Adults, Wellbeing and Health Overview and Scrutiny Committee

19 January 2018

Quarter Two 2017/18 Performance Management Report

Report of Corporate Management Team
Lorraine O'Donnell, Director of Transformation and Partnerships
Councillor Simon Henig, Leader of the Council

Purpose of the Report

1 To present progress against the council's corporate performance framework for the Altogether Healthier priority theme for the second quarter of the 2017/18 financial year.

Background

2 This year, the Sustainable Community Strategy, setting out the vision for the county, and supporting Council Plan and service plans are due for review. With a strong commitment to progressing the council's transformation programme, driven by a focus on delivering the best possible outcomes within available resources, Cabinet agreed that an outcome based approach to planning is adopted. 2017/18 is a transition year as we review our vision, planning framework and associated performance management arrangements to ensure that they operate efficiently and are fit for purpose in the current climate.

Performance Reporting Arrangements for 2017/18

Key Performance Questions

3 Our performance reporting arrangements have been developed around a series of key performance questions aligned to the Altogether framework of six priority themes, and are designed to facilitate greater scrutiny of performance. The set of performance measures provides an indication to help answer these questions for those with corporate governance responsibilities. Development of performance reporting will continue throughout the year in particular to enhance reporting of qualitative aspects of performance as highlighted by the 2016 Ofsted inspection.

4 There are other areas of performance that are measured through more detailed monitoring across service groupings and if performance issues arise, these will be escalated for consideration by including them in the corporate report on an exception basis.

5 The performance indicators are still reported against two indicator types which comprise of:

(a) Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners; and

(b) Key tracker indicators – performance is tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence.

6 This report sets out our key performance messages from data released this quarter and a visual summary for the Altogether Healthier priority theme that presents key data messages from the new performance framework showing the latest position in trends and how we compare with others.

7 A comprehensive table of all performance data is presented in Appendix 3.

8 An explanation of symbols used and the groups we use to compare ourselves is in Appendix 2.

9 To support the complete indicator set, a guide is available which provides full details of indicator definitions and data sources for the 2017/18 corporate indicator set. This is available to view either internally from the intranet or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Key Performance Messages from Data Released this Quarter

10 Positive progress has been made across health measures, including 671 smoking quitters between April and June 2017, more than the same period last year and exceeding the contracted target. The use of e-cigarettes has increased as they become more widely available. Smokers who have tried other methods of quitting without success have been encouraged to try e-cigarettes to stop smoking in order to reduce smoking related disease, death and health inequalities.[1] Although Durham do not currently offer e-cigarettes as part of the stop smoking service, anyone who wants to stop smoking and is using an e-cigarette can access the service and be offered behavioural support. MPs are to carry out an inquiry into e-cigarettes amid concerns there are significant gaps in what is known about them and how they are regulated. A review is also to be carried out of their effectiveness as a stop-smoking tool and the impact of their growing use on health. Previous evidence suggests that e-cigarettes are not undermining the long-term decline in cigarette smoking among adults and youths, and may in fact be contributing to it. An expert review of the evidence in 2015 by Public Health England concluded that e-cigarettes are around 95% safer than smoked tobacco and they can

[1] E-cigarettes: an evidence update: Public Health England report 2015

help smokers to quit.[2] The number of children and young people regularly using electronic cigarettes remains very low[3] , nationally and in County Durham.[4]

11 Adult social care support shows our reablement and rehabilitation service is improving with a higher percentage of older people still at home three months after discharge from hospital. More people have achieved their desired outcomes from the adult safeguarding process and fewer adults 65+ have been admitted on a permanent basis to residential or nursing care.

12 Three issues to highlight this quarter are:

a. breastfeeding prevalence;
b. people receiving an assessment or review every 12 months;
c. mothers smoking at time of delivery.

