

Main Index (select from the following outcome areas or directorates)

[Outcome 1](#) [Outcome 2](#) [Outcome 3](#) [Adults](#) [CYP](#) [P&E - EE](#) [P&E - HI](#) [Public Health](#) [C&I](#)



Indicator by Outcome (click on indicator to go to page)

VG
G
A
R

= More than 5% above target
= On target or up to 5% above target
= Less than 10% under target
= More than 10% under target

N/A

= No target
= In development

Outcome 1: A good quality of life for everyone

[Return to Index Selection](#)

Indicator 18: Admissions to residential and nursing care homes (aged 65+), per 100,000 population
Indicator 105: Percentage of adult safeguarding enquiries where outcomes were at least partially achieved
Indicator 140: Percentage of new clients where the sequel to Reablement was not a long-term service
Indicator 162: Number of carers receiving Council funded support per 100,000 of the population
Indicator 50: GUM Access - Percentage seen within 48 hours (Percentage of those offered an appointment)
Indicator 53: Number of NHS Health Checks completed
Indicator 56: Smoking Cessation - four week quitters
Indicator 76: Personal Health Trainer Service - Personal Health Plans completed (Extended Service)
Indicator 82: Percentage of Tier 2 clients recruited who complete the course and achieve 5% weight loss
Indicator 83: Percentage of Tier 3 clients recruited completing the course and achieve 10% weight loss

Outcome Area

Directorate RAG Rating

A good quality of life for everyone	Adults	VG
A good quality of life for everyone	Adults	VG
A good quality of life for everyone	Adults	VG
A good quality of life for everyone	Adults	R
A good quality of life for everyone	Public Health	VG
A good quality of life for everyone	Public Health	R
A good quality of life for everyone	Public Health	VG
A good quality of life for everyone	Public Health	VG
A good quality of life for everyone	Public Health	VG
A good quality of life for everyone	Public Health	VG

Outcome 2: Thriving places for people to live

[Return to Index Selection](#)

Indicator 14: Proportion of service users (18-64) with a primary support reason of learning disability support in paid employment (year to date)
Indicator 21: Proportion of adults, in contact with secondary mental health services, who are in paid employment
Indicator 34: The average journey time per mile during the morning peak on the most congested routes
Indicator 37: Number of visitors to libraries/community hubs - year-to-date
Indicator 39: Principal roads where maintenance should be considered
Indicator 40: Classified road condition - narrowing the gap between Fenland and other areas of the County
Indicator 41: Non-principal roads where maintenance should be considered
Indicator 43: Killed or seriously injured (KSI) casualties - 12-month rolling total
Indicator 148: Number of Defect Certificates as percent of total number of orders
Indicator 164: Annual forecast of the net amount of commercial income as a percentage of initial investment
Indicator 171: Percentage change in value of income obtained from farm estates

Thriving places for people to live	Adults	R
Thriving places for people to live	Adults	VG
Thriving places for people to live	EE	R
Thriving places for people to live	HI	R
Thriving places for people to live	HI	VG
Thriving places for people to live	HI	R
Thriving places for people to live	HI	VG
Thriving places for people to live	HI	R
Thriving places for people to live	HI	VG
Thriving places for people to live	C&I	R
Thriving places for people to live	C&I	R

Outcome 3: The best start for Cambridgeshire's children

[Return to Index Selection](#)

Indicator 1: Percentage children whose referral to social care occurred within 12 months of a previous referral
Indicator 3: The number children in care per 10,000 population under 18
Indicator 117: Proportion of children subject to a Child Protection Plan for the second or subsequent time (within 2 years)
Indicator 10: Ofsted - Pupils attending schools that are judged as Good or Outstanding (Special Schools)
Indicator 128: Percentage of EHCP assessments completed within timescale
Indicator 132: Percentage of Persistent absence (All children)
Indicator 58: Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks
Indicator 62: Health visiting mandated check - Percentage of children who received a 2 -2.5 year review
Indicator 173: Number clients completing their PHP

The best start for Cambridgeshire's children	CYP	R
The best start for Cambridgeshire's children	CYP	R
The best start for Cambridgeshire's children	CYP	VG
The best start for Cambridgeshire's children	CYP	R
The best start for Cambridgeshire's children	CYP	VG
The best start for Cambridgeshire's children	CYP	R
The best start for Cambridgeshire's children	Public Health	R
The best start for Cambridgeshire's children	Public Health	R
The best start for Cambridgeshire's children	Public Health	VG

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
6.0%	2.1%	1.4%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)		RAG Rating	
7.2%	6.0%		R	

Indicator Description

The measure is intended to improve the employment outcomes for adults with a primary support reason of learning disability support, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits.

The measure shows the proportion of adults with a primary support reason of learning disability support who are recorded as being in paid employment. The information would have to be captured or confirmed within the financial year reporting period.

The measure is focused on 'paid' employment. Voluntary work is not collected in SALT and thus, is excluded from the measure. Paid employment is measured using the following two categories:

- Working as a paid employee or self-employed (16 or more hours per week); and,
- Working as a paid employee or self-employed (up to 16 hours per week)

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

Where:
X: All people within the denominator, who are in employment. The numerator should include those recorded as in paid employment irrespective of whether the information was recorded in an assessment, review or other mechanism. However, the information would have to have been captured within the financial year.

Y: Number of working-age clients with a primary support reason of learning disability support "known to CASSRs" during the period.

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

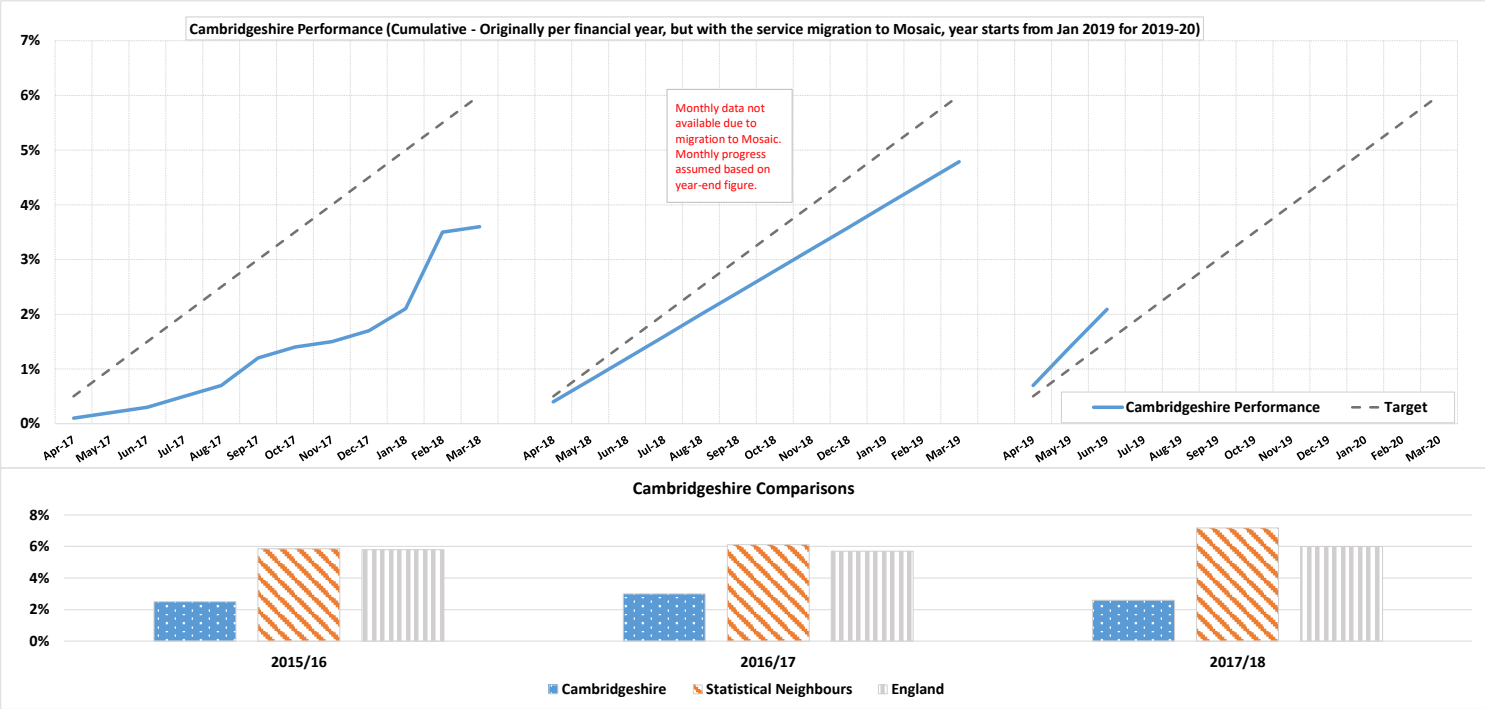
Useful Links

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/587208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



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

Commentary

Performance at this indicator has been improving recently, with the year end figure for 2018-2019 exceeding that of the previous 3 years.

As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD.

The migration to Mosaic has had a positive impact on performance at this indicator by prompting workers to update of the employment status at each assessment/review.

To support delivery of the LD Employment Strategy a working group has been formed to develop a targeted workplan to improve employment opportunities for this cohort of service users. 16 individuals have been identified for employment support to add to the 50 already in paid employment.

Although performance is above target at the end of Q1, the indicator remains red as there is still a significant risk that the year end target may not be met at year end due to the complexities involved in securing paid employment in the current economic climate. This judgement will be kept under review and will be revised in subsequent reports if the recent trends continue.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
564.0	406.0	370.9	↓	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
535.6	585.6	VG		

Indicator Description

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.

This measure reflects the number of older people whose long-term support needs are best met by admission to residential and nursing care homes relative to the group population. The measure compares council records with ONS population estimates. People counted in this measure should include:

- Users where the local authority makes any contribution to the costs of care, no matter how trivial or location of residential or nursing care
- Supported users and self-funders with depleted funds (set out in The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions)

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

Where:
X: The sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care).

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

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

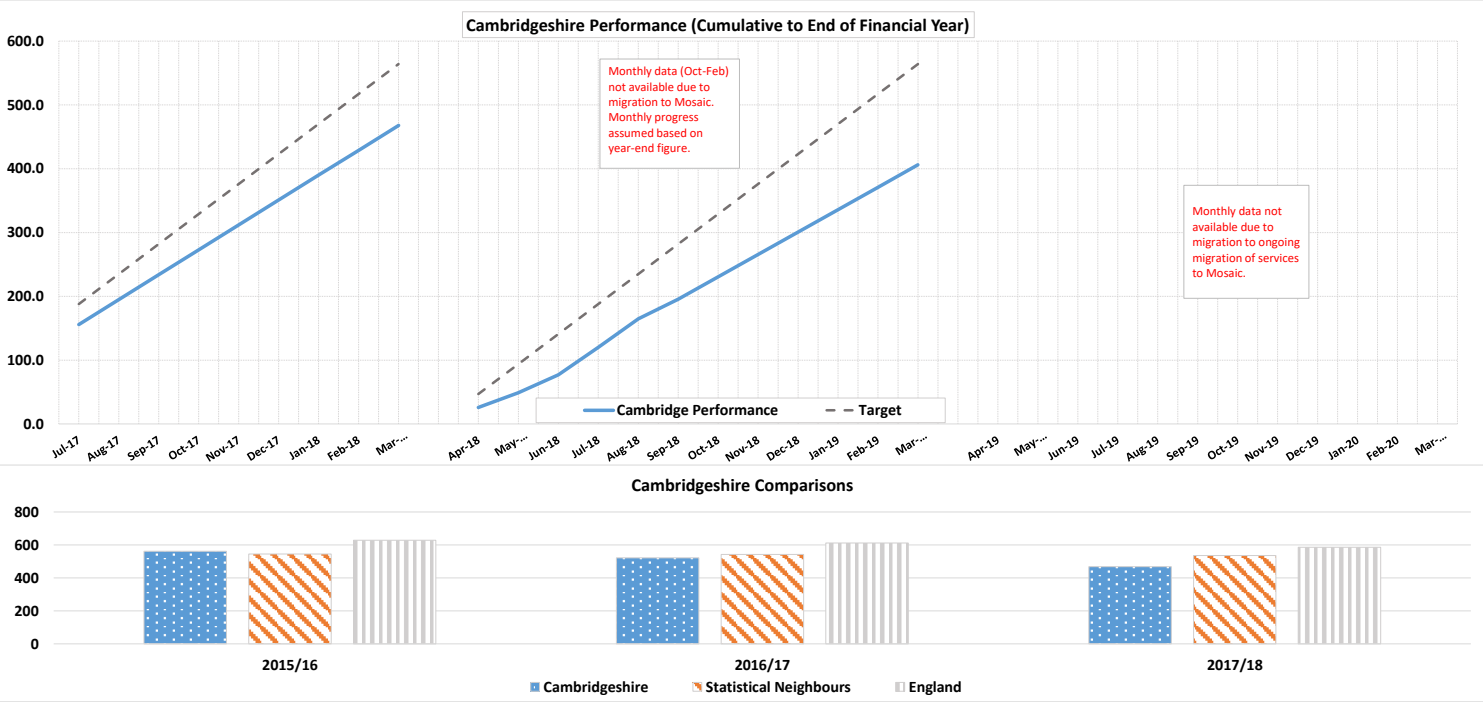
Useful Links

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>

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

Commentary

The implementation of the Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages.

N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.

No new data is currently available for this measure during ongoing migration of service data to Mosaic system.

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

Indicator Description

The measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support is personalised. Employment is a wider determinant of health and social inequalities.

