



## **Corporate Performance Report 2022/23**

## Summary

This report provides a performance update for Quarter 4/Year End of the 2022/23 reporting year.

During this reporting period, there have been data releases for the following Super Key Performance Indicators (SKPIs):

- **Adult Social Care** — The percentage of the population aged 65 or over in receipt of long term adult health and social care support increased very slightly, rising from 3.56% 2020/21 to 3.6% in our latest published figure (2021/22). Our comparator averages all saw continued decreases against this measure in 2021/22.
- **Claimant Count** — The latest data release (March 2023) shows 5,400 people claiming unemployment related benefits which equates to 4.2% of residents (16-64). This shows an increase in claimants for the second consecutive quarter, a trend also reflected in the regional and national averages.
- **Youth Unemployment** — As at March 2023 , 7.5% (1,070) of 18-24 year olds are claiming unemployment benefits. Following a continued reduction from the peak of 12.9% in March 2021, there has been an increase over the last 3 quarters seen, a trend also reflected in the regional and national averages. Calderdale remains higher than England and Regional comparators (5.0% and 5.8% respectively) with the percentage gap wider than it was pre-pandemic.
- **Physical Activity** — Data published this year, covering the 12 months to November 2022, shows an increase in the proportion of the Calderdale adult population that are physically active. Performance improved from 61.4% to 64%, placing us in the top quartile against statistical neighbours and above the national and regional average.

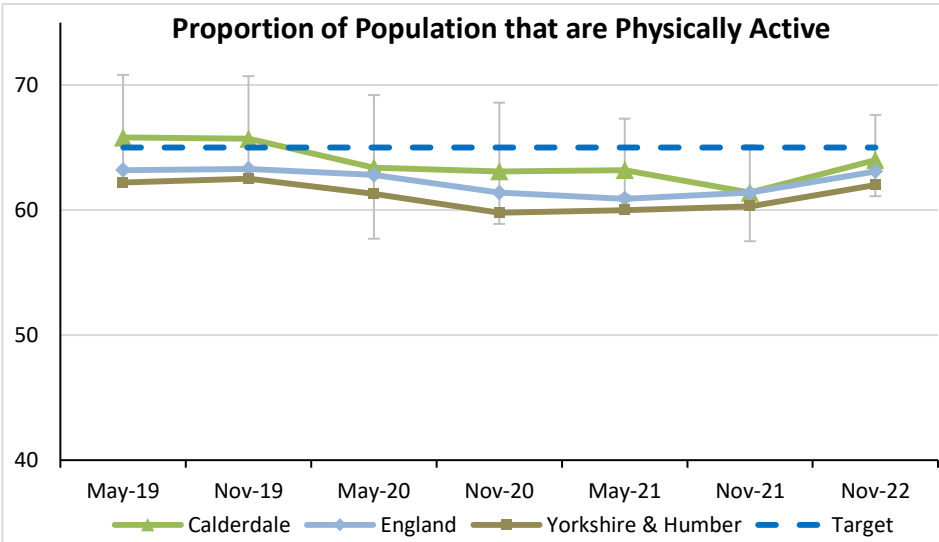
From the wider basket of Key Performance Indicators, please note the following exception reports:

- [Children Subject to a Child Protection Plan and Children Looked After](#)
- [Percentage of safeguarding referrals where the investigation is completed within 12 weeks of the alert being made](#)
- [Children Looked After with an up to date Strengths and Difficulties Questionnaire](#)
- [Percentage of streets with unacceptable levels of Litter / Detritus](#)
- [Permanent Care Home Admissions \(age 18-64\)](#)