13 An ongoing performance challenge is breastfeeding prevalence. Although performance has improved slightly this quarter, further improvement is still required. The multi-agency breastfeeding action plan for County Durham 2017-2019 presents a holistic approach that includes maternity, public health and local authority children's services. Key partners are being asked to make progress towards their buildings being accredited as breastfeeding friendly venues and work is ongoing to develop a communications plan to promote County Durham as a breastfeeding friendly county, including the promotion of the new Baby Buddy app.

14 A further ongoing performance challenge is adults in receipt of social care services receiving an assessment or review every 12 months. Performance remains at 87% and this needs further improvement. Delays to reviews are being looked at in detail to better understand the issues and identify possible solutions for further improvement.

15 An ongoing performance issue is the rate of mothers smoking at time of delivery, which has increased and is significantly higher than national and regional rates. Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) has the highest rate in the North East and is second highest of all CCGs in England. A 15-month incentive scheme began in April 2017 in DDES, funded by NHS England, with shopping vouchers offered to women who quit smoking whilst pregnant. The scheme is being monitored quarterly and early indications for numbers quitting are positive, with 59 pregnant women setting a quit date in quarter one 2017/18, of which 40 (68%) women quit. This is an improvement from the same period last year (61%) and the highest recorded.

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[2] Siegel M. Metals in ECVapor are below USP Standards for Metals in Inhalation Medications. 2013 / Burstyn I. Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks. BMC Public Health 2014; 14(1) / Cahn Z, Siegel M. Electronic cigarettes as a harm reduction strategy for tobacco control: a step forward or a repeat of past mistakes? J Public Health Policy 2011; 32(1):16–31.

[3] Statement on electronic cigarettes – Fresh 210916 -ASH Fact Sheet: Use of electronic cigarettes among adults in Great Britain; ASH Fact Sheet: Use of electronic cigarettes among children in Great Britain

[4] County Durham Student Voice Survey 2017

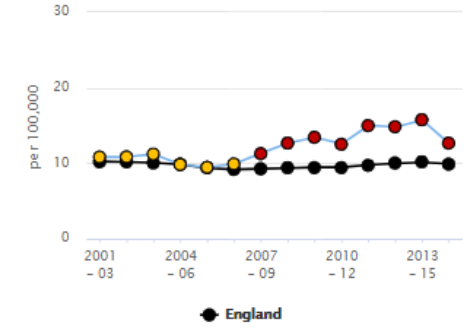
16 County Durham continues to have one of the lowest rates of delayed transfers of care (DTOC) both regionally and nationally. As advised last quarter, the new Better Care Fund guidance introduced a number of new proposals including a target to achieve a 3.5% reduction. It was expected that the new national DTOC metrics would be proportionate to the extent of the DTOC problem in each Health and Wellbeing Board (HWB) area but this was not the case. Those areas, including County Durham, with a below average rate of DTOCs, have all been set targets for a 3.5% reduction in DTOC rate even though the starting position was significantly below the national average. Therefore, Durham HWB now finds itself in a difficult position in being unable to meet the DTOC reductions prescribed. Despite re-submitting a revised DTOC trajectory, which provided a realistic profiling reflecting Durham HWB's historically good performance, regrettably this was not accepted by the Better Care Fund National Team. As highlighted last quarter, there will also be a change in the way the data are reported for 2017/18 therefore no data are currently available for quarter two.

17 In terms of long term trends of County Durham's performance compared to regional, in relation to the health of our residents, data shows that we are worse than our regional counterparts for suicide rates, mothers smoking at time of delivery, estimated smoking prevalence and female life expectancy (although only marginally) and have been for a number of years. Only male life expectancy has continued to be better than regional, with a couple of periods where performance was equal. Some areas are improving or remaining static such as estimated smoking prevalence and male life expectancy whilst others are deteriorating further such as suicide rates. With regard to adult social care, we have performed better than regional for a number of years for Adults aged 65+ admitted on a permanent basis to residential or nursing care, delayed transfers of care, and proportion of older people who were still at home 91 days after discharge from hospital.

