured (KSI) casualties - 12-month rolling total

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
254	370	395	↓	Improving

RAG Rating

R

Indicator Description

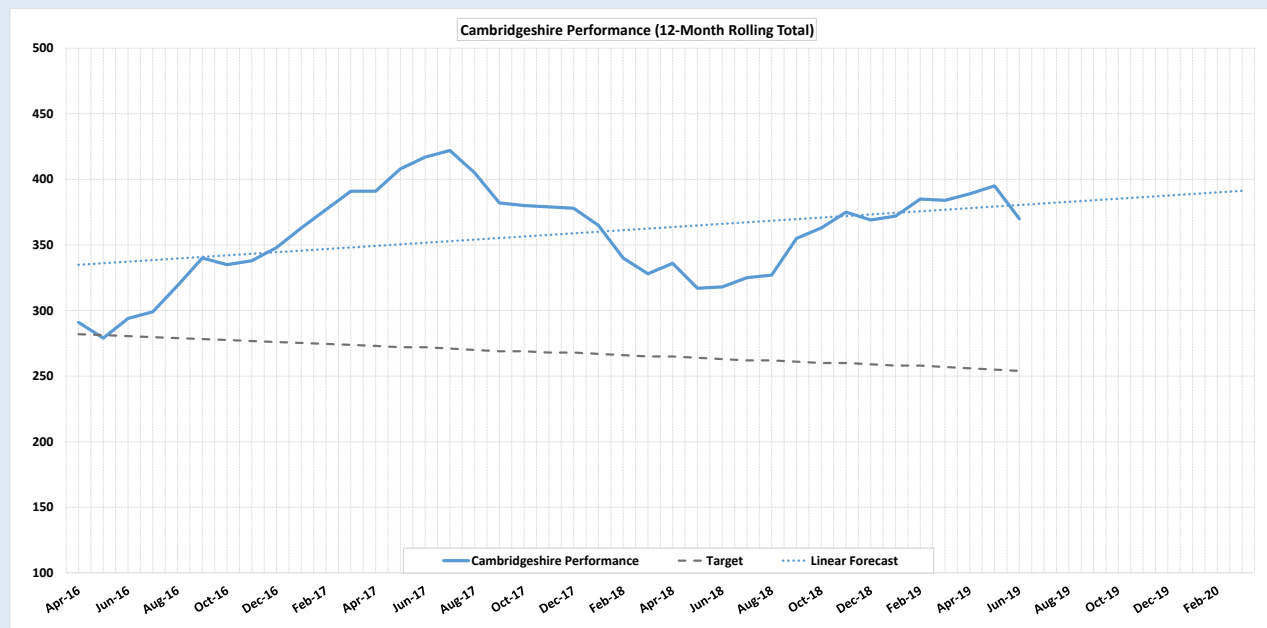
Killed and seriously injured (KSI) casualties is derived from Stats19 data

The number of all people of all ages reported killed or seriously injured (KSI) as a 12 month rolling total on Cambridgeshire roads.

This indicator includes only casualties who were fatally or seriously injured and these categories are defined as follows: - Fatal casualties are those who sustained injuries which caused death less than 30 days after the accident; confirmed suicides are excluded. - Seriously injured casualties are those who sustained an injury for which they are detained in hospital as an in-patient, or any of the following injuries, whether or not they are admitted to hospital: fractures, concussion, internal injuries, crushings, 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. A casualty is recorded as seriously or slightly injured by the police on the basis of information available within a short time of 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

LG Inform:

<https://lginform.local.gov.uk/>


Commentary

New data for June shows an increase in KSIs from 18 in March to 34 in April.

The provisional 12 month total to the end of June 2019 has been updated as new data has been received. The 12 month rolling KSI total is now 370 compared with 318 for the same period of the previous year. The June figure is lower compared to the 395 KSI for May 2019.

During June 2019 there were 2 fatalities and there were 20 serious casualties.

Indicator 148: Number of Defect Certificates as % of total number of orders

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
2.0%	0.0%	0.0%	↓	Unchanged

RAG Rating

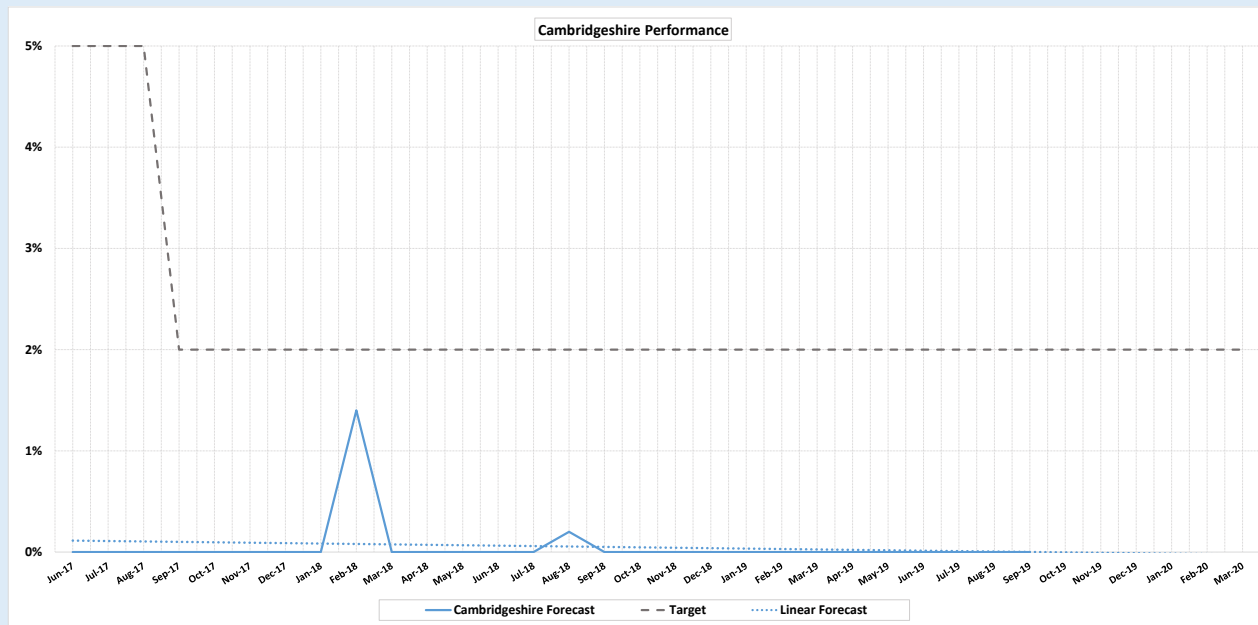
B

Indicator Description

Key indicator of the quality of highways repairs.

Following any order completed by Skanska, the Cambridgeshire County Council (CCC) officer who raised the order is able to inspect the quality of workmanship. As standard, CCC inspect at least 10% of all orders raised. If the quality is not consistent with the specified standard, a defect certificate is raised. The KPI measures the number of defect certificates raised and is reported as a proportion of the total number of orders completed in a given month.

This is a local indicator and therefore there are no statistical neighbour or England comparator data.

**Commentary**

There were no failed inspections during September therefore the monthly percentage of defect certificates is 0% of the total number of orders, significantly below the target of 2%.

Indicator 50: GUM Access - Percentage seen within 48 hours (Percentage of those offered an appointment)

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
80.0%	92.0%	89.0%	↑	Improving
Statistical Neighbours Mean	England Mean		RAG rating	
N/A	N/A		B	

Indicator Description

Key quality statement for access to Sexual Health Services. Prompt access to sexual health services will promote good sexual health and reduce sexual health inequalities. Quick and easy access to support can help to reduce the likelihood of onward transmission of sexually transmitted infections (STIs).