## Statistical Neighbour Ranking - Data as of 4 May 2023

Priority	SKPI	What Does Good Performance Equal	Latest Score	Period	Previous Score	Period	Performance Trend	Latest Rank In Comparator Group	Comparator Group	Top 3 Performing Statistical Neighbours	
Reducing Inequalities	Healthy life expectancy at birth (Males)	High	59	2018-20	61.4	2017-19	Worsening	11/16	CIPFA Nearest Neighbours	Stockport (65.1) Bury (63.4) Dudley (62.9)	
	Healthy life expectancy at birth (Females)	High	63.4	2018-20	64	2017-19	Worsening	2/16	CIPFA Nearest Neighbours	Medway (63.6) Calderdale (63.4) Dudley (62.7)	
	Percentage of physically active adults	High	64.0%	November 2021/22	61.4%	November 2020/21	Improving	4/16	CIPFA Nearest Neighbours	Kirklees (64.7%) Stockport (64.7%) Bury (64.5%)	
	Prevalence of Healthy Weight in Reception children	High	82.1%	2021/22	76.3%	2019/20	Improving	1/16	CIPFA Nearest Neighbours	Calderdale (82.1%) Stockport (79.9%) Wigan (76.2%)	
	Prevalence of Healthy Weight in Year 6 children	High	63.0%	2021/22	63.2%	2019/20	Worsening	1/16	CIPFA Nearest Neighbours	Calderdale (63%) North Lincolnshire (63%) Stockport (63%)	
	Proportion of older people in receipt of long term adult social care (65+)	Low	3.60%	2021/22	3.56%	2020/21	Worsening	7/16	CIPFA Nearest Neighbours	Medway (3.1%) Doncaster (3.2%) Kirklees (3.2%)	
	Percentage achieving a good level of development in the Foundation Stage Profile	High	65.4%	2022	70.5%	2019	Worsening (though improved comparative position)	4/11	DfE Statistical Neighbours	Stockton on Tees (68.1%) Nottinghamshire (66.8%) Darlington (66.0%)	
	Domestic Abuse (New)	Low	1193	Jun-22							
	Serious Crime (New)	Low	217	Jun-22	169	Jun-21	Worsening				
	Neighbourhood Crime (which is actually on of the national Policing Crime Measures) (New)	Low	2322	Jun-22	1898	Jun-21	Worsening				
	Voluntary organisations as a rate of population (per 100,000)			187.6	2019/20	191.5	2018/19		1/16	CIPFA Nearest Neighbours	Calderdale (187.6) Bury (179.6) Kirklees (175.2)

Strong Thriving Towns and Places	NVQ level 4+, aged 16 to 64	High	39.2	2021	36.8	2020	Improving	3/16	CIPFA Nearest Neighbours	Bury (42.8%) Derby (42.0%) Calderdale (39.2%)
	Median gross weekly pay	High	576.9	2022	535	2021	Improving	13/16	CIPFA Nearest Neighbours	Stockport (665.4) Dudley (615.4) Kirklees (613.4)
	Claimant Count (*benchmarking uses the proportion rather than number)	Low	5400	Mar-23	5105	Dec-22	Worsening	8/16	CIPFA Nearest Neighbours	Stockport (3.3%) Barnsley / North Lincolnshire (3.6%) Wakefield (4%)
	Youth unemployment	Low	7.5%	Mar-23	6.8%	Dec-22	Worsening	10/16	CIPFA Nearest Neighbours	Stockport (5.7%) Medway (5.7%) Kirklees (6.0%)
	Business Survival Rates (3 years)	High	56.4	2021	59.4	2020	Worsening	12/16	CIPFA Nearest Neighbours	Halton (65.2) Stockport (63) Medway (61.8)
	Principal roads where maintenance should be considered	Low	3	2021/22	4	2020/21	Improving	8/14	CIPFA Nearest Neighbours	Halton (1) Kirklees/Rotherham/Medway/ Doncaster/Wakefield/North Lincolnshire (2)
	Housing delivery test % of deliverable assessed housing requirement delivery over a rolling 3 year period – over 75% (New)	High	55%	2021	50%	2020	Improving	15/16	CIPFA Nearest Neighbours	Telford & Wrekin (233%) Doncaster (229%) Wakefield (200%)
	Average Progress 8 score per pupil	High	-0.19	2022	0.03	2019	Worsening	7/11	DfE Statistical Neighbours	Leeds (0.11) Kirklees (0.01) Nottinghamshire (-0.01)
Climate Action	Local sites (both geological and wildlife) where positive conservation management is being or has been implemented in previous 5 years	High	65	2021	67	2020	Worsening			
	Per capita CO2 emissions in the area	Low	4.2	2020	4.8	2019	Improving	9/16	CIPFA Nearest Neighbours	Medway (2.7) Dudley (3.1) Wigan (3.6)



### What are we doing to improve?

We continue to work with partners, from across the system, to integrate and embed physical activity promotion, improving the conditions to support our residents to be physically active. A selection of the work we have undertaken over the last 3-6 months is included below.

**Creating Active Health & Social care**—47 staff from Adult social care personalised long term support service, 5 Ageing Well Practitioners, 7 staff from the Cancer Pathway have started 'Moving Medicine active conversations' 12 week training course to help build their skills and confidence in having conversations about moving and being active with their clients.

**Creating active community assets: Individuals, organisations, institutions**—Noah's ark, a local organisation supporting people with debt and money advice have integrated and adopted processes and practices in support of promoting physical activity.