18 We have statistically significantly higher rates of death by suicide than England and have done so for some time although the recently released data for 2014-16 shows a reduction from 15.7/100,000 to 12.6/100,000. This is the lowest rate experienced by County Durham since 2007-09. You'll note from the table attached that, relatively speaking, the numbers are quite low and thus over a three year period a rise (or fall as we've just seen) of a comparatively small number results in a relatively large rate change. So a reduction of some 41 suicide deaths resulted in a rate reduction of 3.1/100,000.

.10 - Suicide rate (Persons) County Durham — Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2001 - 03		143	10.8	9.1	12.8	11.3	10.3
2002 - 04		143	10.9	9.1	12.8	12.0	10.2
2003 - 05		147	11.2	9.5	13.2	12.0	10.1
2004 - 06		130	9.8	8.2	11.7	11.3	9.8
2005 - 07		126	9.5	7.9	11.3	10.1	9.4
2006 - 08		134	9.9	8.3	11.8	9.9	9.2
2007 - 09		153	11.4	9.6	13.3	10.0	9.3
2008 - 10		173	12.7	10.9	14.8	10.2	9.4
2009 - 11		181	13.4	11.5	15.5	10.9	9.5
2010 - 12		172	12.6	10.8	14.6	11.0	9.5
2011 - 13		204	15.0	13.0	17.2	11.9	9.8
2012 - 14		202	14.8	12.8	17.0	12.3	10.0
2013 - 15		215	15.7	13.7	18.0	12.4	10.1
2014 - 16		174	12.6	10.8	14.7	11.6	9.9

Source: Public Health England (based on ONS source data)

19 What is also interesting is the new Durham position within the region, as for the last few years we have been second only to Middlesbrough in terms of high suicide rates. We're now 5th out of 11. Again, these are cases confirmed as suicide by the coroner. We know that 2017 has seen a large number of potential deaths by suicide investigated by the Coroner's Office, and many of these will be pending a coroner's verdict so the picture could change back on release of 2017 data.

.10 - Suicide rate (Persons) 2014 - 16 — Directly standardised rate - per 100,000

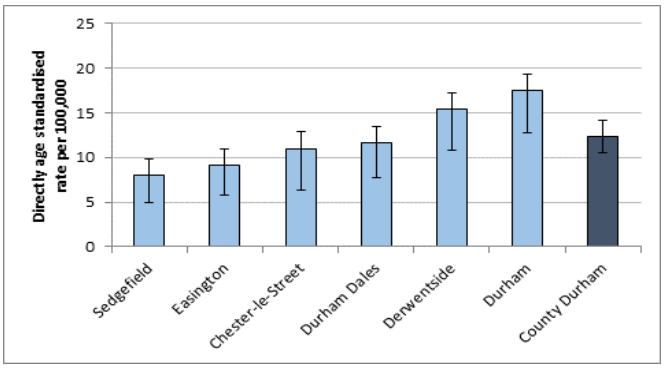
rea	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
ngland	–	14,277	9.9	9.8	10.1
orth East region	–	796	11.6	10.8	12.4
iddlesbrough	–	63	18.3	14.0	23.4
ockton-on-Tees	–	69	13.8	10.7	17.4
arlington	–	36	13.1	9.1	18.1
orth Tyneside	–	69	12.8	9.9	16.2
ounty Durham	–	174	12.6	10.8	14.7
edcar and Cleveland	–	41	11.8	8.5	16.1
orthumberland	–	90	11.0	8.8	13.5
ewcastle upon Tyne	–	77	10.6	8.3	13.4
artlepool	–	25	10.1	6.5	14.9
underland	–	70	9.7	7.5	12.3
ateshead	–	52	9.7	7.2	12.7
outh Tyneside	–	30	7.4	5.0	10.6

urce: Public Health England (based on ONS source data)

20 Looking at a sub-county analysis to try and ascertain if there are any patterns, we have used clinical commissioning group (CCG) localities as the most appropriate sub-county geography to report due to small numbers. Using directly age standardised rates per 100,000 population for deaths by suicide at CCG locality level at 95% confidence intervals shows that Durham has the highest rate which is statistically, significantly higher than Sedgefield but not significantly different to any other locality within the county.

