

Performance Update - Adult Social Care, Public Health and Active Lifestyles

Date: 17th January 2023

Report of: Directors of Adults and Health, Public Health, City Development

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- This report provides an overview of outcomes and service performance related to the Council and city priorities within the remit of the Adults and Health and Active Lifestyles Scrutiny Board. Reflecting delivery of Best City Ambition and the Council's performance management framework relevant to this Scrutiny Board.
- This report focuses on 2022-23 quarter 2 and nationally published 2021-22 year-end performance information. The report is for information, providing assurance that current performance is visible, understood and responded to. It also serves as information to the Board when considering areas to undertake further scrutiny work.

Recommendations

- a) It is recommended that the Board consider and comment on the performance information contained in the report and appendices, noting the assurance provided and considering if any additional information or further scrutiny work would be of benefit.

What is this report about?

- 1 This report provides an overview of outcomes and service performance related to the Council priorities and services within the remit of the Adults, Health and Active Lifestyles Scrutiny Board. It is intended as a succinct overview ensuring visibility, providing assurance and informing ongoing scrutiny work.
- 2 This report provides an update on progress in delivering the Council and city priorities in line with the Council's performance management framework and the Best City Ambition. It also relates to city and Council strategies including the Health and Well Being Strategy, the Leeds Health and Care Plan and the Better Lives Strategy.
- 3 Members are asked to note that this is the first report presenting performance linked to the Three Pillars contained in the Best City Ambition. A new dashboard is being developed which will form the basis of future reporting on the Best City Ambition and the first iteration can be seen at Appendix 1. It is intended that we will present a version more tailored to this Board in due course. However, we would advise the Board that resources are currently directed towards the Energy Savings Taskforce and progression of the performance dashboards may be impacted by this. We will update the Board as appropriate.
- 4 Updates against city and Council priorities are brought to the Board to inform the start of the scrutiny year and the annual budget setting cycle. The report is presented in three distinct sections reflective of Council accountabilities. These are Public Health, Adult Social Care and Active Lifestyles - with the majority of the updates in the respective appendices. While there are commonalities in how these relate to the citizens of Leeds, the appendices are in effect distinct reports, with the covering report offering an introduction.
- 5 Appendix 2a is a public health performance report providing an update on population health outcome indicators and the use of services commissioned by Leeds City Council Public Health team. Appendix 2b includes a dashboard and time series charts of these outcomes to provide further detail. Appendix 2c includes Leeds performance benchmarking against Core Cities using the Office of Health Improvement and Disparities (OHID) national publications data. These documents support the monitoring changes in health and health inequalities in Leeds and public health service delivery.
- 6 The emerging impact of COVID-19 on health outcomes can be seen. Life expectancy for Leeds is below the England average and the trend of improving life expectancy remains stalled. There are small decreases in life expectancy across all groups, which is not yet showing as a significant change in life expectancy compared to the previous period. If this trend continues, we will see a significant decrease, so we will continue to track these changes carefully.
- 7 In the previous report (April 2022) a widening inequality in the proportion of reception aged children with obesity was reported. This reflected national trends following the impact of the pandemic and requires both a local and national response. Positive headlines included an increase in the number of NHS Health Checks being carried out and the rate of successful completions of drug and alcohol treatment increased, remaining higher than regional and national averages. We have also seen some improvement in under 75 mortality rates from alcoholic liver disease in Leeds. Though Leeds is statistically significantly higher/worse than in England, Leeds is the second lowest Core City, with three Core Cities significantly higher.
- 8 In this report, obesity levels in reception aged children have seen significant improvement. They are lower than in 2020/21 and now the rates are slightly better than in 2019/20 (before the pandemic). Physical inactivity in adults in Leeds is second lowest/best when compared to the

Core Cities. It is also significantly lower/better than England. The inequality gap has also slightly reduced. Obesity rates for Year 6 children are statistically significantly higher than before the pandemic and the inequality gap remains.

- 9 Excess winter deaths are extra deaths from all causes that occur in the winter months compared with the expected number of deaths. The majority occur among the elderly population and most excess winter deaths are due to respiratory diseases. From local data, for all causes in 2020/21 there were 418 excess winter deaths, reducing to 126 excess winter deaths in 2021/22. Further work is underway to understand the reasons for this fall in excess winter deaths and how it compares to other areas and the implications for this current winter.
- 10 Widening inequality continues for the percentage of adults with excess weight and prevalence of severe mental illness, however this change is not significant. Reporting on breastfeeding maintenance has improved and shows rates at pre-COVID-19 levels.
- 11 Overall public health services are performing well but need to respond to the emerging needs of our population particularly around the persistent gaps in health inequality.
- 12 The indicators and data included within this Performance Report, particularly in relation to health inequalities, will be kept under review alongside the ongoing work towards Leeds becoming a Marmot City to ensure it complements and aligns with any other monitoring and reporting of indicators related to this programme of work.
- 13 Appendix 3a provides a detailed update on Adult Social Care using the final confirmed Adult Social Care Outcomes Framework (ASCOF) measures for 2021/22 with comparator information and the most recent position as at the end of Quarter 2 2022/23. This is supplemented with additional information linked to the Best City Ambition (previously Best Council Plan) and Better Lives Strategy. At the time of writing these are in a transitional phase and as such the updates contained within this report reflect the most recent developments where measures are available. Appendix 3b provides the data used to inform this update. The main highlights are:
- 14 In October 2021/22 England ASCOF results were published confirming as previously reported when compared to the latest available previous result six measures have improved whilst nineteen have declined and one is the same as the previous results. The measures can be broken down into three distinct groups. Activity based measures obtained from the SALT (Short and Long Term) activity return where performance is mixed. Measures obtained from the service user PSS Survey where all but one declined and those obtained from the Carers survey where performance declined. A similar pattern can be seen for the averages for the region, CIPFA comparator authorities and England illustrating that the challenges faced in Leeds and the impact upon performance measures in particular on those based upon surveys is not unique. We are comparing pre and post pandemic results and comparisons to previous years should be made in this context.
- 15 Looking at 2021/22 performance alongside the Yorkshire and Humber region average shows Leeds performs better than average on 9 measures and below average for 14 measures with 3 being the same as average, whilst for our CIPFA comparator group of authorities Leeds performs better than average for 10 measures and below average on 15 measures. With 1 being the same as the average.

- 16 Demand - Adult Social Care continues to experience increased demand across all elements of the service which alongside capacity pressures, including staffing challenges, is impacting on measures relating to service delivery and timeliness.
- 17 Activity - The annual Short and Long Term service user (SALT) data collection is completed at the end of each financial year and national data based upon the return was published in October 2022. A Leeds mid-year version based on data for the first six months of 2022/23 shows that as at 30th September 2022 Adult Social Care provided long term support to 8,497 people (3,824 aged 18-64, 4,673 aged 65 or over). These figures are broadly in line with those from 2021/22 but remain below pre-pandemic levels.
- 18 Appendix 4 is an update on More Adults are Active. This is based on the national Active Lives Survey (ALS), carried out by Sport England. This provides the data for the “percentage of people who are inactive” Best Council Plan 2020-2025 performance indicator. The Survey samples around 2,000 Leeds’ residents on a rolling basis; with “inactive” defined as undertaking less than 30 minutes of moderate activity per week.
- 19 Activity levels are starting to recover following large drops caused by coronavirus (Covid-19) pandemic restrictions, our latest Active Lives Adult Survey report shows that Leeds inactivity rate has significantly fallen since this sharp rise due to previous lockdown periods. The Inactive rate has fallen from last year (25.6%) to 23.3% for the period Nov 2020 to Nov 2021 which equates to 150,000 people. This highlights that an extra 14,000 people have moved from being inactive to active this year. Leeds now has one of the lowest inactive rates in North Yorkshire with only Craven and Harrogate recording lower rates of inactivity. Leeds is only 2nd compared to all Core Cities, only behind Bristol which records an inactivity rating of 20.7% and is substantially lower than the National (27.2%), regional (28.4%) and core cities (26.6%) averages.

What impact will this proposal have?

- 20 This is an update paper on city outcomes and service performance there are no specific proposals.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

- 21 Equality issues are implicit in the priorities presented in this report. As a broad headline report the detail is not necessarily provided, accepting that some of the outcomes and services included directly relate to user groups that match protected characteristics. The adult social care and many of the health outcomes relate to vulnerable adults and reflect how well their needs are being met and their vulnerabilities addressed. The purpose of the strategic and operational activity in this report is to ensure that the needs of people at risk of poor outcomes are identified and responded to at both individual and community levels. Protected equalities characteristics such as race and sexuality are considered in the design and operation of services.
- 22 The report provides an update on current progress against elements of the Best City Ambition pillar of Health and Wellbeing as relevant to the board. Where measures are included they are highlighted as linked to the Best Council Ambition within the relevant update.
- 23 There are no specific inclusive growth or zero carbon implications from this report. However, in broad terms the promotion of healthy lifestyles and the maintenance of good health and independence is supportive of these ambitions for example through the promotion of walking and cycling as means of travel.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

24 This is an information report and as such does not need to be consulted on with the public. However, performance information is published on the council's website and is available to the public, locally and often through national publications and websites.

What are the resource implications?

25 There are no direct resource decisions involved in this report. How resources are best used to achieve priorities is relevant especially given our asset based and strengths based approach.

What are the key risks and how are they being managed?

26 In presenting performance against key priorities key risks and challenges are highlighted. This report forms part of a comprehensive risk and performance management process in the council to monitor and manage key risks. The council's most significant risks are available and can be accessed via the council's website.

What are the legal implications?

27 All performance information is publicly available. This report is an information update providing Scrutiny with a summary of performance for the strategic priorities within its remit and as such is not subject to call in.

Options, timescales and measuring success

What other options were considered?

28 Not applicable

How will success be measured?

29 Not applicable

What is the timetable and who will be responsible for implementation?

30 Not applicable

Appendices

- Appendix 1: Best Council Ambition Dashboard
- Appendix 2a: Public Health update paper (summary of key issues)
- Appendix 2b: Public Health Performance Report Q2 2021/22
- Appendix 3a: Adults Social Care update paper (summary of key issues)
- Appendix 3b: Adult Social Care Datasets
- Appendix 4 More Adults are Active

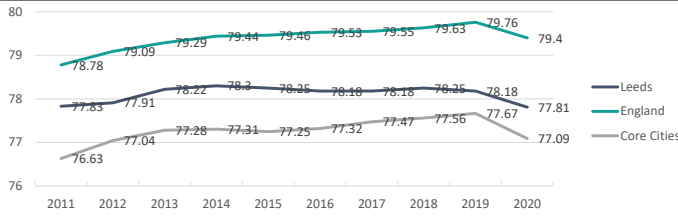
Background papers

- None.

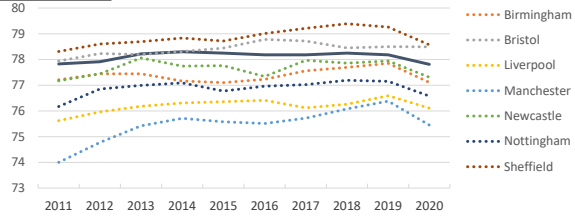
Life Expectancy at Birth

Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. Source: ONS.

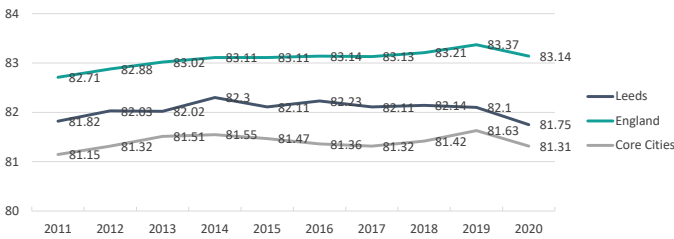
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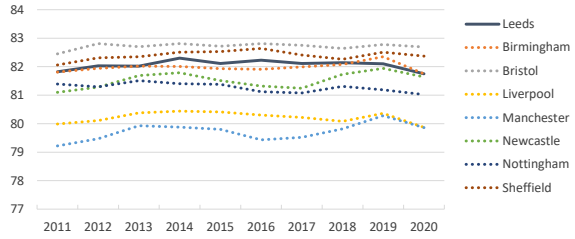
Core cities



Female



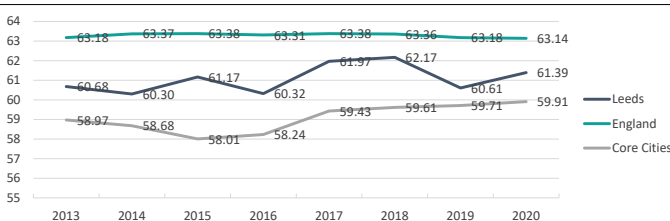
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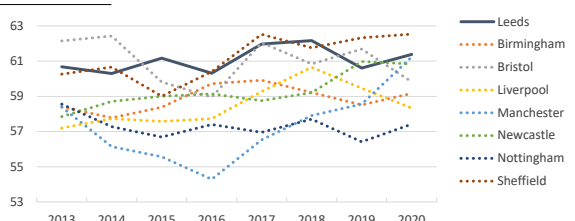
Healthy Life Expectancy

Disability-free life expectancy (DFLE) at birth estimates aggregated over three consecutive years.

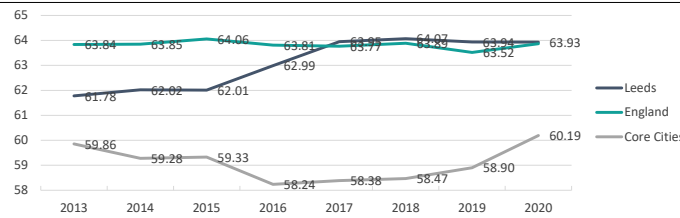
Male



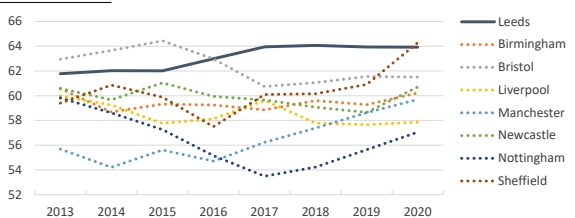
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Female



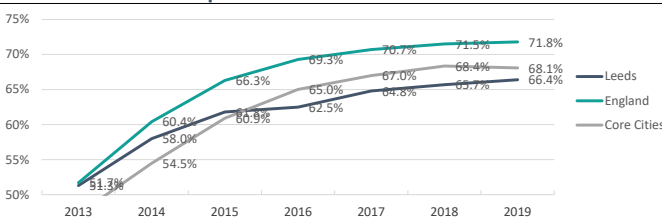
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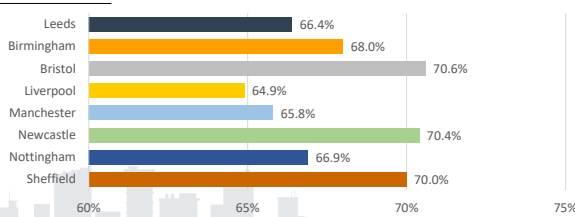
Early Years Development

Pupils achieving a good level of development at the end of the Early Years Foundation Stage (EYFS). In 2021 the EYFS profile was not mandatory, therefore data is only currently available up to the 2019 academic year. Source: DfE.

Good level of development at end of EYF



Core Cities 2019

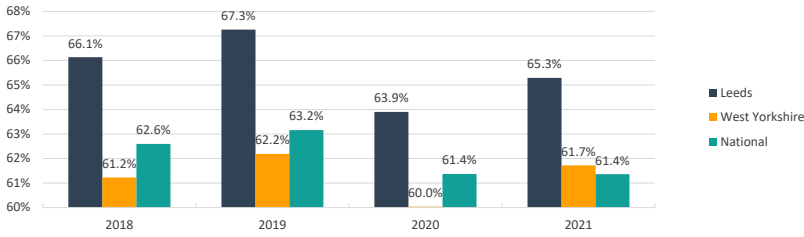


Healthy lifestyles



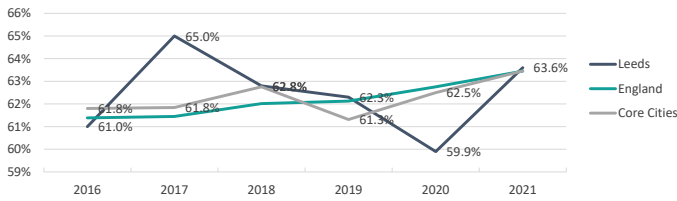
Physically active adults

Percent of adults active for 150+ minutes a week. Source: OHID (based on the Active Lives Adult Survey, Sport England)

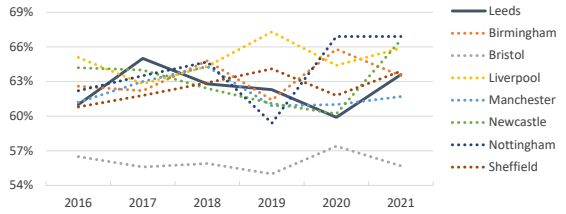


% of people classed as obese

Percentage of adults (aged 18+) classified as overweight or obese. Source: OHID (Active Lives Adult Survey, Sport England)

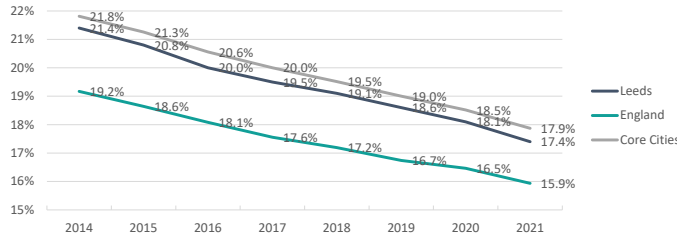


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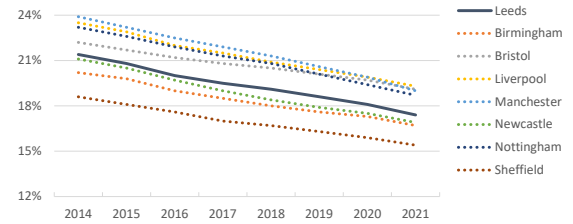


% of people who smoke

Smoking prevalence in adults (15+) - current smokers (QOF). Source: Quality and Outcomes Framework (QOF), NHS Digital

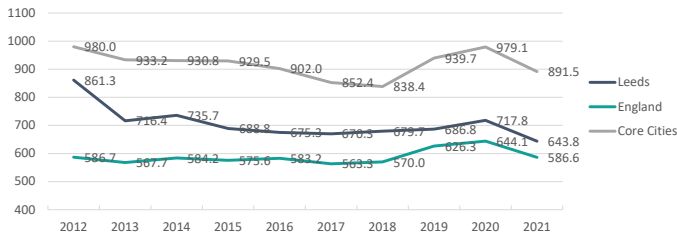


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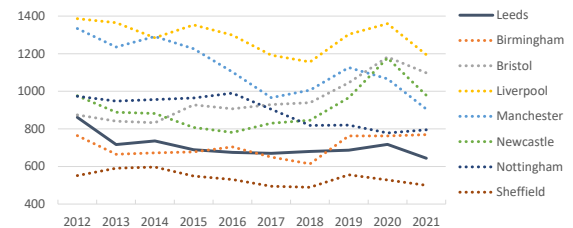


Alcohol related hospital admissions per 100k

Admission episodes for alcohol-specific conditions (Persons). Directly standardised rate per 100k population. Source: OHID.



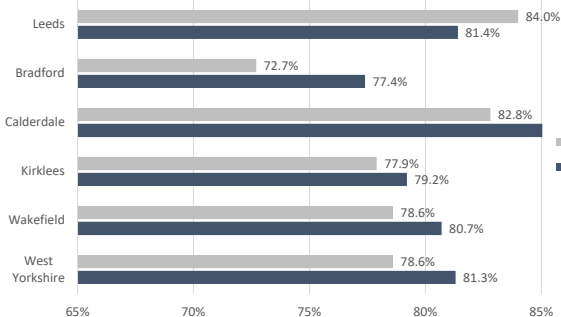
Core cities



Safe Communities

People who feel safe in their local area. Source: OPCC from public surveys in the West Yorkshire areas.

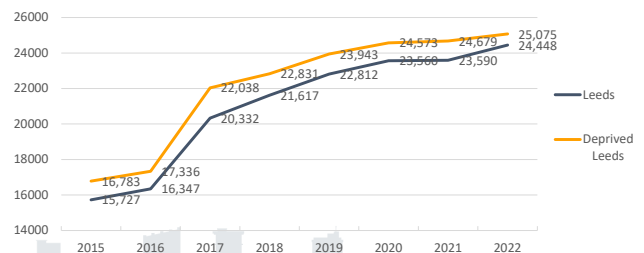
Percent of people who feel safe in their local area



Mentally Healthy

Prevalence of common mental health issues in the general population, age standardised rate per 100k people using GP data from PHE. Measure is unique to Leeds so not comparable with other areas. "Deprived Leeds" means patients living inside the most deprived 10% of the city

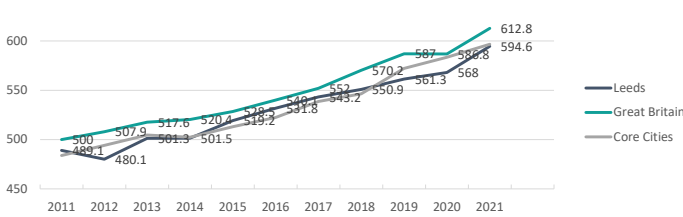
Prevalence of common mental health conditions



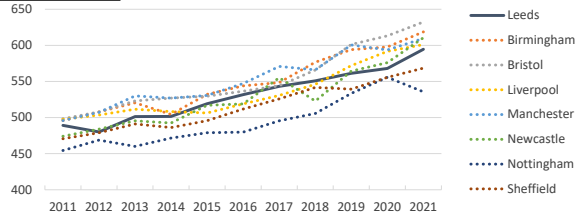
Good Jobs

Average gross median weekly earnings for full-time employees ages 16-64. Source: ONS - annual survey of hours and earnings - workplace analysis

Average gross weekly earnings

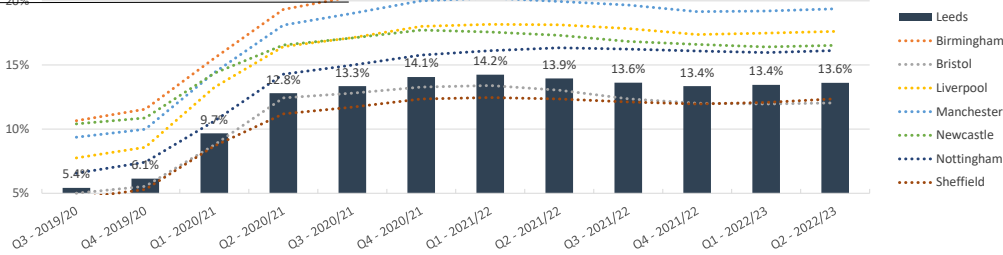


Core cities



Percentage of Universal Credit recipients

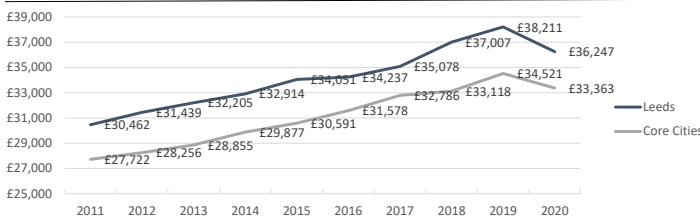
Universal Credit claimants as a percentage of the working age population over a 3 year period. Source: DWP



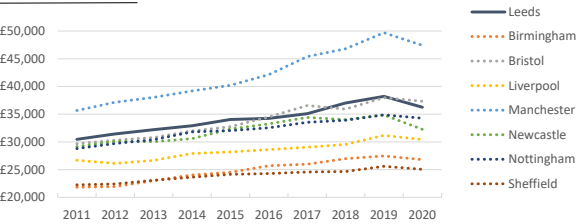
A Growing Economy

Local Authority: Gross Domestic Product (GDP) per head at current market prices, pounds million. Source: Regional economic activity by gross domestic product, UK: 1998 to 2020.