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

This is a British Association for Sexual health and HIV (BASHH) standard and is 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

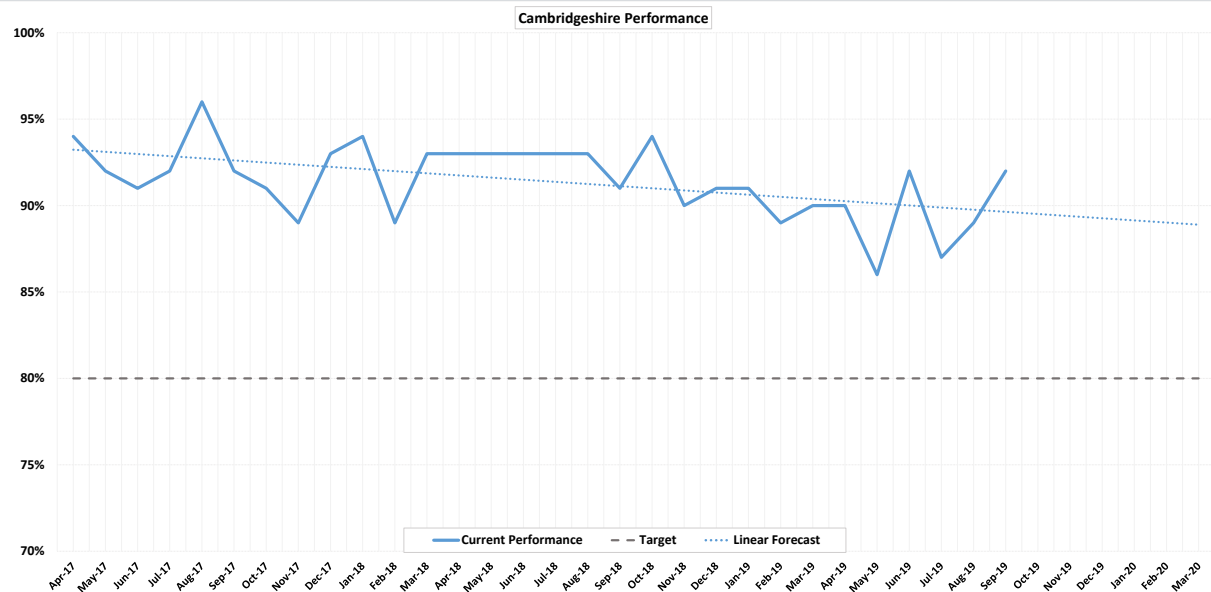
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Integrated Sexual Health National Specification

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf



Commentary

This target is consistently met.

Indicator 53: Number of NHS Health Checks completed

[Return to Index](#)

December 2019

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
4500	3134	4512	↑	Declining
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

Indicator Description

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

This measure is the number of people within the eligible population (aged between 40 and 74 years of age without any diagnosed ongoing condition) who receive an NHS Health Check via their GP Practice or through the outreach NHS Health Checks undertaken by the Lifestyle Services with hard to reach groups or populations with high rates of cardio-vascular disease.

Targets are set based on the eligible population for an NHS health check, as outlined in the NHS Health Check programme guidance. The Local Authority's Public Health Intelligence Team support with the target setting distribution across all GP practices.

Calculation:

Number of health checks completed within a financial quarter.

Source: NHS Health Check National Guidance

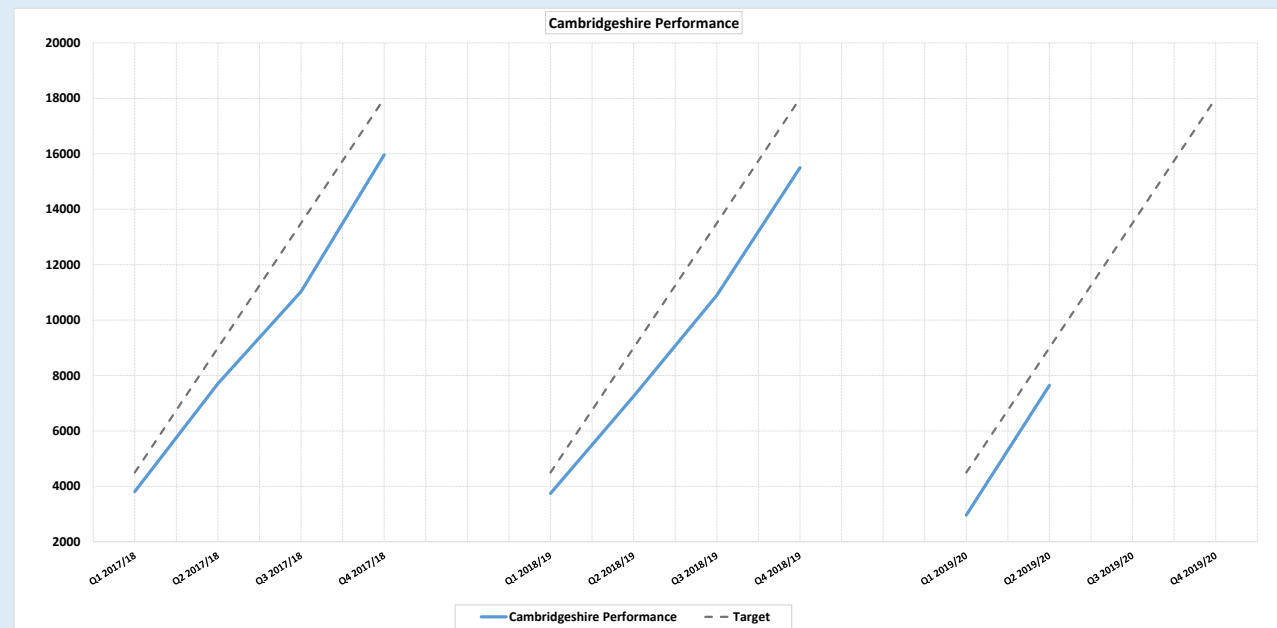
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

NHS Health Check National Guidance

<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>



Commentary

Activity is down this quarter at 66% of target for the period compared for 2018/19 when 86% of the target achieved. This represents capacity pressures in GP practices and improvements in data quality and collection processes that means that the data is now more robustly validated.

Indicator 56: Smoking Cessation - four week quitters

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
846	674	584	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	R		

Indicator Description

Smoking remains a Public Health Priority area, it remains the main cause of preventable illness in England.

This measure uses the number of individuals accessing a stop smoking programme (via 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 measure refers to the those who are confirmed as being quit after 4 weeks.

Targets are calculated by the Public Health Intelligence team based on the national guidance, considering the estimated number of smokers.

Calculation:
Number of 4 week quitters.