Directly age standardised suicide mortality rates per 100,000 with 95% confidence intervals, 2014-16 pooled, County Durham and CCG locality. Source: Primary Care Mortality Database and DCC PHI.

CCG locality	DASR	*n*
Sedgefield	8.0	*20*
Easington	9.1	*23*
Chester-le-Street	11.0	*16*
Durham Dales	11.6	*28*
Derwentside	15.4	*37*
Durham	17.5	*47*
County Durham	12.3	*171*



21 Healthy life expectancy at birth in County Durham (2013-15) remains statistically significantly lower than England for both men and women. The difference between men and women is not significant.

22 For County Durham, the years of healthy life expectancy have reduced over time (between 2009/11 and 2013/15). Healthy life expectancy locally has seen little a greater reduction for females than males (between 2009/11 and 2013/15). For men the reduction has been 1.5 years but it has fallen for women by 3.1 years.

23 The relative gap in healthy life expectancy at birth between County Durham and England is 8.5% for men and 11.1% for women. This gap has not closed over time. For men there has been a slight increase over the time period; from 5.6% to 8.5%. For women this gap has grown more, from 6.2% to 11.1%.

Comparing healthy life expectancy and absolute and relative inequality gaps, male and female, County Durham and England, 2000-02 and 2013-15. Source: PHOF, PHE

Healthy life expectancy (HLE) (years)		Men	Women
HLE at birth in County Durham	2013-15	**58.0**	**57.0**
HLE at birth in England	2013-15	**63.4**	**64.1**
Absolute gap in HLE between County Durham and England (years)	2013-15	**5.4**	**7.1**
Relative gap (%)	2013-15	**8.5**	**11.1**
HLE at birth in County Durham	2009-11	**59.5**	**60.1**
HLE at birth in England	2009-11	**63.0**	**64.1**
Absolute gap in HLE between County Durham and England (years)	2009-11	**3.5**	**4**
Relative gap (%)	2009-11	**5.6**	**6.2**

24 The Council and partners are engaged in a number of activities to reduce health inequalities and increase healthy life expectancy. These include:

- Reducing health inequalities and increasing healthy life expectancy is a priority for the Council and the Health and Wellbeing Board and is a central them to all priorities
- Visualisations of the inequalities across the county illustrated as bus routes have been developed and have been shared with all Area Action Partnerships
- We are focussed on key priorities including reducing smoking prevalence, obesity, heart disease and cancer and ensuring programmes are targeted towards those with significant need
- We have held a LGA Event Prevention Matters for Elected Members to outline the key drivers of life expectancy and healthy life expectancy and what can be done to close the gap
- We have had significant improvements in some areas of work including reducing smoking prevalence and heart disease but are not complacent and will continue to strive to improve outcomes for people locally.
- Health and social care integration is seeking to improve the quality of life for people locally which will also increase healthy life expectancy

25 Key performance messages reported to other overview scrutiny committees which may be of interest to this committee are as follows:

26 In relation to child health, under 18 conceptions continue to reduce; they are now at the lowest level since recording began in 1998 but remain significantly higher than in England.

27 Although successful completions of those in drug and alcohol treatment are still below target and national averages, significant work has been undertaken in relation to performance of these completions and an improving direction of travel has been evident. (see appendix 4, charts 1 to 3). A procurement exercise to appoint a new drug and alcohol treatment provider is ongoing with the new service to be launched from February 2018.

28 It was reported in Quarter One that the number of drug misuse deaths registered, has increased. This has been a rising trend nationally over the last 20 years with significant increases being experienced in the last three years. This has been a result of the deaths of a number of older generation heroin users with complex needs and in poor health ad also the increase in potency of manufactured psychoactive substances.

29 Whilst County Durham have the highest numbers of deaths across the NE, but actually when considering the standard mortality rate we are on a par with the NE average.