GDP Per Head

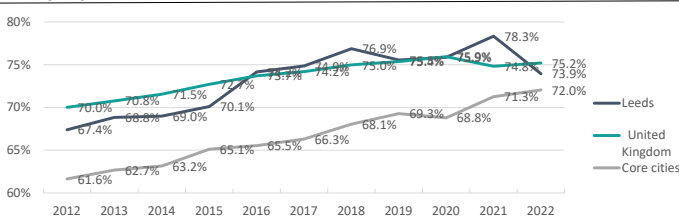


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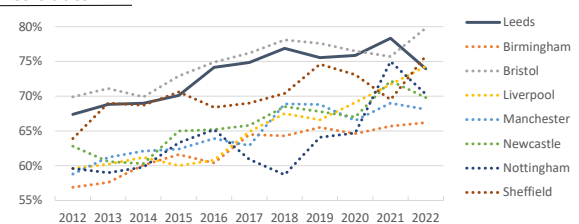


Employment Rates

Employment rate for people age 16-64. source: ONS - annual population survey



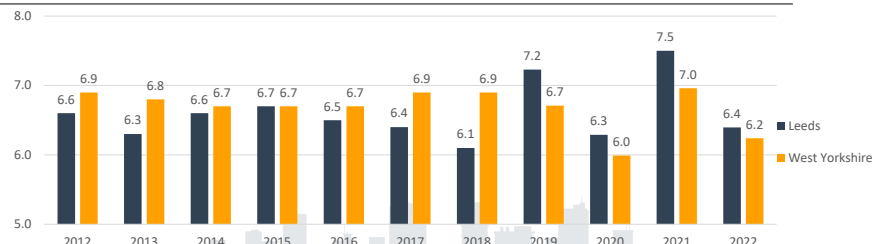
Core cities



Quality Public Transport

Satisfaction with Bus Services

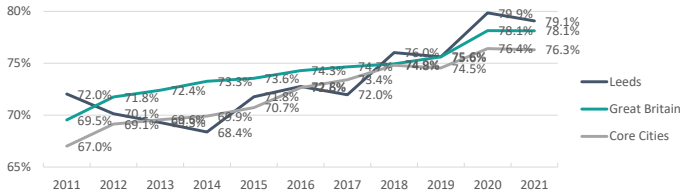
Satisfaction scores for Leeds and West Yorkshire bus services. Satisfaction score out of 10 UK: 1998 to 2020. Source: WYCA - West Yorkshire Residents Perceptions of Transport Survey



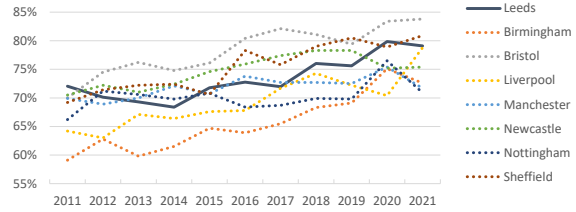
Future Skills

People with at least a level 2 or level 4 qualification. Source: ONS - annual population survey

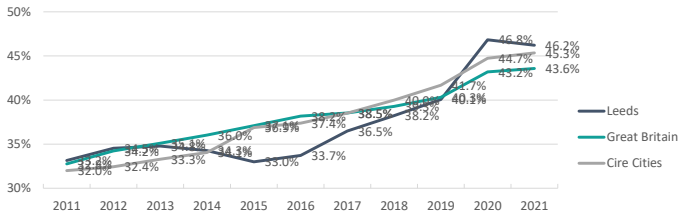
People with NVQ2 and Above



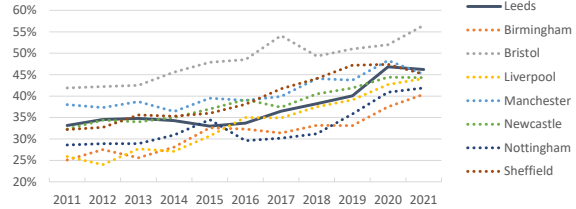
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People with NVQ4 and Above



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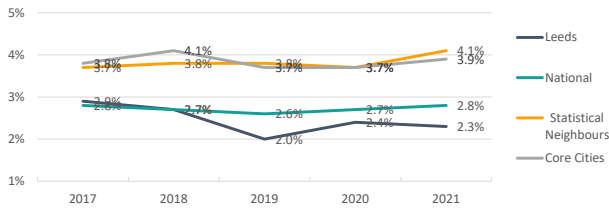
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Tackling Poverty and Inequality

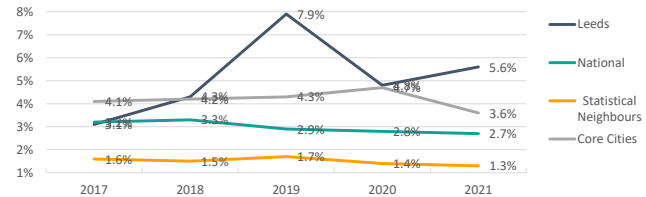
Engaged young people

Percentage of young people who are not in engaged in employment, education or training, or whose status is unknown. Statistical Neighbours are local authorities with similar characteristics, calculated by the DfE LAIT tool. Source: DfE

Young people who are NEET



Young people who's status is unknown



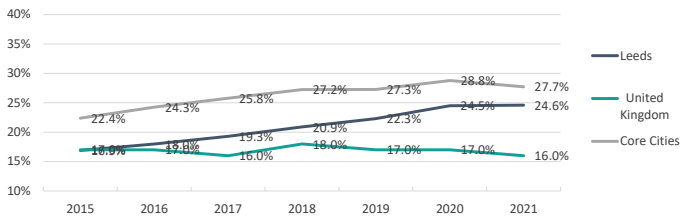
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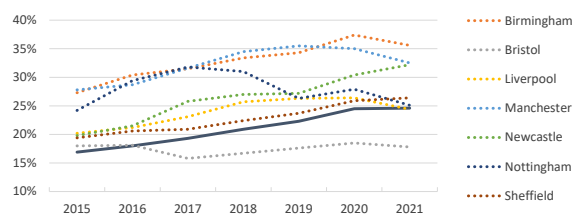
Tackling Poverty

Estimated percentage of children in relative poverty before housing costs. Source: Households below average income (HBAI) statistics (Gov.uk)

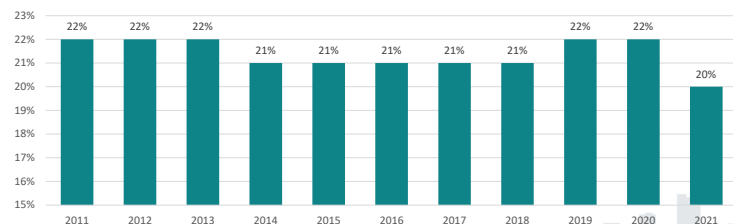
Children in relative poverty before housing costs



Core cities



People living in relative poverty after housing costs



United Kingdom percentage of people living in relative poverty after housing costs – national estimate. Source: HBAI Statistics (gov.uk)



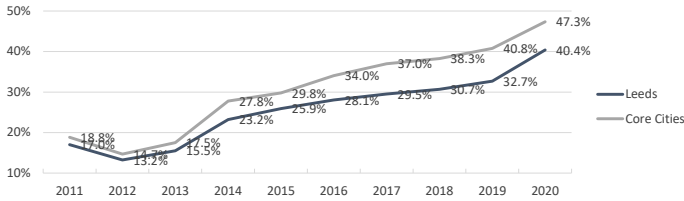
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Tackling Poverty and Inequality

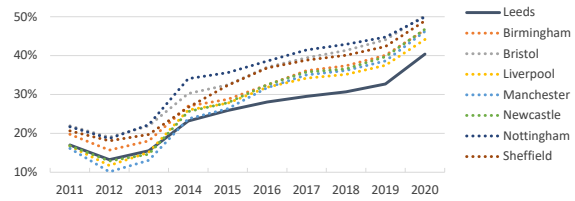
Low Carbon

Reduction in carbon emissions against 2005 baseline - data 2 years behind. BEIS - UK local authority and regional carbon dioxide emissions national statistics.

Reduction in Emissions



Core cities

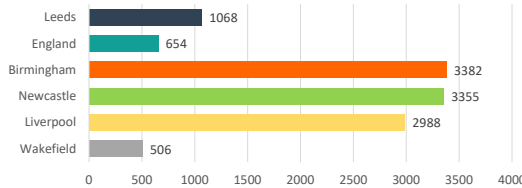


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Tackling Poverty and Inequality

Increasing Biodiversity

Population per one hectare of Local Nature Reserve spaces. Source: Publication in Town & County Planning by John Box in 2021.



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Reducing Flood Risk

Number of residential and commercial properties moved to a lower level of flood risk. Figure increases in steps when relevant large schemes complete. Source: LCC Flood Risk Management (from Environment Agency)

Residential (2017)

504

Commercial (2017)

3261

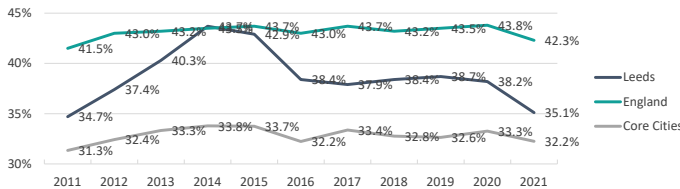
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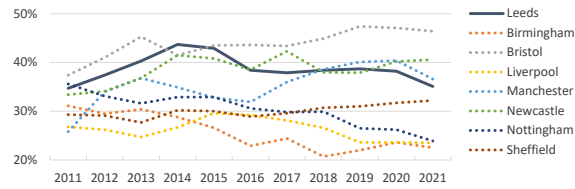
Waste Reduction

The percentage of household waste arising sent for reuse, recycling, composting or anaerobic digestion. Source: Department for Environment, Food and Rural Affairs

Household Waste Recycled



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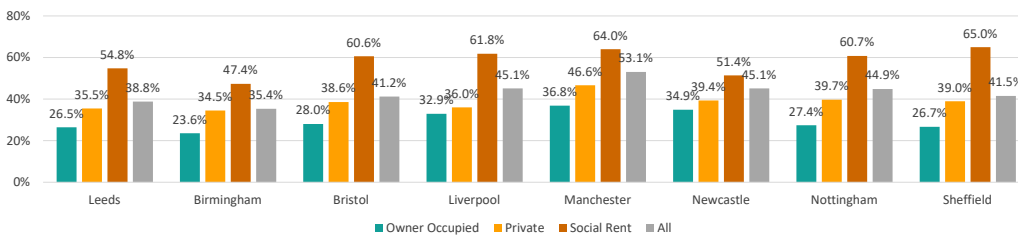


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Energy Efficient Homes

Proportion of homes with EPC C or better by tenure



Percentage of dwellings with EPC Band 'C' or above, Source: ONS

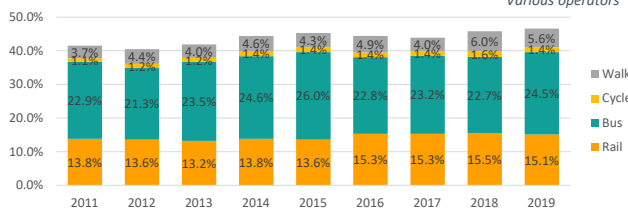
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Sustainable Travel

Sustainable Travel Modes

Leeds Morning peak weekday mode share on radial routes approaching City Centre. Source: Various operators



Bus Boardings - Leeds

Number of bus boardings and change against previous year. Source: West Yorkshire Combined Authority



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Tackling Poverty and Inequality

Appendix 2a: Public Health Performance Report Q2 2022-23

Summary/Purpose:

This report provides an update on population health outcomes and the use of services commissioned by the Leeds City Council Public Health team. It includes indicators that have been updated since the last Public Health Performance Report was published (April 2022).

Where there has been a recent update to an indicator, these are marked with an asterisk (*) in the report and the associated dashboard, indicator sheet and charts (Appendix 2b).

Population indicators

- Reception: Prevalence of obesity (including severe obesity)
- Year 6: Prevalence of obesity (including severe obesity)
- Under 18 conception rate per 1,000
- Excess weight in adults % of adults who have a BMI of over 30
- Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week).
- Prevalence of severe mental illness 18+ (per 100,000)
- Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)
- Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)
- Excess winter deaths

Operational indicators

- Breastfeeding maintenance at 6-8 weeks
- Best Start – number of under 2s taken into care
- Recorded diabetes type 1 and 2 (per 100,000)
- Percentage of NHS Health Checks offered which were taken up in the quarter (%)

This report was prepared using the latest available data at the time of writing. National Child Measurement Programme (NCMP) data was subsequently released and incorporated into this report. Mid-year population estimates for 2021 from ONS for lower super output areas and by age band are delayed (now expected December 2022), we are therefore unable to update mortality and life expectancy indicators.

Time series comparisons between Leeds, most and least deprived populations are provided where possible. Most deprived refers to neighbourhoods in Leeds which are in the 10% most deprived Lower Super Output Areas (LSOAs) in England. This equates to around 24% of the Leeds population (n=194,307 people) based on ONS 2020 mid-year estimates¹. Least deprived refers to neighbourhoods in the 10% least deprived LSOA's in England, this equates to around 6% (n=51,242 people) of the Leeds population². LSOA level data is required to calculate inequalities (deprived Leeds vs least deprived), and this level of data is not available for some indicators. Indicators without deprivation data are marked with a hashtag (#) in the Dashboard (Appendix 2b).

2b includes a dashboard, and time series charts of these outcomes to provide further detail dashboard, and time series charts of these outcomes to provide further detail. Appendix 2c

¹ 24% of Leeds LSOAs (114 out of 482 LSOAs)

² 7% of Leeds LSOAs (33 out of 482 LSOAs)

includes Leeds performance benchmarking against Core Cities using the Office of Health Improvement and Disparities (OHID) national publications data. These documents support the monitoring changes in health and health inequalities in Leeds and public health service delivery.

Commentary on indicators updated in this report

***Reception: Prevalence of obesity (including severe obesity)**

There is a national concern about the rise of children living with obesity. The health consequences of children living with obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

The annual National Child Measurement Programme (NCMP) data show obesity rates among Reception children for Leeds in 2021/22 was 9.9%, a statistically significant improvement compared to 2020/21 when the rate was 14.9%. The rate has also slightly improved from pre-pandemic rates (10.1% in 2019/20). The rate for the most deprived areas in 2021/22 was 12.6%, which is also a statistically significant improvement from the previous period (19.5% in 2020/21) and is similar to pre-pandemic rates (12.5% in 2019/20). The rate for least deprived areas was 7.4%, which is similar to the previous period (7.7% in 2020/21) but slightly worse than pre-pandemic rates (6.7% in 2019/20). The inequality gap between those living in the most deprived areas and least deprived areas has slightly increased from 2.4 percentage points in 2019/20 to 2.7 in 2021/22. The NCMP key findings show that nationally, reception prevalence of obesity (10.1%) is close to but still above pre-pandemic levels, Leeds is therefore performing better than the England average.

***Year 6: Prevalence of obesity (including severe obesity)**

The NCMP data for Year 6 obesity prevalence in Leeds for 2021/22 was 25.1%, this is above pre-pandemic levels (20.8% in 2019/20) and is higher than the national average (23.4%). Data for deprived areas was 31% (pre-pandemic it was 27.0%), least deprived it was 15.2% (pre-pandemic it was 13.4%). Obesity rates for Year 6 children were not available at Leeds level for the previous period (2020/21) due to the very low sample size and school closures during COVID-19. The gap between Leeds and the most deprived areas was 6.2 percentage points pre-pandemic, this has reduced to 5.9 percentage points in 2021/22, however this is in part due to the slight increase in rates seen in the least deprived areas. The NCMP key findings show that nationally, Year 6 prevalence of obesity (23.4%) is lower but still above pre-pandemic levels, however, Leeds is above the England average.

***Under 18 conception rate per 1,000**

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience, abortions represent an avoidable cost to the NHS. Teenage pregnancy can lead to poorer outcomes for both young parents and their children. This indicator includes pregnancies that occur in teenagers (aged under 18) and results in either one or more live or still births or a legal abortion. The rate for Leeds in 2020 was 19.8 per 1,000, this is similar to the Yorkshire and Humber rate (16.5 per 1,000) and higher than the England rate (13.0 per 1,000). However, the overall trend shows rates have been decreasing in Leeds since 2006.

***Excess weight (obesity) in adults % of adults who have a BMI of over 30**

Excess weight in adults is a major metabolic risk factor of premature mortality and avoidable ill health. The percentage of adults in Leeds with a BMI over 30 in Q2 2022/23 was 24.1%, for people living in the most deprived areas the percentage was 28.8% and

least deprived 19.4%. There are no statistically significant changes from the previous quarter and the overall trend is stable.

***Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)**

Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week. Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

The rate for Leeds in Q2 2022/23 was 35.0%, for people living in the most deprived areas the rate was 40.9% and least deprived was 28.3%. There are no statistically significant changes from the previous quarter. There was however a statistically significant improvement from Q4 2021/22 to Q1 2022/23, where the Leeds average reduced from 35.6% to 35.1%. The overall trend is stable with no improvements in reducing the inequality gap. Physical inactivity in adults in Leeds is the second lowest/best when compared to the Core Cities. It is also significantly lower/better than England as well as five other Core Cities.

***Prevalence of severe mental illness 18+ (per 100,000)**

The rate for Leeds average in Q2 2022/23 was 1352.0 per 100,000, for people living in the most deprived areas it was 2094.1 per 100,000 and least deprived was 692.7 per 100,000. The rates slightly increased in Leeds and the most deprived areas, but these changes are not statistically significant from the previous quarter. There are no improvements in reducing the inequality gap.

***Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach (CPA), and the overall population employment rate (gap - percentage points)**

A major factor in maintaining good mental health is stable employment. This indicator measures the gap in the employment rate between those in contact with secondary mental health services (and CPA) and the overall population employment rate in Leeds. The figure in 2020/21 was 69.2 percentage points, this is statistically significantly higher / worse than the gap in Yorkshire and the Humber (62.8 percentage points) but is similar to the England average gap (66.1 percentage points). There are no statistically significant changes from the previous period but the overall trend for Leeds is improving.

***Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)**

Employment rates amongst disabled people reveal one of the most significant inequalities in the UK. There is a strong link between employment and enhanced quality of life, including benefits for health and wellbeing and financial benefits. The gap in the employment rate between those with a learning disability and the overall population employment rate in Leeds in 2020/21 was 69.6 percentage points, this is similar to the gap in Yorkshire and the Humber (67.8 percentage points) and England (70.0 percentage points). There are no statistically significant changes from the previous period and the overall trend is stable.

***Excess winter deaths (Ratio - %)**

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

The excess winter deaths for the Leeds average in 2021/22 is 3.4%, this is statistically significantly lower than in 2020/21 when it was 17.8%. This trend was seen in the most deprived areas (a reduction from 17% to 1.6%) and least deprived areas (23.3% to -0.4%). The rates for the Leeds average are similar to the most deprived and least deprived areas.

Please note, latest national publications excludes COVID-19 deaths whereas local data includes all causes, we are working on updating local indicator to compare with national publications. Also, further work is underway to understand the reasons for this fall in excess winter deaths and how it compares to other areas and the implications for this current winter.

Operational indicators

***Breastfeeding maintenance at 6-8 weeks (%)**

Increases in breastfeeding are expected to reduce illness in young children and have health benefits for the infant and the mother. The percentage of women breastfeeding in Leeds in 2021/22 was 48.4%, this is a statistically significant increase from the previous period (39.2% in 2020/21) however, the reduced levels reported for in 2020/21 were due to incomplete data collection as a result of a partial stop of the Health Visiting Service during the pandemic. The current percentage (48.4%) is similar to pre-pandemic rates. The percentage of women breastfeeding in the most deprived areas of Leeds was 41.3% and in least deprived areas it was 61.0% both of these results are similar to pre-pandemic rates.

***Best Start – number of under 2s taken into care**

Children in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life. The number of children under 2 taken into care in Leeds in 2021/22 was 96, this is up from 94 in 2020/21. In the most deprived areas of Leeds, the number under 2 taken into care is 47, this is down from 55 in the previous period and those living in the least deprived areas is less than 6, which is an increase from 0 in the previous period.

***Recorded diabetes type 1 and 2 (per 100,000)**

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. This indicator is a measure of recorded prevalence and not actual prevalence and therefore under-reports groups who are less likely to be registered with a GP. An increase in rates therefore indicates detection is better.

The rate of recorded diabetes type 1 and 2 in Leeds for Q2 2022/23 was 6667.7 per 100,000, the rate for people living in the most deprived areas was 9531.7 per 100,000 and least deprived 4166.4 per 100,000. There are no statistically significant changes from the previous quarter and no changes in the inequality gap.

***Percentage of NHS Health Checks offered which were taken up in the quarter (%)**

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

In Q2 2022/23, 54.9% of NHS Health Checks were taken up in the quarter (8,992 invites and 4,939 completed Health Checks). This is an increase from the previous quarter where take up was 46.7% (9,023 invites and 4,218 completed Health Checks). Overall, Leeds is performing better than the regional (40%) and England averages (34%).

Full list of Public Health Performance report indicators

Local data is sourced from GP Audit Data.

PHOF data is from the OHID Fingertips website: Office for Health Improvement & Disparities. Public Health Profiles. [Accessed between 10th – 21st October 2022] <https://fingertips.phe.org.uk> © Crown copyright 2022

**Asterisk denotes Indicators updated in this report*

Indicator	Source
Life Expectancy at Birth - Males	Local
Life Expectancy at Birth - Females	Local
Infant mortality rate per 1000 births	Local
Reception: Prevalence of obesity (including severe obesity)	Local
Year 6: Prevalence of obesity (including severe obesity)	Local
*Under 18 conception rate/1,000	PHOF 20401
*Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)	PHOF 90635
*Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)	PHOF 90283
Smoking Prevalence in adults (18+) - current smokers (APS)	PHOF 92443
Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition)	PHOF 93801
Excess weight in adults % of Adults who have a BMI of over 30	Local
*Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week).	Local PHOF 93015
*Severe mental illness 18+	Local
Circulatory disease mortality, all ages, DSR per 100,000	Local
Circulatory disease mortality, under 75 per 100,000	Local
Respiratory mortality, all ages, DSR per 100,000	Local
Respiratory mortality, under 75, DSR per 100,000	Local
Cancer mortality, all ages, DSR per 100,000	Local
Cancer mortality, under 75, DSR per 100,000	Local
Alcoholic liver disease mortality, under 75, DSR per 100,000	Local
Excess under 75 mortality rate in adults with severe mental illness (SMI)	PHOF 93582
Under 75 mortality rate from causes considered preventable (2019 definition)	Local
*Excess winter deaths	Local
Suicide Rate (persons)	Local
*Breastfeeding maintenance at 6-8 weeks (%)	LCH
*Best start - number of under 2s taken into care	Local

*Recorded diabetes type 1 and 2 (per 100,000)	Local
*Completed NHS Health Checks from PHE eligible invites	Local
*Conversion of PHE invites into complete Health Checks	Local
Successful completion of drug treatment - opiate users (%)	PHOF 90244
Successful completion of alcohol treatment (%)	PHOF 92447
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	Local
Emergency admissions from intentional self-harm (DSR per 100,000)	Local
Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)	Local
Emergency admissions due to falls for aged 65 and over	Local
New HIV diagnosis rate / 100,000 aged 15+	PHOF 91818
New STI diagnosis (exc chlamydia aged <25) / 100,000	PHOF 91306

Public Health Performance Report Q2 2022/23

Population Indicators

Updated October 2022

Overarching Indicator

	Leeds	Most Deprived	Least Deprived
Life Expectancy at Birth - Males	↓ 78.1	↓ 73.4	↓ 82.9
Life Expectancy at Birth - Females	↓ 81.9	↓ 77.7	↓ 87.4
1. Improving the health and wellbeing of children and young people:			
Infant mortality rate per 1000 births	↑ 5.0	↓ 6.1	↑ 5.5
* Reception: Prevalence of obesity (including severe obesity)	↓ 9.9%	↓ 12.6%	↓ 7.4%
* Year 6: Prevalence of obesity (including severe obesity)	↑ 25.1%	↑ 31.0%	↑ 15.2%
* Under 18 conception rate/1,000	↓ 19.8	→ #	→ #
2. Improving the health and wellbeing of adults and preventing early death:			
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	↓ 13.3%	→ #	→ #
Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition)	↓ 2.9	→ #	→ #
* Excess weight in adults % of Adults who have a BMI of over 30	↑ 24.1%	↑ 28.8%	↑ 19.4%
* Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	↓ 35.0%	↓ 40.9%	↑ 28.3%
* Prevalence of severe mental illness 18+	↑ 1,352.0	↑ 2,094.1	↑ 692.7
* Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)	↑ 69.2	→ #	→ #
* Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)	↑ 69.6	→ #	→ #
Circulatory disease mortality, all ages, DSR per 100,000	↓ 245.1	↓ 321.9	↓ 183.7
Circulatory disease mortality, under 75, DSR per 100,000	↑ 82.7	↑ 134.0	↑ 46.1
Respiratory mortality, all ages, DSR per 100,000	↓ 89.7	↓ 152.5	↑ 35.6
Respiratory mortality, under 75, DSR per 100,000	↑ 34.0	↓ 70.0	↑ 8.6
Cancer mortality, all ages, DSR per 100,000	↓ 285.5	↓ 401.4	↓ 205.5
Cancer mortality, under 75, DSR per 100,000	↑ 150.8	↑ 227.3	↓ 103.0
Alcoholic liver disease mortality, under 75, DSR per 100,000	↑ 13.0	↑ 22.1	↑ 6.5
Excess under 75 mortality rate in adults with severe mental illness (SMI)	↑ 413.9	→ #	→ #
Under 75 mortality rate from causes considered preventable (2019 definition)	↑ 200.9	↑ 328.4	↓ 109.9
3. Protecting health and wellbeing (*protect the health of the local population):			
* Excess winter deaths	↓ 3.4	↓ 1.6	↓ -0.4
Suicide Rate (persons)	↑ 13.4	↓ 18.0	↑ 6.6