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

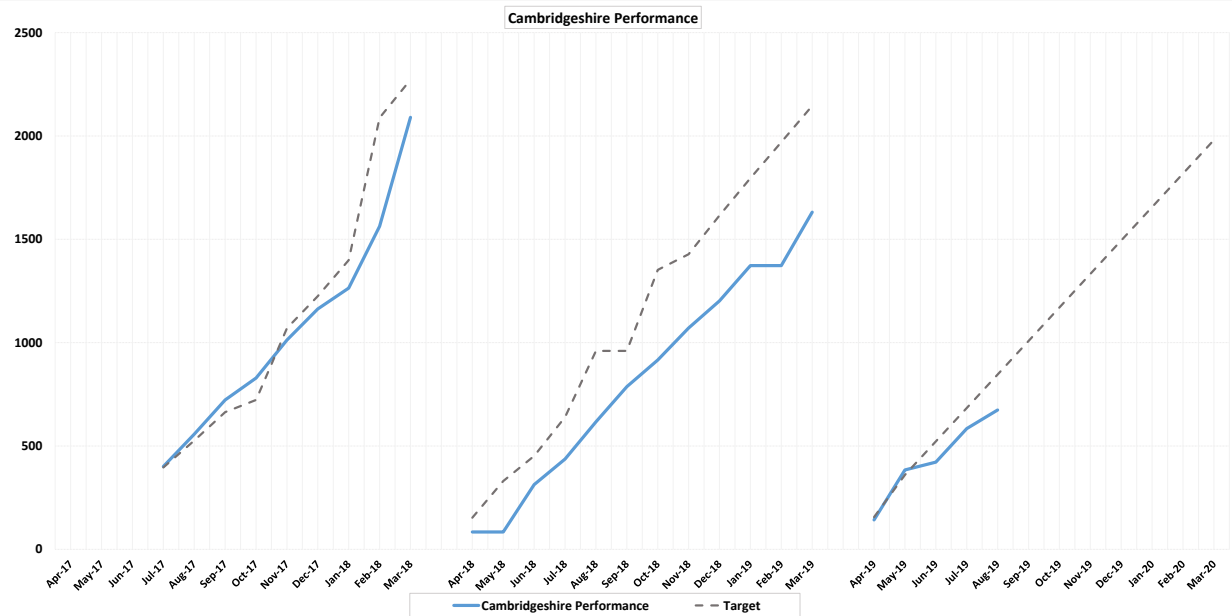
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

NSCST Stop Smoking Guidance

https://www.ncsct.co.uk/using/pub/Guidance_on_stop-smoking-interventions-and-services.pdf



Commentary

The number of quitters for Q2 is incomplete as the data for those setting quit dates during September is not available until December. However capacity issues in GP practices makes it challenging for them meet their targets.

Indicator 58: Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks

[Return to Index](#)

December 2019

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
50.0%	29.0%	25.0%	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	41.0%	R		

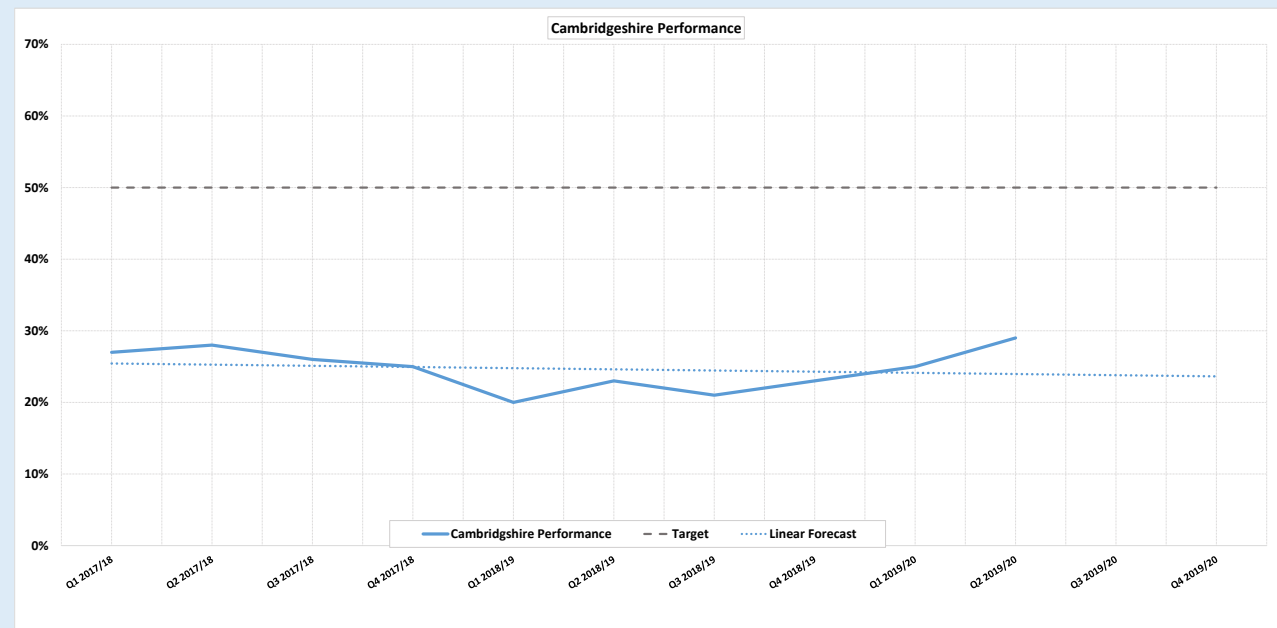
Indicator Description

The antenatal contact is a promotional, listening contact, offering support as directed by the parents. It enables health visitors to offer early support, introduce the services and support parents in terms of preparing for parenthood. This contact is particularly targeted towards vulnerable women and precedence is placed on ensuring vulnerable groups are identified and offered an antenatal visit by their Health Visitor. Performance data for the antenatal contacts is not available nationally because of difficulties with getting the relevant denominator (monthly birth rate are used as a denominator in this instance). Although checks are mandated, there are no national targets and these are agreed locally with the Provider. This contact is calculated by: Numerator - total number of mothers seen at 28 weeks or above. Proxy denominator based on average annual birth rate.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. Service transformation, which has included use of the Benson Modelling tool to determine workforce required to deliver the service, has accounted for Health Visitors to be completing 90% antenatal contacts and an improvement targetory has been set from April 2019. Since April there has been a 9% improvement of antenatal contacts achieved across the service in comparison to quarter 4 2018/19 performance. If exception reporting is accounted for, consisting of those booked but not attended, this increases to a quarterly average of 42%. Disaggregated into districts, there continues to be significant variance: Huntingdonshire completed 54% of contacts therefore reaching the target and is a recognisable achievement; Fenland achieved 48% of contacts; Cambridge City achieved 10% of contacts; East Camb achieved 11% and South Cambs managed to complete 12% of contacts. Reasoning cited for this disparity continues to be staffing pressures in the South Locality team, which covers East Cambs, Cambs City and South Cambs. During this quarter this team remained in Business Continuity measures, which has impacted on their performance across all mandated contacts. The staffing position is close to being addressed, with a number of new Health Visitors joining the team during September. Once these employees have completed their induction, the Business Continuity Plan will begin to be reversed and therefore performance will be expected to show improvements from quarter 3 onwards. The Provider has submitted trajectory plans against this indicator for all locality teams, enabling commissioners to more closely monitor improvement.