Drug Related Deaths Registered by Local Authority (2013-15). Source: National Drug Treatment Monitoring System (NDTMS), PHE

NE area	Numbers	Standard mortality rate
County Durham	93	6.3
Darlington	13	4.1
Hartlepool	25	9.5
Middlesbrough	39	9.9
Northumberland	39	4.6
Redcar and Cleveland	19	5.2
Stockton	36	6.5
Gateshead	37	6.1
Newcastle	63	7.3
North Tyneside	33	5.5
South Tyneside	29	6.9
Sunderland	47	5.9
NE Total	473	6.3
England	6232	3.9

30 Standard practice to prevent substance misuse related deaths includes work to:

- Promote and deliver overdose prevention awareness training to clients and their families accessing services
- Publicise through 'drug alerts' warnings on substances entering the County Durham networks. This is done through needle exchange services and pharmacies.
- Liaison between police and public health on the testing of drug seizures looking for changes in drug prevalence
- Naloxone (antidote to opiates) is currently given to clients, their families and those workers residing in hostels to provide immediate response to an overdose.
- An enhanced Naloxone scheme will be implemented through the new Drug and Alcohol Recovery service as part of the new contract commencing in February 2018.
- There is work currently being undertaken in public health with GP's to provide guidance for the review of prescription medication given to clients to help reduce accessibility to other opiate derivatives.

Risk Management

31 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects.

32 There are no key risks in delivering the objectives of the Altogether Healthier theme.

Key Data Messages by Altogether Theme

33 The next section provides a one-page summary of key data messages for the Altogether Healthier priority theme. The format[5] of the Altogether theme provides a snap shot overview aimed to ensure that key performance messages are easy to identify. The Altogether theme is supplemented by information and data relating to the complete indicator set, provided at Appendix 3.

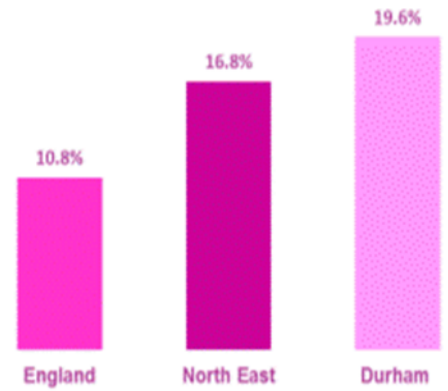
[5] Images designed by Freepik from Flaticon

Altogether Healthier

Health of our residents

Mothers smoking at time of delivery April - June 2017

- Worse than same period last year (16.7%)
- Worse than England and North East
- Data ranges from 13.9% in North Durham to 24.2% in DDES CCG.



Smoking quitters - 2016/17

671 people quit smoking following support between April and June 2017, exceeding the target of 577 and same period last year (644)

Prevalence of breastfeeding at 6-8 weeks from birth - Jul – Sep 2017

29.9% (Jul – Sep 2017)

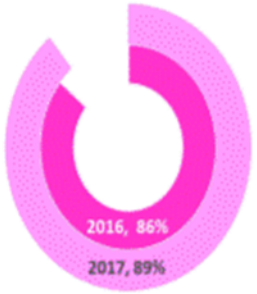
26.1% (Jul - Sep 2016)

Improvements still required

A multi agency breastfeeding action plan has been developed presenting a holistic approach inc maternity, public health & children's services

Adult social care support

Reablement Service - people still at home 91 days after discharge from hospital Jan - June 2017



Better than same period last year (89% compared to 86%)

87.3% of people received an assessment/review within the last 12 months, in the year ended September 2017, remaining static over the last 3 periods. This needs further improvement.