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)*100

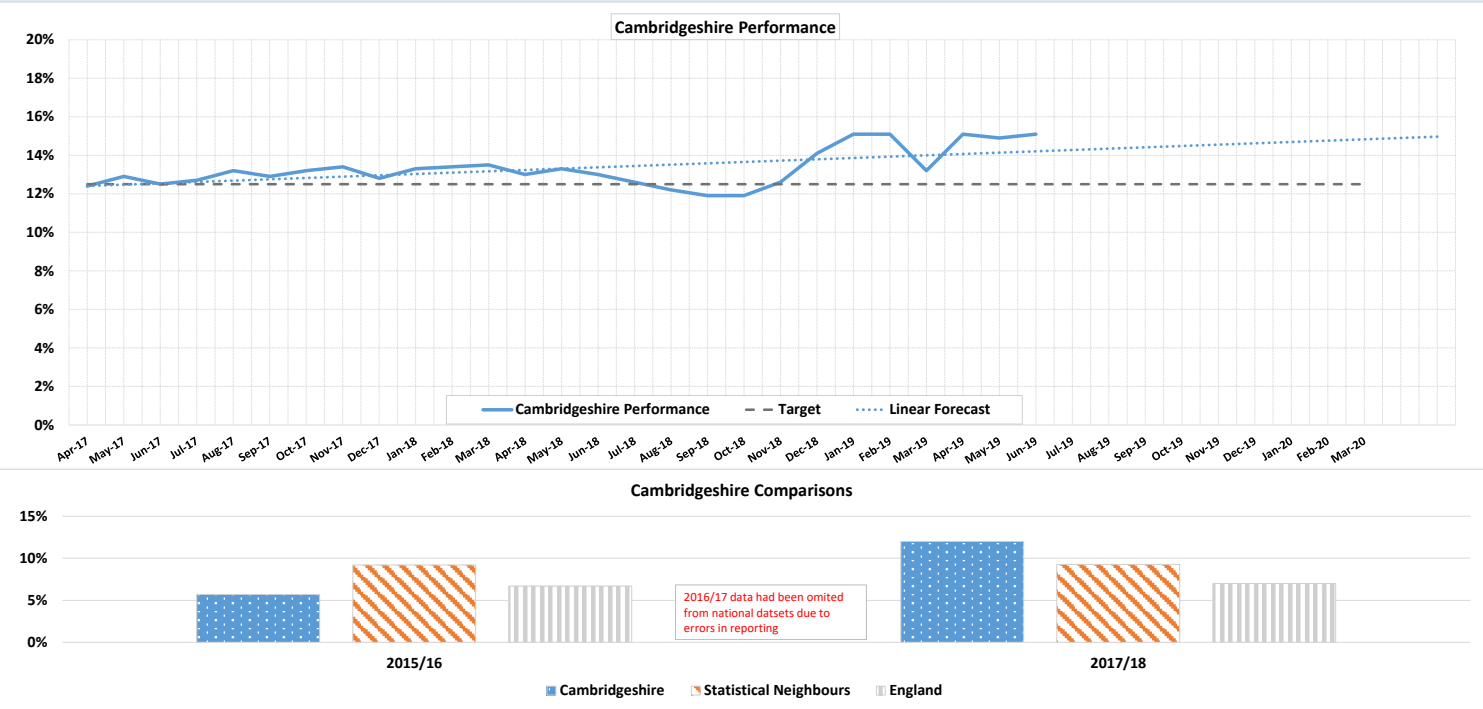
Where:
X: Number of working age adults (18-69 years) who are receiving secondary mental health services and who are on the CPA recorded as being in employment. The most recent record of employment status for the person during the previous twelve months is used.

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.

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

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>
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(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.

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

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-ascf/current>

NHS Digital Archived Data:

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

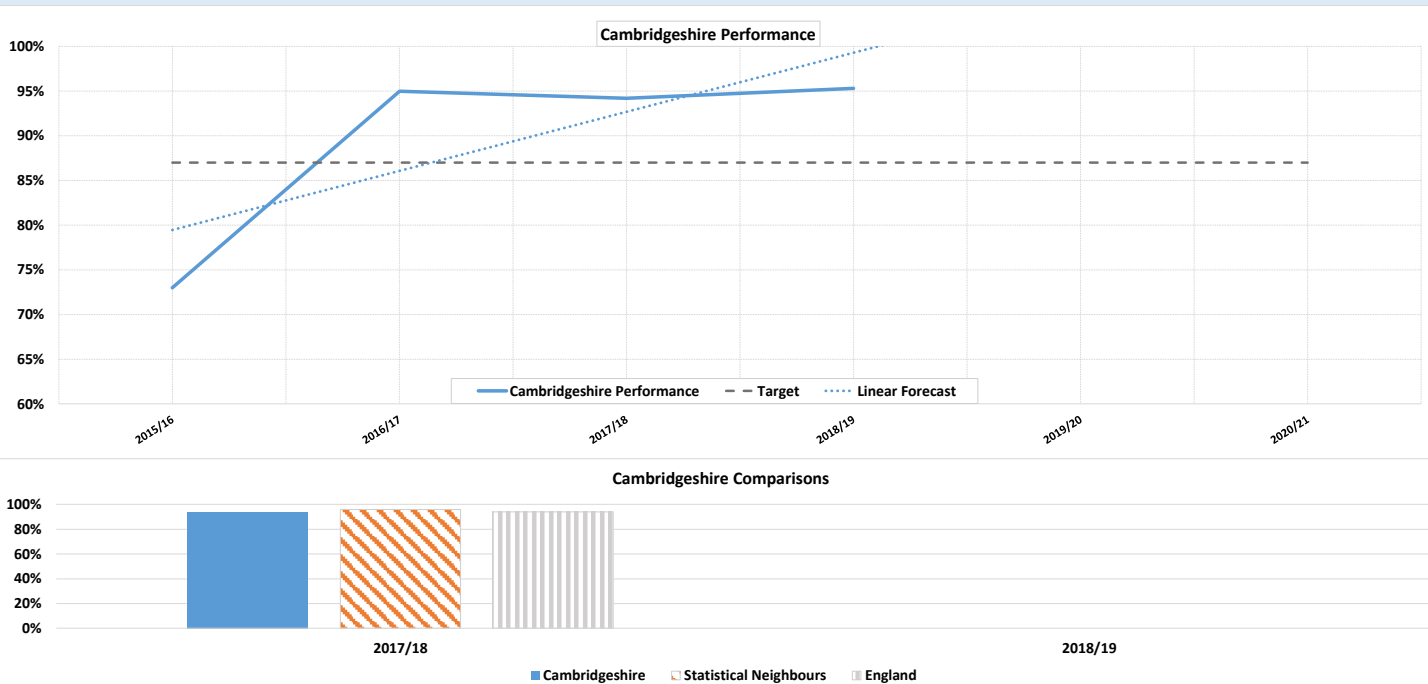
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Definitions:

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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.

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

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.

In this context, 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:
 $(X/Y) * 100$

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.

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

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:

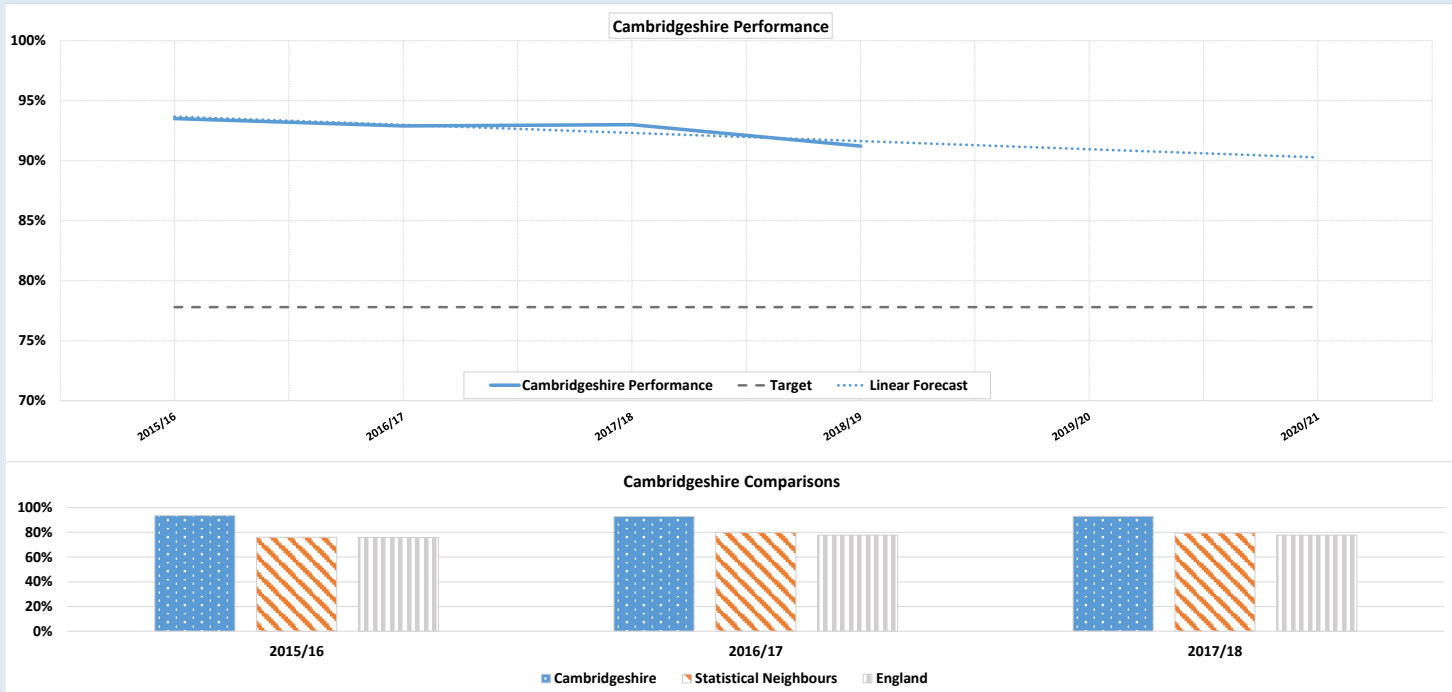
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

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(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.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
271	622	517	↓	↓
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:

$R = X/Y \times 100000$

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:

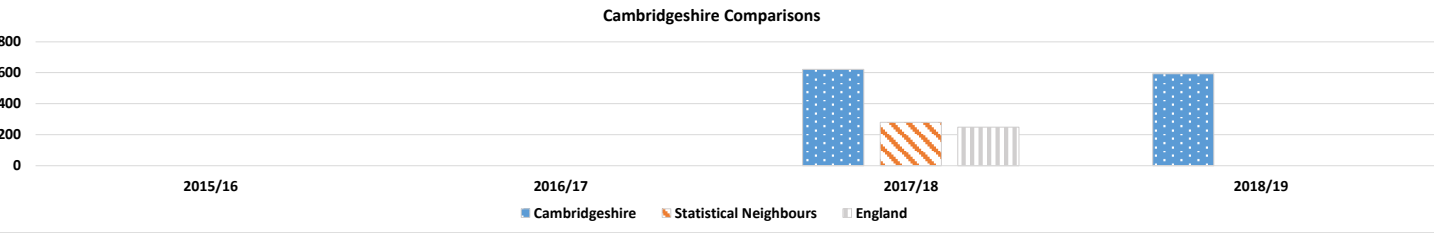
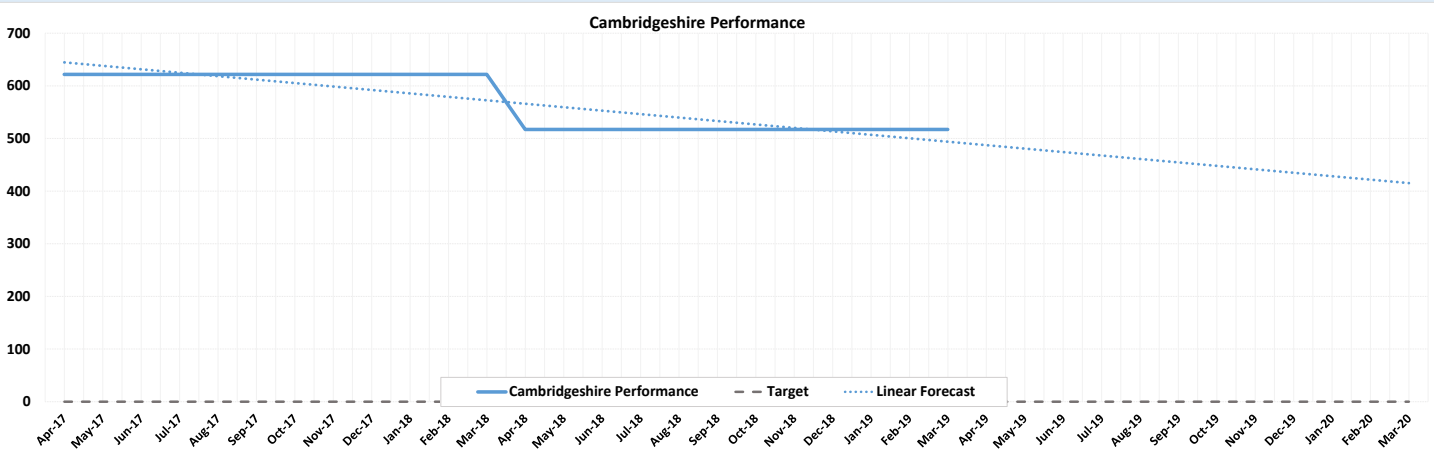
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

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



Commentary

Performance at this indicator appears to be falling, however this does not necessarily mean that fewer carers are being supported. 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.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
20.0%	23.0%	19.8%	↓	↓
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-referral 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 provide by children's social care and is in respect of a child who is currently not assessed to be in need. A referral may result in an initial assessment of the child's needs, the provision of information or advice, referral to another agency or no further action. 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:
 $(X/Y)*100$

Where:
X: The number of children with a referral who also have a previous referral starting within the last 12 months.
Y: The number of children with a referral this month.

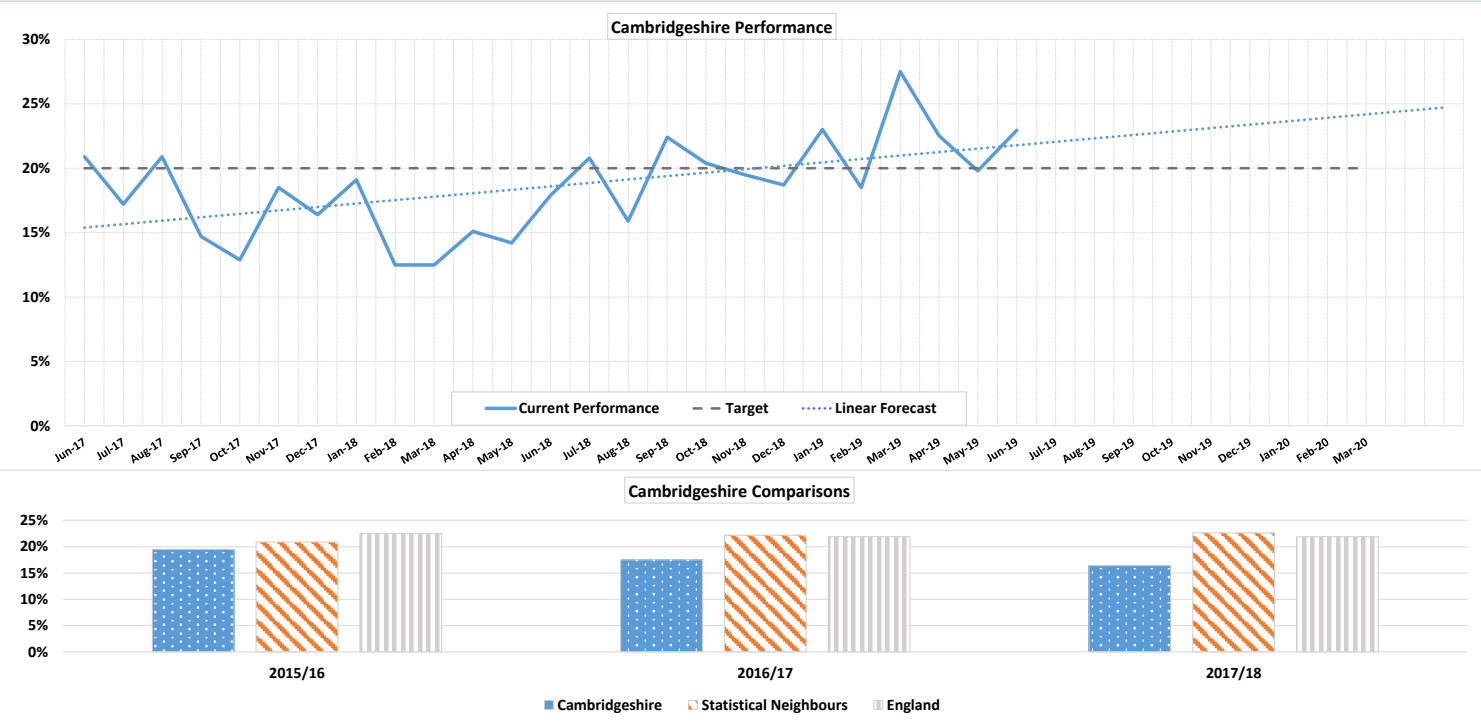
Sources: Department for Education; Local Authority Interactive Tool (LAIT); Cambridgeshire County Council Business Intelligence Childrens Team.