Indicator 61: Health visiting mandated check - Percentage of children who received a 12 month review by 15 months

[Return to Index](#)

December 2019

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
95.0%	81.0%	86.0%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	84.0%	R		

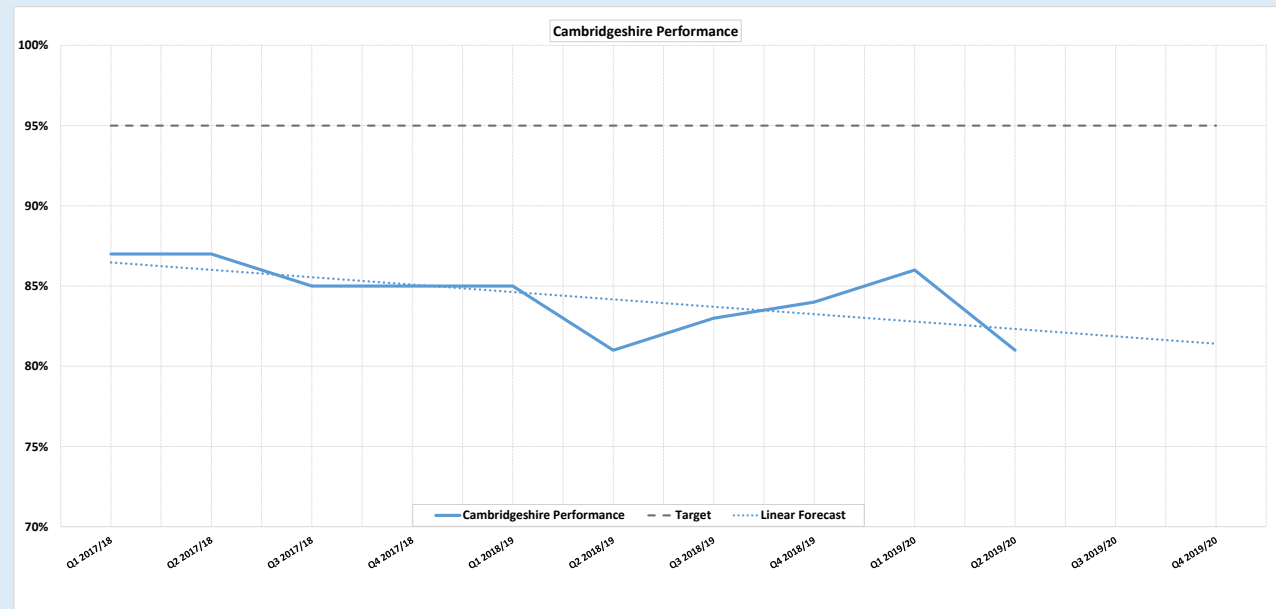
Indicator Description

The 12 month review includes an assessment of the baby's physical, emotional and social development, as well as offering support to parents and providing information on a range of topics such as attachment, development, parenting and overall health promotion (oral hygiene, healthy eating, injury and accident prevention, safety). This indicator is calculated by: Numerator: Total number of children who turned 15 months in the quarter, who received a 12 month a review by the age of 15 months. Denominator: Total number of children who turned 15 months, in the appropriate quarter.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/> : <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance has decreased by 5% this quarter, standing at 81%; by comparison 79% of families received this visit by the time the child turned 12 months old. The inclusion of exception reporting would increase the quarterly performance to 92% of families having this review by the time the child turns 15 months. Of all appointments offered this quarter, 43 were not wanted by the family and 109 were not attended. Assurances are in place to ensure vulnerable families (those on Universal Plus or Universal Partnership Plus pathways) are receiving this contact and an escalation plan is in place if these mandated visits are missed. A further 195 contacts were 'not recorded'. When district variance is considered, 95% of contacts were completed in Fenland, 65% were completed in Cambs City, 76% completed in East Cambs, 87% completed in Huntingdonshire, and 85% in South Cambridgeshire. Administrative support challenges in the South Locality had an adverse impact on the ability to plan appointments during September - the provider is currently exploring recruitment options to the vacant posts.

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

[Return to Index](#)

December 2019

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	42.0%	59.0%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	78.0%	R		

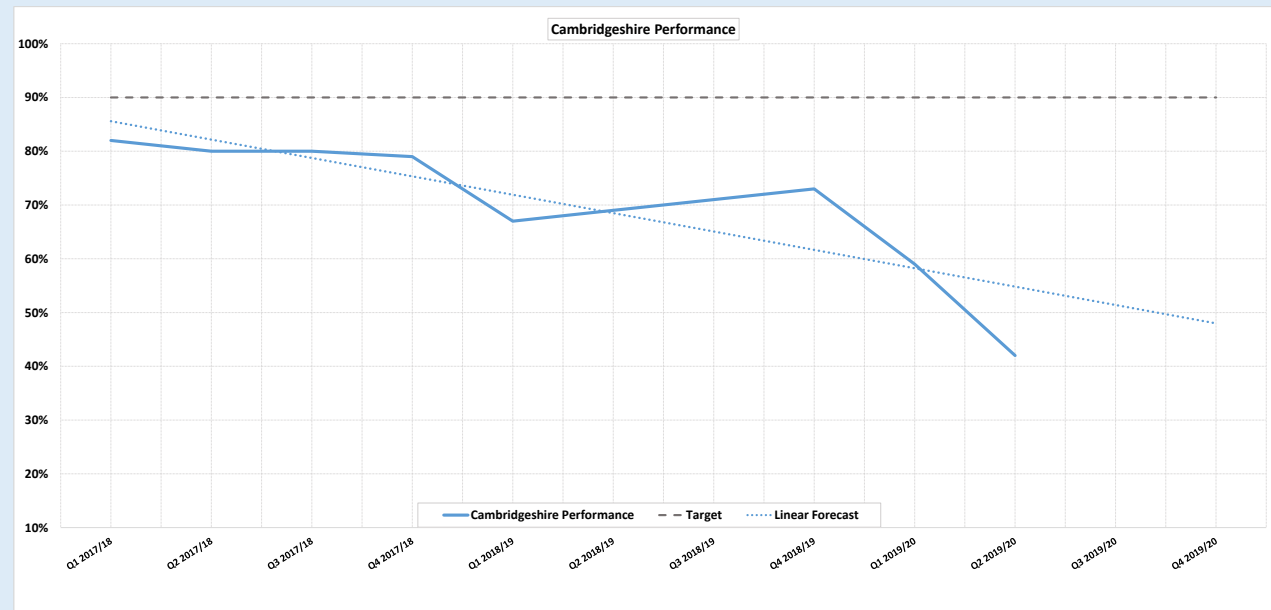
Indicator Description

The 2 year check includes the review with parents of the child's, emotional, social, behavioural and language development using the ASQ3. 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). This indicator was calculated by: Numerator: 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. Denominator: Total number of children who turned 2.5 years, in the appropriate quarter.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance has declined by a further 15% this quarter from 73% in Q4 2018/19 to 42% of contacts being completed. The main cause of performance issues against this target is staffing and capacity challenges in the South Locality and the need to implement stage 4 of the Business Continuity Plan across this team. This has resulted in the implementation of a number of short term mitigation measures within the locality, including 2 year development checks for those who have only universal needs recorded on their records being suspended during the summer - these families are sent a self-assessment ASQ and asked to contact the Duty Desk with any concerns regarding their child's development. Consequently the number of contacts/assessments being completed by the HCP team has reduced substantially and is impacting on overall figures - this quarter 793 families received this revised offer. The BCP measures have started to be reversed from October and re-instating the full offer will be prioritised and significant improvements are expected for Q3 - Childcare settings have already been informed of this. This quarter however, broken down at district level, 13% of contacts were completed in Cambs City; 12% of contacts completed in South Cambs; 14% of contacts completed in East Cambs. More positively, 87% of contacts were achieved in Fenland and 84% Huntingdonshire. If exception reporting is accounted for, this quarter it was reported that 46 reviews were not wanted and 163 were not attended.

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

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
30.0%	43.0%	68.0%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	B		

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.

% 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 (baseline) initial body weight, at the end of an evidence based structured intervention.