**Creating Active educational settings**—Two schools supported to successfully apply for funding to open their swimming pools for wider public use, with a priority on providing opportunities for underrepresented groups. 22 schools took part in Sustrans Big Walk and Wheel challenge. All 22 schools maintained participation throughout the two-week challenge. Some schools achieved almost 90% of pupils and families travelling actively. The Calderdale competition was won by Elland C of E School.

**Creating Active Environments: streets, public realm, facilities**—Eight housing developments have had Building for a Healthy Life assessments on pre application designs. Improvements were identified and proposed to developers to ensure developments create and provide active environments. Developers will now look to take forward and incorporate improvements into development design and application.

**Creating Active Parks and Green Spaces**—Cross sector partnership group has been established for Shropps Park in North Halifax. The partnership group have worked to co-design a Park improvement plan with the community. The plan includes interventions to make the park safer, more accessible and more attractive in support of enabling residents to be active.

### What is the story the data is telling us?

This indicator is based on responses to the Sport England Active Lives Survey. The survey takes place every six months, with data collection taking place for a full year and response rates can vary. The sample size for Calderdale decreased slightly from 1014 in the year to November 2021 to 953 in the year to November 2022. The confidence limits on the graph above consider the varying sample sizes and give a range of plausible "true" values that we would find in the population, if the survey was repeated many times. From November 2017/18 to November 2018/19, the Calderdale rate for adults (16+) being physically active (150+ minutes of physical activity per week) was slightly above the 65% target, though not significantly. The rate decreased slightly during May 19/20 and a further reduction has been seen during November 20/21, (falling to 61.4% from a peak of 66.4% in November 17/18) Although the November 2021 data is not statistically significantly different from the previous release, or the baseline data, there was still a gradual reduction in 'active' levels. However, the most recently published data, for the year to November 2022, shows the first significant improvement since the decline associated with the pandemic began. Calderdale and our comparator averages all improved, but the rate of improvement locally was higher.

### What evidence is there that actions are having an impact?

We are seeing organisations and services across the health and social care, voluntary and community and physical environment systems integrating and embedding physical activity within their day to day delivery. Through this we are creating the conditions in communities where people are receiving more support and encouragement to be physically active. This support and encouragement is known to help increase individual feelings of motivation and capability which are key factors in being physically active.

### Which CIPFA Statistical Neighbours perform best on this measure?

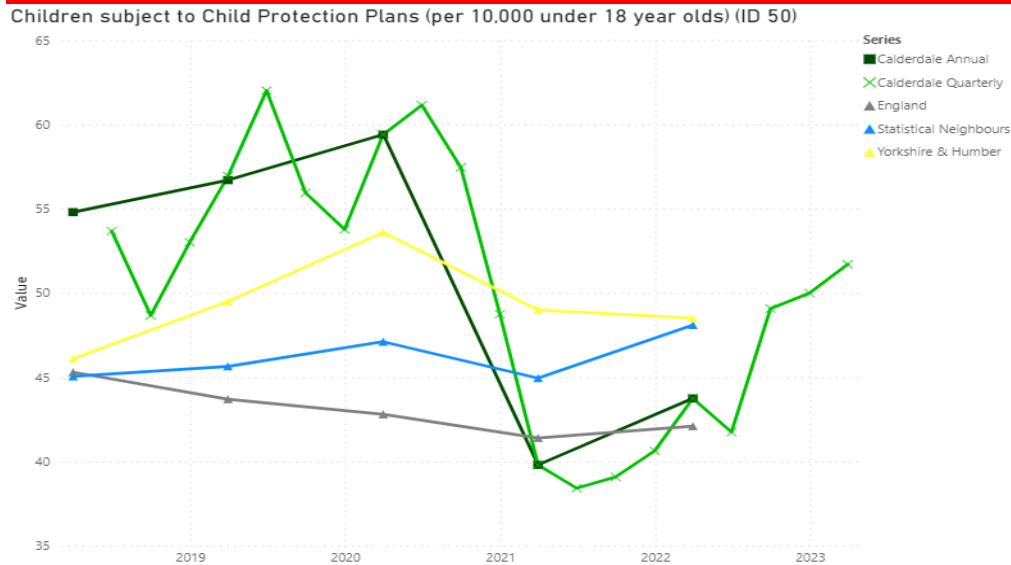
Stockport had the highest ranking for adults undertaking 150+ minutes of physically activity per week, with 64.71% in the year to November 2022. Kirklees is next at 64.68%, followed by Bury at 64.5%.