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

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.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
40.0	58.1	58.9	↓	↑
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. A child is classed as in care if they are provided with accommodation for a continuous period of more than 24 hours; are subject to a care order, a placement order or accommodated under section 20 Children Act 1989 with parental consent.

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.

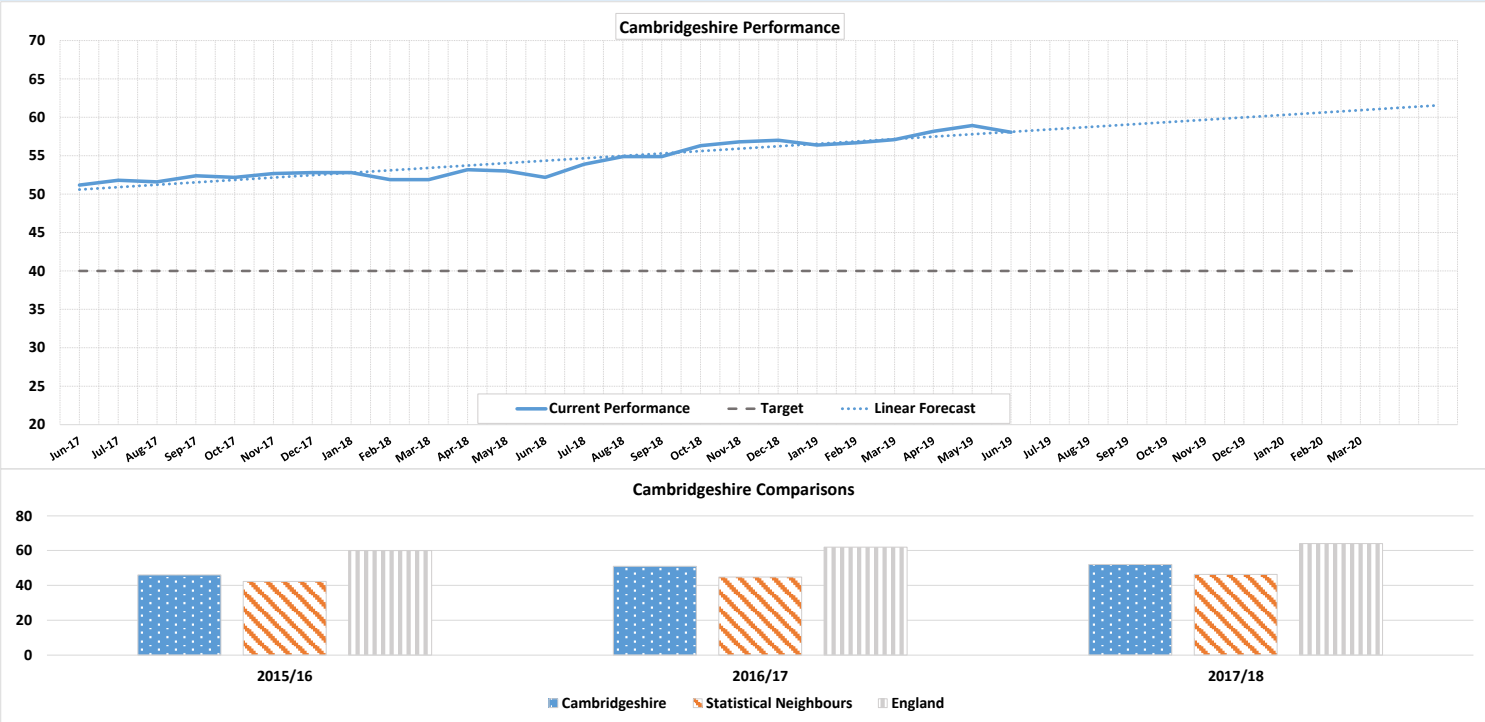
Sources: Department for Education; LG Inform; Cambridgeshire County Council Business Intelligence: Childrens Team

Useful Links

Local Authority Interactive Tool (LAIT):
<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LG Inform:
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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 assylum seeking children.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
21.0%	13.2%	21.5%	↓	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
21.7%	20.2%	VG		

Indicator Description

This measure gives an indication of the number of children at risk of harm for a second or subsequent times. Re-registration of a child indicates that the actions to reduce the risk of harm were not successful or significant event has occurred to change thier circumstances.

Expressed as a percentage of children who became subject to a Child Protection Plan at any time during the year, who had previously been the subject of a Child Protection Plan, or on the Child Protection Register of that council (Department for Education, 2018).

Calculation:
 $(X/Y) * 100$

Where:
X: The number of children with a child protection plan at month end, who have had a previous child protection plan.

Y: The number of children with a child protection plan, at month end.

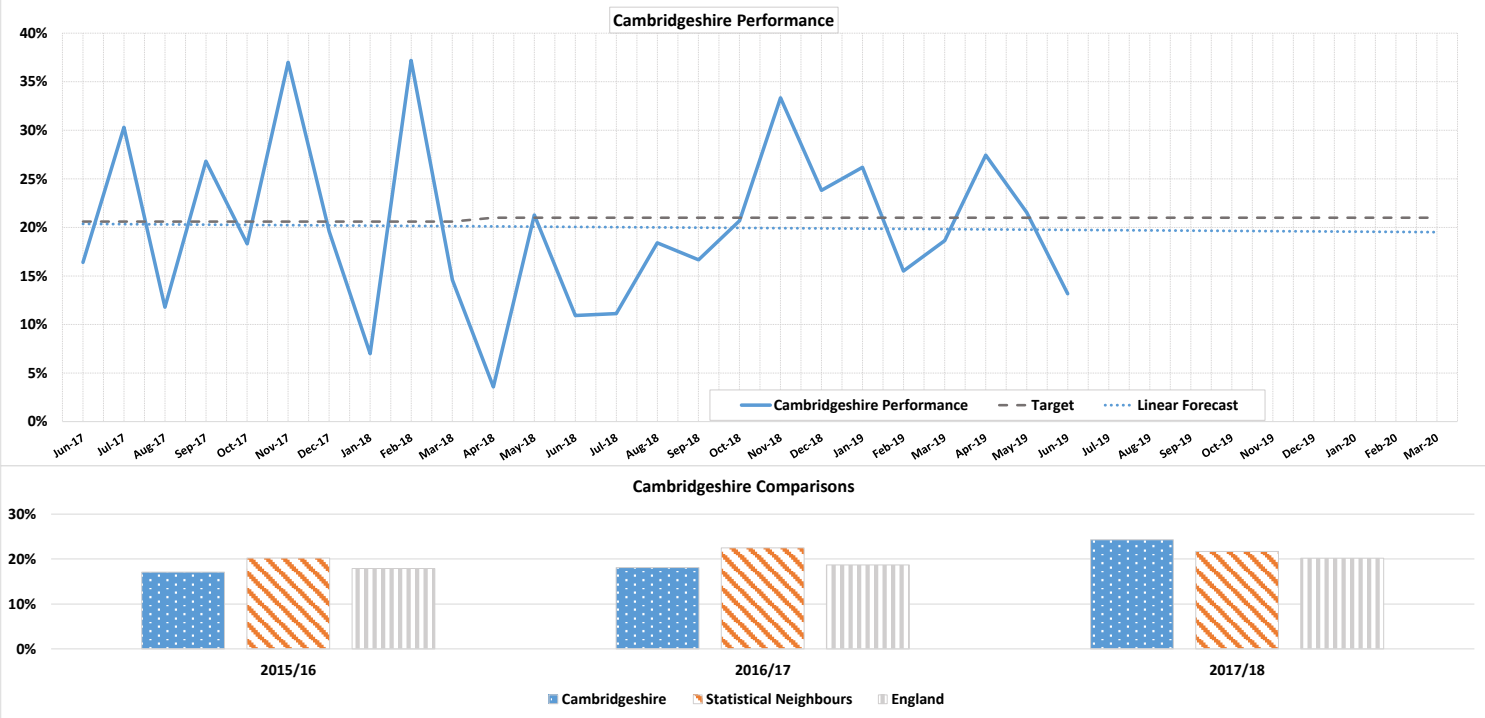
Sources: Department for Education; LG Inform; Cambridgeshire County Council Business Intelligence: Childrens Team

Useful Links

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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 neighbours and England average.

In Q1 2019, 47 of the 205 child protection plan registrations were re-registrations within 2 years.The re-registration rate of 13.2% in June is very good performance. The rate of second or subsequent child protection plans is below target and below the Statistical Neighbours and England Average.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
100.0%	87.0%	87.0%	↑	↔
Statistical Neighbours Mean	England Mean		RAG Rating	
92.8%	94.2%		R	

Indicator Description

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

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

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

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

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

Source: Cambridgeshire County Council Business Intelligence: Education Team.

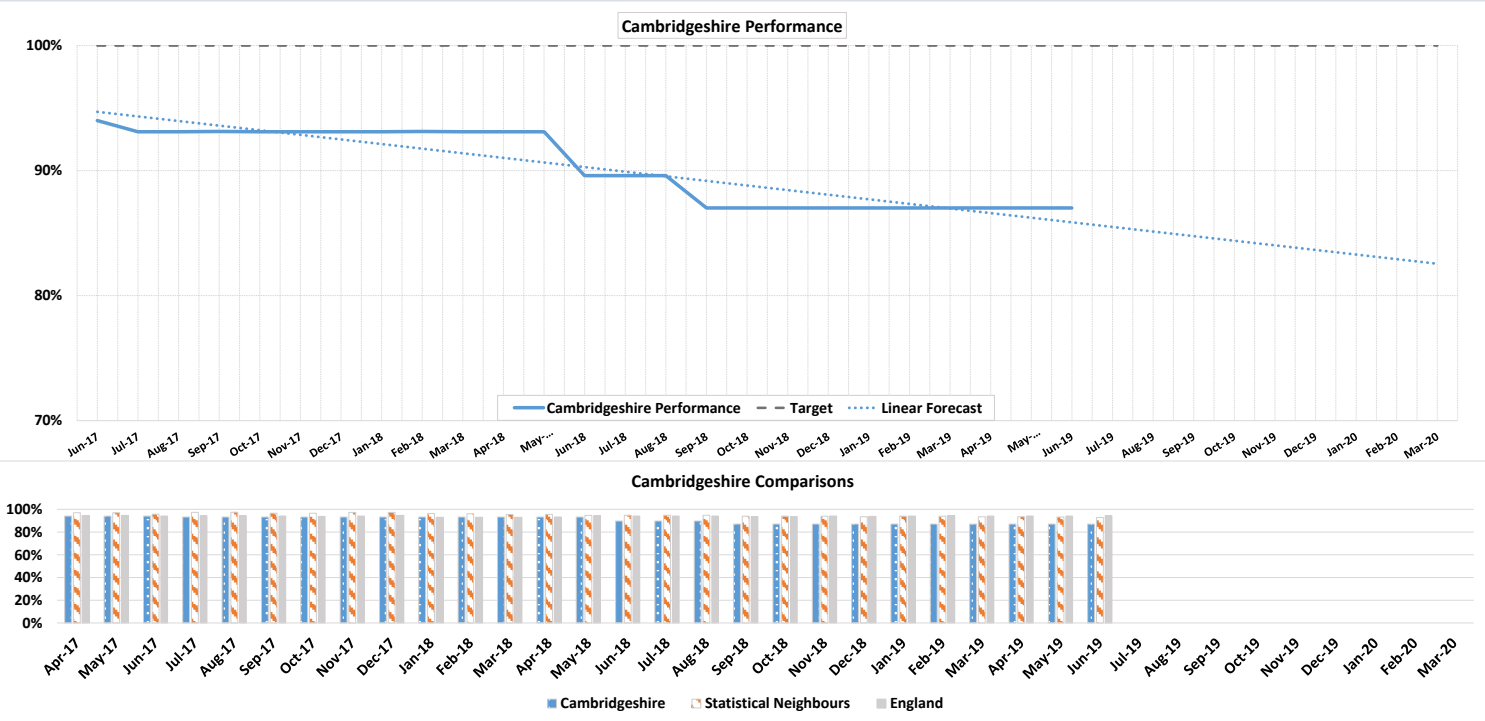
Useful Links

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 directly from B.I. Learning directorate team)

Commentary

There are ten state-funded special schools in Cambridgeshire. Ofsted have judged three to be Outstanding, four to be Good, one as Requiring Improvement and one as Inadequate. One school has yet to be inspected and is excluded from the KPI calculation.