5. Developing community health capacity and the wider public health workforce:

- Training and development programmes
- Local community health development
- City wide health determinants

6. Improving the use of Public Health Intelligence in decision making by organisations and the public:

- Health profiling
- Needs assessment
- Social marketing and insight

1 Improving the health and wellbeing of children and young people:

- * Breastfeeding maintenance at 6-8 weeks (%)
- * Best start - number of under 2s taken into care

	Leeds		Most Deprived		Least Deprived
	↑ 48.4%	↑	41.3%	↑	61.0%
	↑ 96	↓	47	↑	<6

2 Improving the health and wellbeing of adults and preventing early death:

- * Recorded diabetes type 1 and 2 (per 100,000)
- * Percentage of NHS Health Checks offered which were taken up in the quarter
- Successful completion of drug treatment - opiate users (%)
- Successful completion of alcohol treatment (%)
- Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)
- Admission episodes for alcohol-specific conditions - Under 18s (Persons)
- Emergency Admissions from Intentional Self-Harm (DSR per 100,000)
- Emergency admissions due to falls for aged 65 and over

	Leeds		Most Deprived		Least Deprived
	↑ 6,667.7	↑	9,531.7	↑	4,166.4
	↑ 54.9%	→	#	→	#
	↑ 7.8%	→	#	→	#
	↑ 45.9%	→	#	→	#
	↓ 639.0	↓	1,200.1	↓	202.4
	↓ 18.9	↑	22.9	↓	6.2
	↓ 164.8	↓	250.3	↓	79.2
	↓ 1,697.9	↓	2,290.9	↓	1,215.6

- 5. Developing community health capacity and the wider public health workforce:**
- Training and development programmes
 - Local community health development
 - City wide health determinants
- 6. Improving the use of Public Health Intelligence in decision making by organisations and the public:**
- Health profiling
 - Needs assessment
 - Social marketing and insight

3 Protecting health and wellbeing (*protect the health of the local population):

- New HIV diagnosis rate / 100,000 aged 15+
- New STI diagnosis (exc chlamydia aged <25) / 100,000

	Leeds		Most Deprived		Least Deprived
	↓ 8.1	→	#	→	#
	↓ 576.5	→	#	→	#

4. Support NHS to provide effective and equitable health care service:

- Public Health advice to NHS Commissioners

Notes

For the majority of these indicators a reduction represents an improvement. Notable exceptions are Life Expectancy at Birth, service / health intervention uptake and successful completion / continuation

- * Indicators marked with an asterisk have been updated
- # Deprived Leeds data unavailable due to no access to latest data / data quality issue

Significance of change since previous period:

Statistically significant, direction is positive	↑	↓
Statistically significant, direction is negative	↓	↑
Not statistically significant, direction is positive	↑	↓
Not statistically significant, direction is negative	↓	↑
Unable to test, direction is positive	↑	↓
Unable to test, direction is negative	↓	↑

Population Indicators		Leeds	Deprived Leeds	Least Deprived	Latest period	Previous period Leeds	Previous period Deprived	Previous period Least Deprived	Previous period	An improving direction is an		
Overarching Indicator												
Life Expectancy at Birth - Males	↓	78.1	↓	73.4	↓	82.9	2018-2020	78.3	73.7	83.5	2017-2019	increase
Life Expectancy at Birth - Females	↓	81.9	↓	77.7	↓	87.4	2018-2020	82.1	78.0	87.6	2017-2019	increase
1 Improving the health and wellbeing of children and young people:												
Infant mortality rate per 1000 births	↑	5.0	↓	6.1	↑	5.5	2019-2021	4.6	6.3	4.0	2018-2020	decrease
* Reception: Prevalence of Obesity (including severe obesity)	↓	9.9%	↓	12.6%	↓	7.4%	2021/22	14.9%	19.6%	7.7%	2020/21	decrease
* Year 6: Prevalence of Obesity (including severe obesity)	↑	25.1%	↑	31.0%	↑	15.2%	2021/22	20.8%	27.0%	13.4%	2019/20	decrease
* Under 18 conception rate/1,000	↓	19.8	→	#	→	#	2020	22.8	#	#	2019	decrease
2 Improving the health and wellbeing of adults and preventing early death:												
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	↓	13.3%	→	#	→	#	2020	15.3%	#	#	2019	decrease
Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition)	↓	2.9	→	#	→	#	2020	3.8	#	#	2019	decrease
* Excess weight in adults % of Adults who have a BMI of over 30	↑	24.1%	↑	28.8%	↑	19.4%	Q2 2022/23	24.1%	28.8%	19.4%	Q1 2022/23	decrease
* Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	↓	35.0%	↓	40.9%	↑	28.3%	Q2 2022/23	35.1%	41.2%	28.3%	Q1 2022/23	decrease
* Prevalence of severe mental illness 18+	↑	1,352.0	↑	2,094.1	↑	692.7	Q2 2022/23	1,305.4	2,019.9	685.1	Q1 2022/23	decrease
* Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)	↑	69.2	→	#	→	#	2020/21	63.7	#	#	2019/20	decrease
* Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)	↑	69.6	→	#	→	#	2020/21	67.6	#	#	2019/20	decrease
Circulatory disease mortality, all ages, DSR per 100,000	↓	245.1	↓	321.9	↓	183.7	2018 - 2020	264.8	349.5	190.3	2017 - 2019	decrease
Circulatory disease mortality, under 75, DSR per 100,000	↑	82.7	↑	134.0	↑	46.1	2018-2020	82.2	133.0	43.7	2017-2019	decrease
Respiratory mortality, all ages, DSR per 100,000	↓	89.7	↓	152.5	↑	35.6	2018-2020	91.5	154.9	34.7	2017-2019	decrease
Respiratory mortality, under 75, DSR per 100,000	↑	34.0	↓	70.0	↑	8.6	2018-2020	31.5	70.5	7.5	2017-2019	decrease
Cancer mortality, all ages, DSR per 100,000	↓	285.5	↓	401.4	↓	205.5	2018-2020	289.3	401.6	216.4	2017-2019	decrease
Cancer mortality, under 75, DSR per 100,000	↑	150.8	↑	227.3	↓	103.0	2018-2020	146.4	219.1	106.1	2017-2019	decrease
Alcoholic liver disease mortality, under 75, DSR per 100,000	↑	13.0	↑	22.1	↑	6.5	2018-2020	11.3	20.0	6.0	2017-2019	decrease
Excess under 75 mortality rate in adults with severe mental illness (SMI)	↑	413.9	→	#	→	#	2018-20	401.2	#	#	2017-19	decrease
Under 75 mortality rate from causes considered preventable (2019 definition)	↑	200.9	↑	328.4	↓	109.9	2018-2020	195.3	315.5	111.8	2017-2019	decrease
3 Protecting health and wellbeing (*protect the health of the local population):												
* Excess winter deaths	↓	3.4	↓	1.6	↓	-0.4	2021/22	17.8	17.0	23.3	2020/21	decrease
Suicide Rate (persons)	↑	13.4	↓	18.0	↑	6.6	2018-20	12.6	18.3	4.3	2017-19	decrease

Operational Indicators		Leeds	Most Deprived	Least Deprived	Latest period	Previous period Leeds	Previous period Deprived	Previous period Least Deprived	Previous period	An improving direction is an		
1 Improving the health and wellbeing of children and young people:												
* Breastfeeding maintenance at 6-8 weeks (%)	↑	48.4%	↑	41.3%	↑	61.0%	2021/22	39.2%	33.7%	50.7%	2020/21	increase
* Best start - number of under 2s taken into care	↑	96	↓	47	↑	<6	2021/22	94	55	0	2020/21	decrease
2 Improving the health and wellbeing of adults and preventing early death:												
* Recorded diabetes type 1 and 2 (per 100,000)	↑	6,667.7	↑	9,531.7	↑	4,166.4	Q2 2022/23	6,583.9	9,400.0	4,115.9	Q1 2022/23	increase
* Percentage of NHS Health Checks offered which were taken up in the quarter	↑	54.9%	→	#	→	#	2022/23 Q2	46.7%	#	#	2022/23 Q1	increase
Successful completion of drug treatment - opiate users (%)	↑	7.8%	→	#	→	#	2020	7.3%	#	#	2019	increase
Successful completion of alcohol treatment (%)	↑	45.9%	→	#	→	#	2020	43.5%	#	#	2019	increase
Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)	↓	639.0	↓	1,200.1	↓	202.4	2020-2021	710.0	1296.2	383.4	2019-2020	decrease
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	↓	18.9	↑	22.9	↓	6.2	2018/19-20/21	21.6	18.4	15.7	2017/18-19/20	decrease
Emergency Admissions from Intentional Self-Harm (DSR per 100,000)	↓	164.8	↓	250.3	↓	79.2	2020/21	194.6	285.4	148.5	2019/20	decrease
Emergency admissions due to falls for aged 65 and over	↓	1,697.9	↓	2,290.9	↓	1,215.6	2020/21	2,019.3	2598.7	1,371.6	2019/20	decrease
3 Protecting health and wellbeing (*protect the health of the local population):												
New HIV diagnosis rate / 100,000 aged 15+	↓	8.1	→	#	→	#	2020	11.4	#	#	2019	decrease
New STI diagnosis (exc chlamydia aged <25) / 100,000	↓	576.5	→	#	→	#	2020	908.8	#	#	2019	decrease

Notes

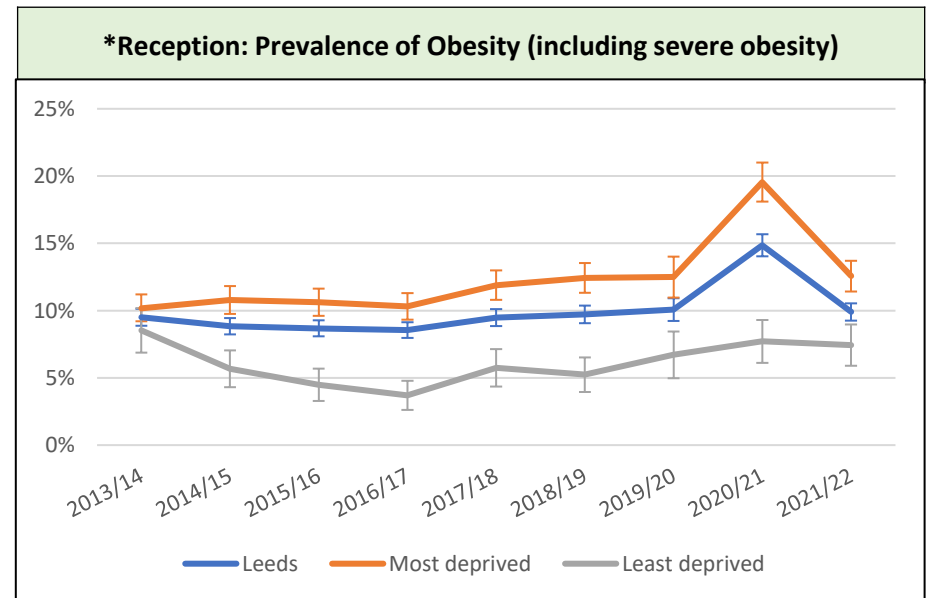
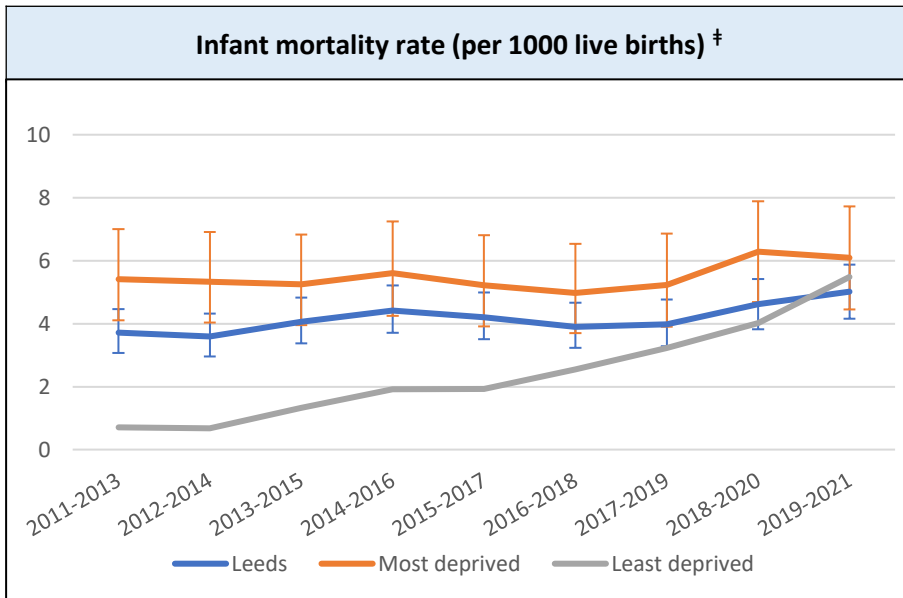
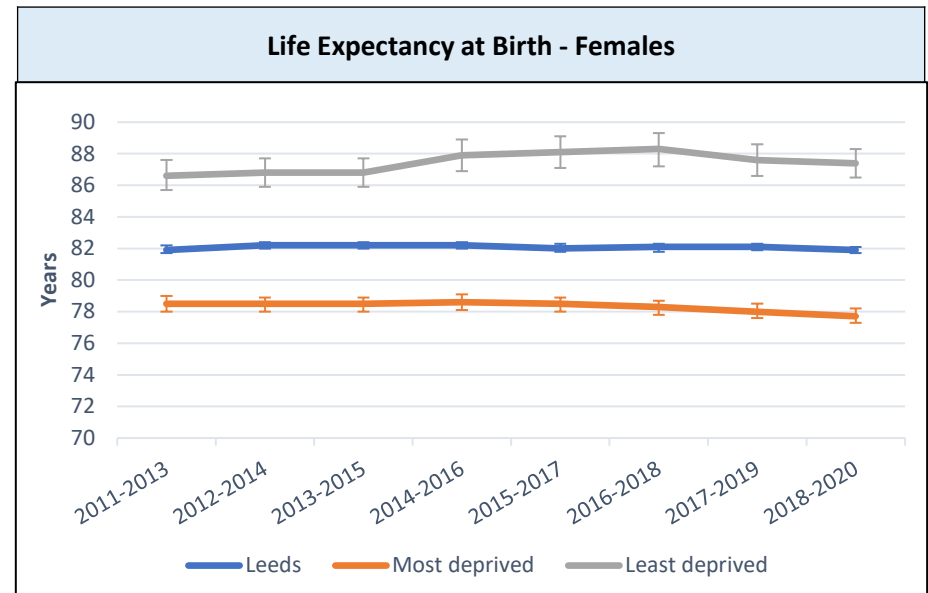
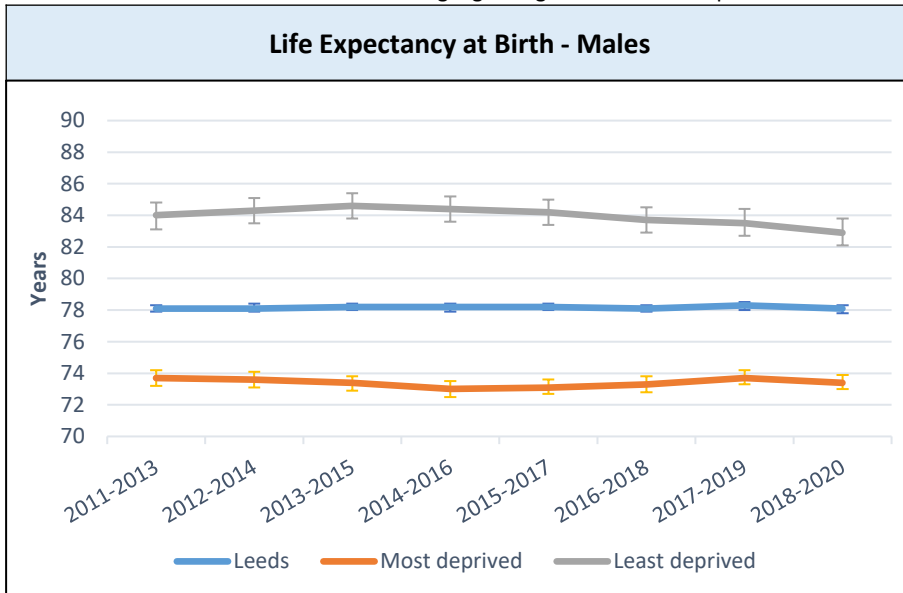
* Indicators marked with an asterisk have been updated October 2022.

Data at LSOA level is unavailable, Deprived data cannot be calculated.

"Most Deprived" is the population of Leeds living in an area ranking in the 10% most deprived nationally, "Least Deprived" is the 10% least deprived nationally. There is an exception for child obesity indicators which use 20% most deprived and 20% least deprived to align with the national Child Measurement Programme.

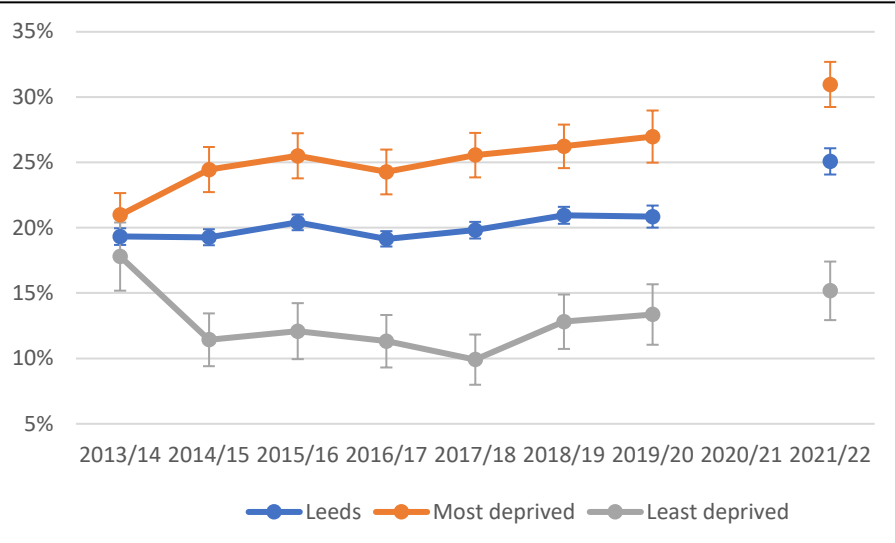
Population' and 'Operational' indicators are defined as follows. Population level indicators are health outcomes (i.e. Increased life expectancy, Reduced premature mortality, People living healthier lifestyles). Operational indicators are measures of service delivery or health intervention, and the outcome of that service delivery or health intervention (i.e. breast feeding initiation, and continuation at 6-8 wks, health checks and numbers on diabetes register, completion of alcohol dependency treatment and admission to hospital for alcohol harm). Please note that providing a Leeds Deprived split is not possible for all indicators.

*Indicators marked with an asterisk and highlighted green have been updated in October 2022



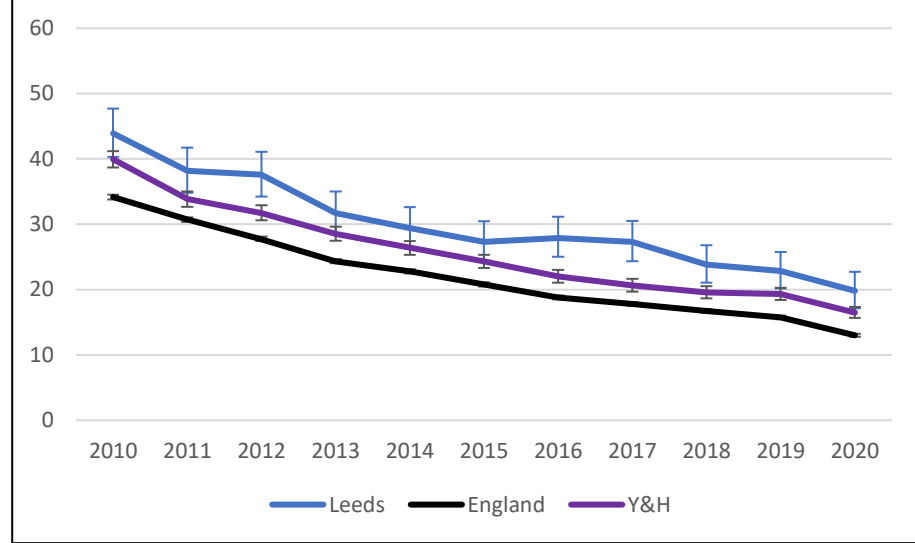
† Confidence intervals for least deprived unavailable

***Year 6: Prevalence of Obesity (including severe obesity)**

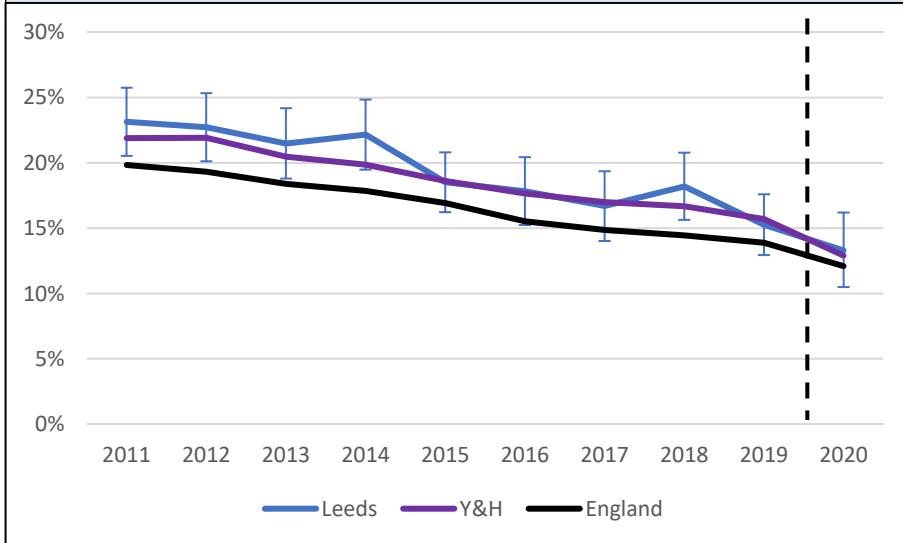


‡ Data unavailable in 2020/21 due to school closures

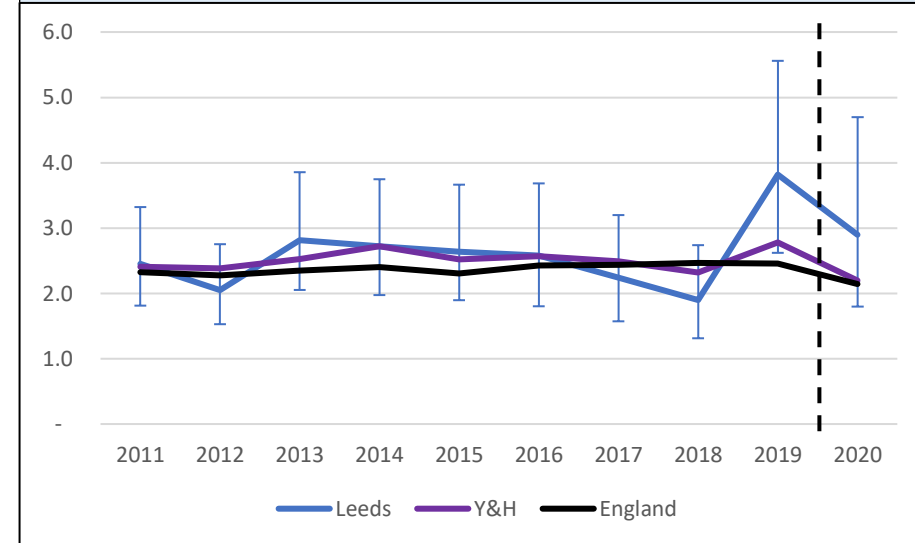
***Under 18 conception rate (per 1,000)**