### What more needs to happen? What can we learn from the best performing CIPFA Statistical Neighbours?

**Community led approach**—Involve and engage the community in co-designing interventions to help them be physically active—over the next 3-6months we will move to working in smaller more defined geographical locations/neighbourhoods. In these neighbourhoods we will work with residents and community assets to design and deliver projects and interventions that will support residents to be active.

**Creating Active Parks project**—We will work with CMBC Parks service to undertake a project that seeks to work with communities to improve their Park to support residents to be physically active.

**OPF feedback :** We are pleased with the latest improvement in this indicator tracking physical activity of adults and will remain focussed to ensure this improvement is sustained going forward. One aspect will be our collaboration with partners in particular with the use of our Parks to support this work.



**What are we doing to improve?**  
 We are closely monitoring the rate of children subject to a Child Protection Plan as we do recognise that this has increased over the last 12 months, as the rate of referrals to children’s social care and activity throughout the system has increased. We feel this reflects a national increase in social care activity and is related to both the recovery from the pandemic during 2022 and the rise in the cost of living which has escalated more families into debt and into poverty—increasing pressures upon families and young people. We have undertaken additional audits to quality assure our thresholds for intervention and decision making to enter CP processes. We have also undertaken a recent audit of children subject to CP Plans for a second time and whilst there is some learning, this has also identified positive practice in the majority of cases and sound decision making by managers.

**What evidence is there that actions are having an impact?**  
 We have implemented additional checks and balances into the system with managers from the Front Door service being required to have a conversation with an experienced CP Chair for children for whom a second time around Initial CP Conference is being considered. This is an opportunity to pause and reflect if another course of action is preferable, including step down to Child in Need, or consideration of PLO (Legal advice) in cases of serious concern, where little progress has been made previously.

**What more needs to happen? What can we learn from the best performing Children’s Services Statistical Neighbours?**  
 We will be undertaking further examination of cases which have stepped down from CP Plans by audit to ensure that practice is not “overly optimistic” and that cases are not closing to Child Protection too early. Through our various networks we are taking opportunities to learn from other local authorities with regard to best practice and preventative approaches and will seek to expand our Family Group Conferencing service, when funding permits. This approach has been very successful in Leeds at enabling families to provide support and solutions.

**Which Children’s Services Statistical Neighbours perform best on this measure?**  
 Child Protection Plan rates: Lancashire (19), Kirklees (27), Nottinghamshire (35).

**OPF feedback :**  
 We are assured by our recent Ofsted focussed visit in this area of Children's social work activity, but recognise the need to continue to focus on our practice decision making.

**What is the story the data is telling us?**

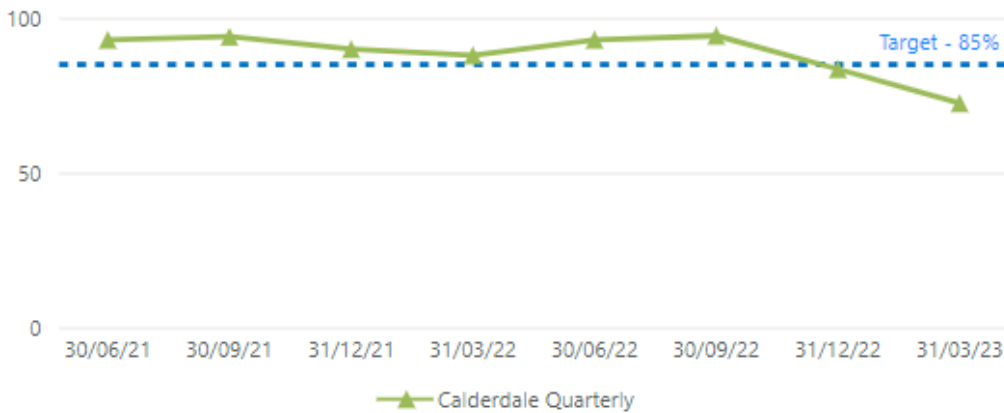
The most recent quarter has seen a rise in both referrals to children’s social care and the proportion of these that are repeat referrals within 12 months (26.2%). Despite this, section 47 enquiries are stable. The early indications of increasing activity in relation to more serious safeguarding concerns noted in Quarter 2 remain however.