The school requiring improvement was inspected in 2016 before it academised and has not been inspected since changing to an academy. The Inadequate school was inspected in March 2019.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
70.0%	82.1%	73.4%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
64.5%	58.0%	VG		

Indicator Description

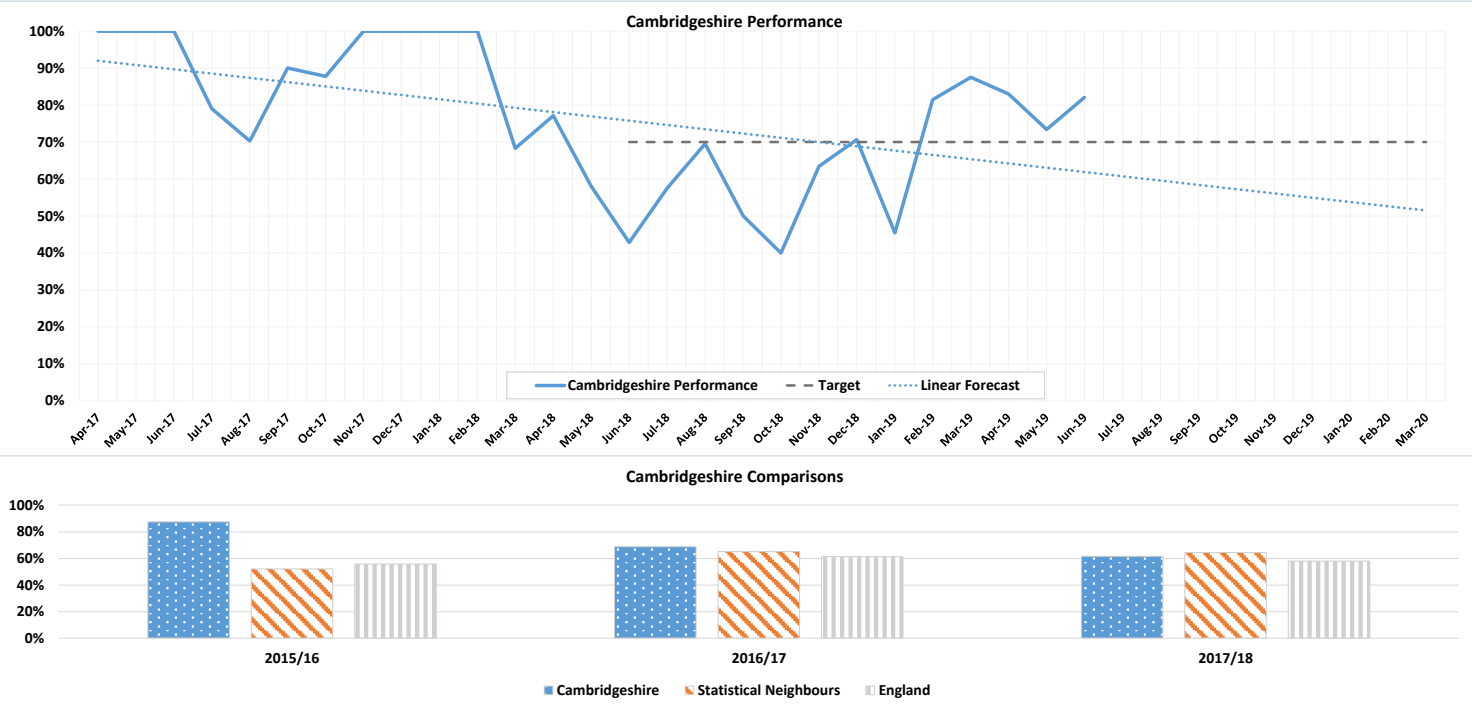
Education, Health and Care (EHC) plans for children and young people aged up to 25 were introduced on 1 September 2014 as part of the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014.

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.



(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.

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/>

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
8.5%	9.6%	8.9%	↓	↓
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

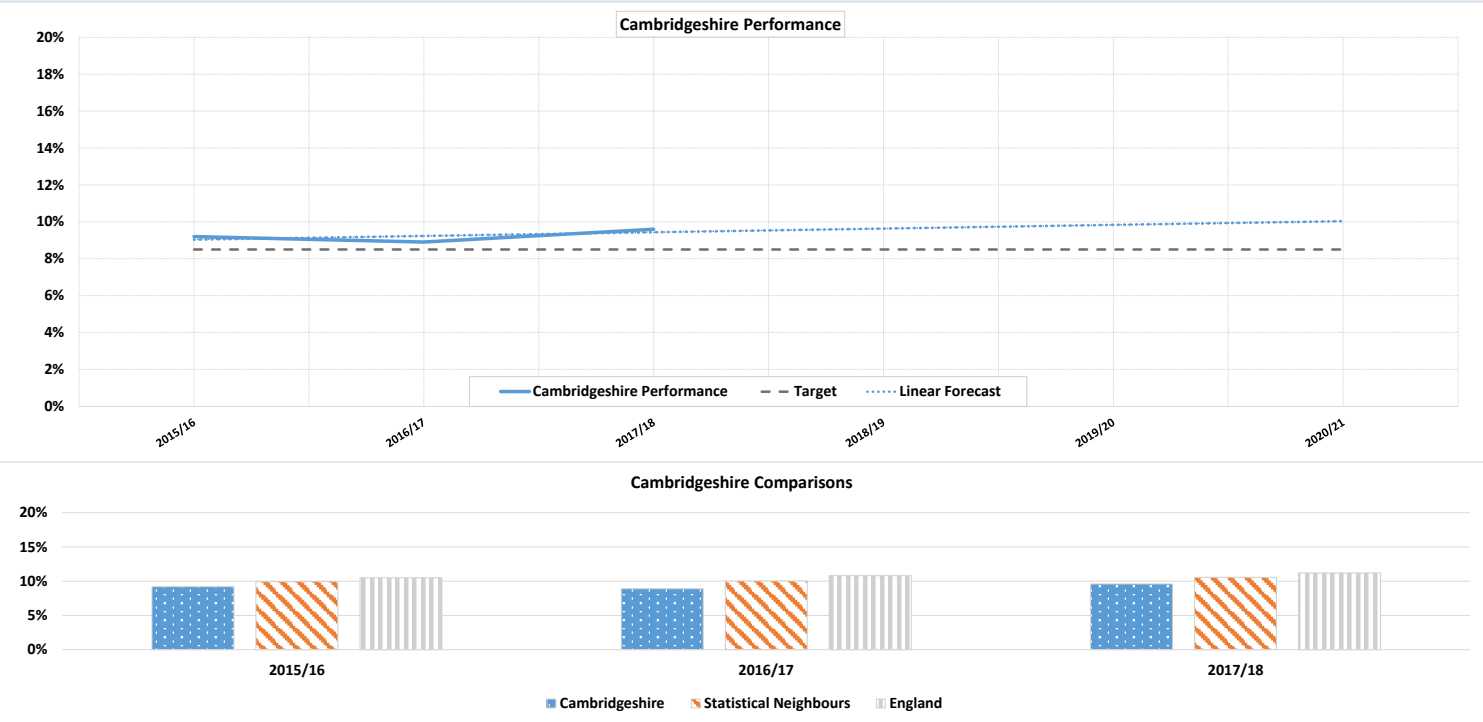
Y: The number of enrolments.

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 persitent 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.

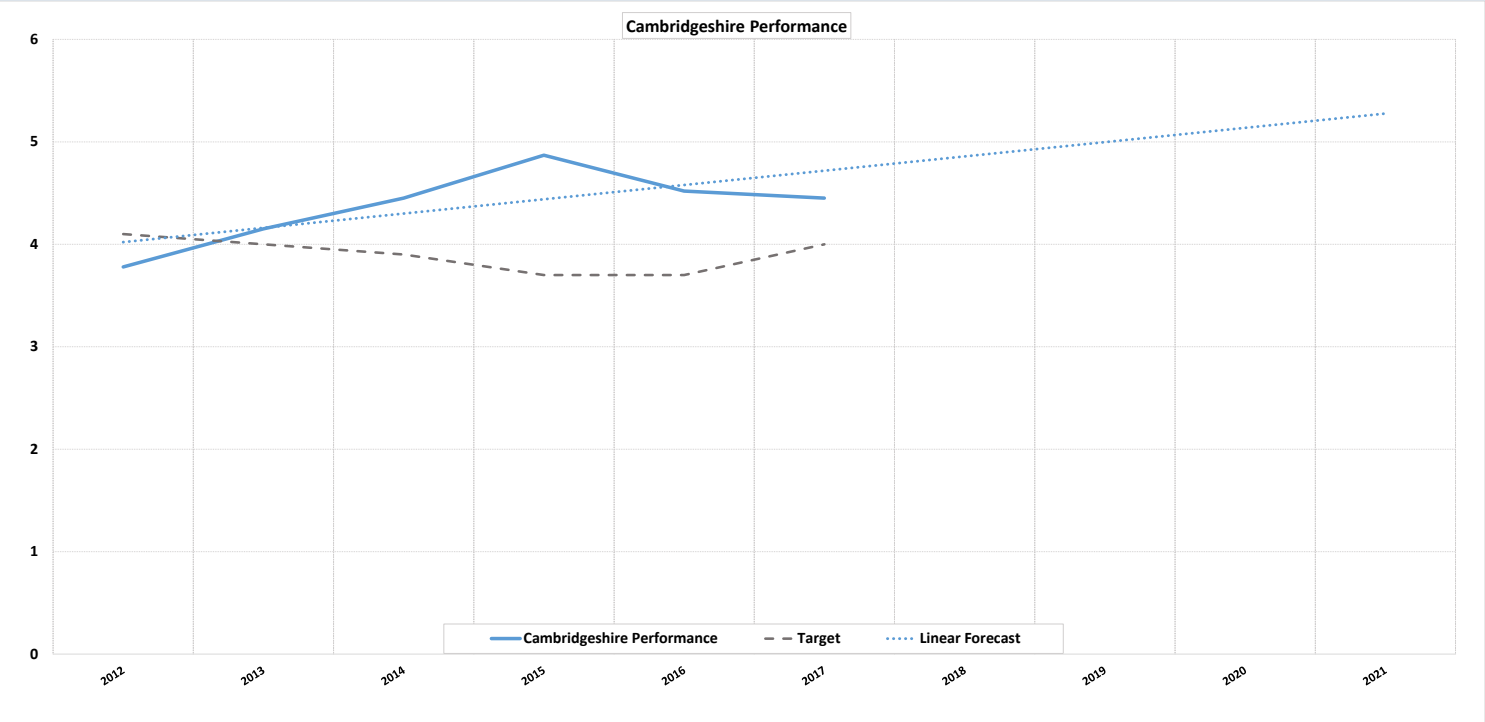
Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
4.0	4.45	4.52	↓	↑
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

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.

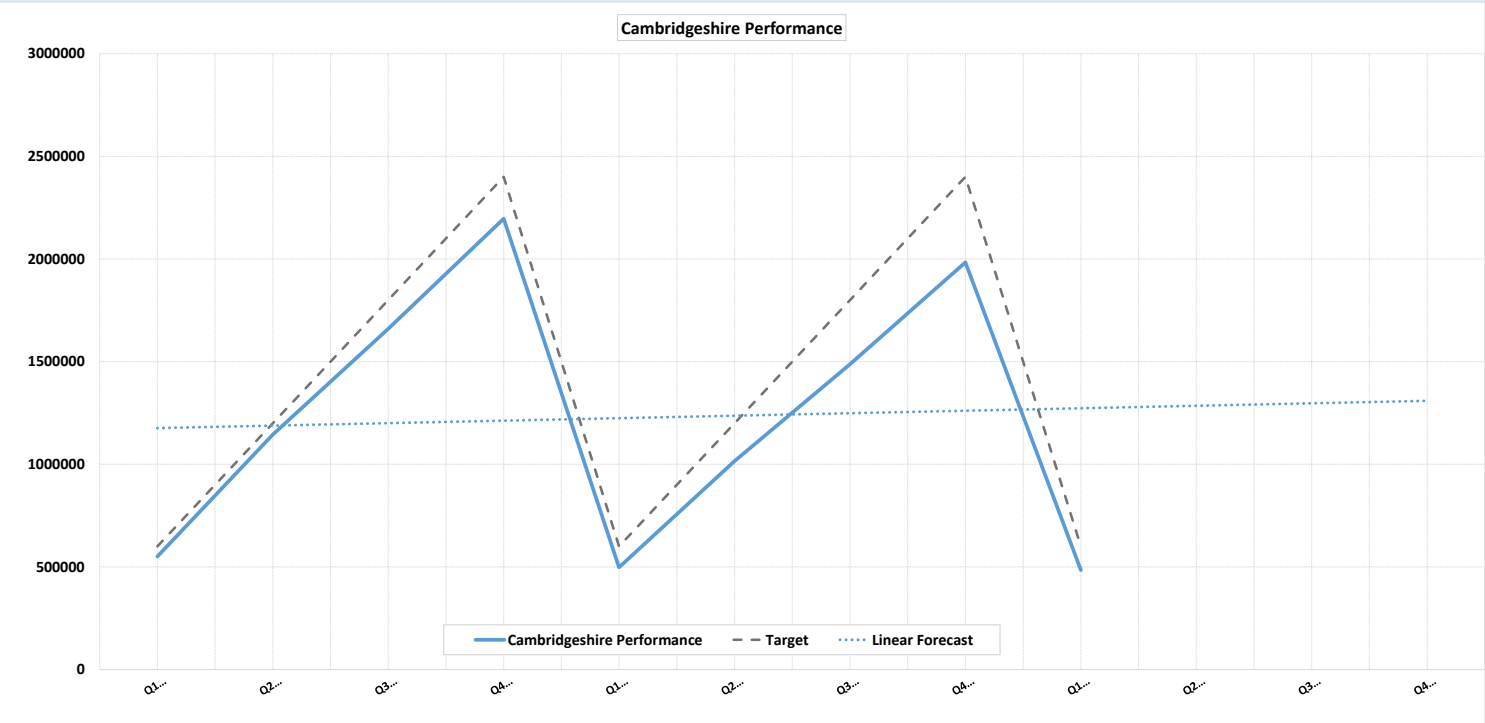
The target for 2017/18 is to reduce this to 4 minutes per mile.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
600000	484403	1983487	↑	↓
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

Indicator Description

Useful Links

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



Commentary

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
3.0%	2.7%	2.8%	↓	↑
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	VG		

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.