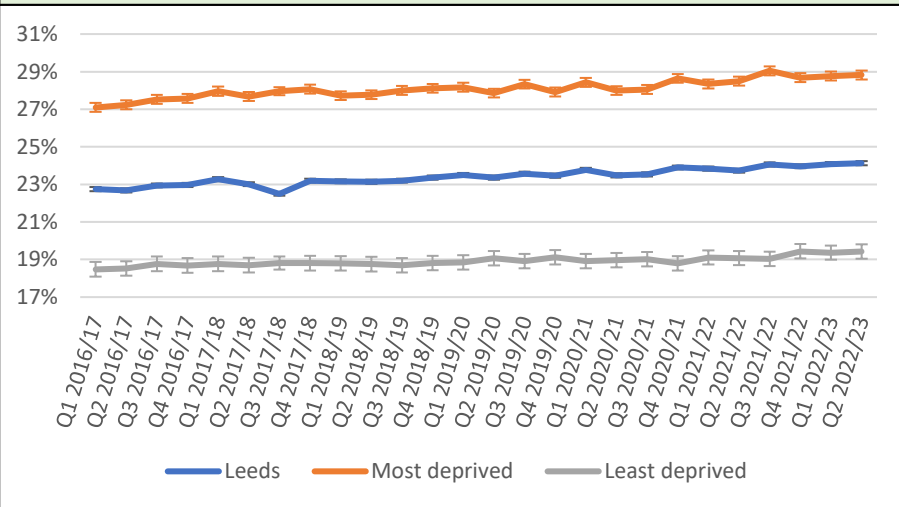
**Smoking Prevalence in adults (18+) - current smokers (APS) (Proportion%)
(---new methodology in 2020)**



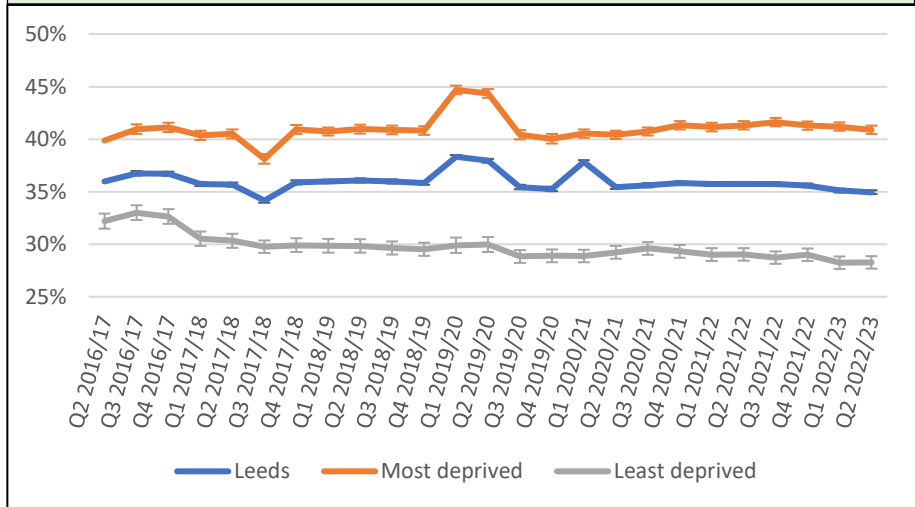
Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (---new methodology in 2020)



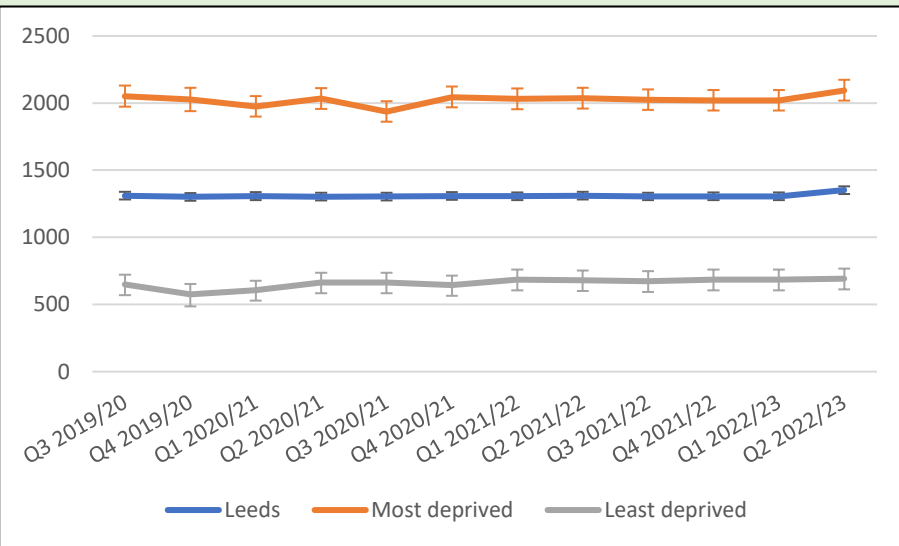
***Excess weight (obesity) in adults % of Adults who have a BMI of over 30**



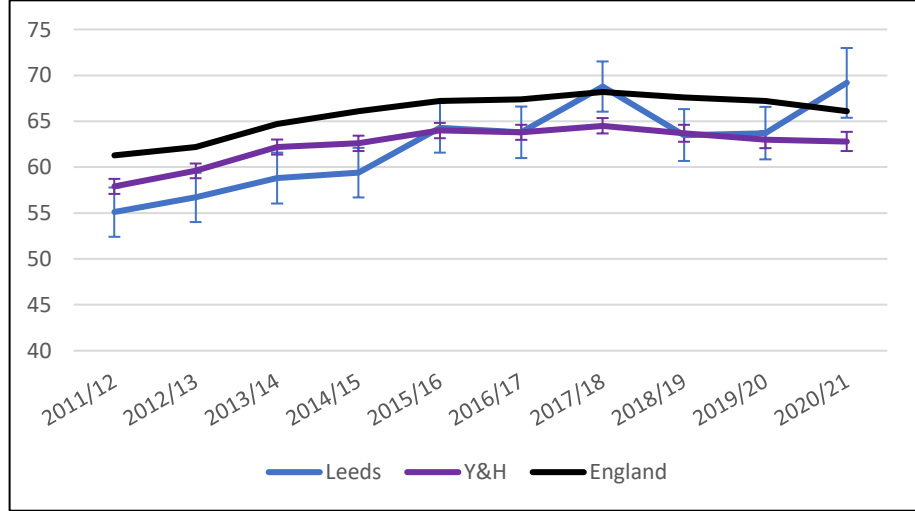
***Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)**



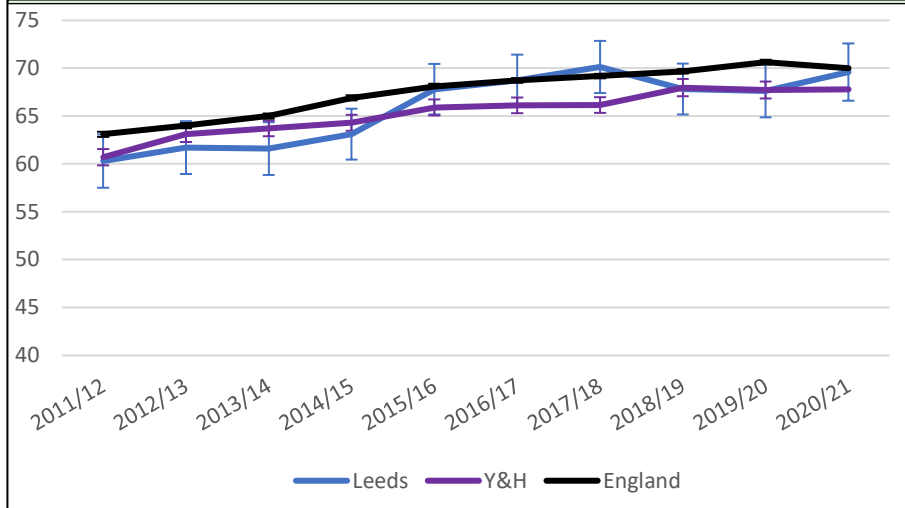
***Prevalence of Severe Mental Illness 18+ (DSR per 100,000)**



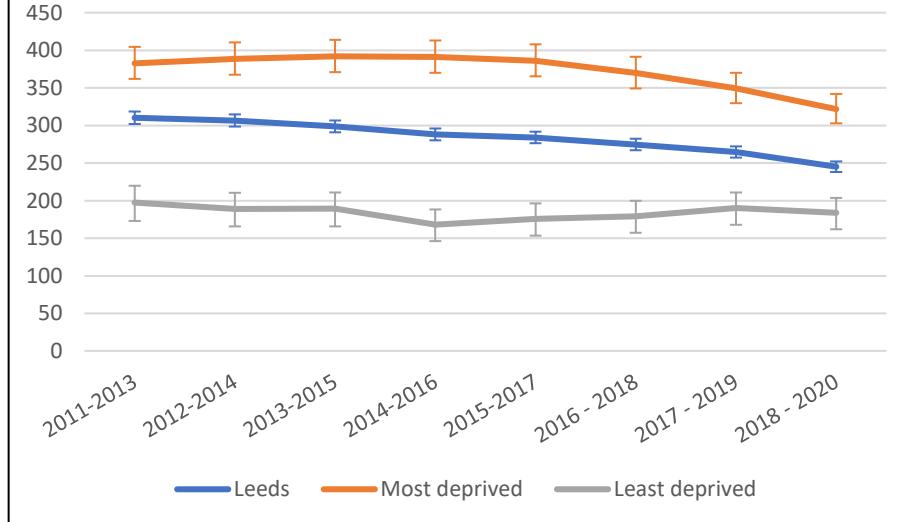
***Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)**



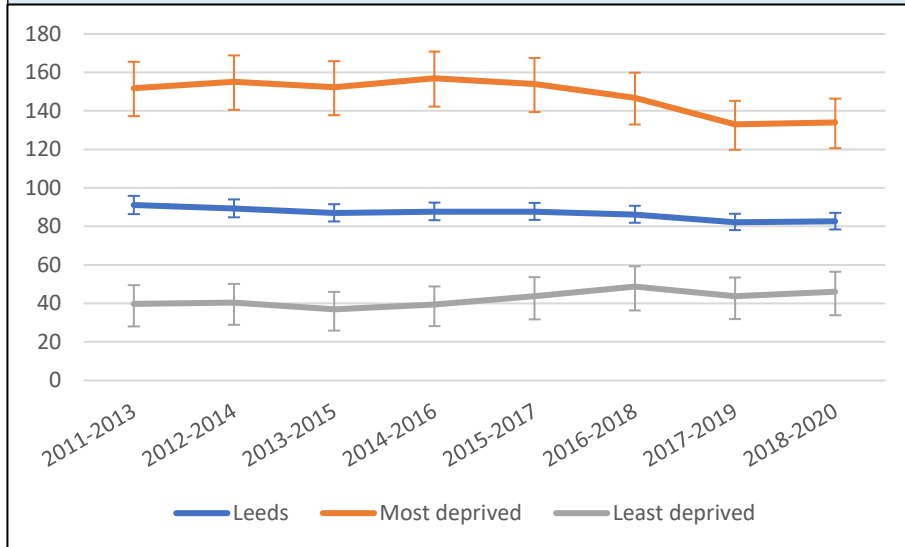
***Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)**



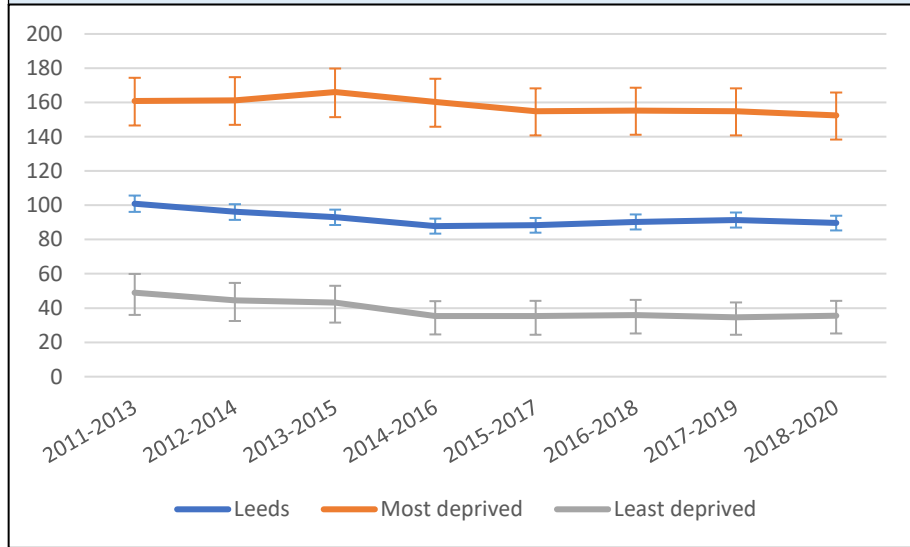
Circulatory disease mortality, all ages (DSR per 100,000)



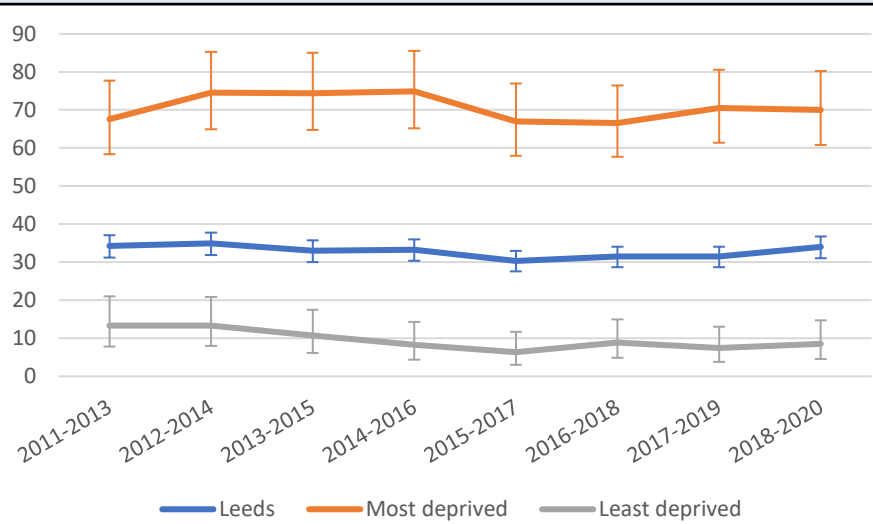
Circulatory disease mortality, under 75 (DSR per 100,000)



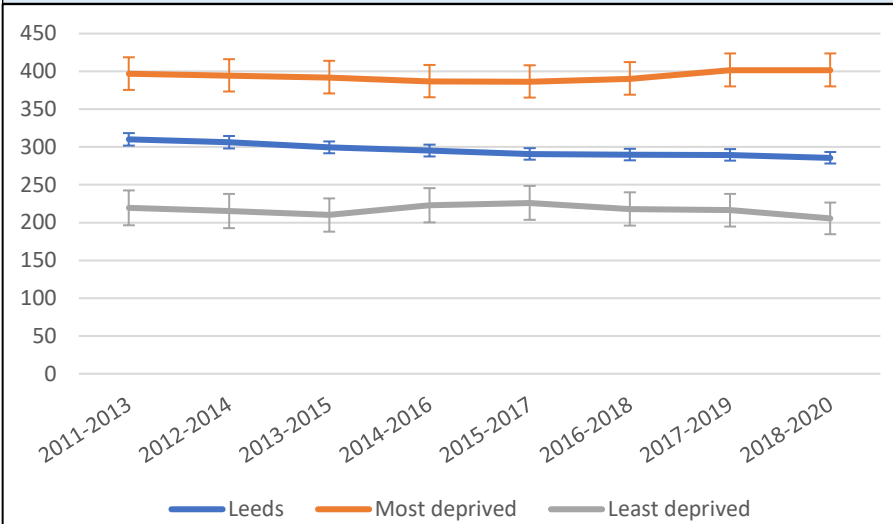
Respiratory mortality, all ages (DSR per 100,000)



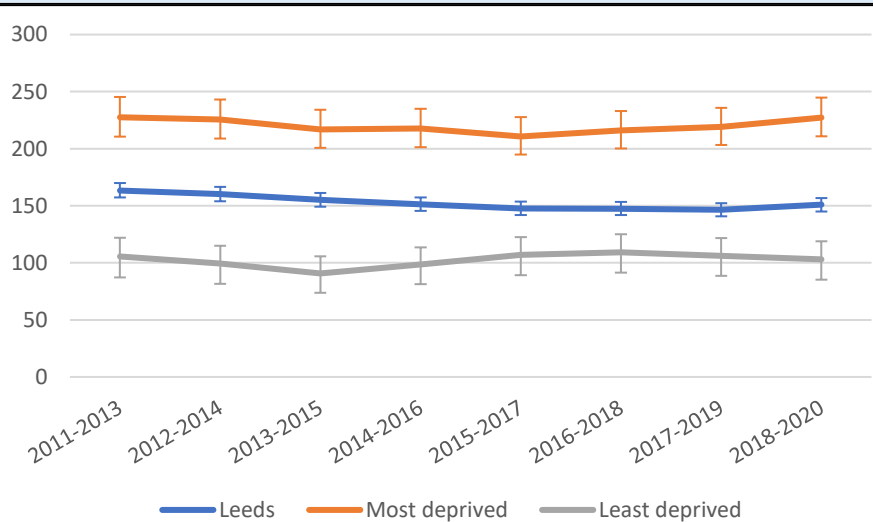
Respiratory mortality, under 75 (DSR per 100,000)



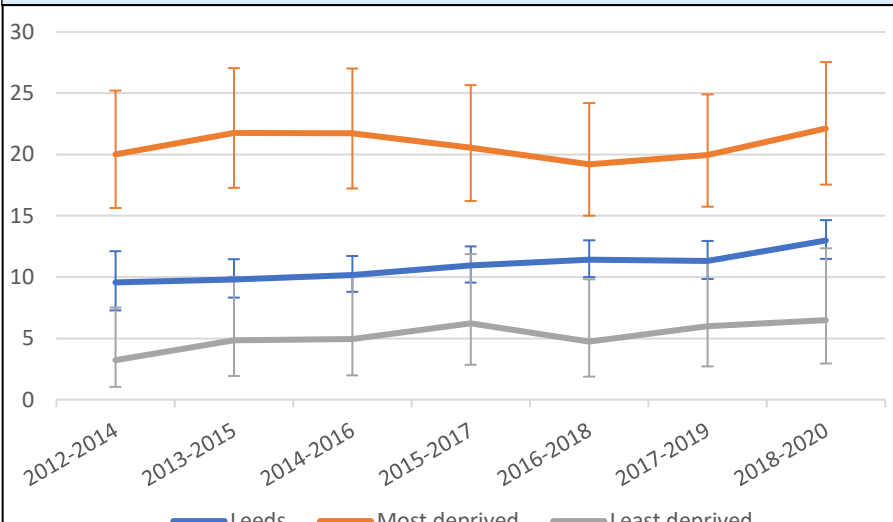
Cancer mortality, all ages (DSR per 100,000)



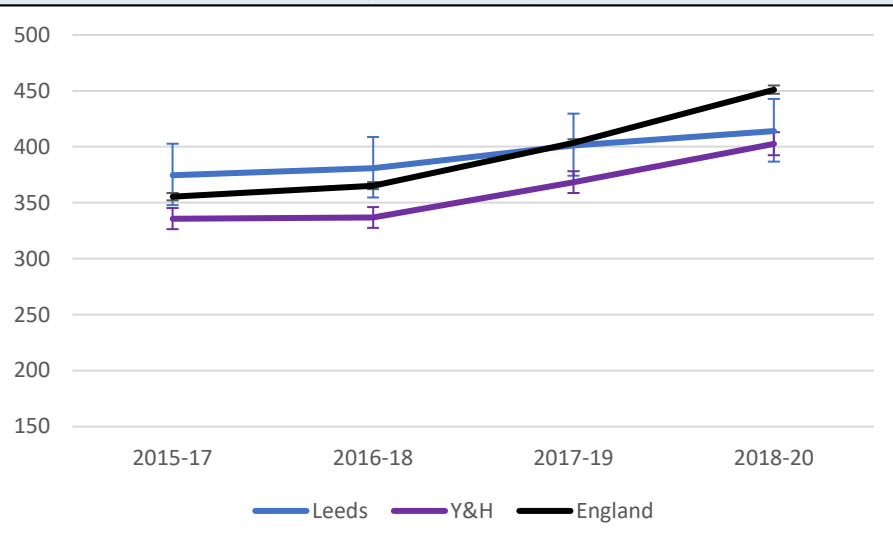
Cancer mortality, under 75 (DSR per 100,000)



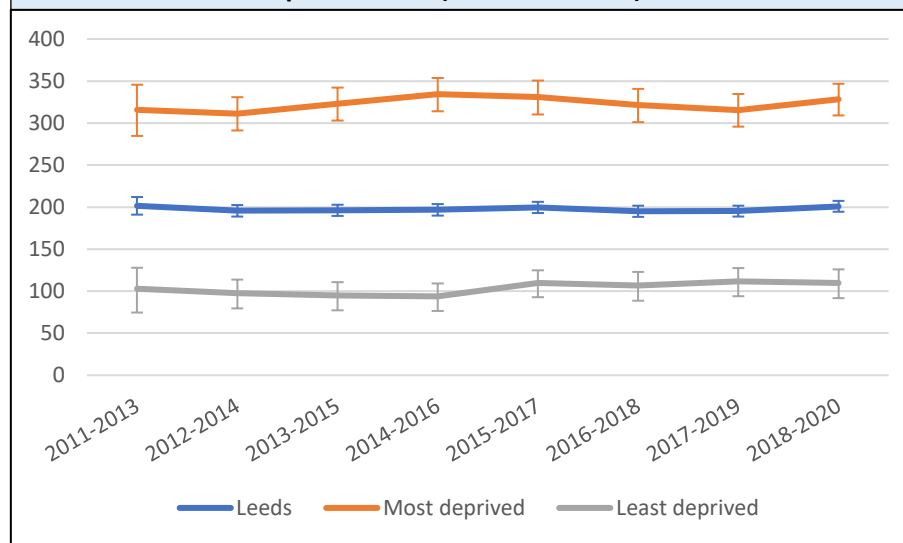
Alcoholic liver disease mortality, under 75 (DSR per 100,000)



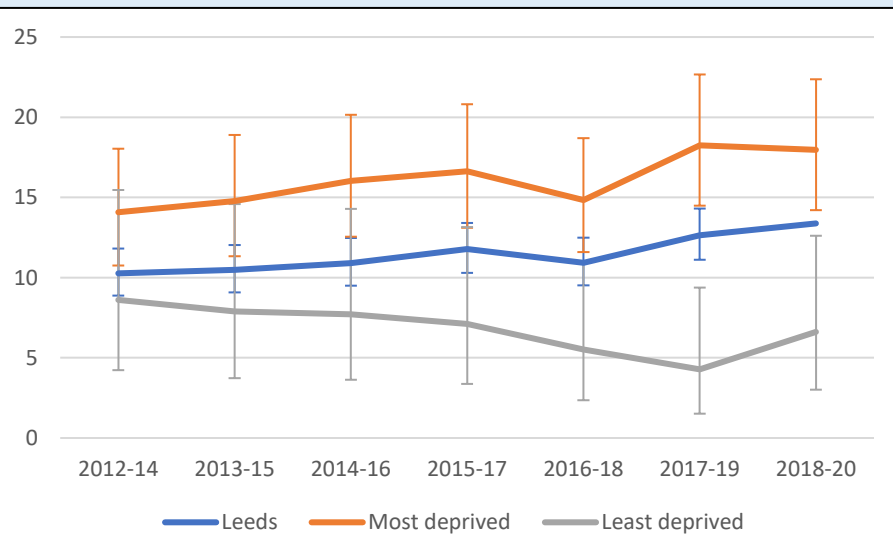
**Excess under 75 mortality rate in adults with severe mental illness (SMI)
(Excess risk %)**



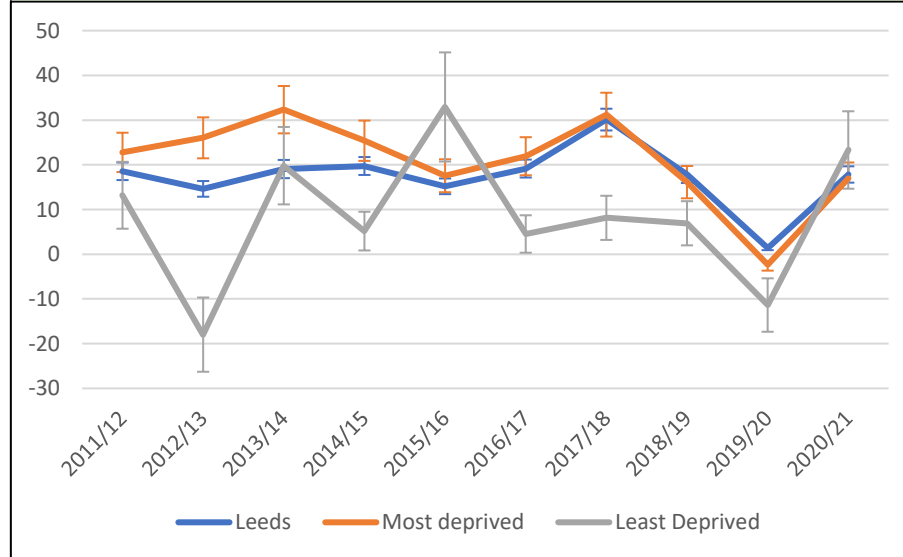
Under 75 mortality rate (DSR per 100,000) from causes considered preventable (2019 definition)