Children subject to a Child Protection Plan ([KPI50](#)) has further increased from a rate of 44 per 10,000 under 18s at end of March 2022 to 52 per 10,000 under 18s at end of March 2023. This is above the target set by the service and above the most recently published regional and statistical neighbour averages (49 and 48 per 10,000 under 18s respectively). However, provisional in year data does suggest a rising trend in the regional average. In Calderdale, some 31% (47/150) of children starting a CPP in the 6 months to end of March 2023 had been subject of a previous CPP. For April 2021-March 2022 the rate of repeat CPP registrations was 21%. The most recently published regional and statistical neighbour averages are 28% and 24% respectively for April 2021-March 2022.

The rate of Children Looked After is stable at 80 per 10,000 under 18s at end of March 2023 following rises in the first half of the year ([KPI53](#)). This is above the target set by the service but below the most recently published regional and statistical neighbour averages (81 and 88 per 10,000 under 18s respectively).



Percentage of safeguarding referrals where the investigation is completed within 12 weeks



### What is the story the data is telling us?

This indicator focusses on the timeliness of the Council's responses to adult safeguarding referrals and investigations, now referred to as Section 42 concerns and enquiries. Our target is for 85% of enquiries to be completed within 12 weeks of receiving the concern. In 2020/21, we achieved the 12 week timescale for 65.4% of concerns, whereas in 2021/22, performance improved significantly to 88%. This year, performance was strong for the first two quarters, averaging over 93%. However, performance declined in the second half of the year, dropping below target in quarter 3, before falling further in quarter 4 to 72.5%.

We aim to complete the majority of our investigations within the 12 week timescale, however there will always be a proportion of safeguarding enquiries which take a longer period of time due to increased complexity. Where we need to involve external partners, and in particular where Police involvement is required, the timescales for investigations can increase significantly. The timescale for completion is also dependent on the persons desired outcomes and actions needed in order to support this, which is in line with Making Safeguarding Personal.

The timeliness of our response to safeguarding enquiries by the Safeguarding team has been affected by a number of large scale safeguarding enquiries including investigations led by the Police focussed on Bridge House care home which has led to long delays in concluding enquiries. Some of those enquiries closed in quarter 4, but more are waiting to be closed. Once those cases are all closed, timeliness should improve. There are outstanding safeguarding enquiries within other teams where there are ongoing staffing issues, which have been raised to senior management to identify an action plan.

### Which CIPFA Statistical Neighbours perform best on this measure?

Not applicable, this is a local indicator only, and is therefore not included in the national adult safeguarding statutory return.

### What are we doing to improve?

- Gateway to care are carrying out triage, including the S42 assessment of any safeguarding concerns in relation to physical disability cases, to help manage onward referrals during staffing challenges.
- A group has been identified to work together on the hospital backlog safeguarding enquiries.
- Performance clinics in relation to safeguarding has commenced to be able to monitor timescales and agree actions to improve or to escalate when required.
- Staffing issues have been escalated and recruitment plans are underway.

### What evidence is there that actions are having an impact?

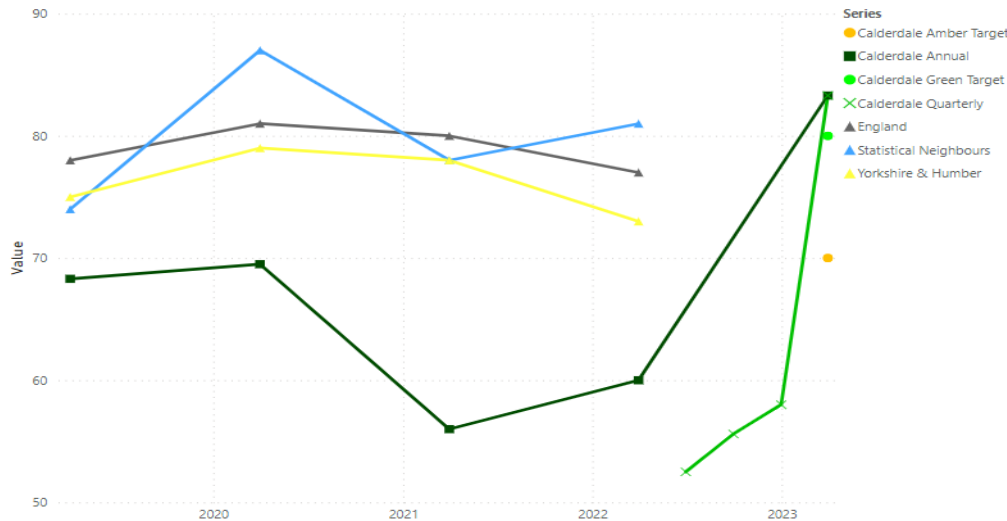
- IT system developments have enabled monitoring and review of achieving people's outcomes within Making safeguarding Personal.
- IT system developments now have safeguarding coordinator/management quality assurance assessment and recording, where checks include the timeliness of enquiry completion, action can then be taken as necessary.
- Data collection from the IT system shows if people feel safer as a result of the safeguarding enquiry work.
- Physical Disability safeguarding referrals have started to reduce into the All Age Disability team, therefore demand should fall and be more manageable for the team.