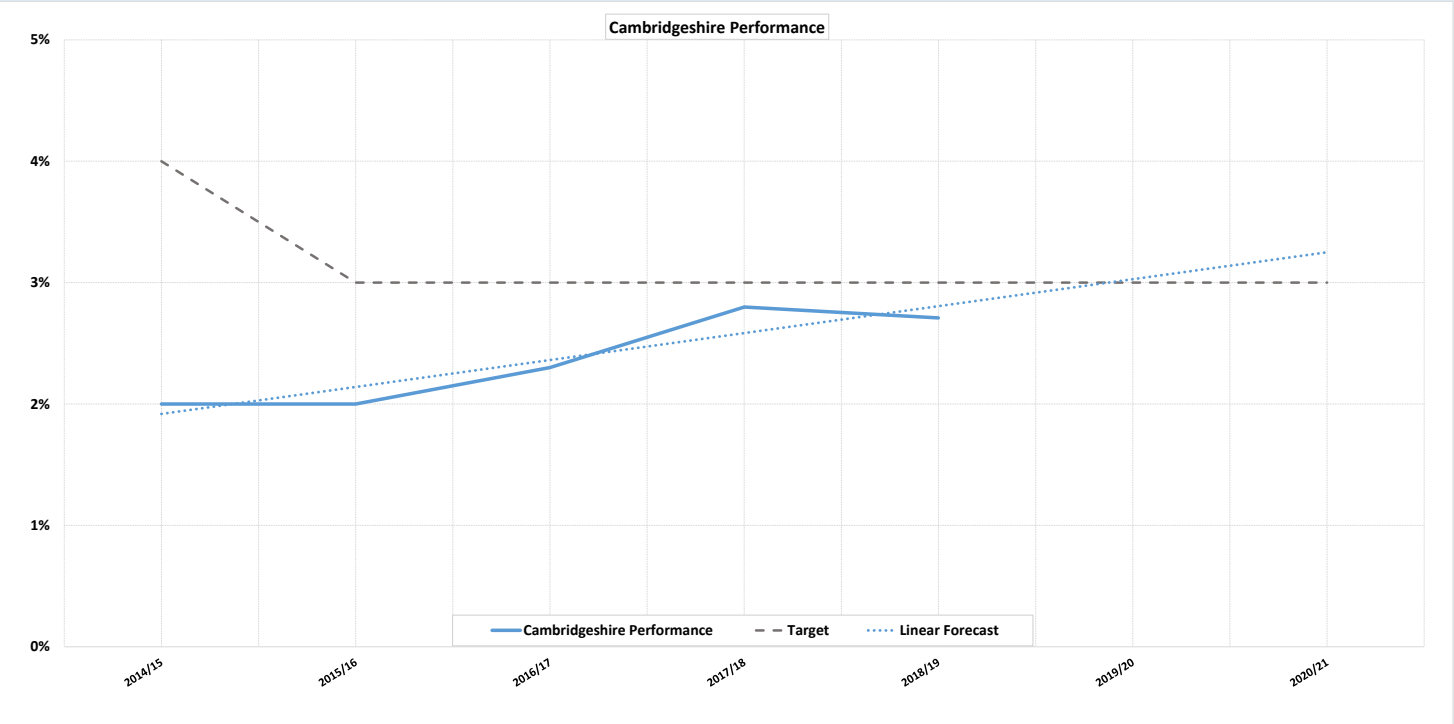
Source name: Department for Transport

Collection name: Road conditions

Polarity: Low is good

Useful Links

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



Commentary

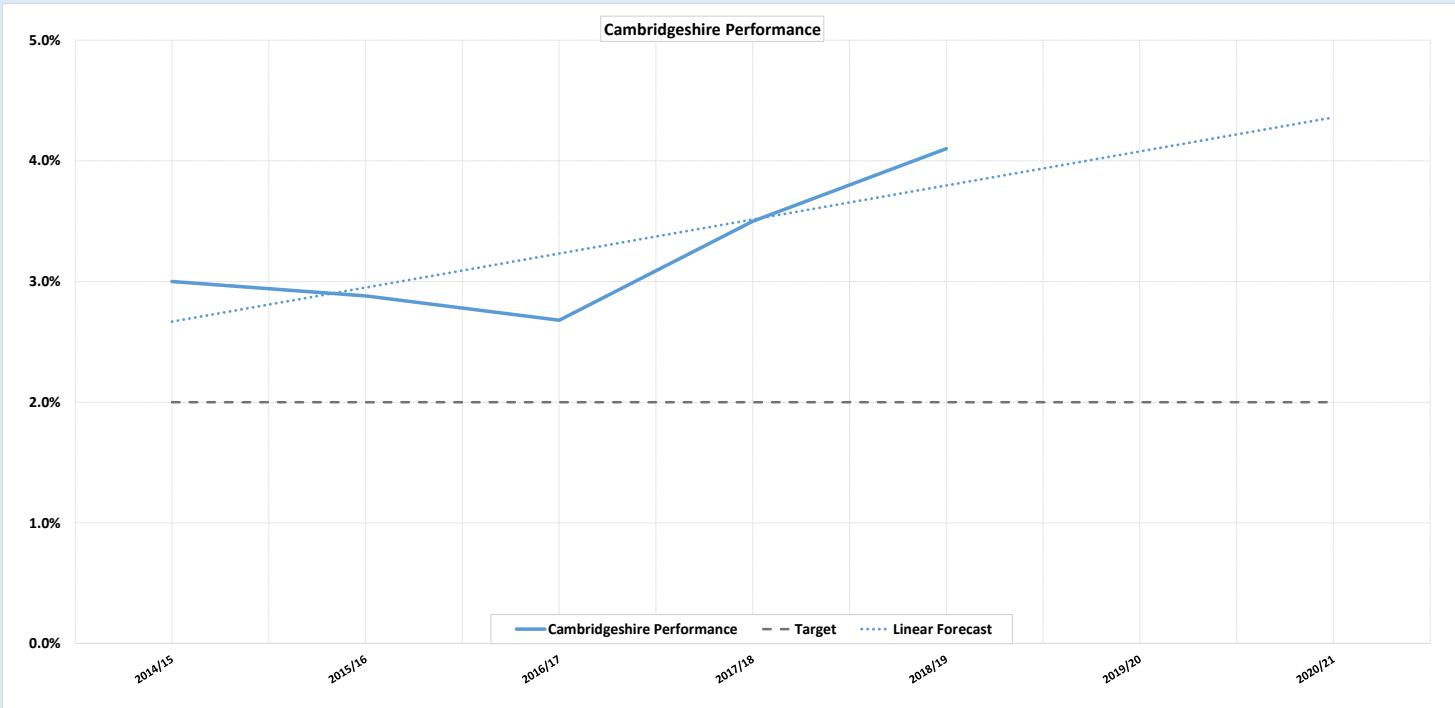
The actual figure has improved marginally from last year's figure of 2.8% to 2.71%. This is not a material change.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
2.0%	4.1%	3.5%	↓	↓
Statistical Neighbours Mean	England Mean		RAG Rating	
N/A	N/A		R	

Indicator Description

Indicator of key priority area for highways maintenance.

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



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.

Useful Links

LG Inform:

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

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
8.0%	6.0%	6.0%	↓	↔
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	VG		

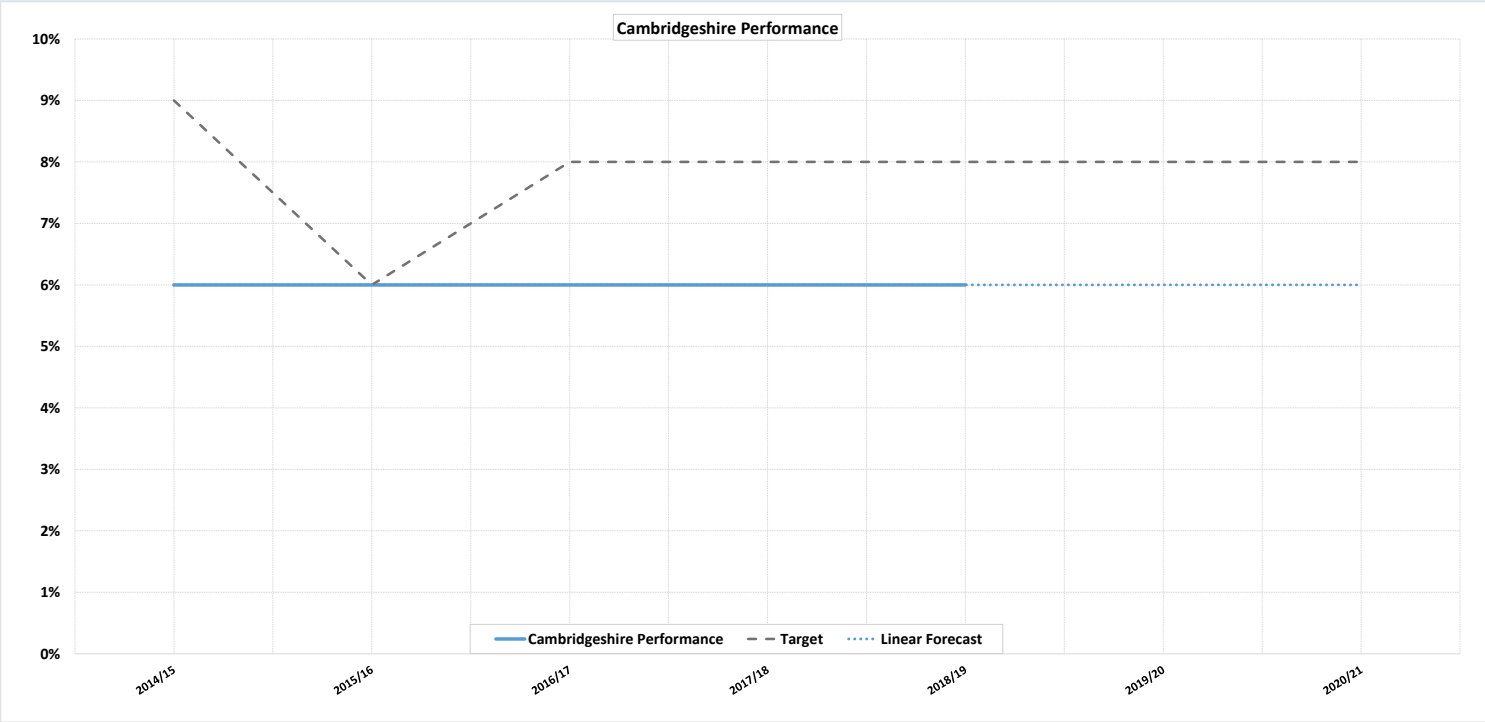
Indicator Description

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.

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>

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
256.0	388.0	384.0	↓	↓
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

Indicator Description

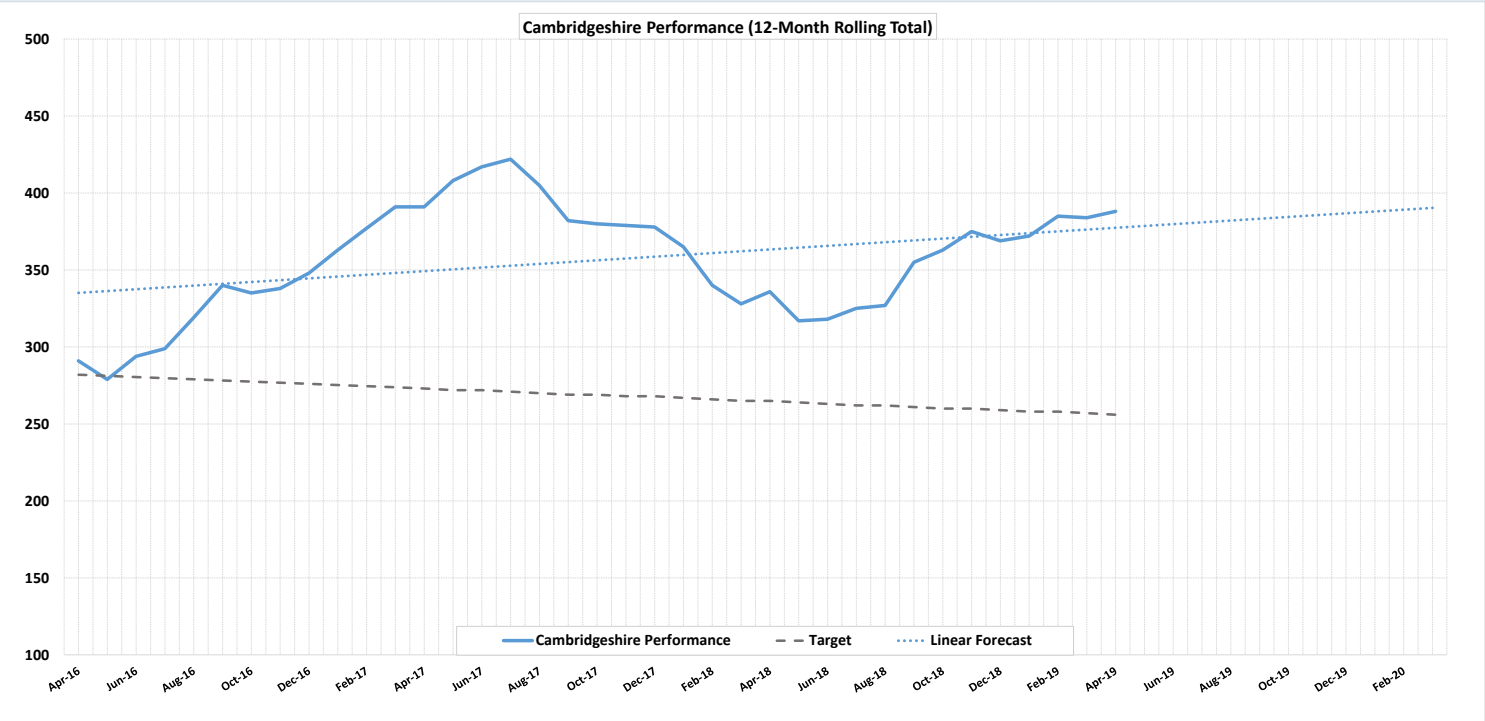
Killed and seriously injured (KSI) casualties is derived from Stats19 data

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 April shows an increase in KSIs from 18 in March to 34 in April.

The provisional 12 month total to the end of April 2019 has been update as new data has been received. The 12 month rolling KSI total is now 388 compared with 336 for the same period of the previous year. The April figure is higher compared to the last reported figure of 384 for March 2019.