Suicide, 3 year average rate (DSR per 100,000)

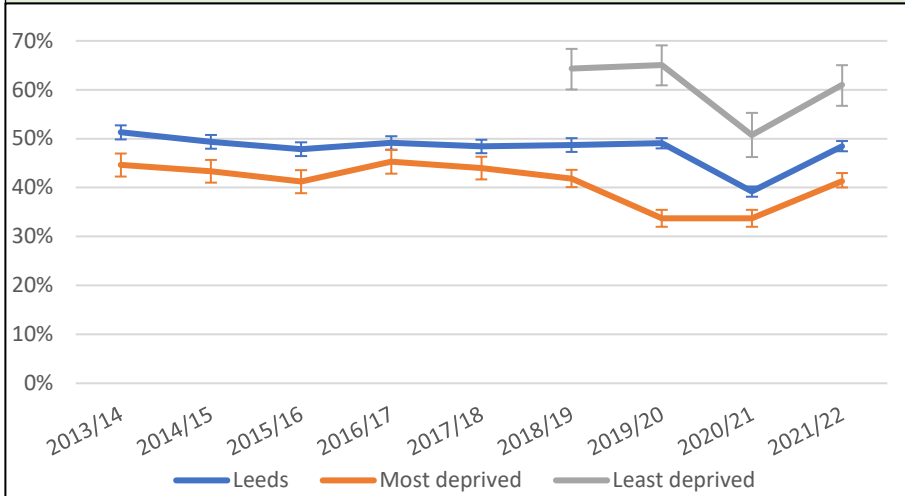


***Excess winter deaths index (Ratio - %)**



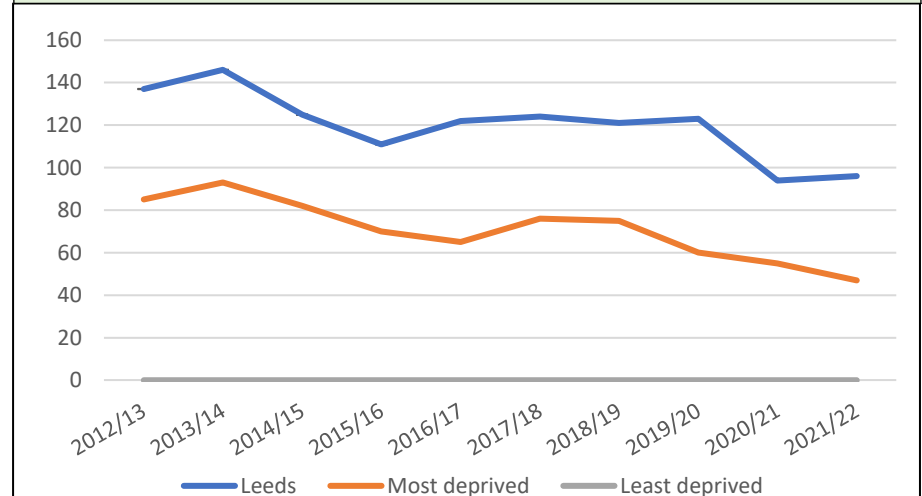
Operational Indicators

***Breastfeeding maintenance at 6-8 weeks (%)**



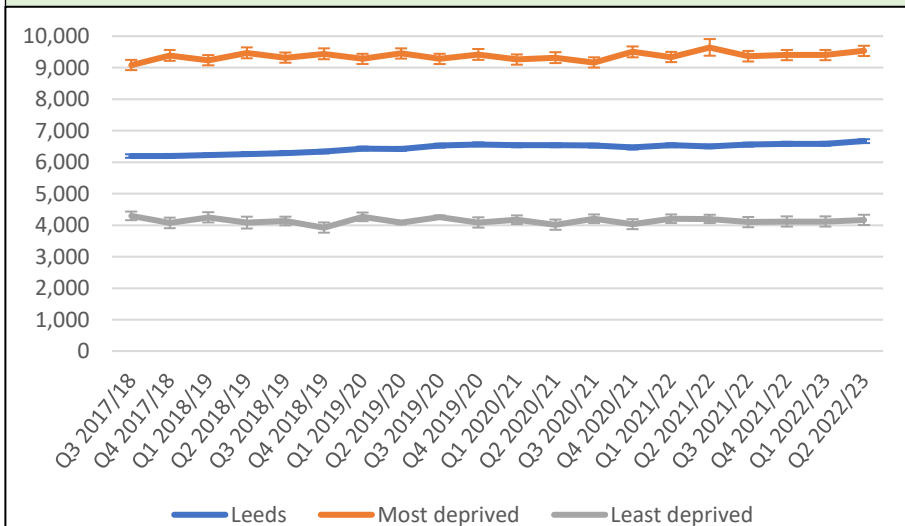
†Data sourced from LCH and unavailable prior to 2018/19

***Best start - number of under 2s taken into care†**

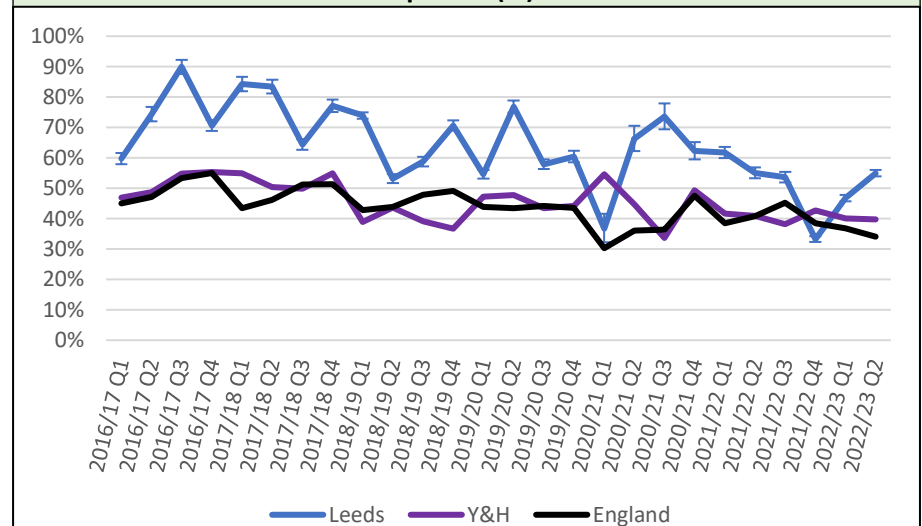


†Care starts in the least deprived has remained under 5

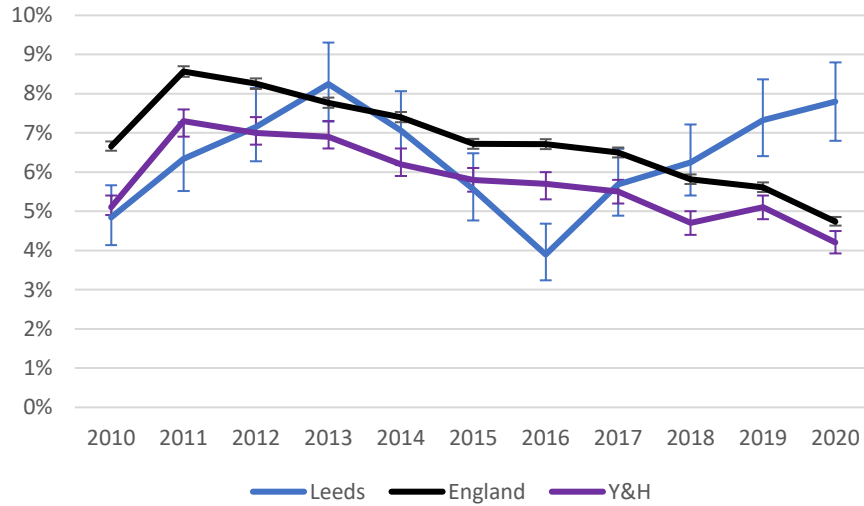
***Recorded diabetes type 1 and 2 (per 100,000)**



***Percentage of NHS Health Checks offered which were taken up in the quarter (%)**

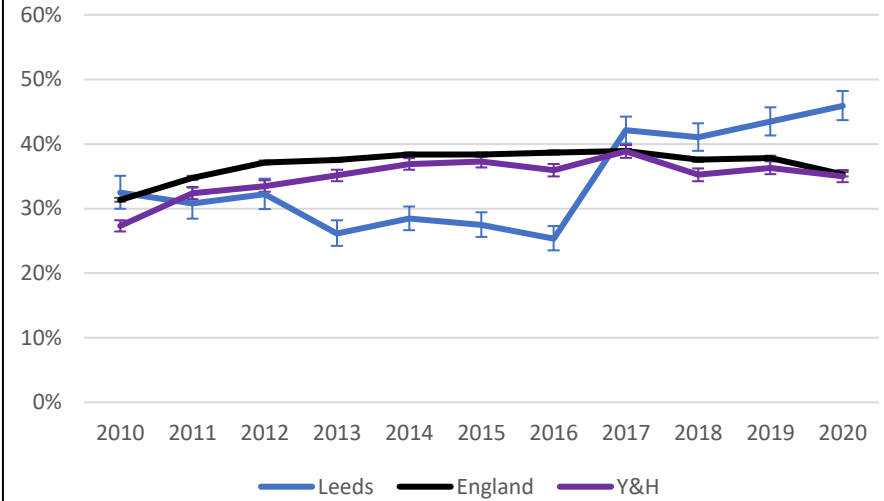


Successful completion of drug treatment - opiate users (%)



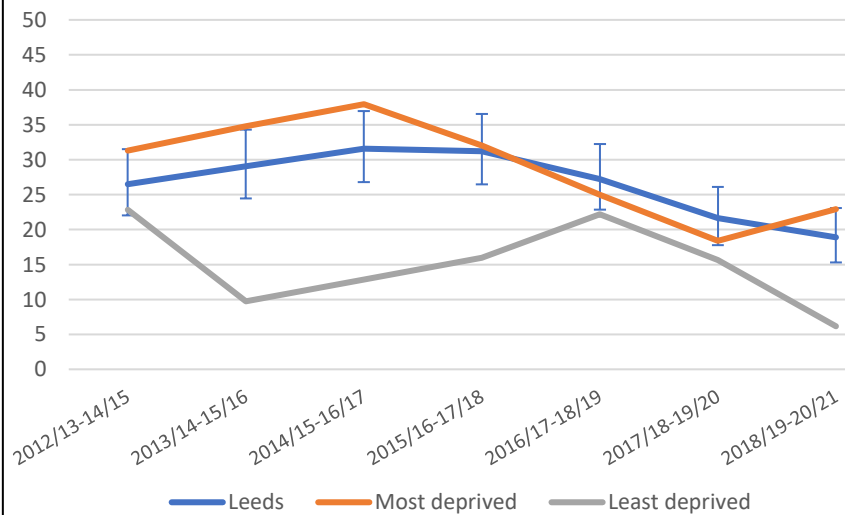
‡2021 data expected to be released in February 2023

Successful completion of alcohol treatment (%)

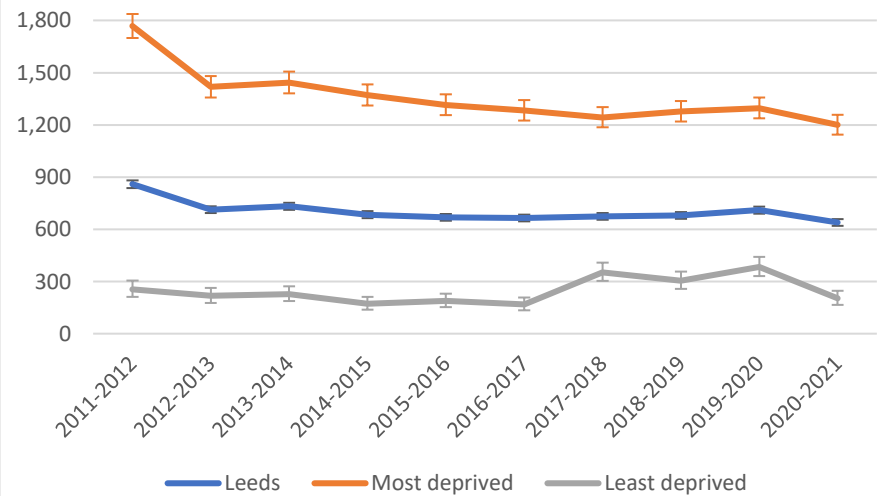


‡2021 data expected to be released in February 2023

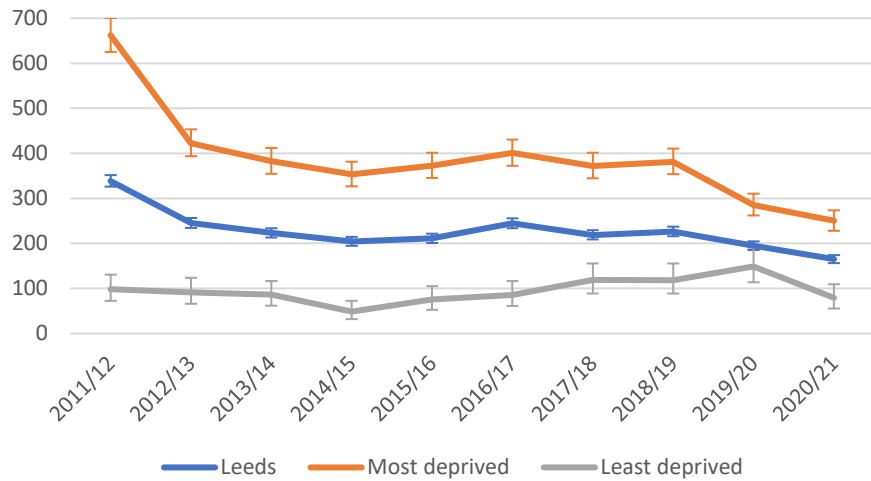
Admission episodes for alcohol-specific conditions - Under 18s (Persons)



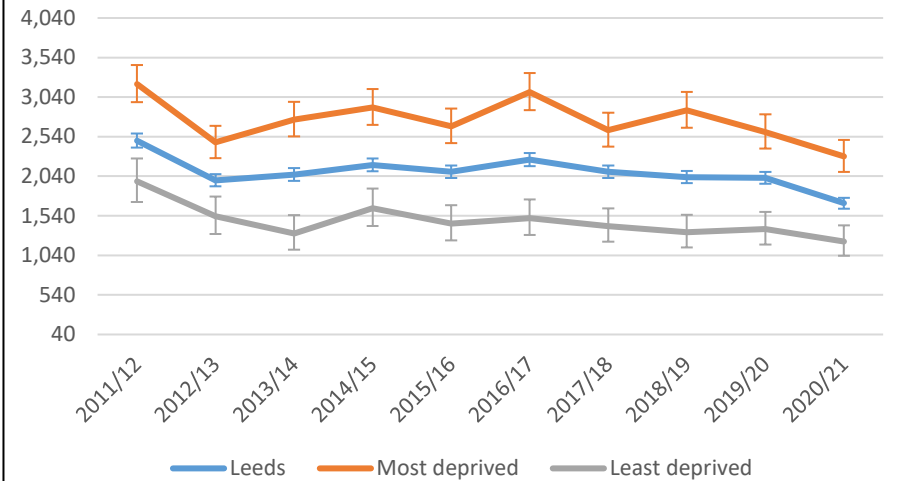
Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)



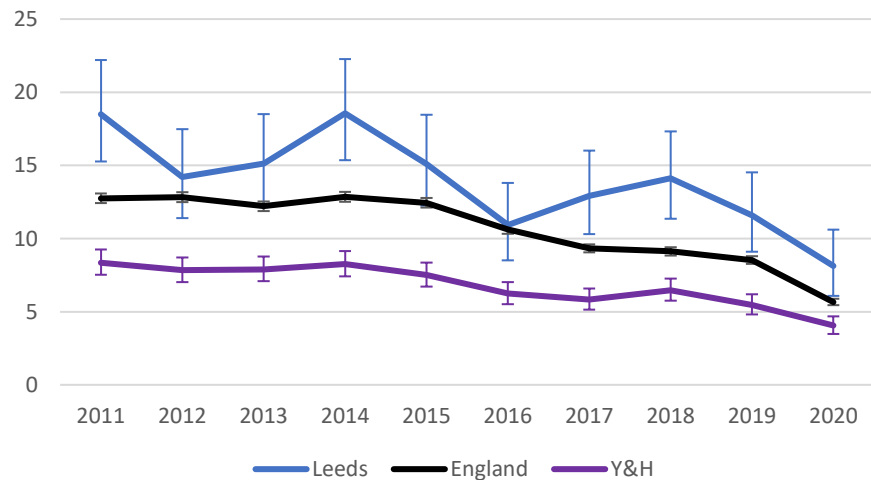
Emergency Admissions from Intentional Self-Harm (DSR per 100,000)



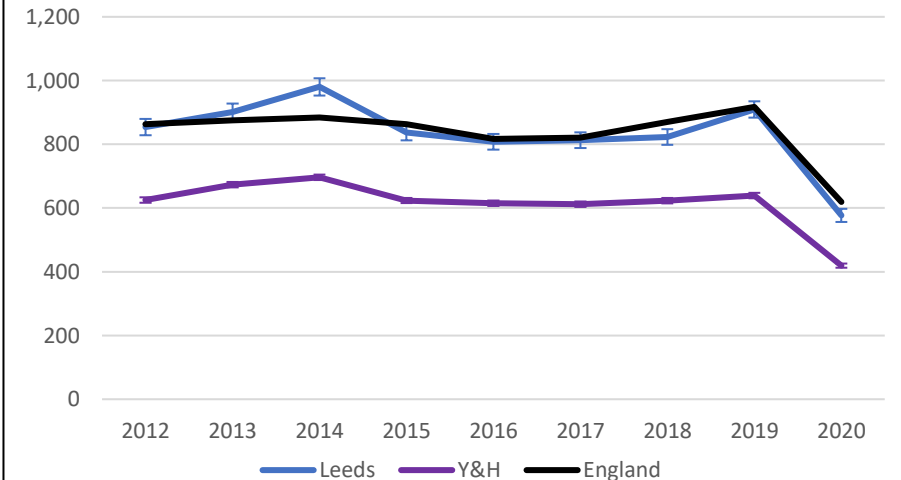
Emergency admissions due to falls for aged 65 and over (per 100,000)



New HIV diagnosis rate (per 100,000) aged 15+



New STI diagnosis (exc chlamydia aged <25) (per 100,000) †



†Awaiting response from OHID to confirm when 2021 data will be available

‡Awaiting response from OHID to confirm when 2021 data will be available

Appendix 2c – Public health performance Core Cities benchmarking Report

This report allows a comparison to be made for public health outcomes in Leeds against the Core Cities in England. The data contained in this report is sourced from the Office for Health Improvement & Disparities (OHID) ¹.

Life expectancy at birth (Female)

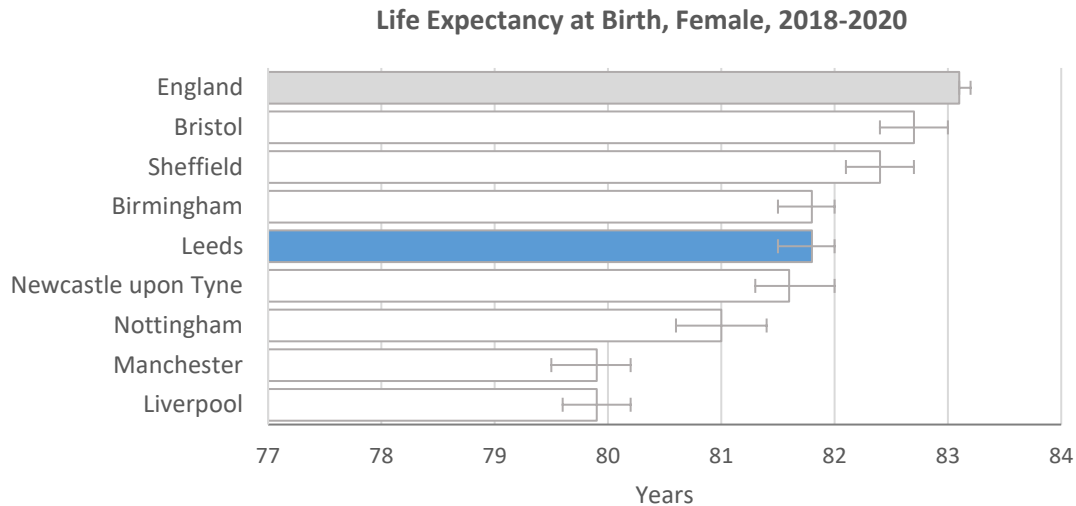


Figure 1: Female Life Expectancy at Birth in Leeds is significantly lower in Leeds than in England. It is significantly lower than two other Core Cities but significantly higher than three others.

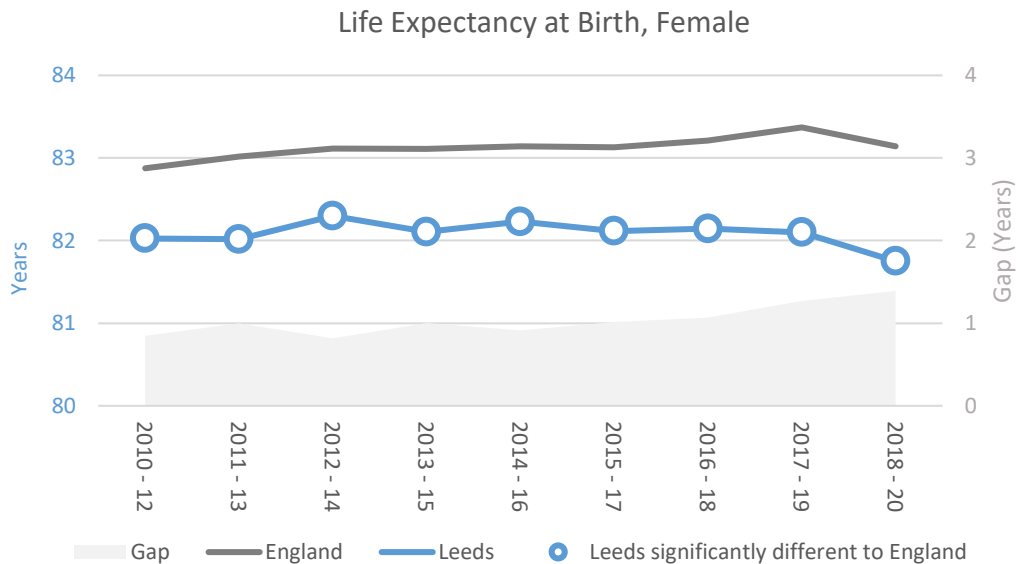


Figure 2: Female Life Expectancy at Birth in Leeds is statistically significantly lower than in England. Life expectancy in both England and Leeds declined/worsened in the latest period. The gap between Leeds and England widened/worsened in the most recent period.

¹ Public Health Profiles. [Accessed between 10th – 21st October 2022] <https://fingertips.phe.org.uk> © Crown copyright 2022

Life expectancy at birth (Male)

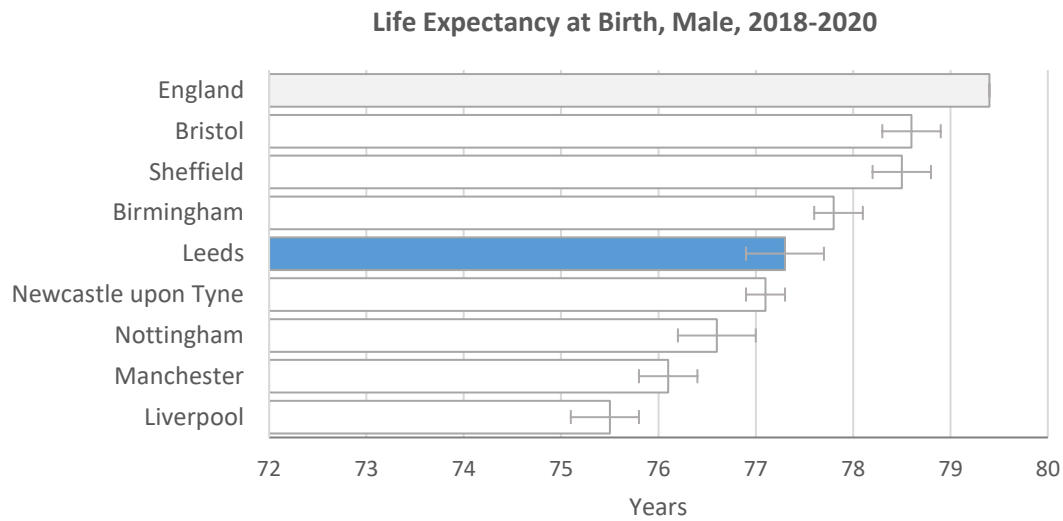


Figure 3: Life Expectancy at Birth (Male) in Leeds is significantly lower than in England. It is significantly lower than two other Core Cities and also significantly higher than two other Core Cities.