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

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

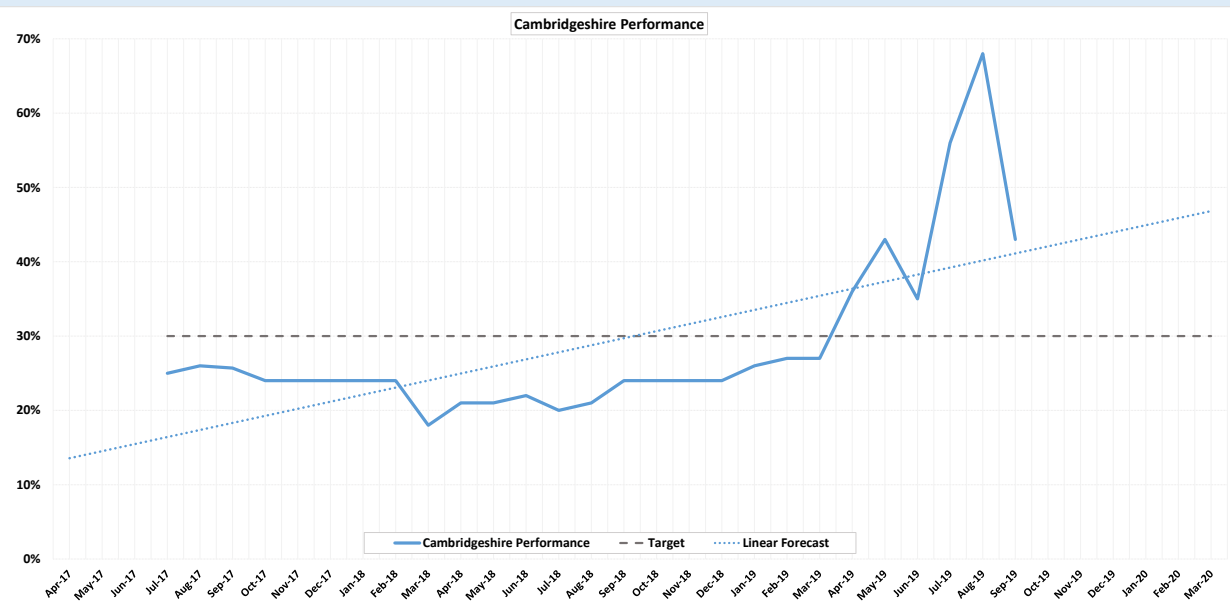
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Public Health Key Performance Indicators Tier 2:

<https://www.nice.org.uk/guidance/ph53>



Commentary

This quarter has seen considerable improvement which reflects changes which makes the service offer more flexible. Service user feedback has been positive.

Indicator 83: Percentage of Tier 3 clients recruited completing the course and achieve 10% weight loss

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
60.0%	44.0%	63.0%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	R		

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 3 weight management is for individuals who are severely obese and usually have complex health problems. The treatment provides individuals with an intensive structured programme to make continued lifestyle changes for up to one year.

% of individuals completing a Tier 3 weight management intervention who have a weight loss of 10%.

There are recommendations for Tier 3 Adult Weight Management that suggests that 30% of all participants will lose a minimum of 10% of their (baseline) initial body weight, at the end of the active intervention.

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

Where:

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

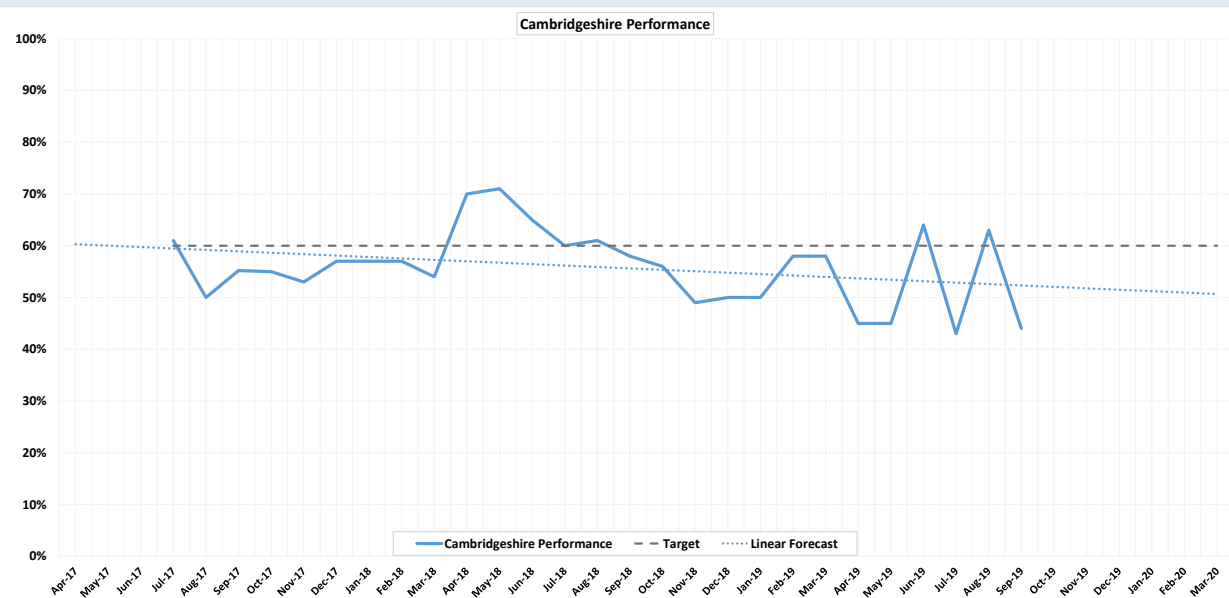
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Qualitative insights into user experiences of tier 2 and tier 3 weight management services:

https://www.innovationunit.org/wp-content/uploads/PHE-Report_with-discussion.pdf



Commentary

The complexity of the issues means that many patients are very challenged to achieve the 10% weight loss as their underlying conditions compromise their efforts. Consequently achievement of the target is variable. New guidance is being developed and this target will be reviewed.

Indicator 164: Annual forecast of the amount of commercial property income as a percentage of initial investment

Return to Index

December 2019

Target	Current Forecast (exc. borrowing)	Current Forecast (inc. borrowing)	Direction for Improvement	Change in Performance
6.0%	5.1%	3.9%	↑	Improving
Previous Quarter (exc. borrowing)	Previous Quarter (inc. borrowing)	RAG Rating (exc. borrowing)		
5.4%	3.7%	R		

Indicator Description

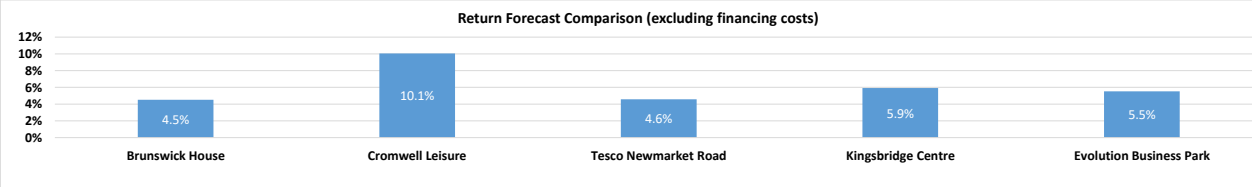
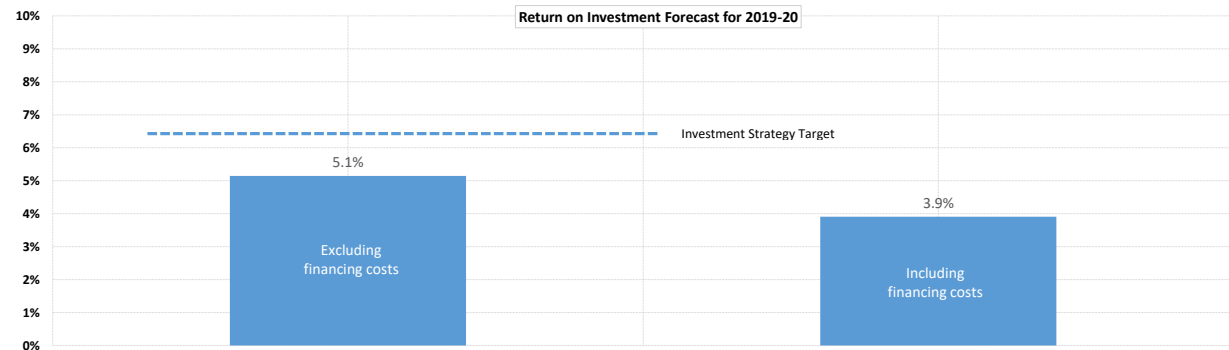
This indicator projects our expected net income from all commercial property income against the 6% target set within the non-financial Investment Strategy.