% of people who achieved their desired outcomes from the adult safeguarding process	
	96.3% (Apr - Sep 2017)
	94.9% (Apr - Sep 2016)

Adults 65 + admitted to care on a permanent basis - Jan - Sep 2017

Per 100,000 population

322.5 Jan - Sep 2017

367.8 Jan - Sep 2016

Lower than the same period in 2016

345 admissions in 2017 compared to 387 in 2016

Recommendations and reasons

34 That the Adults, Wellbeing and Health Overview and Scrutiny Committee receive the report and consider any performance issues arising there with.

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Appendix 1: Implications
Appendix 2: Report Key
Appendix 3: Summary of key performance indicators

Appendix 1: Implications

Finance - Latest performance information is being used to inform corporate, service and financial planning.

Staffing - Performance against a number of relevant corporate health Performance Indicators (PIs) has been included to monitor staffing issues.

Risk - Reporting of significant risks and their interaction with performance is integrated into the quarterly monitoring report.

Equality and Diversity / Public Sector Equality Duty - Corporate health PIs are monitored as part of the performance monitoring process.

Accommodation - Not applicable

Crime and Disorder - A number of PIs and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

Disability Issues - Employees with a disability are monitored as part of the performance monitoring process.

Legal Implications - Not applicable

Appendix 2: Report key

Performance Indicators:

Direction of travel/benchmarking		Performance against target
Same or better than comparable period/comparator group	GREEN	Meeting/Exceeding target
Worse than comparable period / comparator group (within 2% tolerance)	AMBER	Getting there - performance approaching target (within 2%)
Worse than comparable period / comparator group (greater than 2%)	RED	Performance >2% behind target

✓ Performance is good or better than comparable benchmark
✗ Performance is poor or worse than comparable benchmark
↔ Performance has remained static or is in line with comparable benchmark

National Benchmarking
We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, for example educational attainment is compared to county and unitary councils however waste disposal is compared to district and unitary councils.

North East Benchmarking
The North East figure is the average performance from the authorities within the North East region, i.e. County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-On-Tees, South Tyneside, Sunderland, The number of authorities also varies according to the performance indicator and functions of councils.

Nearest Neighbour Benchmarking:
The nearest neighbour model was developed by the Chartered Institute of Public Finance and Accountancy (CIPFA), one of the professional accountancy bodies in the UK. CIPFA has produced a list of 15 local authorities which Durham is statistically close to when you look at a number of characteristics. The 15 authorities that are in the nearest statistical neighbours group for Durham using the CIPFA model are: Barnsley, Wakefield, Doncaster, Rotherham, Wigan, Kirklees, St Helens, Calderdale, Dudley, Northumberland, Tameside, Sheffield, Gateshead, Stockton-On-Tees and Stoke-on-Trent.

We also use other neighbour groups to compare our performance. More detail of these can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target and Tracker Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure		Period covered
Altogether Healthier **1. Are our services improving the health of our residents?**												
62	AHS 12	Percentage of mothers smoking at time of delivery	19.6	Apr - Jun 2017	15.9	16.7	RED	10.8	RED	16.8*	RED	Apr - Jun 2017
63	AHS 13	Four week smoking quitters per 100,000 smoking population	889	Apr - Jun 2017	764	682	GREEN					
64	AHS7	Male life expectancy at birth (years) [2]	78.1	2013-2015	Tracker	78.0	GREEN	79.5	AMBER	77.9*	GREEN	2013-2015
65	AHS8	Female life expectancy at birth (years) [2]	81.2	2013-2015	Tracker	81.3	AMBER	83.1	RED	81.6*	AMBER	2013-2015
66	AHS9	Healthy life expectancy at birth [Female]	57	2013 - 2015	Tracker	New indicator	NA	64.1	RED	60.1*	RED	2013-2015
67	AHS 10	Healthy life expectancy at birth [Male]	58	2013 - 2015	Tracker	New indicator	NA	63.4	RED	59.6*	RED	2013-2015