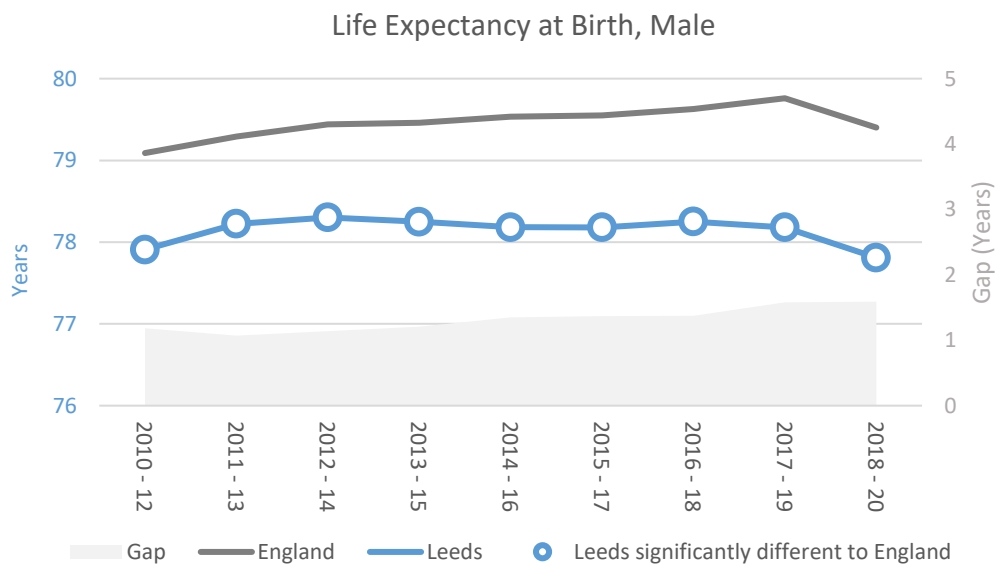


Figure 4: Male Life Expectancy at Birth in Leeds is statistically significantly² lower than in England. Life expectancy in both England and Leeds declined/worsened in the latest period. The gap between Leeds and England widened/worsened in the most recent period.²

² Statistical significance helps us to establish what changes we should pay attention to and which changes may have occurred randomly. A result is statistically significant if it is likely to have not been caused by chance.

Healthy life expectancy at birth (Female)

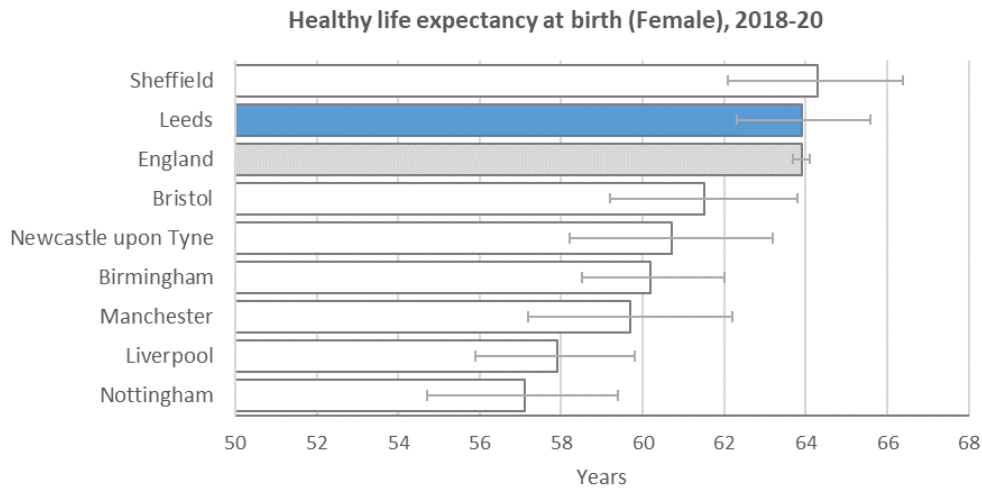


Figure 5: Healthy life Expectancy at Birth (Female) in Leeds is similar to England. Leeds is the second highest Core City, with four other Core Cities significantly lower than Leeds.

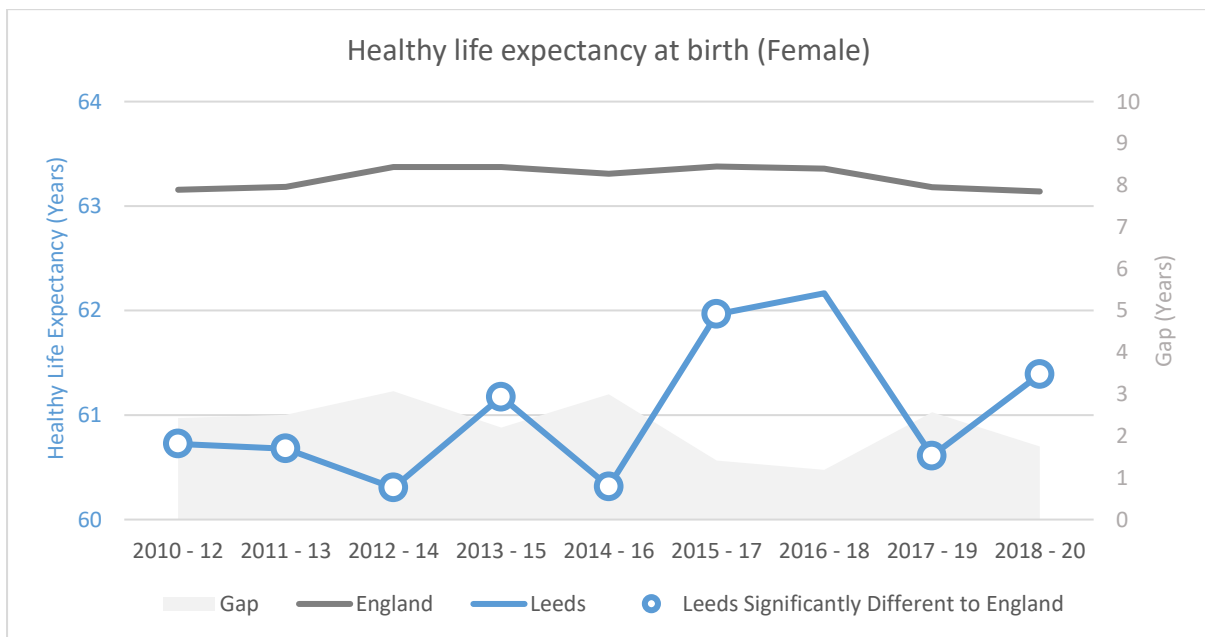


Figure 6: Healthy Life Expectancy (Female) in Leeds is similar to England and both trends remain stable.

Healthy life expectancy at birth (Male)

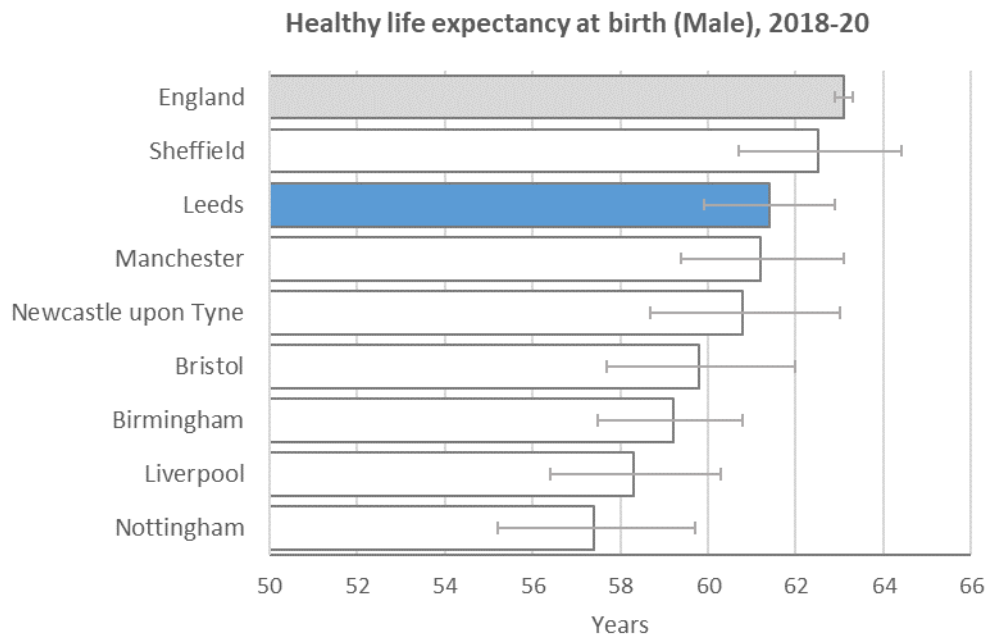


Figure 7: Healthy Life Expectancy at Birth (Male) in Leeds is comparable to England and the Core Cities peer group. Leeds is the second highest Core City; however, it is only significantly higher than Nottingham.

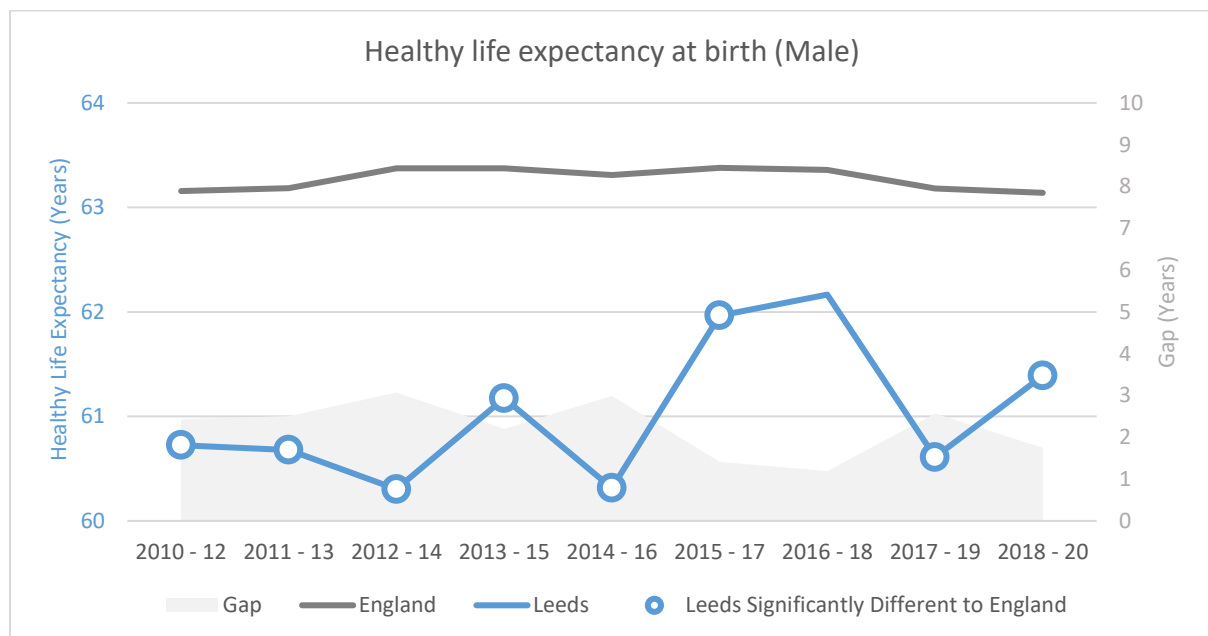


Figure 8: Healthy Life Expectancy at Birth (Male) in Leeds is significantly lower/worse than in England. England is stable, while Leeds saw an increase/improvement in the most recent period.

Infant mortality rate

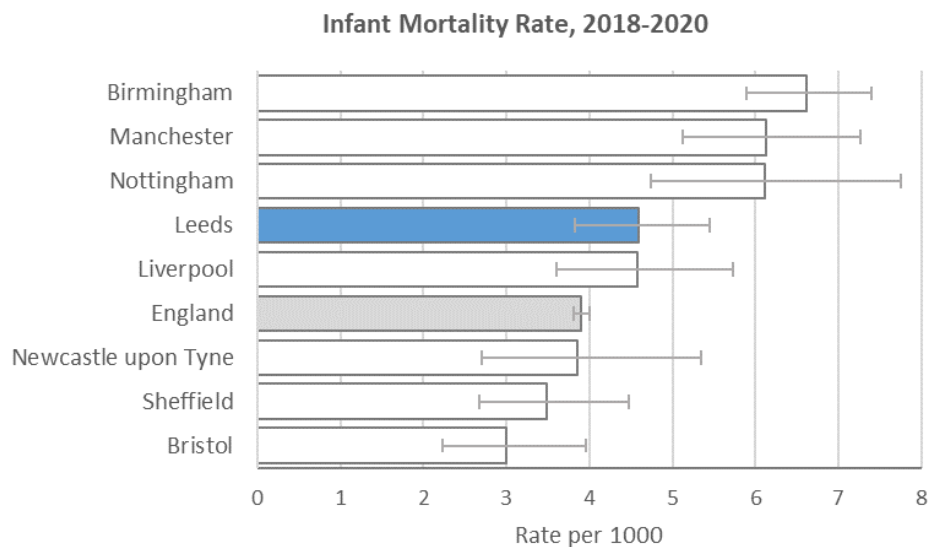


Figure 9: Infant Mortality Rate in Leeds is similar to England and all Core Cities except for Birmingham, which is significantly higher.

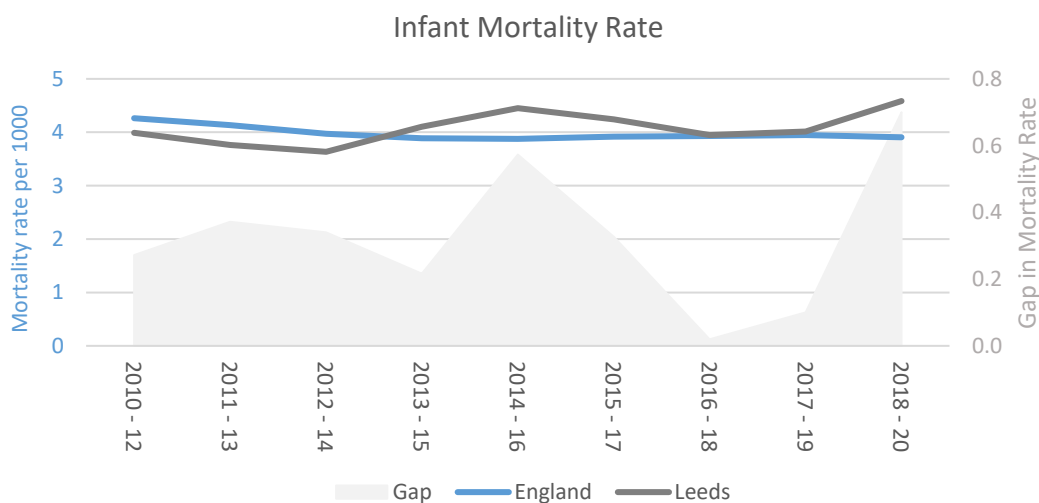


Figure 10: Infant Mortality in Leeds increased/worsened in the latest period, however this increase is not statistically significant. Infant Mortality in England is stable. The gap between Leeds and England has increased compared to the previous period.

Year 6: Prevalence of overweight (including obesity)

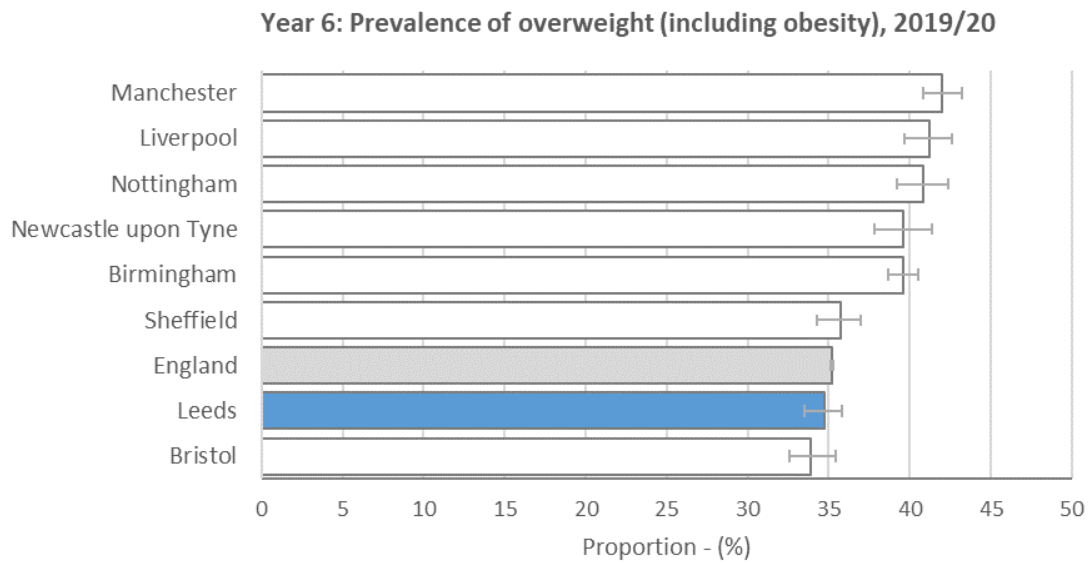


Figure 11: Year 6: Prevalence of overweight (including obesity) in Leeds is similar to England. Leeds is the second lowest among peer comparators; with five Core Cities significantly higher than Leeds.

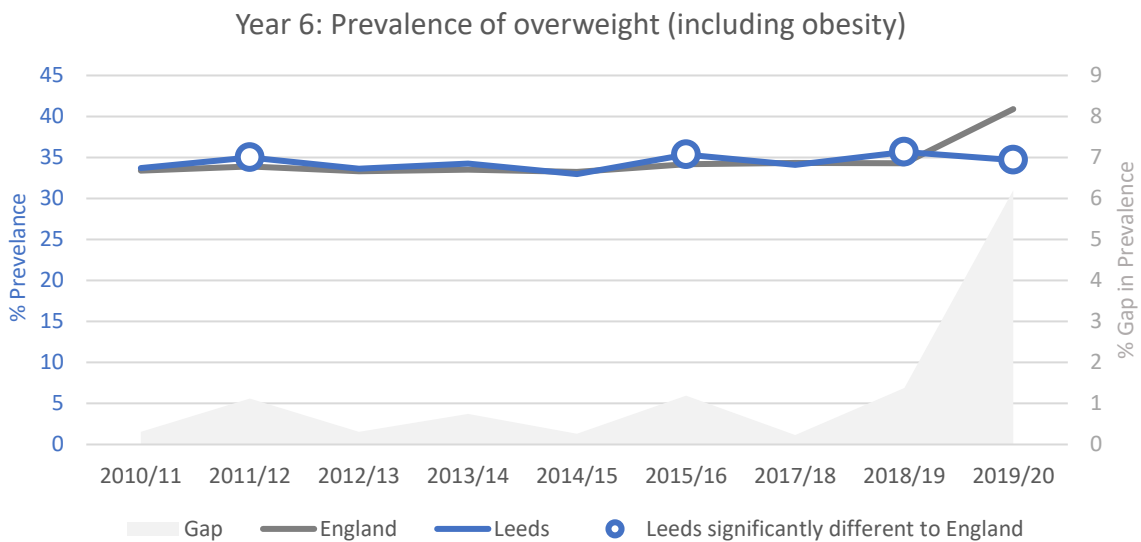


Figure 12: Year 6: Prevalence of overweight (including obesity) in Leeds is stable and significantly lower (and better) than England in the most recent period. The gap between England and Leeds has increased in this period.

Year 6: Prevalence of obesity (including severe obesity)

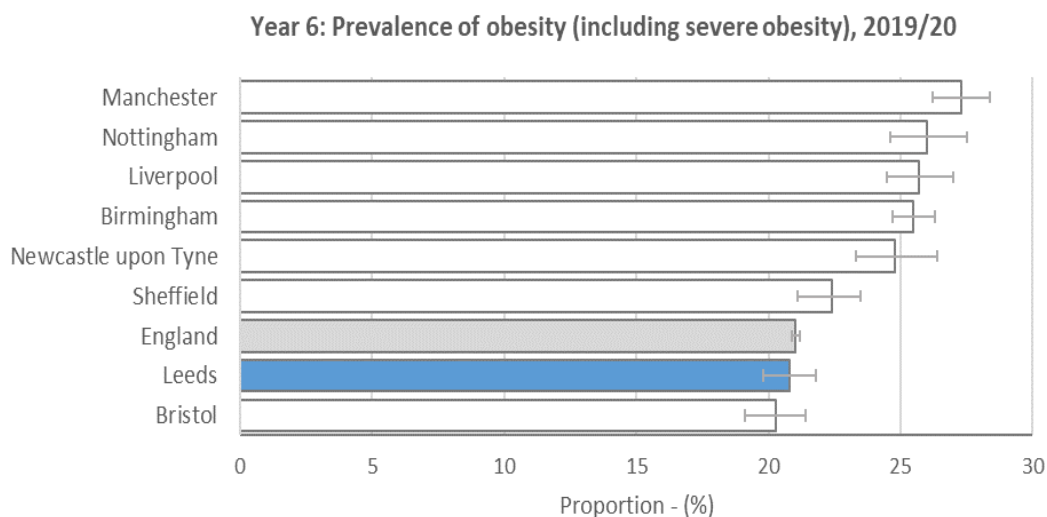


Figure 13: Year 6: Prevalence of obesity (including severe obesity) in Leeds is similar to England. Leeds is the second lowest Core City, with five Core Cities statistically significantly higher than Leeds.

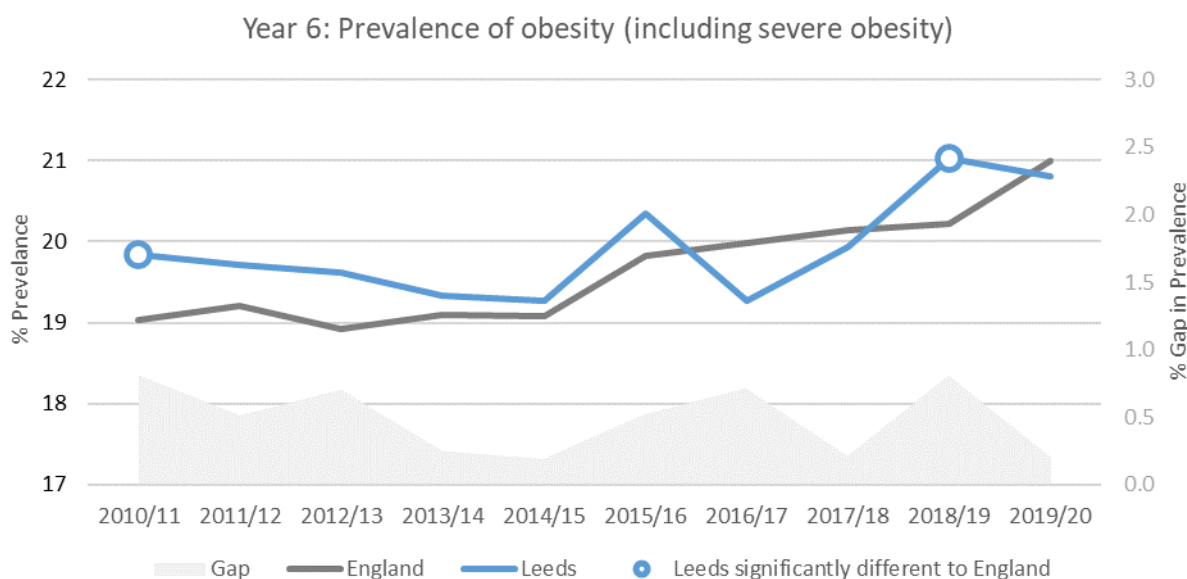


Figure 14: Year 6: Prevalence of obesity (including severe obesity) in Leeds is similar to England. Prevalence in Leeds is declining compared to the previous period while prevalence in England is rising.