### What more needs to happen?

- Regular Audits need to be reintroduced and implemented, with timescales incorporated into the audit tool template. This will help to highlight any concerns and delays early.
- Managers to monitor dashboards for incomplete safeguarding enquiries and action plan to address this within supervisions and case load management where necessary.
- More oversight and targeted performance monitoring is needed to address delays where possible.

**OPF feedback :** We are focussed on ensuring improvement is achieved in this area in particular what impact our improvement actions to address this are having, and how best we can work with health partners/the provider market to support improvements in performance.

122. Children Looked After with an up to date "Strengths And Difficulties" questionnaire by their carer (%)



**What is the story the data is telling us?**

In April 2022 KPI 122, the percentage of children looked after continuously for 12 months for whom a Strengths and Difficulties Questionnaire was completed by their carer, was added to the Council Performance Overview dashboard. Completion rates of the SDQ, which measures the emotional and behavioural health, had been low in Calderdale for a number of years and the KPI was introduced to improve accountability. At the same time, KPI56, SDQ resulting in a cause for concern about a looked after child was removed from the dashboard as low completion rates impacted data validity.

Following focused activity in the service, SDQ completion stood at 83% at the end of March 2023, a significant improvement from 53% at the end of June 2022. The SDQ completion rate is now above the most recently published national, regional and statistical neighbour averages (77%, 73% and 81% respectively). Of those SDQs in Calderdale, 43% resulted in a cause for concern for the emotional and behavioural health of the child at the end of March 2023. This is slightly higher than the most recently published national, regional and statistical neighbour averages (37%, 39% and 39% respectively).

As with all our performance measures we will continue to review our Council Performance Overview dashboard to ensure they are both reflective of our priorities/improvement and are proportionate in number. In this instance we will assess both current KPI 122 (and previous measures KPI56—reinstatement) for future reporting.

**What are we doing to improve?**

Children’s social care managers set up a working group to address the issue in Autumn 2022 with a shared lead from the social work service and from fostering. The SDQ is a three way completion by social workers, foster carers and school. There was a lack of clarity around responsibility and leadership. So this was considered again at the children’s social care performance meeting and the priority lead to drive improvement was given to one Team Manager for looked after children with support from colleagues and a quality and improvement lead. We have revisited training for staff and carers on SDQs and their purpose and set clear targets for each team. With concerted effort and focused activity across partner agencies including our foster carers and schools, we have seen a dramatic rise in SDQ completion in Q4 2022-23 to 83%.

**What evidence is there that actions are having an impact?**

SDQ completion has increased significantly during Q4. This is already benefiting children looked after by improving the understanding of their emotional health and well being by schools, which feeds into their Personal Education Plan and by foster carers and social workers as evidenced in their looked after Reviews and care planning.

**What more needs to happen? What can we learn from the best performing Children’s Services Statistical Neighbours?**

The service has its own therapeutic service that meets the needs for some children in care. It does not have the capacity to meet the needs of all children. So some still experience long waiting lists for Open Minds support; so we are working with local alternative providers of therapeutic support for children to access emotional support for young people and their carers. We are also exploring how we can work better with schools to develop more trauma informed approaches to young people who are struggling with their mental health and to prevent behaviour difficulties in schools which can too often lead to exclusions, which compound the effects of the original abuse.