It is important to note that not all investments will achieve 6% from the outset, however over the medium to longer term it is expected that the portfolio will meet the target. Any specific variances will be explained within the commentary.

This indicator should be used to judge the performance of our investment portfolio/commercial property income as a whole. It should not be used to predict any variances of actual income against budget - this is detailed within the Finance Report.

The return figure includes investment that has already been made, as well as investment that is expected to be made, up to the end of March 2020.

Useful Links



Commentary

The return on investment forecast for 2019-20 is 5.14% (excluding financing costs). This is based on the forecast return for the year had the properties been held by the Council for the entire year. CCC have only just entered this market and it is critical that consideration is not only given to yield, but also to building a balanced portfolio and the spreading of risk. The intention is that the 6% target will be achieved in the long-term from a balanced portfolio. Returns can vary across properties, depending on the level of income being achieved and the risk profile of the investment.

The forecast percentage return has decreased since Q1 due to an expectation of underachievement of income on Brunswick House as a result of occupancy being below target for the current academic year. There is a brand new competing property in the vicinity of Brunswick House, however, the Council is confident the offer and location of Brunswick House overall will remain very appealing to students for the years ahead, and active/varied marketing activity is continuing via the operator of the accommodation.

Indicator 171: Percentage change in value of income obtained from agricultural farmland

[Return to Index](#)

December 2019

Target	Current Forecast	Previous Month	Direction for Improvement	Change in Performance
4.0%	3.1%	3.1%	↑	Unchanged

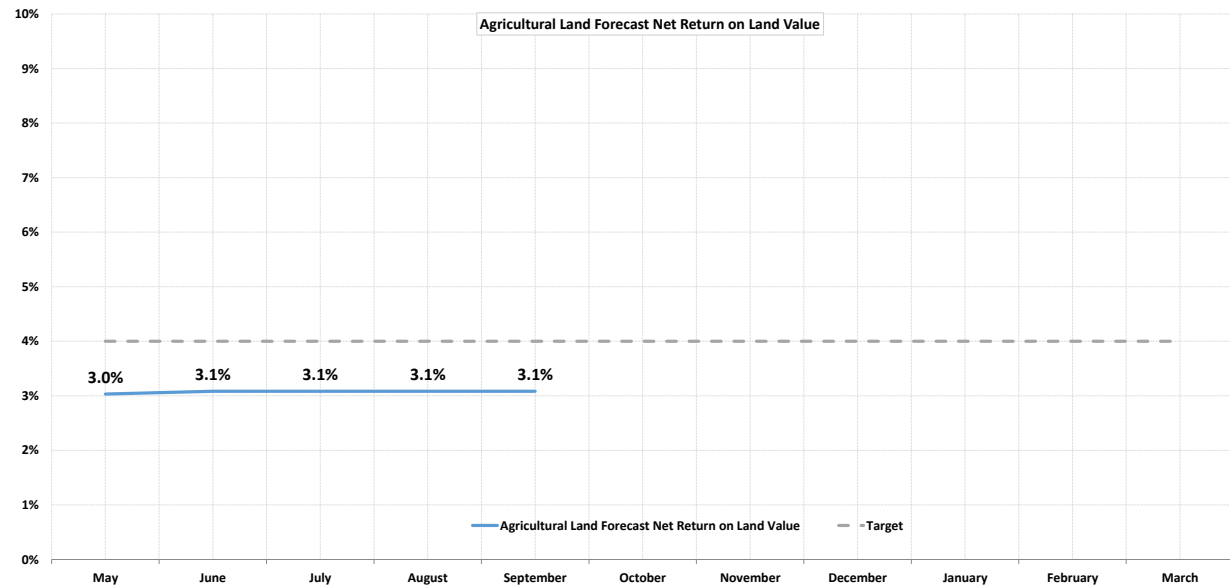
RAG Rating

R

Indicator Description

The council owns £127.8m of agricultural farm land across Cambridgeshire. This indicator demonstrates the forecast net return on the income received from renting out this land to tenants. It is recorded as a percentage of the value of the farm's estate that is used for agricultural purposes.

This indicator should be used to understand whether the overall agricultural land is achieving the percentage of returns being targeted.

Useful Links**Commentary**

These figures exclude the return generated by the solar farm, as this is making a return on a commercial basis and should therefore be evaluated independently (see Indicator 165). Currently, the solar farm is forecast to generate a return of 6.19% (excluding financing costs), making the overall forecast return on the county farm's estate 3.39%. The 4% target return that was proposed previously included the solar farm, so the target may need to be revised following work being undertaken to refresh the County Farms Estate Strategy by the member working group.

Indicator 183: SARS* - % completed within 40 working days (YTD)**

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
80.0%	38.1%	33.3%	↑	Improving

RAG Rating

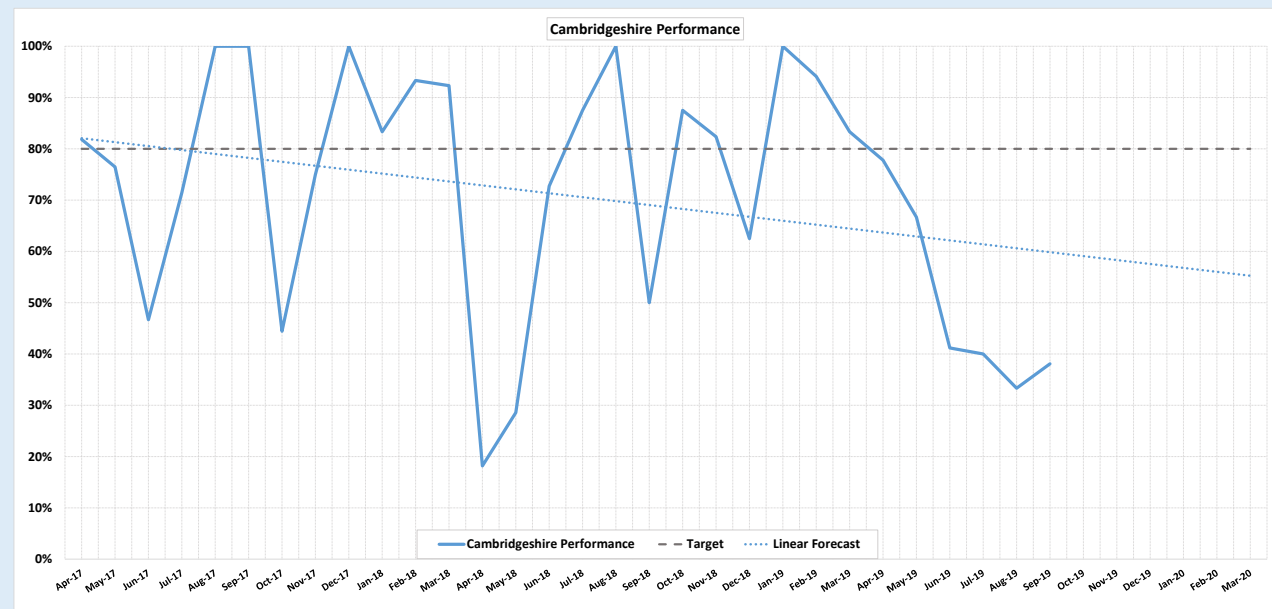
R

Indicator Description

* FOIs and SARs (Subject Access Requests) we have seen a sharp increase in the number we have received following the changes to the General Data Protection Regulations introduced in May 2018. The capacity required to process these has caused a backlog which we are monitoring to see if this increase is sustained.