During April 2019 there was 1 fatal accident and there were 33 serious casualties.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
2.0%	0.0%	0.0%	↓	↔
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	VG		

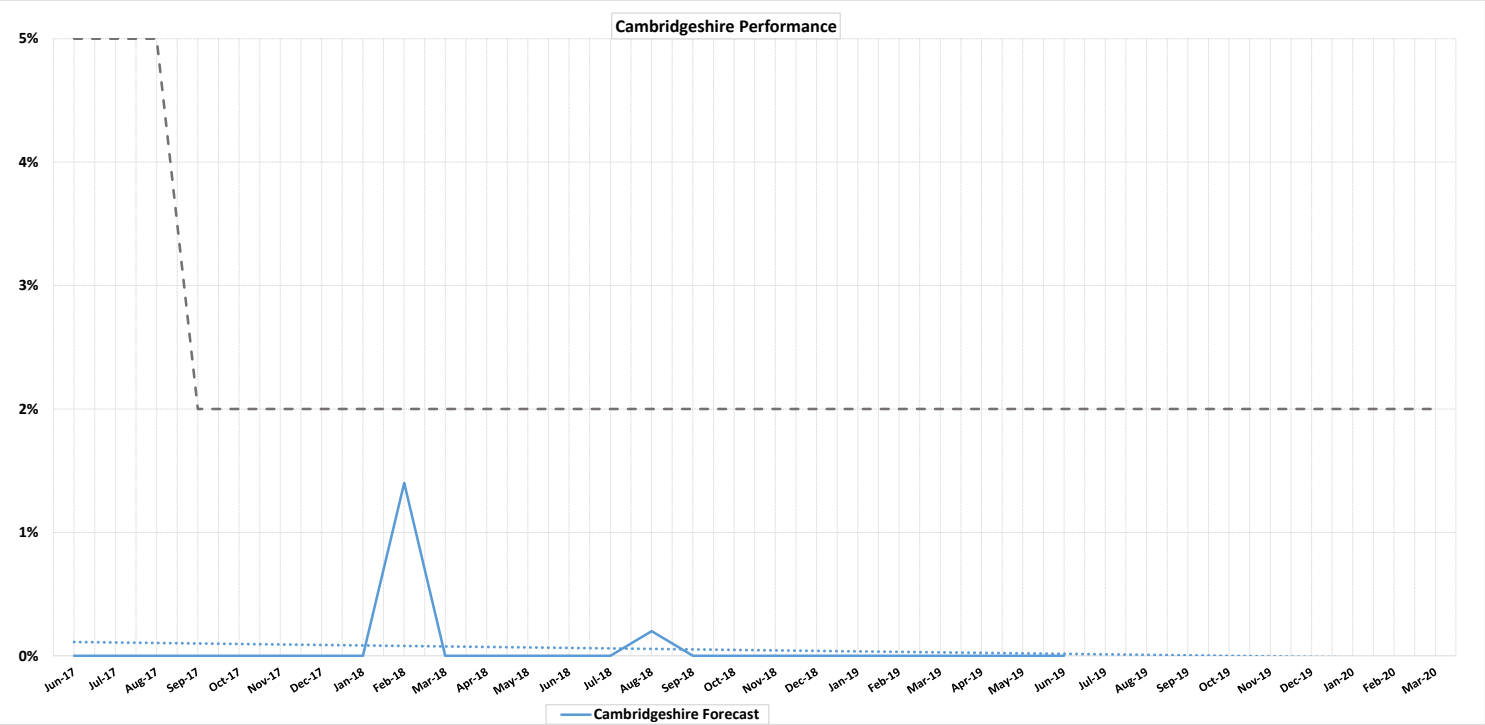
Indicator Description

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.

Previously Members have requested information on how many repairs needed to be rerepaired, but this information is not collected. Members have also requested information on complaints about repairs, however this information is not collected in a reportable format.

Useful Links



Commentary

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

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
80.0%	92.0%	86.0%	↑	↑
Statistical Neighbours Mean	England Mean	RAG rating		
N/A	N/A	VG		

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 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 a 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

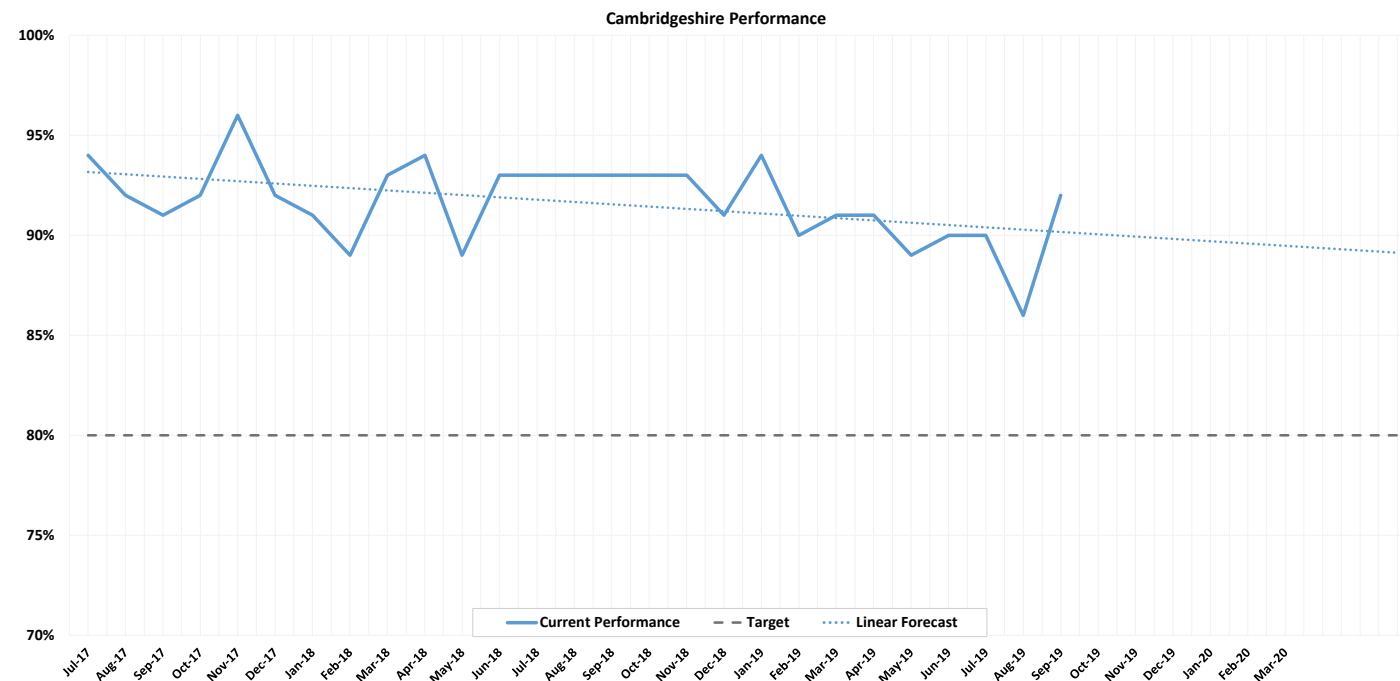
Useful Links

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

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
4500	2964	4512	↑	↓
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

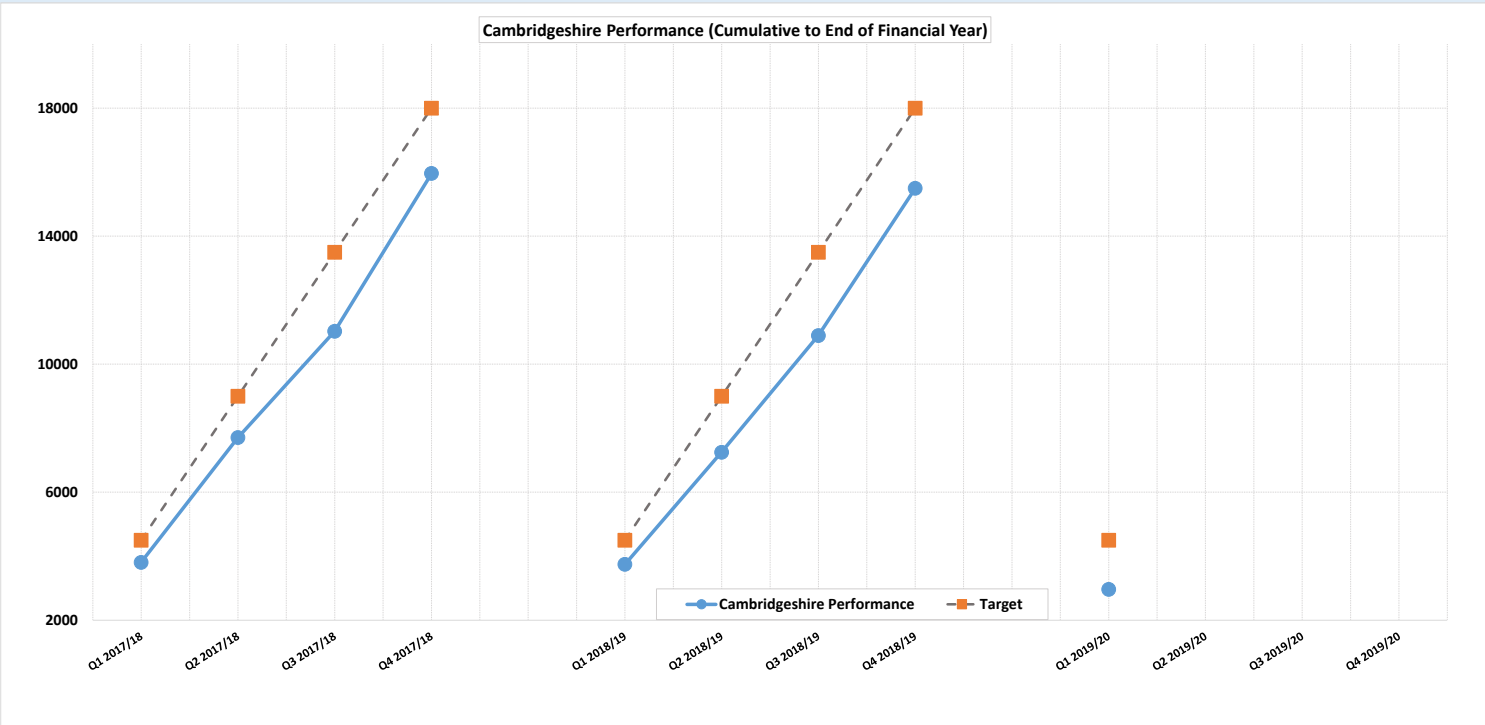
Indicator Description

This measure is the number of people within the eligible population who receive an NHS health check via their GP Practice.

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



Commentary

Performance this quarter is lower (at 66% of target for the period) than for 2018/19 (86% of the target achieved). This reflects the efforts made to support GP practices to trawl their data systems to ensure that all data is reported. NHS Health Checks is a core programme for Public Health as it provides a way of engaging people in an early conversation about their health, risks and lifestyle changes. It also includes potential early detection of risk factors relating to Diabetes, Hypertension, CVD and provides an opportunity to discuss Dementia Awareness.

Useful Links

- LG Inform:
<https://lginform.local.gov.uk/>
- NHS Health Check National Guidance
<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
360	384	142	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

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 receiving stop smoking support via a set programme, who are confirmed as smokefree at 4 weeks post set quit date.

4 week quitters are counted based on the number of individuals accessing a stop smoking programme (via GP, Pharmacy or integrated lifestyle provider), who are confirmed as being smokefree 4 weeks after setting a quit date. Targets are calculated by the Public Health Intelligence team based on the national guidance, considering the estimated number of smokers.

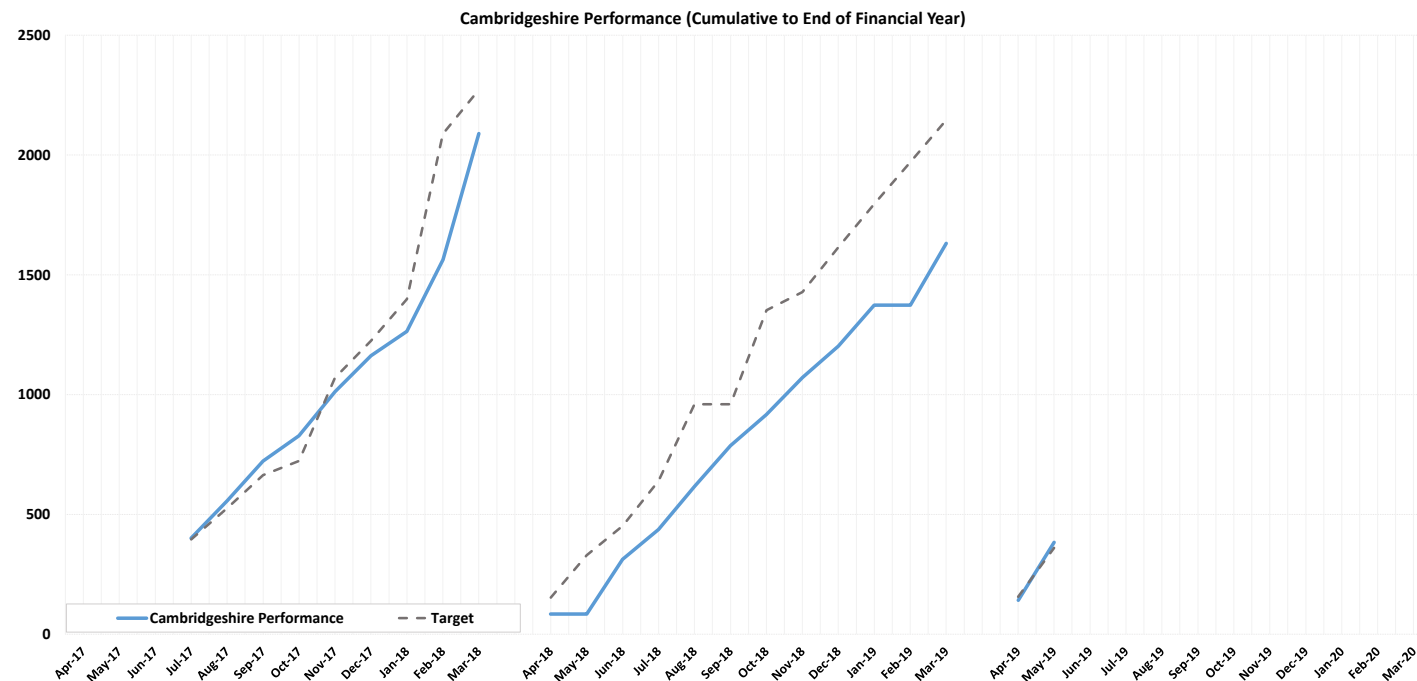
Calculation:
Number of 4 week quitters.