Percentage of physically inactive adults

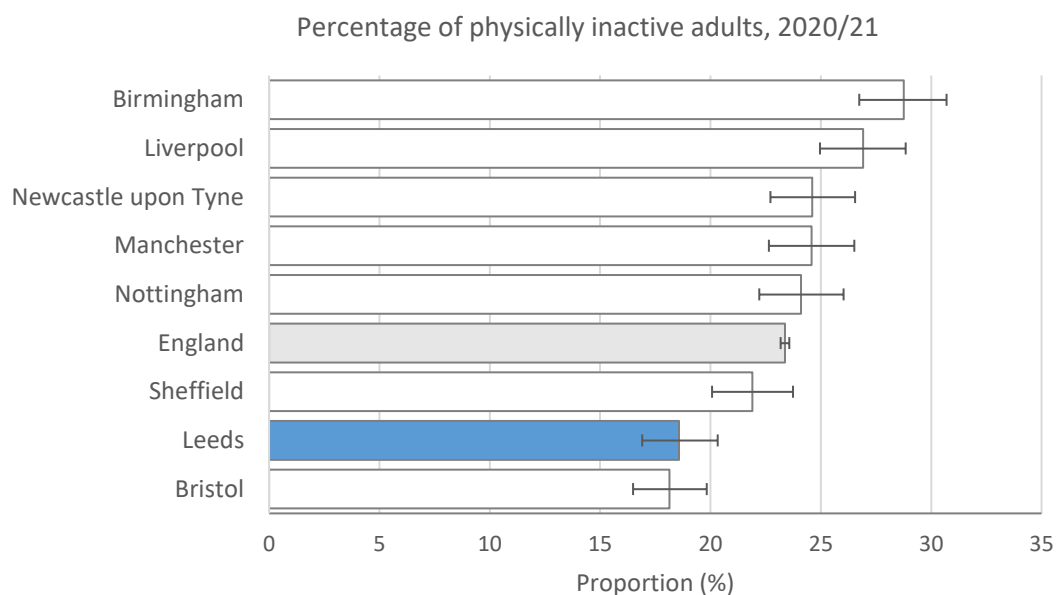


Figure 15: Physical inactivity in Adults in Leeds is second lowest/best when compared to the Core Cities. It is also significantly lower/better than England as well as five other Core Cities.

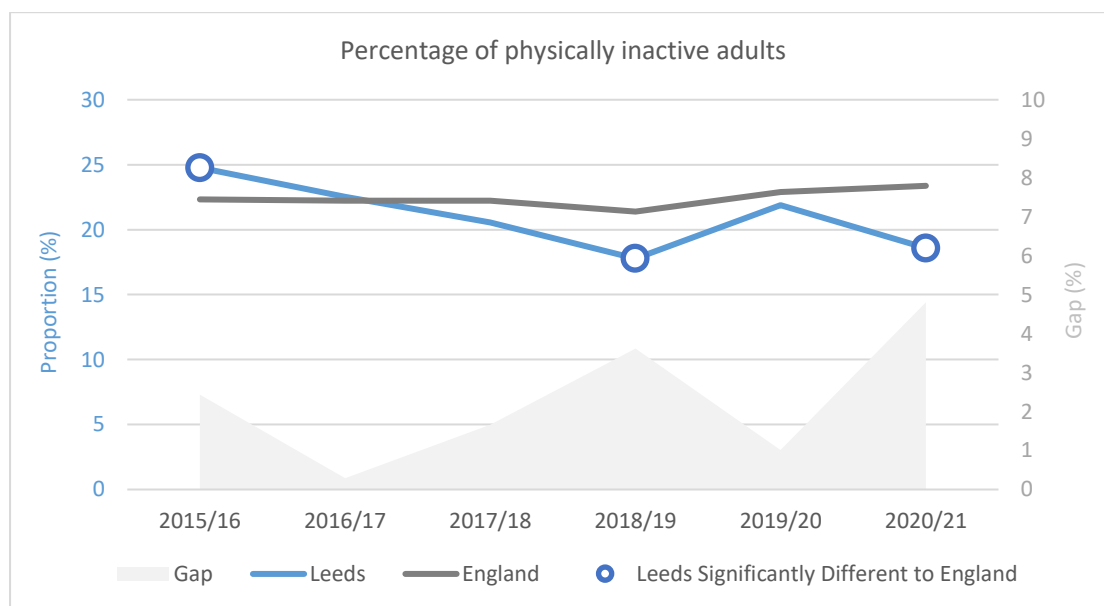


Figure 16: The percentage of physically inactive adults is significantly lower/better in Leeds than in England. The gap between Leeds and England increased in the most recent period as inactivity decreased in Leeds, while it remained increased slightly in England.

Under 75 mortality rate from all cardiovascular diseases, Persons

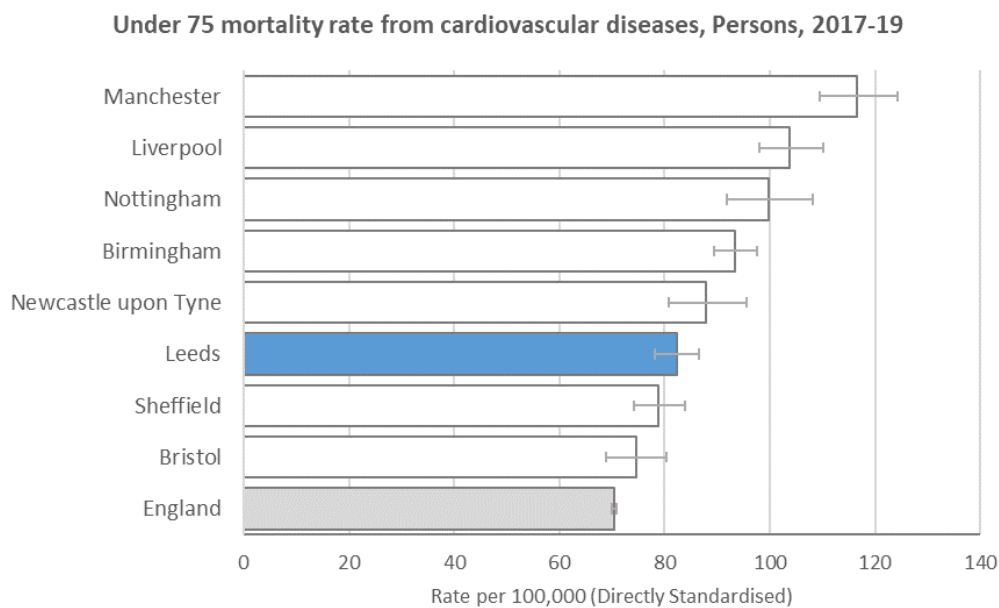


Figure 17: Under 75 mortality rate from all cardiovascular diseases in Leeds is significantly higher/worse than in England. Leeds is the third lowest of the Core City group, with four other cities experiencing significantly higher rates.

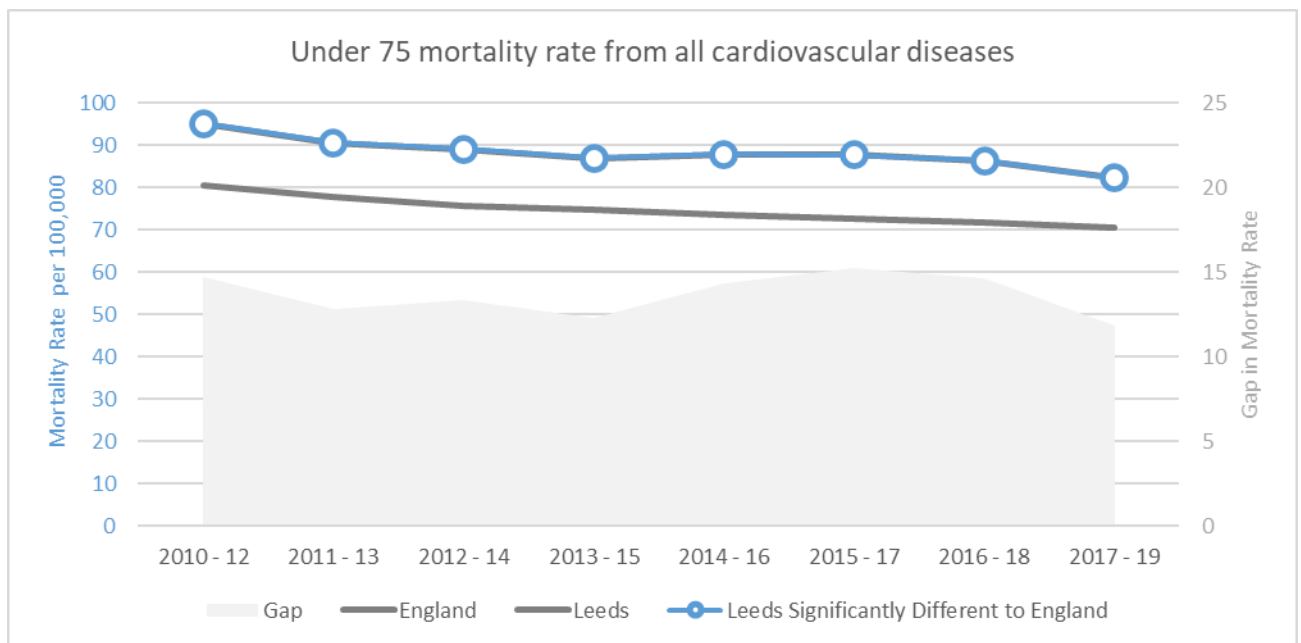


Figure 18: Under 75 mortality rates from all cardiovascular diseases in both Leeds and England are decreasing/improving. Despite this, Leeds is still significantly higher/worse than England. The gap between England and Leeds has decreased in the most recent period.

Under 75 mortality rate from cancer, Persons

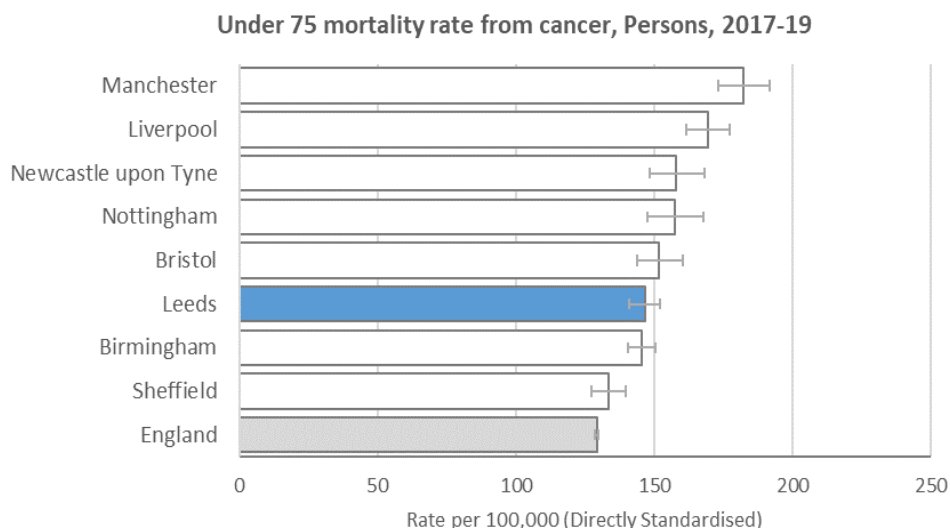


Figure 19: Under 75 mortality rate from cancer in Leeds is significantly higher/worse than England. Leeds is the third lowest Core City, with only Sheffield experiencing significantly lower rates. Two comparator cities, Manchester and Liverpool, experience significantly higher rates.

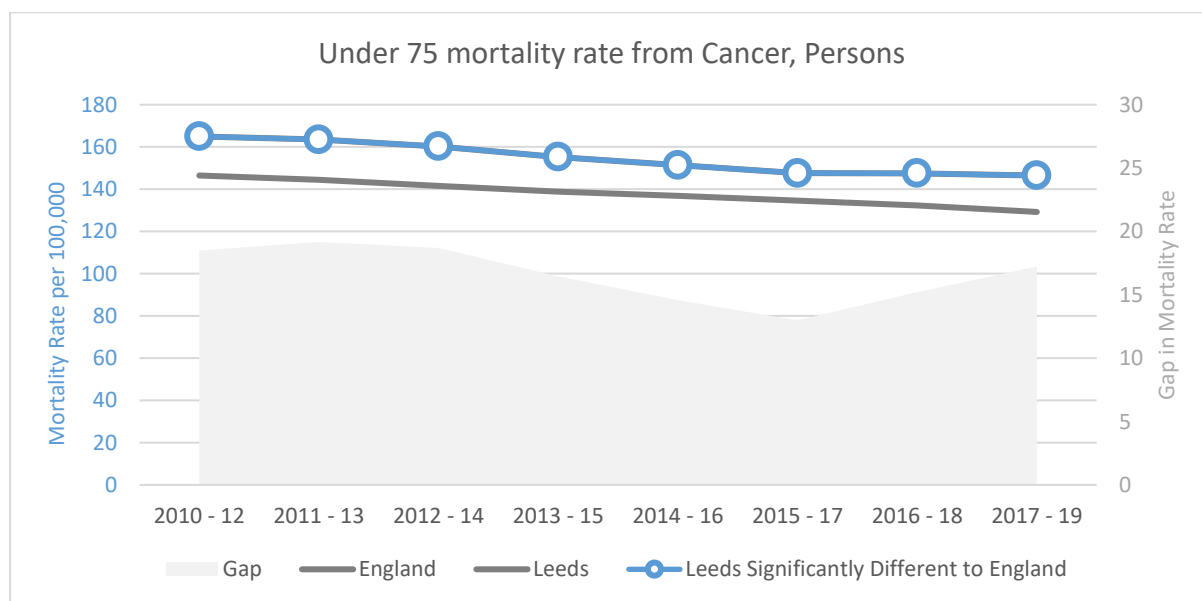


Figure 20: Under 75 mortality rate from all cardiovascular diseases in Leeds is stable and significantly higher than the rate in England, which is decreasing. The gap between England and Leeds increased/worsened in the most recent period.

Under 75 mortality rate from alcoholic liver disease (Persons)

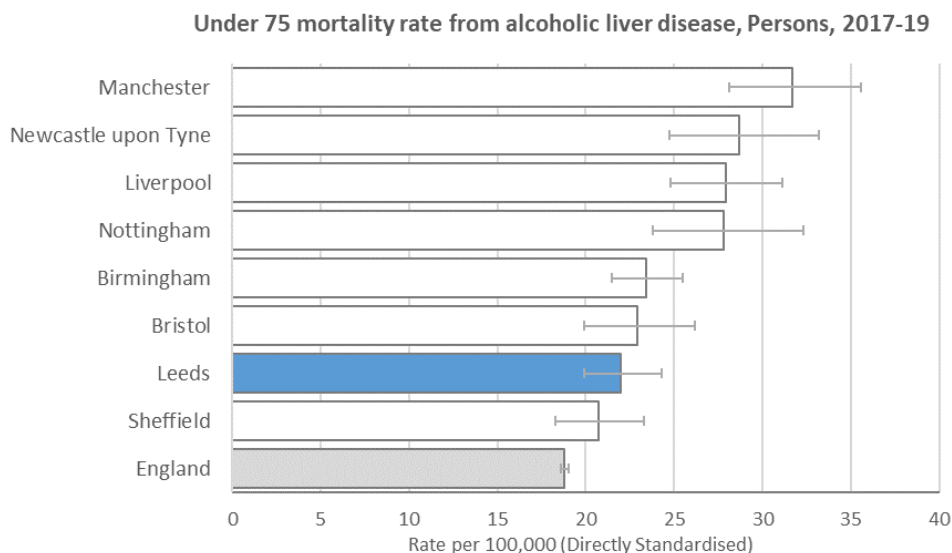


Figure 21: Under 75 mortality rate from alcoholic liver disease in Leeds is statistically significantly higher/worse than in England. Leeds is the second lowest Core City, with three Core Cities significantly higher.

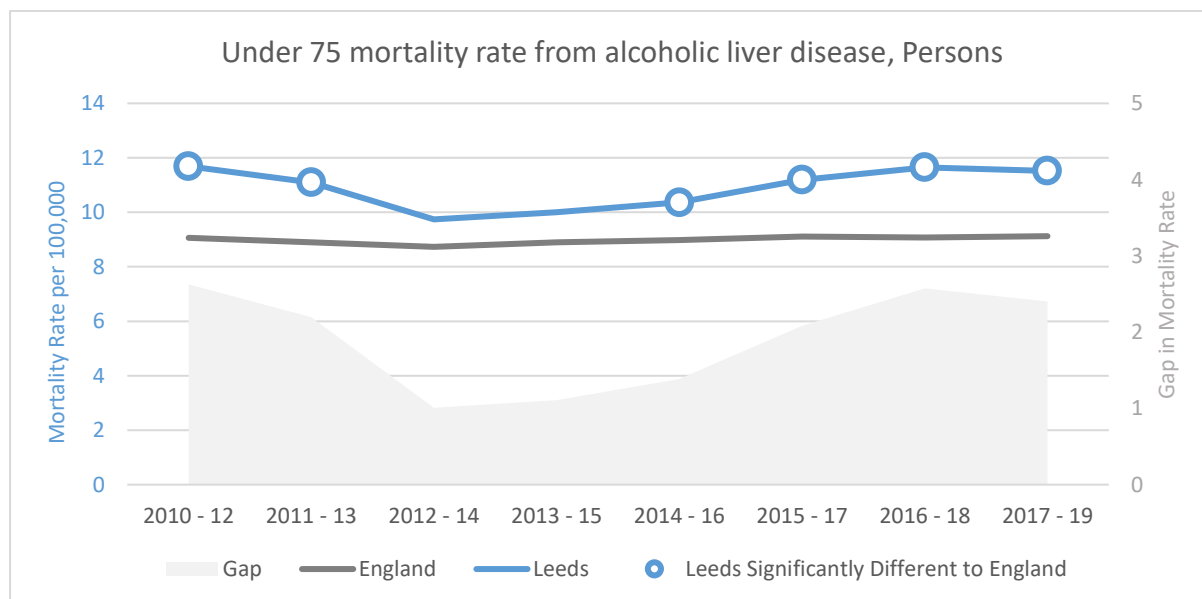


Figure 22: Under 75 mortality rates from alcoholic liver disease in Leeds has, decreased/improved slightly in the most recent period after a previous upward trend. Leeds is significantly higher than England, where the trend is also stable. The gap between England and Leeds decreased slightly in the most recent period.

Suicide Rate

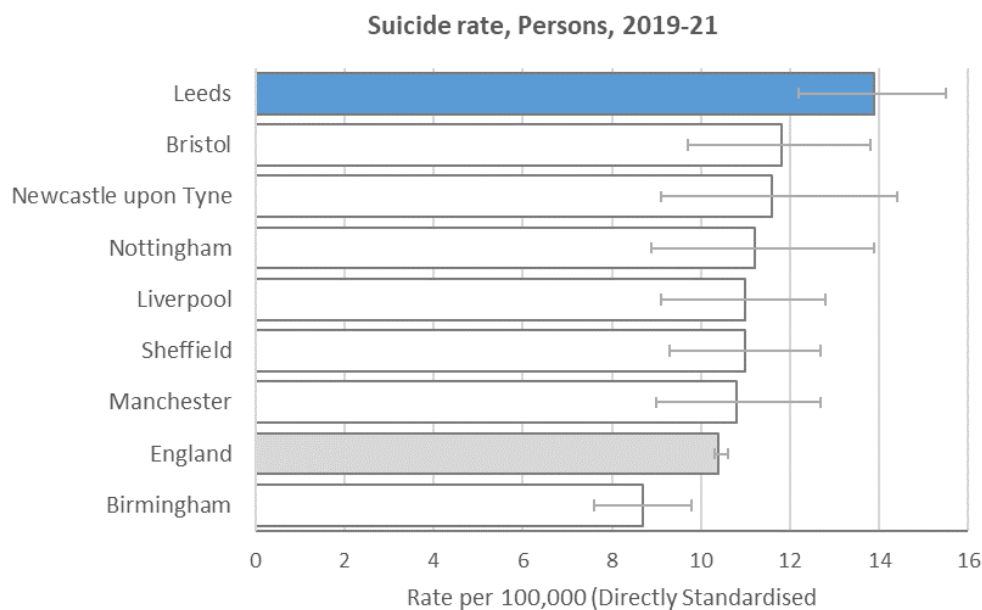


Figure 23: The Suicide rate in Leeds is the highest/worst of the Core Cities but is only statistically significantly higher than Birmingham and England. It is statistically similar to the rest of the Core Cities.

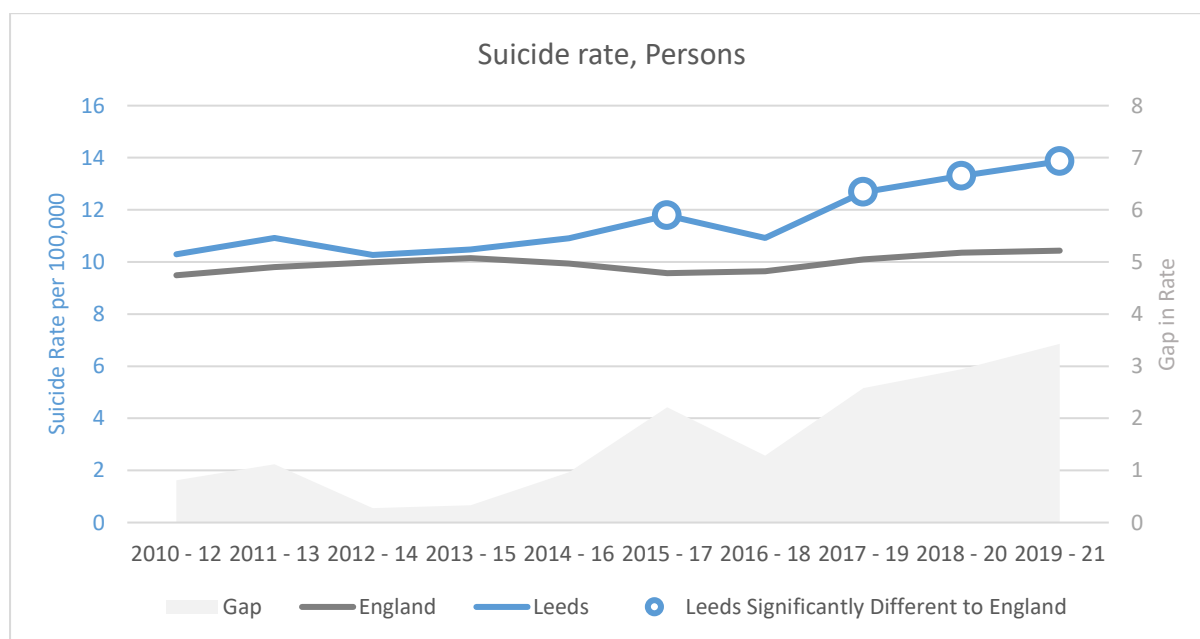


Figure 24: The Suicide Rate in Leeds is increasing/worsening, with the gap between England and Leeds widening in the most recent period. Leeds experiences a significantly higher rate than England, where rates are stable. Rates in Leeds indicate an overall upward/worsening trend.

Smoking Prevalence in adults (18+) - current smokers (APS)

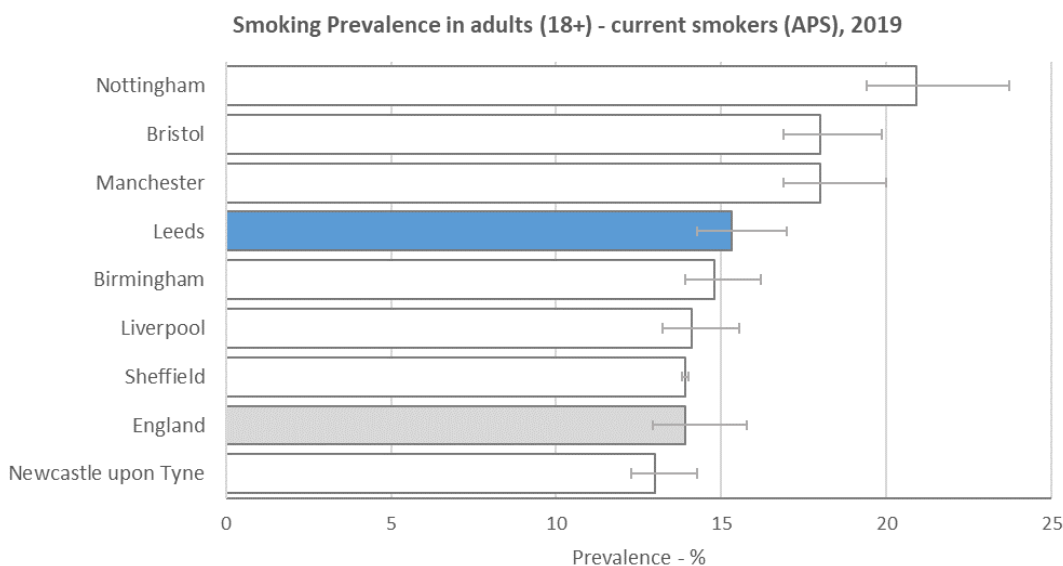


Figure 25: Smoking Prevalence in Adults (18+) is similar to England and all Core Cities in the peer group except for Nottingham, which is statistically significantly higher than Leeds.