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure		Period covered
68	AHS 14	Excess weight in adults (Proportion of adults classified as overweight or obese)	67.6	2013 - 2015	Tracker	69	GREEN	64.8	RED	68.6*	GREEN	2013-2015
69	AHS 11	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	15.7	2013 - 2015	Tracker	14.8	RED	10.1	RED	12.4*	RED	2013 - 2015
70	AHS 38	Prevalence of breastfeeding at 6-8 weeks from birth	29.9	Jul - Sep 2017	Tracker	26.1	GREEN	44.3	Not comparable	30.6*	Not comparable	Jan - Mar 2017
71	AHS 40	Estimated smoking prevalence of persons aged 18 and over	17.9	2016	Tracker	19.0	GREEN	15.5	RED	17.2*	RED	2016
72	AHS 41	Self-reported wellbeing - people with a low happiness score	11.5	2015/16	Tracker	New indicator	NA	8.8	RED	10.2*	RED	2015/16
73	NS21	Participation in Sport and Physical Activity: active	62.2	2015/16	Tracker	New indicator	NA	65.4	RED			2015/16
74	NS22	Participation in Sport and Physical	25.4	2015/16	Tracker	New indicator	NA	22	RED			2015/16

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure		Period covered
		Activity: inactive										
2. Are people needing adult social care supported to live safe, healthy and independent lives?												
75	AHS 18	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	322.5	Apr - Sep 2017	TBC	367.8	GREEN	628.2	Not comparable	843*	Not comparable	2015/16
76	AHS 20	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	88.9	Jan - Jun 2017	TBC	86.0	GREEN	82.7	Not comparable	85.5*	Not comparable	2015/16
77	AHS 16	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	96.3	Apr - Sep 2017	Tracker	94.9	GREEN					

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure		Period covered
78	AH17	Percentage of service users receiving an Assessment or Review within the last 12 months	87.3	Oct 2016 - Sep 2017	Tracker	84.6	GREEN					
79	AHS 21	Overall satisfaction of people who use services with their care and support	63.6	2016/17	Tracker	New indicator	NA	64.4	Not comparable	67.2*	Not comparable	2015/16
80	AH22	Overall satisfaction of carers with the support and services they receive	43.3	2016/17	Tracker	New indicator	NA	41.2	Not comparable	49.3*	Not comparable	2014/15
81	AHS 23	The proportion of adult social care service users who report they have enough choice over the care and support services they receive	73.1	2016/17	Tracker	New indicator	NA					

Table 2: Other additional relevant indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure		Period covered
Altogether Better for Children and Young People **1. Are children, young people and families in receipt of universal services appropriately supported?**												
32	AHS 1	Under 18 conception rate per 1,000 girls aged 15 to 17	24.3	Jul 2015 - Jun 2016	Tracker	26.4	GREEN	19.8	RED	26.3*	GREEN	Jul 2015 - Jun 2016
33	AHS 2	Proportion of five year old children free from dental decay	64.9	2014/15	Tracker	New indicator	NA	75.2	RED	72*	RED	2014/15
34	AHS 3	Alcohol specific hospital admissions for under 18's (rate per 100,000)	67.5	2013/14 - 2015/16	Tracker	72.8	GREEN	37.4	RED	66.9*	AMBER	2013/14 - 2015/16
35	AHS 4	Young people aged 10-24 admitted to hospital as a result of self-harm	489.4	2011/12 - 2013/14	Tracker	504.8	GREEN	367.3	RED	532.2*	GREEN	England 2011/12-2013/14 NE - 2010/11-2012/13
36	AHS 5	Percentage of children aged 4 to 5 years classified as overweight or obese	24.3	2015/16 ac yr	Tracker	23.0	RED	22.1	RED	24.6*	GREEN	2015/16 ac yr