Source: NSCST Stop Smoking Guidance

Useful Links

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

NSCST Stop Smoking Guidance
https://www.ncsct.co.uk/usr/pub/Guidance_on_stop-smoking-interventions-and-services.pdf



Commentary

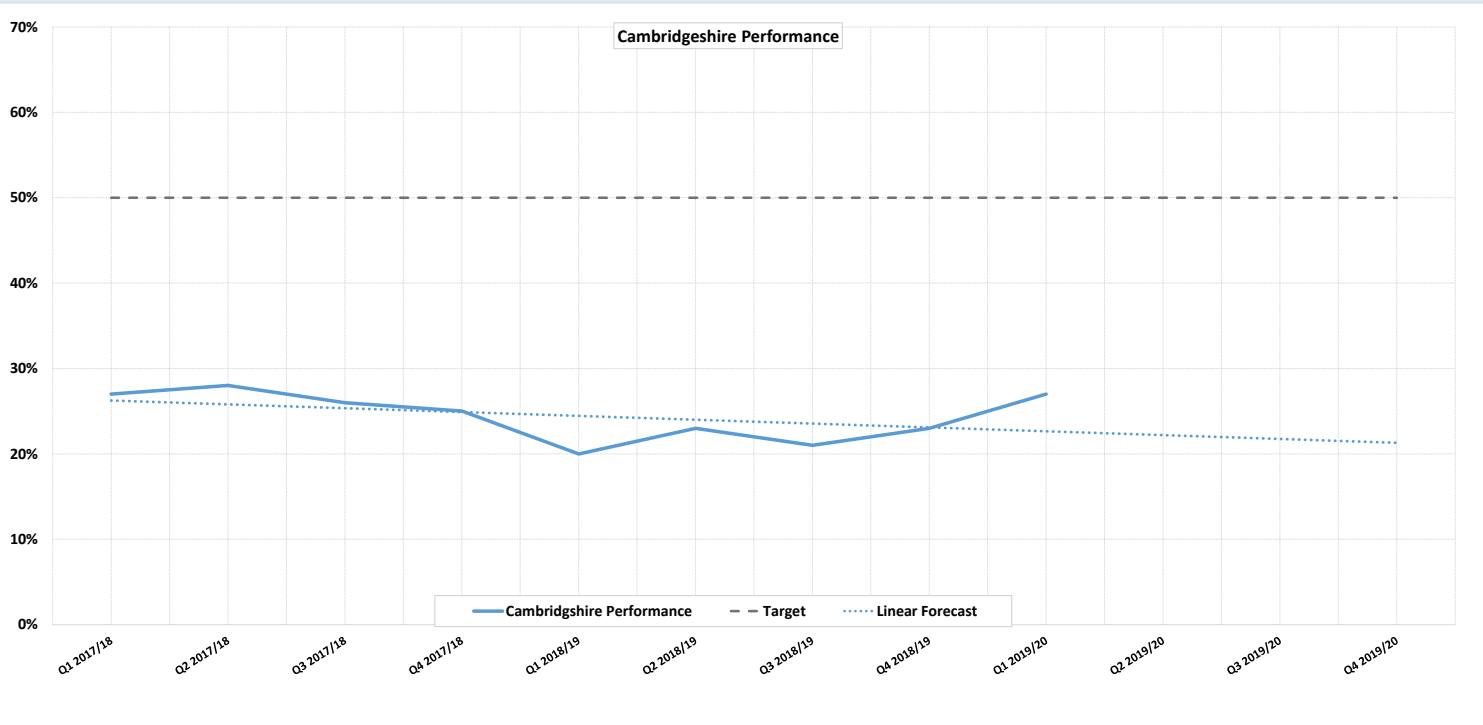
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
50.0%	27.0%	23.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	R		

Indicator Description

Awaiting official descriptions and rationale from directorate

Useful Links

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



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 all antenatal contacts and will start to be worked against from April 2019. Quarter 1 shows an increase of 5% of antenatal contacts achieved across the service in comparison to quarter 4 performance and month on month improvements - reaching 30% in June. If exception reporting is accounted for, consisting of those booked but not attended, this increases to a quarterly average of 35%. Disaggregated into districts, there continues to be significant variance: Fenland completed 52% of contacts (70% including exception reporting) therefore reaching the target and is a recognisable achievement; Huntingdonshire achieved 47% of contacts (58% including exception reporting); Cambridge City achieved 10% of contacts (12% including exception reporting); East Cambs and South Cambs both achieved 8% (11% including exception reporting). Reasoning cited for this disparity continues to be staffing pressures in the South Locality team, which covers East Cambs, Cambs City and South Cambs. These are being addressed and work is underway to streamline the waiting list to aid assessment and contact planning as well as improving communication with Maternity services. Monthly face to face HV/Midwifery meetings are being established to discuss identified vulnerable pregnant women and there is ongoing development to embed an electronic notification process. The provider reports that the locality is committed to improving the volume of antenatal contacts completed and to address the situation in the immediacy, the student nursing cohort have recently started their consolidation of learning, with specific concentration on delivery of antenatal contacts in the area.

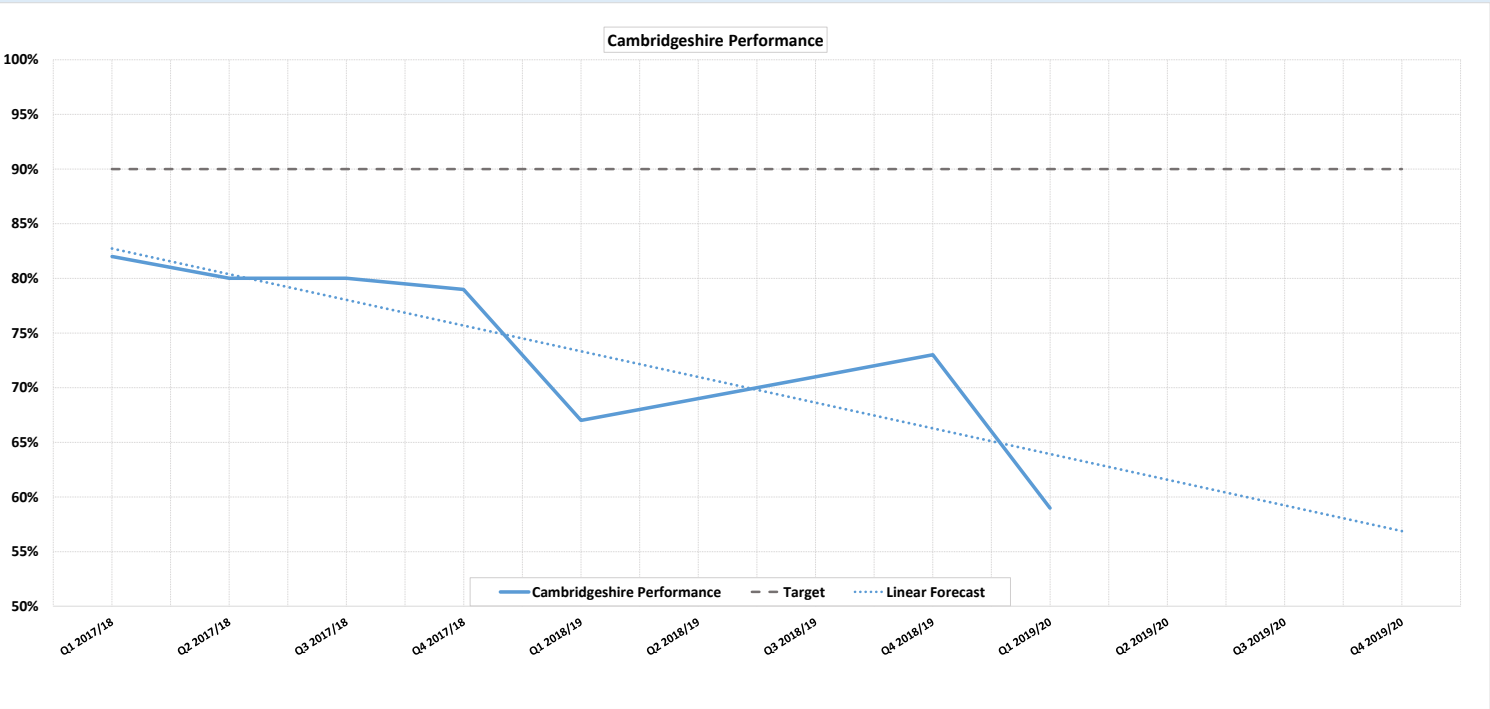
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	59.0%	73.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	R		

Indicator Description

Awaiting official descriptions and rationale from directorate

Useful Links

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



Commentary

Performance has declined significantly this quarter from 73% to 59% of contacts being completed. The main cause of performance issues against this target is staffing and capacity challenges in the South Locality which has resulted CCS needing to implement stage 4 of the Business Continuity Plan across this team based on their staffing prediction tool generating a result of 61% staffing availability for May/June.This has meant the implementation of a number of short term mitigation measures, including 2 year development checks for those who have only universal needs recorded on their records will also be suspended for the summer in the south locality area with parents sent a self-assessment ASQ and asked to contact the Duty Desk with any concerns. Consequently the number of contacts/assessments being completed by the HCP team has reduced substantially and is impacting on overall figures. It is anticipated that BCP measures will cease by September and business as usual will recommence. This quarter however, broken down at district level, 32% of contacts were completed in Cambs City; 39% of contacts completed in South Cambs; 54% of contacts completed in Huntingdonshire. More positively, 95% of contacts were achieved in Fenland. If exception reporting is accounted for, this quarter it was reported that 64 reviews were not wanted and 75 were not attended. 405 contacts were listed as ‘not recorded’ and 208 were not offered.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
163	182	17	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

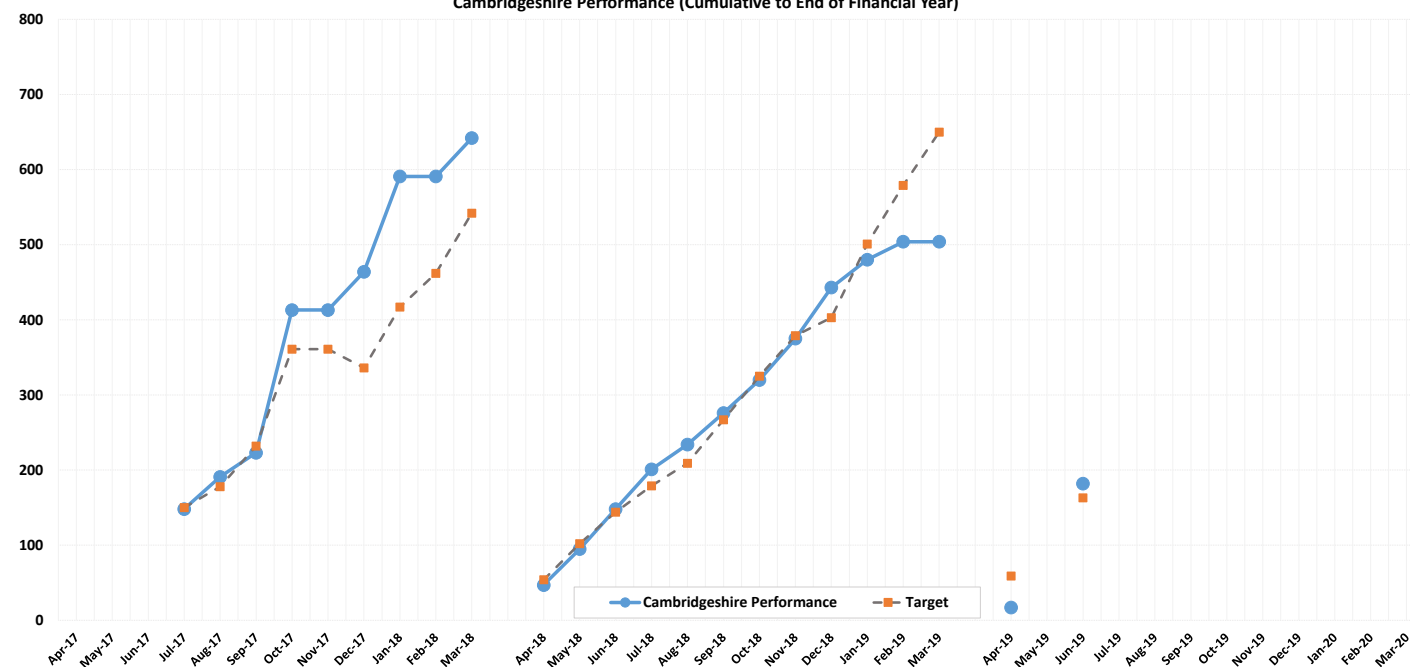
Awaiting official descriptions and rationale from directorate

Useful Links

LG Inform:

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

Cambridgeshire Performance (Cumulative to End of Financial Year)



Commentary

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
30.0%	35.0%	43.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

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

% of individuals completing a Tier 2 weight management intervention who have a weight loss of 5%.

PHE KPI recommendations for Tier 2 Adult Weight Management suggests that 30% of all participants will lose a minimum of 5% of their (baseline) initial body weight, at the end of the active intervention.

Calculation:

$$(X/Y) * 100$$

Where:

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

Y: the number of Tier 2 clients recruited.

Source: NHS Key Performance Indicators Tier 2

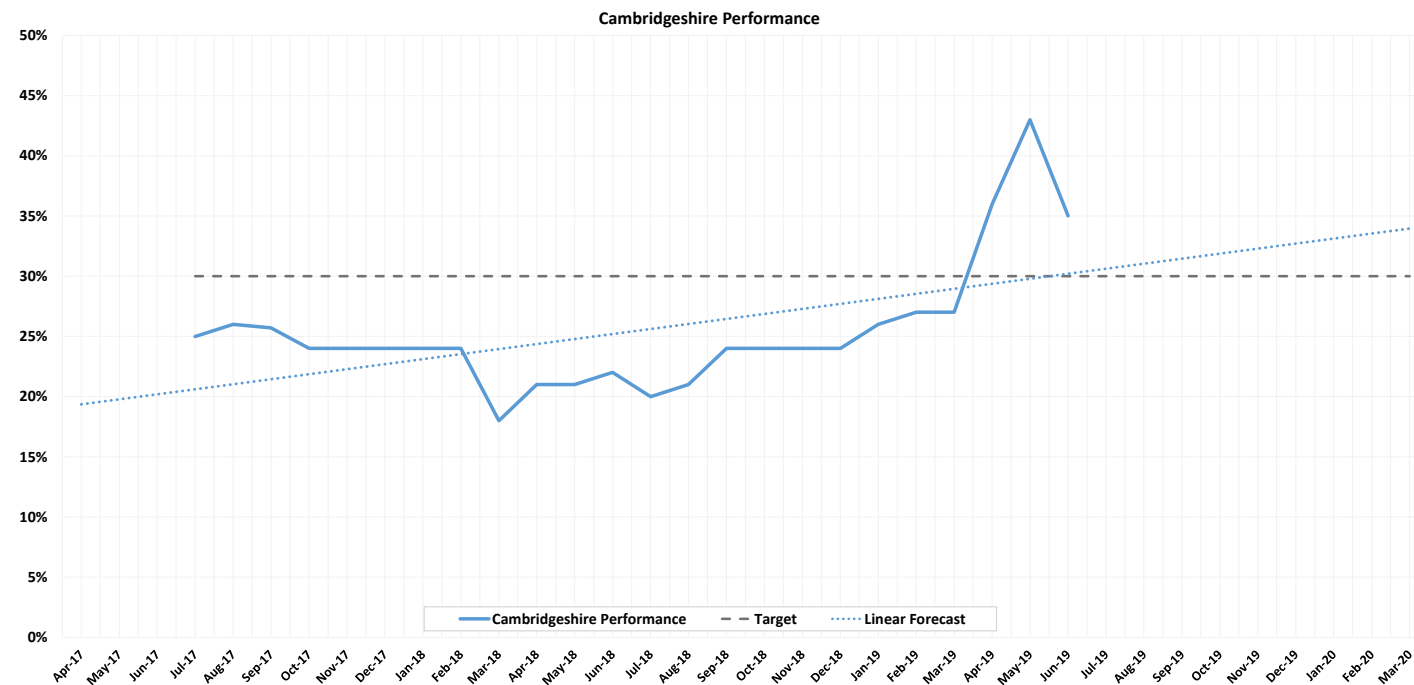
Useful Links

LG Inform:

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

Public Health Key Performance Indicators Tier 2:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656533/adult_weight_management_key_performance_indicators.pdf



Commentary

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
60.0%	64.0%	45.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

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

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

PHE KPI recommendations for Tier 3 Adult Weight Management 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:
 $(X/Y) * 100$

Where:

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

Y: the number of Tier 3 clients recruited.