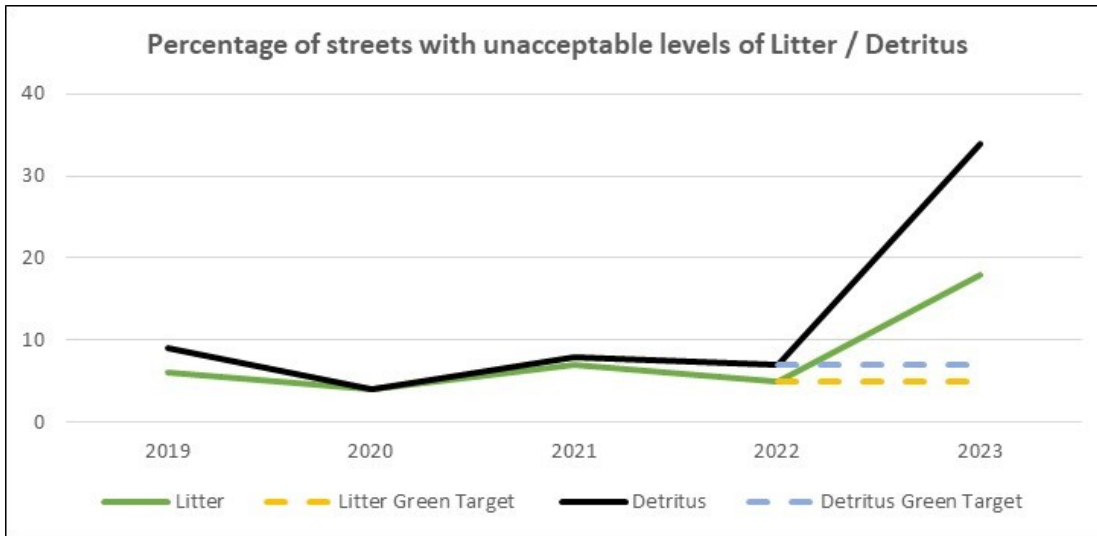
**Which Children’s Services Statistical Neighbours perform best on this measure?**

Darlington (99%), Derbyshire (97%), Bury and Lancashire (94%)

**OPF feedback :**

We are pleased with this latest reported performance and it demonstrates the service having this area of social work activity well co-ordinated and managed. We will look to reinstate aspects of qualitative performance measures within our dashboard to further enhance this picture.





**What are we doing to improve?**

Moving forward we have revised the way that we survey so that more people will be involved (same methodology) including the Area Manager who is responsible for the street cleaning team. The recruitment of operational staff is a priority and although this has been a challenge, going forward we will offer more flexible hours, job share and weekend opportunities. We are also working with the Employment Hub and currently have 3 placements through the Change Internship programme. Roles are advertised regularly and will continue to be until staff numbers are at the right levels. The sweeper routes have been optimised as much as possible and the reliability of machines will be addressed once the tender is out for the supply of new more modern machinery. Larger capacity bins will be rolled out across areas of higher footfall allowing for less frequent but more efficient mechanical emptying.

**What is the story the data is telling us?**

After a number of fairly stable years, results for both the litter and detritus indicators have seen a substantial above target increase in 2022/2023 from 5% and 7% to 18% and 34% respectively. Results from the Q1 and Q2 surveys are comparable with previous years with the increases shown in Q3 and Q4. Ongoing staff recruitment is a large factor and the number of operational vacancies are having an impact on service delivery along with the frequent breakdown of mechanical sweepers which disrupts scheduled routes (mini sweepers currently taking 4/5 months to get round and large sweepers 8 weeks).

**What evidence is there that actions are having an impact?**

The impact of our plans will become evident in the near future once new staff are fully trained and the number of operational vacancies reduce. It is hoped that the new mechanical sweepers will be far more reliable and the larger capacity bins will allow us to become more efficient. Interestingly we have not seen an influx of public complaints which you might expect with an increase in litter. We have continued to respond to service requests and have removed a total of 3024 reported incidents of fly tipping in 2022/23 compared to 3355 in 2021/22 and 3079 in 2020/21.

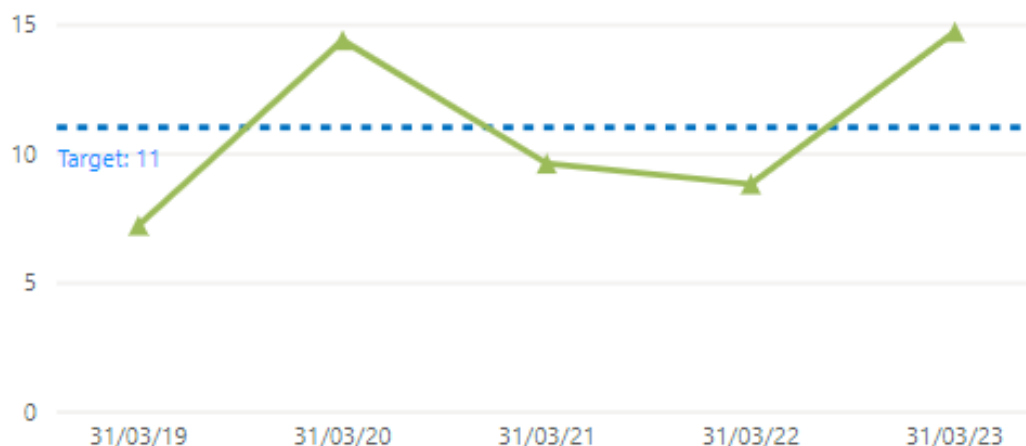
**OPF feedback :** Our performance in this area is being impacted by a range of factors and challenges such as workforce capacity, aged mechanical equipment and associated failure and resident behaviour. We are committed to addressing these including procurement of new fleet equipment, creative use of apprenticeships and other recruitment activity, contract management to increase availability of vehicles and increased engagement and communication with our communities to bring about behaviour change and restore improved performance.