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure		Period covered
37	ASH 6	Percentage of children aged 10 to 11 years classified as overweight or obese	37	2015/16 ac yr	Tracker	36.6	AMBER	34.2	RED	37*	GREEN	2015/16 ac yr
Altogether Safer **3. How well do we reduce misuse of drugs and alcohol?**												
89	AHS 31	Percentage of successful completions of those in alcohol treatment	29.3	Mar 2016 - Feb 2017 with rep to Aug 2017	38.7	24.5	GREEN	38.7	RED	33.2*	RED	Mar 2016 - Feb 2017 with rep to Aug 2017
90	AHS 32	Percentage of successful completions of those in drug treatment - opiates	6.5	Mar 2016 - Feb 2017 with rep to Aug 2017	8.3	5.7	GREEN	6.7	RED	5.4*	GREEN	Mar 2016 - Feb 2017 with rep to Aug 2017
91	AHS 33	Percentage of successful completions of those in drug treatment - non-opiates	30.2	Mar 2016 - Feb 2017 with rep to Aug 2017	46.3	22.9	GREEN	37.1	RED	29.2*	GREEN	Mar 2016 - Feb 2017 with rep to Aug 2017

[2] Data 12 months earlier amended/refreshed

Appendix 4: Volume Measures

Chart 1:Successful completions: Alcohol

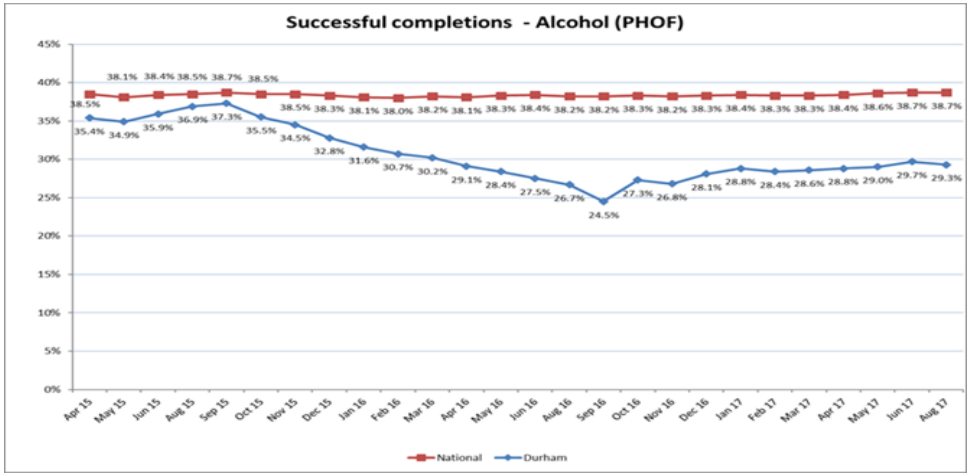

Chart 2: Successful completions: Opiates

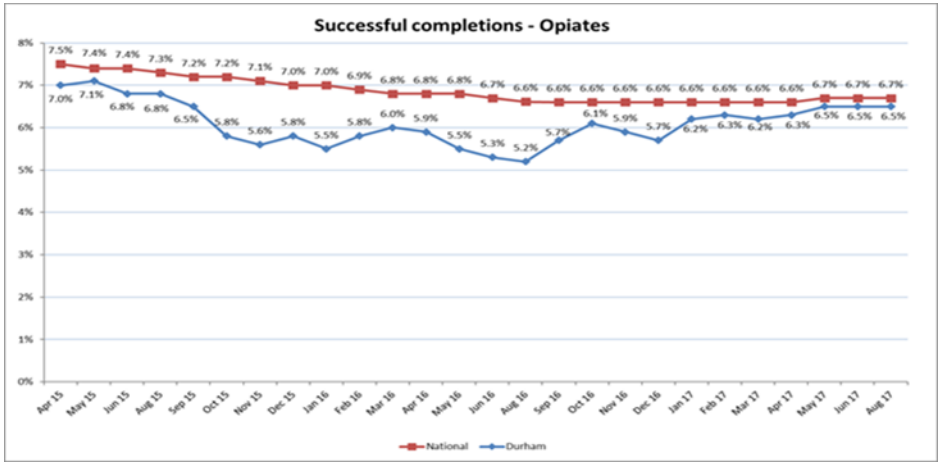

Chart 3: Successful completions: Non Opiates