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

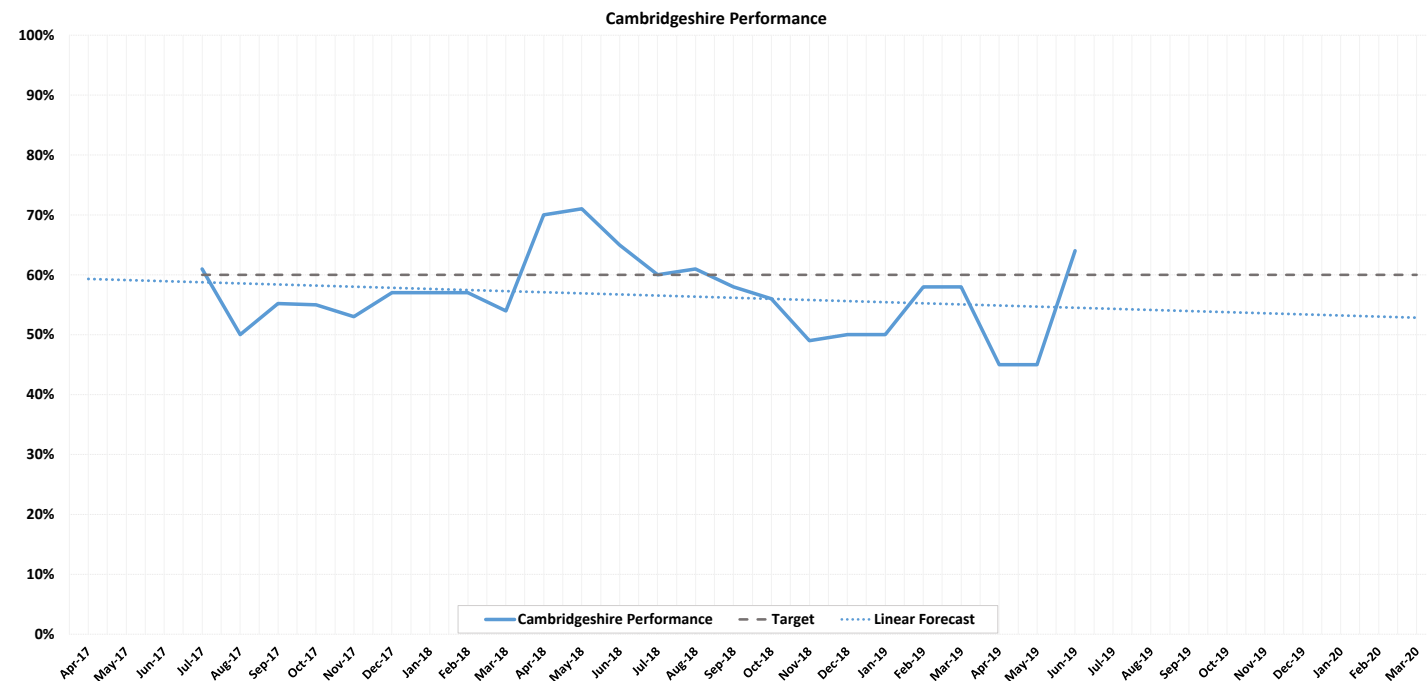
Useful Links

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

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
79	88	67	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

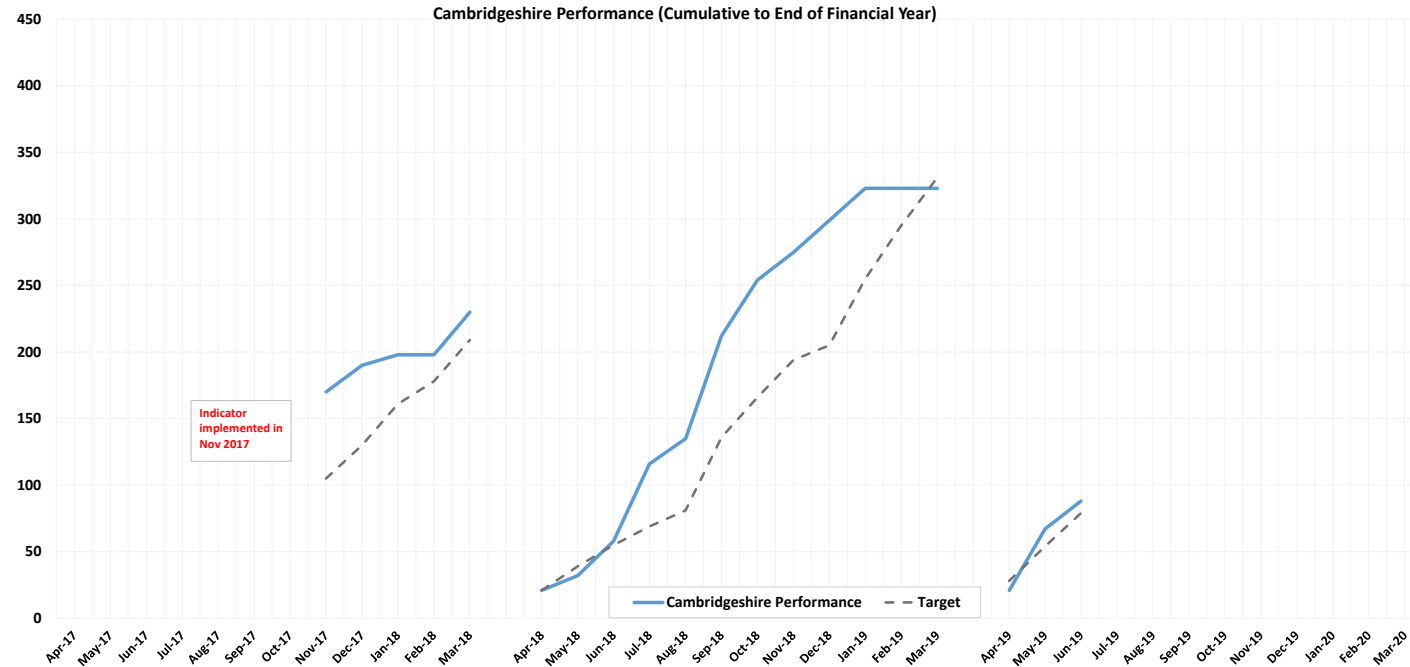
Awaiting official descriptions and rationale from directorate

Useful Links

LG Inform:

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

Cambridgeshire Performance (Cumulative to End of Financial Year)



Commentary

Target	Current Forecast	Previous Month	Direction for Improvement	Change in Performance
6.0%	5.35%	N/A	↑	N/A
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

Indicator Description

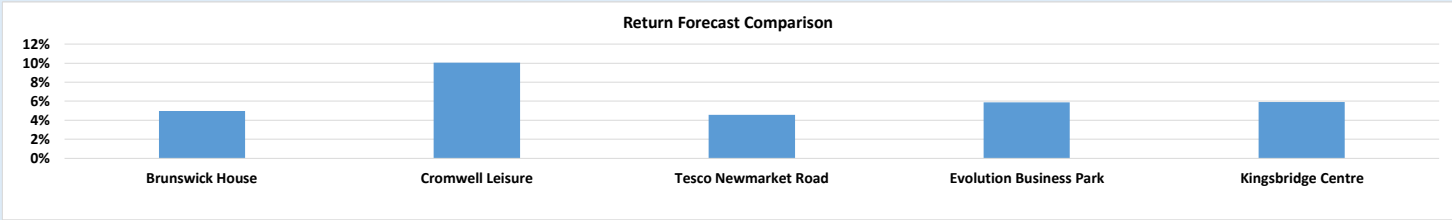
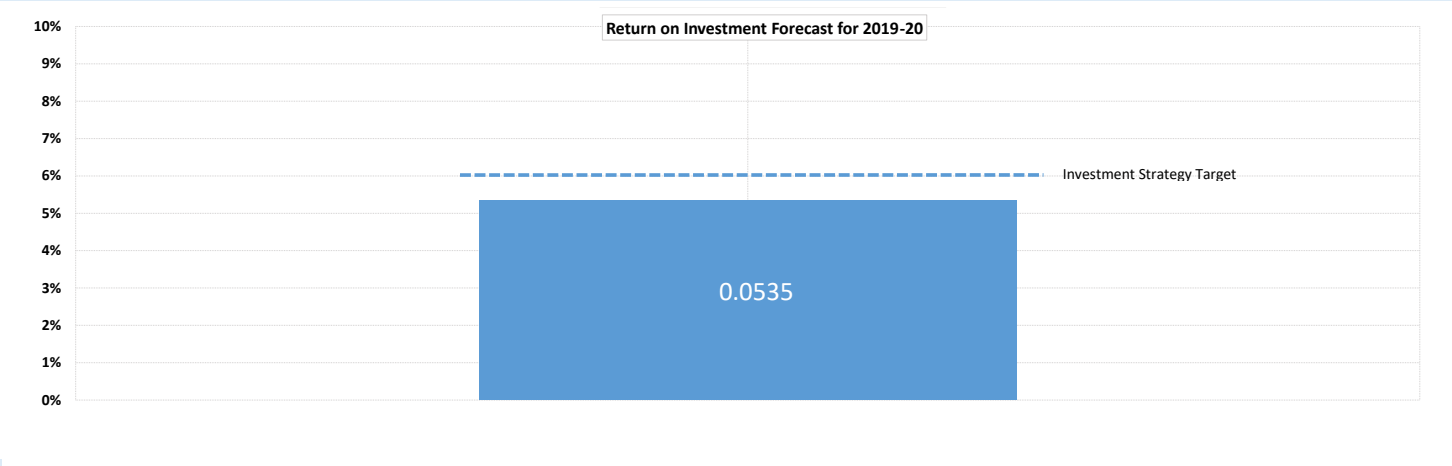
This indicator projects our expected net income from all commercial property income against the 6% target set within the non-financial Investment Strategy.

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 5.35%. This is based on the forecast return for the year had the properties been held by the Council for the entire year. The in year return in 3.7%. 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.

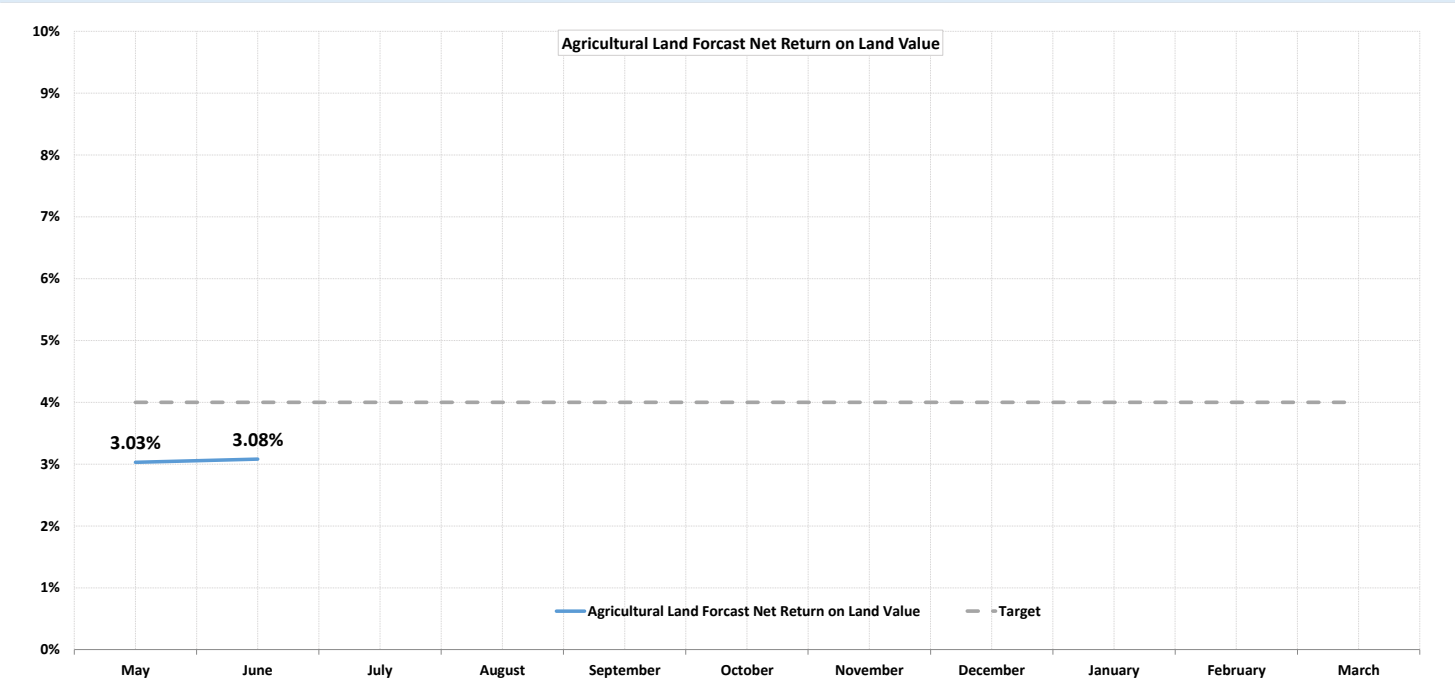
Target	Current Forecast	Previous Month Forecast	Direction for Improvement	Change in Performance
4.0%	3.1%	3.0%	↑	↑
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

Indicator Description

The council owns £127.8m of farm land across Cambridgeshire. This indicator demonstrates the forecast net return on the income received from renting out this agricultural 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 - income generated by renewable energy investments will need to be reported separately in the future. The 4% target return that was proposed previously included the solar farm, so the target may need to be revised.

This does not yet include debt charges relating to capital investment in the property and as such is not fully showing a net return.