** SARs (Subject Access Requests) are where members of the public request the releases of all documentation we hold on them or their family. This can require us to go back into archives and legacy business systems to retrieve documents which can go back over many years. The Information Commissioner best practice is that an organisation should aim for 80% of SARs to be completed within statutory timescales.

Useful Links



Commentary

Data and information used to answer Subject Access requests is kept for standard retention periods which are set by national legislation, the retention periods vary for different services. CCC have to give access to personal data/information under the General Data Protection Regulations.

Subject Access requests have increased since the introduction of the General Data Protection Regulations which came into force in May 2018. So far this year we have seen a 39% increase in Subject Access Requests received against the previous year. Between April and September 2019 we have so far received 101 requests - of these 50 met statutory timescales.

Performance can vary on a monthly basis. Performance over the last quarter was:

July - 6 out of 15 SARs were answered within timescale
 August - 5 out of 5 SARs were answered within timescale
 September - 8 out of 21 were answered within timescale

Each request can take several hours/days to complete given the volume of data/information which is being requested. Recruitment is underway in the Information Governance team for additional resource (who answer these requests) to ensure that the targets are met in future months.

Indicator 187: Overall staff engagement from CCC staff survey

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
60.0%	63.0%	63.0%	↑	Unchanged

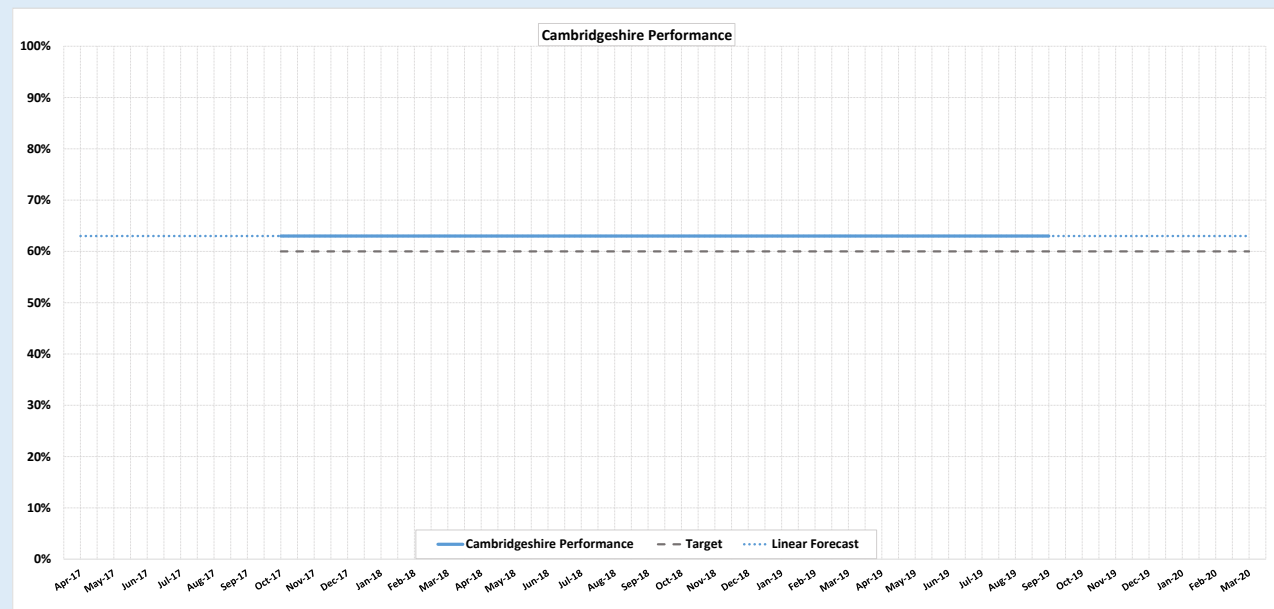
RAG Rating

B

Indicator Description

For the most recent staff survey, conducted in October 17, overall staff engagement was higher than both the public sector norm (55%) and the UK norm (60%).

Useful Links



Commentary

Through the 'Shaping Your Future' survey, carried out in October 17, we saw that 63% of staff felt engaged with the organisation and their roles. We also sat above national average for 'Involvement' (Relationship with the job) at 69% - national avg 63% and 'Alignment' (links to organisational aims and objectives) at 66% - national avg 58%. The survey did highlight areas in which we needed to improve, one being change management and the opportunities for staff to get involved in shaping our work. This was addressed in part through our series of Cambs2020 workshops and focus groups, and is a key focus of the 'People Plan' (People Strategy), through which staff will be given real opportunities to engage with our change programmes.

Indicator 190: Proportion of information enquiries resolved at first point of contact

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
80.0%	85.9%	84.6%	↑	Improving

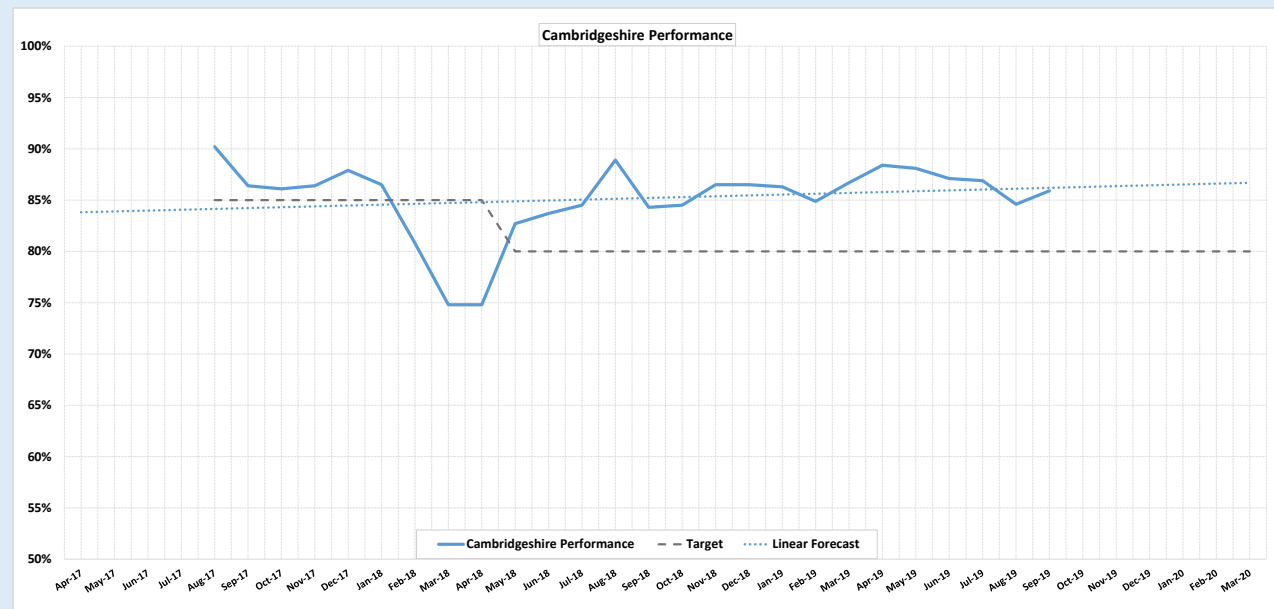
RAG Rating

B

Indicator Description

Customer Services delivers a front facing service for customers to access seventeen county council services for Cambridgeshire and one service for PCC (childrens social care). Contacts are received across a number of channels. This indicator highlights the number of information and advice enquiries that are resolved by customer services without the need for escalation to other council officers/teams.