**What more needs to happen? What can we learn from the best performing Statistical Neighbours?**

We believe we have more frequent sweeping routes from talking to colleagues in some other authorities. They also report similar issues with staff recruitment and vacancies.



Permanent Admissions rate per 100,000 - ages 18-64



### What story is the data is telling us?

This measure is part of the Adult Social Care Outcomes Framework (ASCOF), looking at the rate of permanent care home admissions for adults aged 18 to 64. This indicator was previously subject to an exception report Q2 this year, following national publication of ASCOF data. This update reflects the position at the end of 2022/23.

The trend for permanent admission rates increased significantly in March 2020, with a rate per 100,000 of 14.38 for adults aged under 65. This relates to the drive to discharge patients from hospital at the start of the pandemic. Subsequently, the pandemic led to a shift away from residential & nursing placements to community services for adults requiring support. This resulted in significant reductions in the rate of permanent admissions, reflected in data for 2021 and 2022 above. This reduction was particularly significant in Calderdale, with the lowest admission rates ever reported.

At the end of this reporting year, there was a marked increase in the admission rates for adults aged 18 to 64. The rate at year end was 14.7, exceeding the rate seen during the initial phase of the Covid19 pandemic. In total, 18 adults aged under 65 were admitted in 2022/23, an increase from 10 last year. Of those 18, 7 were admitted in the final quarter of the year (compared with 2 admissions in Q4 last year). One factor influencing the change in 2022/23 is an increase in placements for younger adults (under 25). No adults under 25 were placed in 2021/22, but this increased to 4 in 2022/23. Also, 4 of the 18 permanent admissions this year were arranged on discharge from hospital.

**OPF feedback:** This performance give focus to our commitment to ensure that that our transition arrangements for young people moving from children's social care to adults services are more effective.

### What are we doing to improve?

Although 2022/23 saw an increase in placements for adults under 25, the long term trend shows reduced use of residential and nursing placements for younger adults. We aim to support younger adults to access their own tenancies and support within a community setting, or remain in the family home with community-based support. Working with children's services, we are recruiting a joint post to increase support for young people moving from children's to adult services. In particular, we want to limit the use of restrictive care placements.

Workers from adult services are now involved in panel meetings with children's services colleagues, this will help to ensure all future options for young people are fully explored and any external permanent placements are an exceptional last resort, informed by evidence to support the decision. Working in this way will ensure that we can assess under the Care Act more promptly, thus identifying any additional needs as early as possible and commission, design local accommodation that is non institutional and meets the person's needs. Performance this year has continued to be affected by increased placements linked with hospital discharges. Prior to the pandemic, we were reducing our use of residential placements for younger and older adults, in preference for community services, such as homecare. We have a long standing commitment to promoting independence and supporting its residents to remain in their home, in the community, for as long as possible.

### What evidence is there that actions are having an impact?

We are working hard to future proof our arrangements for supporting young people moving from children's to adult services. This work is at an early stage and the impact is not yet clear. Our aim is to prevent young people coming into long term care placements, where other options may be available.

### What more needs to happen? What can we learn from the best performing CIPFA Statistical Neighbours?

- Ensure we have sufficient capacity to review placements for adults under 65. We also need to ensure there are sufficient community alternatives to permanent placements, this is particularly the case for adults under 65 with physical disabilities.
- We are working on effective transition with our children's services, acting as one council.
- Ensure effective collaboration with Health partners with regards to discharge from hospital, particularly for younger adults.
- Maximise the use of Supported Living tenancies and ensure those are future proofed via the upcoming retendering exercise.

### Which CIPFA Statistical Neighbours perform best on this measure?

No further national data has been published since the previous report in Q2. At that time, Calderdale had the second lowest admission rate for 18 to 65 year olds with 8 per 100,000. Doncaster has a slightly lower rate at 7.6 per 100,000. The next lowest performing area was Wigan at 10.6 per 100,000.