Useful Links



Commentary

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

Indicator 191: Percentage of calls presented that are answered

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
85.0%	89.4%	93.0%	↑	Declining

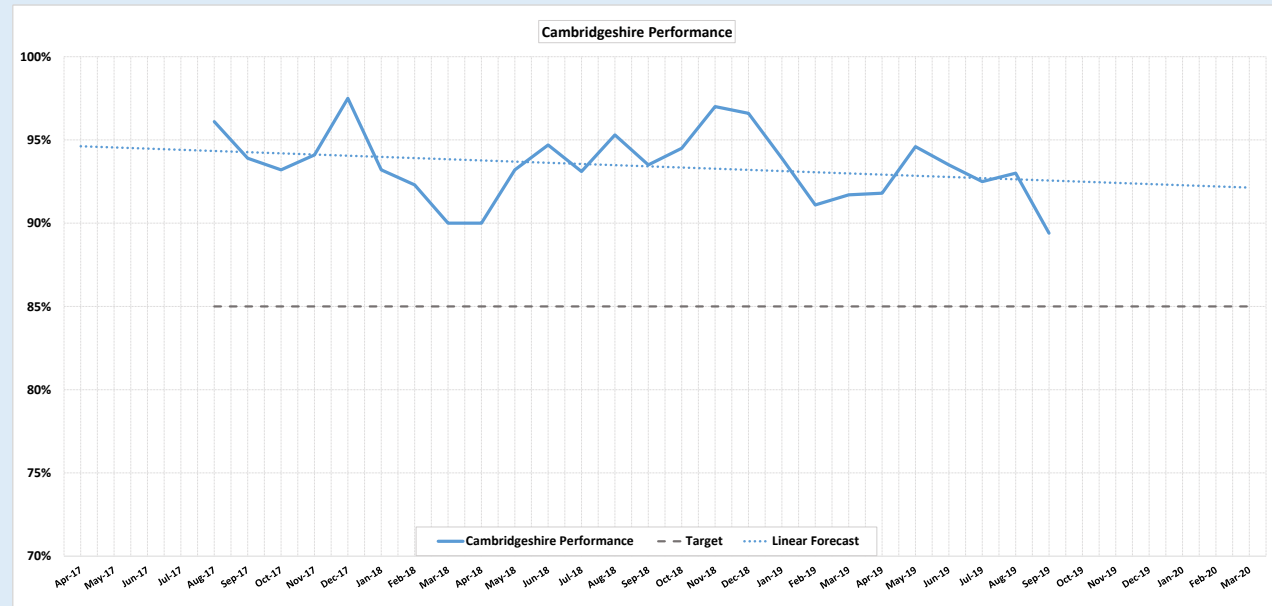
RAG Rating

B

Indicator Description

This target demonstrates the number of telephone contacts that are picked up by customer services prior to a customer hanging up. Messages are recorded on each service line to provide customers with information and advice about affiliated services/organisations or to inform about online information/ options, to drive customers that can self serve online. In this way, customers who are more vulnerable or have complex requests can access a human response in a timely manner.

Useful Links



Commentary

This target has been met consistently for the last 3 years. During the last year we have also taken additional contacts for CCC and PCC Children's services. Proactive recruitment, a comprehensive training programme to upskill staff, improvements to forecasting in relation to demand for our services has resulted in this success. Additional to this we have worked with colleagues across corporate services to drive down the number of phone contacts and encourage customers to use digital channels.

Indicator 192: Percentage of total contact that is deemed avoidable

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
15.0%	9.7%	8.8%	↓	Declining

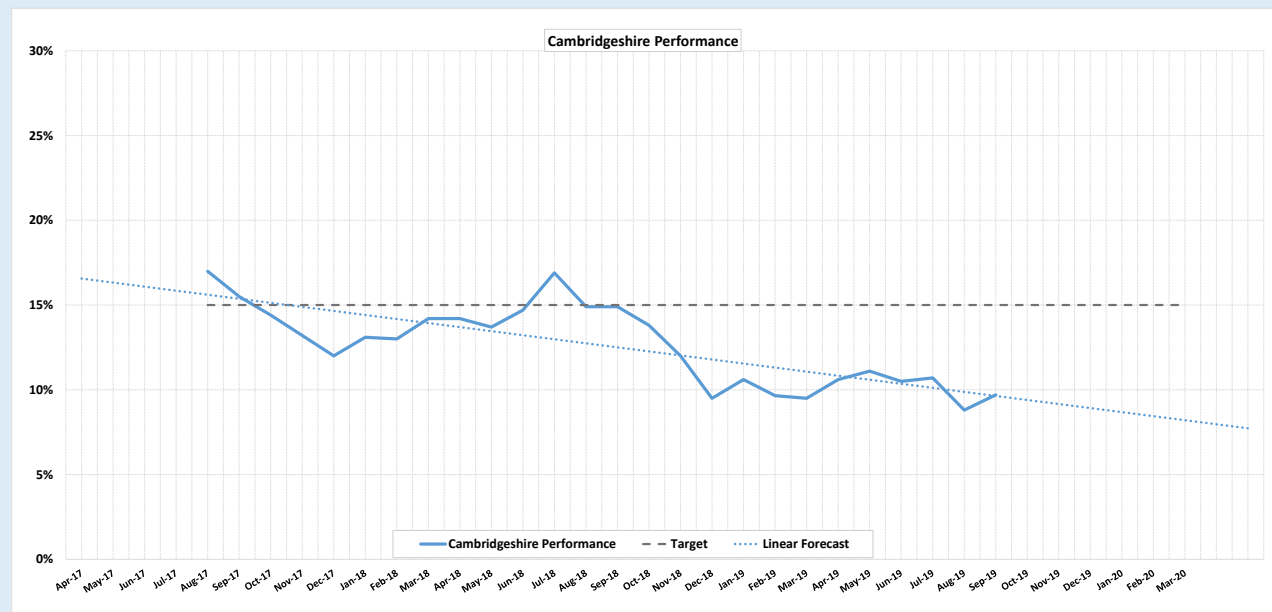
RAG Rating

B

Indicator Description

This target demonstrates the percentage of contacts received that could have been avoided. Customer Services log details of all enquiries received in order to analyse the data to make improvements to the service. This includes looking at details as to why the customer contacted us and failure demand. One way of ascertaining 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'.

Useful Links



Commentary

This target has been met consistently for over a year now, as a result of the way in which data is being analysed within customer services and fed back to service areas in review meetings to enable a focus on areas in which service improvements and the customer journey/experience can be enhanced. The messaging on the contact centre lines has been amended in accordance with our data findings to ensure that requests for services which fall outside of the remit of the county council are promptly signposted elsewhere.