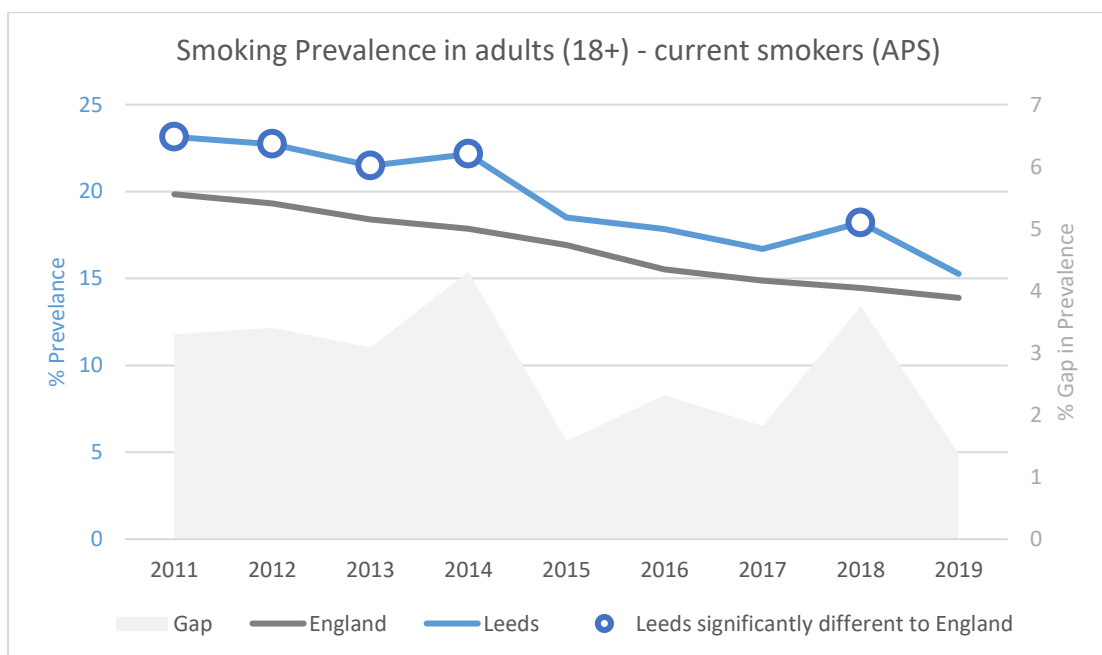


Figure 26: The overall trend for Leeds and England is declining/improving. The gap between Leeds and England has reduced compared to the previous period. There was a statistically significant decline in Smoking Prevalence in Leeds between 2018 and 2019.

Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition)

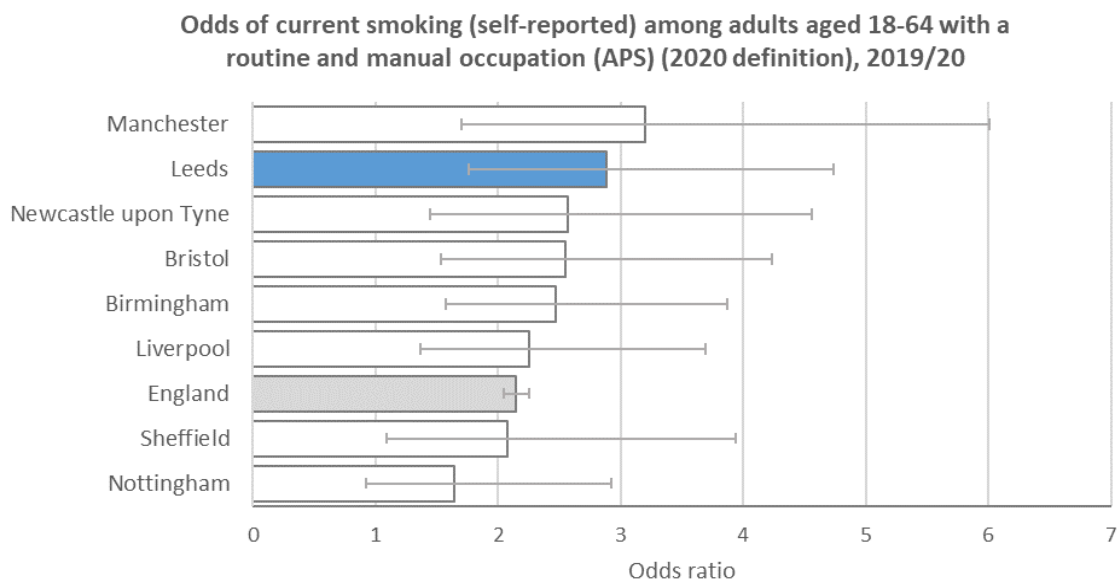


Figure 27: The Odds of current smokers with a routine or manual occupation (compared to other occupations) in Leeds is similar to both England and the wider Core Cities group. There are no statistically significant differences within the Core Cities, or in comparison to England.

Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)

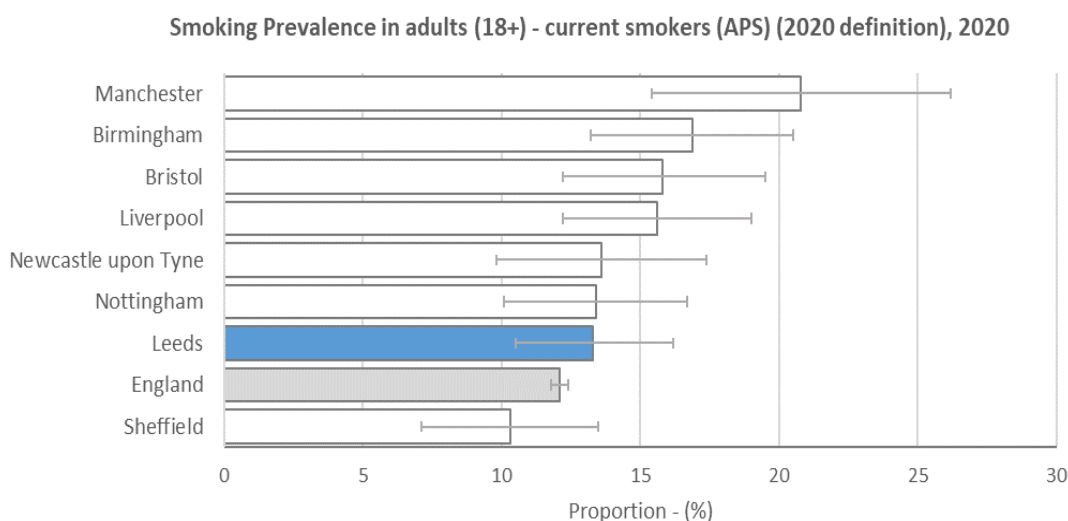


Figure 28: Smoking Prevalence in adults (18+) in Leeds is similar to the Core Cities group and to England. Leeds is the second lowest Core City, however, there are no statistically significant differences between Leeds and the other Core Cities.

Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate

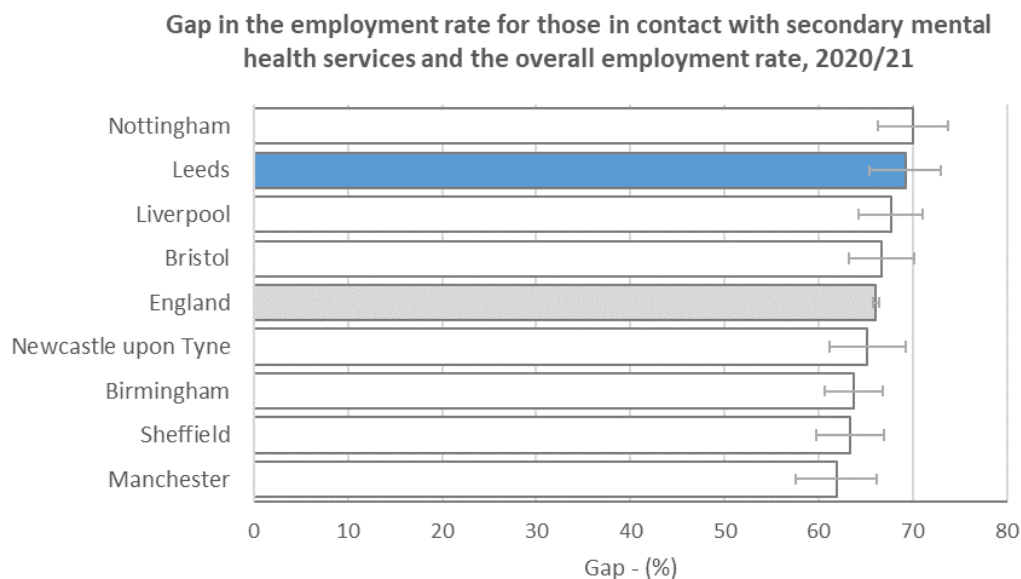


Figure 29: The Employment rate gap for those in contact with secondary mental health services in Leeds is the second highest of the Core Cities. It is similar to both England and the wider Core Cities group, with no statistically significant differences between the Core Cities.

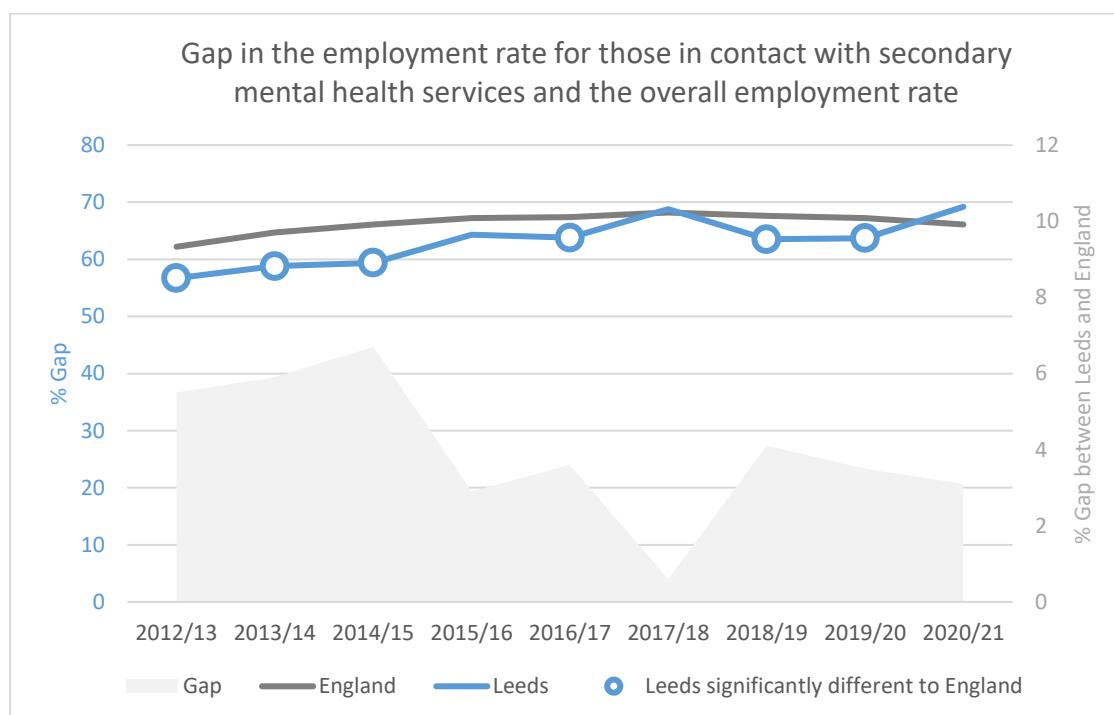


Figure 30: The Employment rate gap for those in contact with secondary mental services in Leeds increased/worsened in the most recent period, with rates in England remaining mostly stable. England and Leeds rates are comparable, with no statistically significant difference between Leeds and England in the most recent period.

Gap in the employment rate between those with a learning disability and the overall employment rate

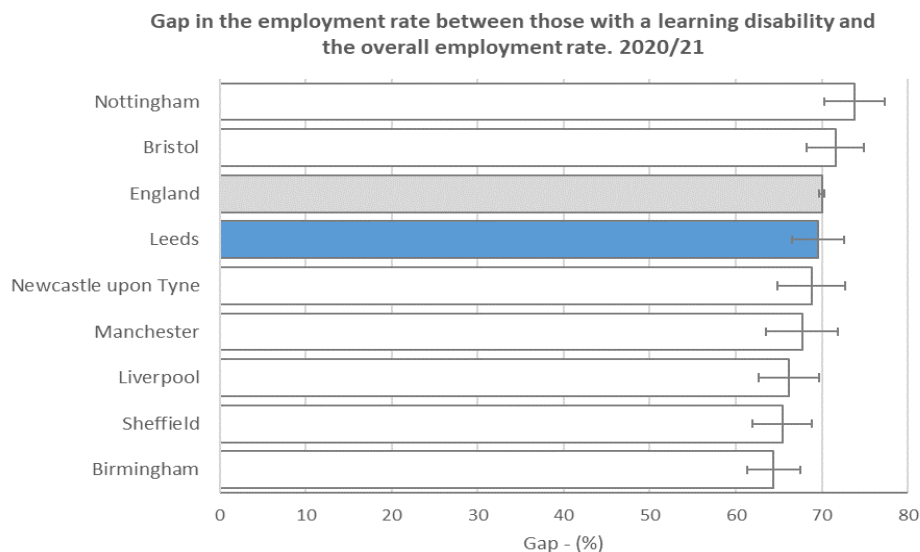


Figure 31: The gap in the employment rate for those with a learning disability in Leeds is similar to England and the Core Cities peer group. The gap is the third highest within the Core Cities, however, there are no statistically significant differences within the group.

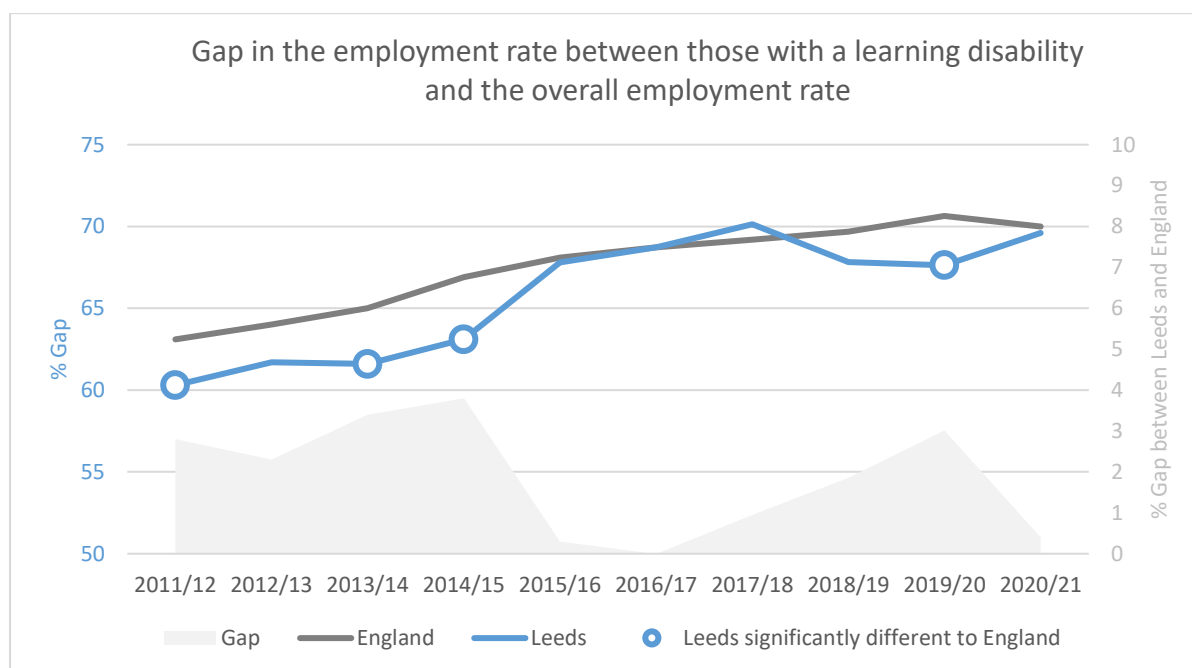


Figure 32: The gap in the employment rate for those with a learning disability in Leeds increased/worsened slightly in the latest period and is similar to the England average, which decreased slightly. The gap between Leeds and England has consequently narrowed in the most recent period. There is no statistically significant difference between Leeds and England.

Percentage of NHS Health Checks offered which were taken up in the quarter

Percentage of NHS Health Checks offered which were taken up in Q1 2022/23

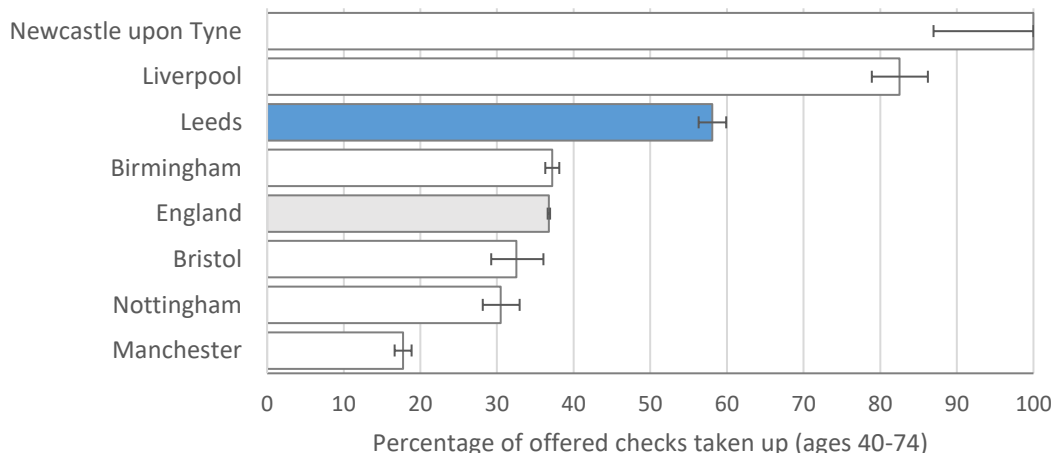


Figure 33: The percentage of NHS Health Checks taken up in the most recent quarter is statistically significantly higher in Leeds than in England. Leeds is the third highest of the core cities, four others have statistically significantly lower take up.

Note: No data available for Sheffield

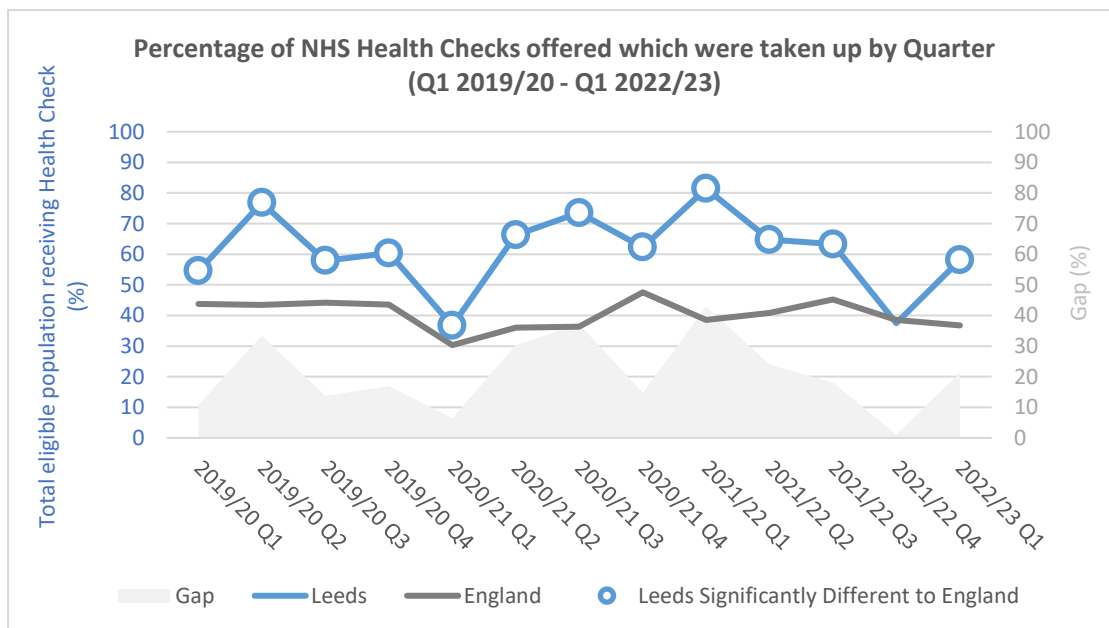


Figure 34: The take up of NHS Health Checks in the most recent quarter in Leeds increased and is statistically significantly higher/better than in England. The gap between England and Leeds widened over the most recent period.

Percentage of NHS Health Checks received by the total eligible population in the quarter

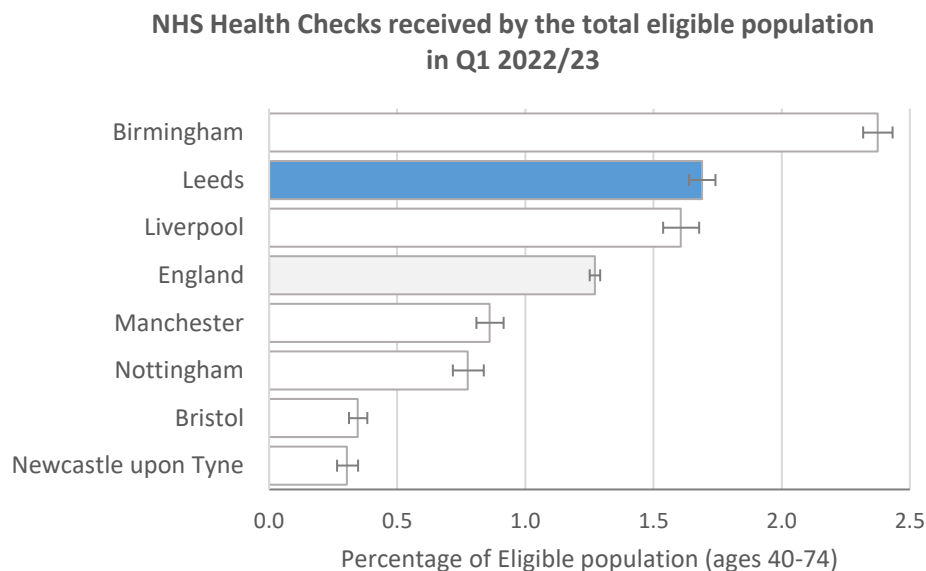


Figure 35: NHS Checks received in Leeds as a proportion of the total eligible population was the second highest of the Core Cities. This was statistically significantly higher/better than England as well as four other Core Cities.

Note: No data available for Sheffield

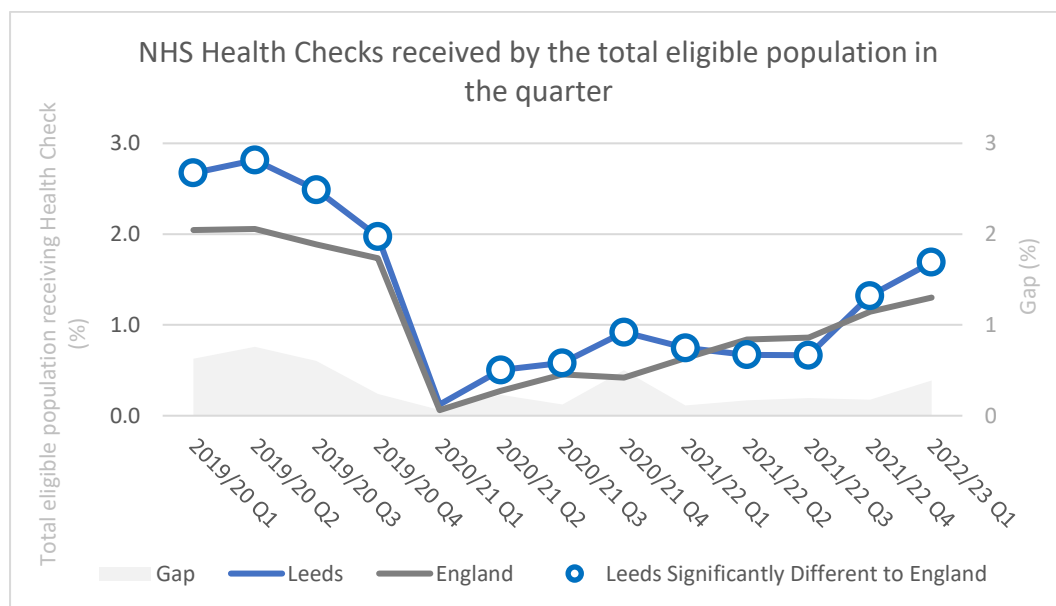


Figure 36: The total eligible population receiving a Health Check in Leeds is trending upwards over the most recent quarters. It is also trending upwards in England, however, checks received are still statistically significantly higher/better in Leeds.

Successful completion of drug treatment - opiate users

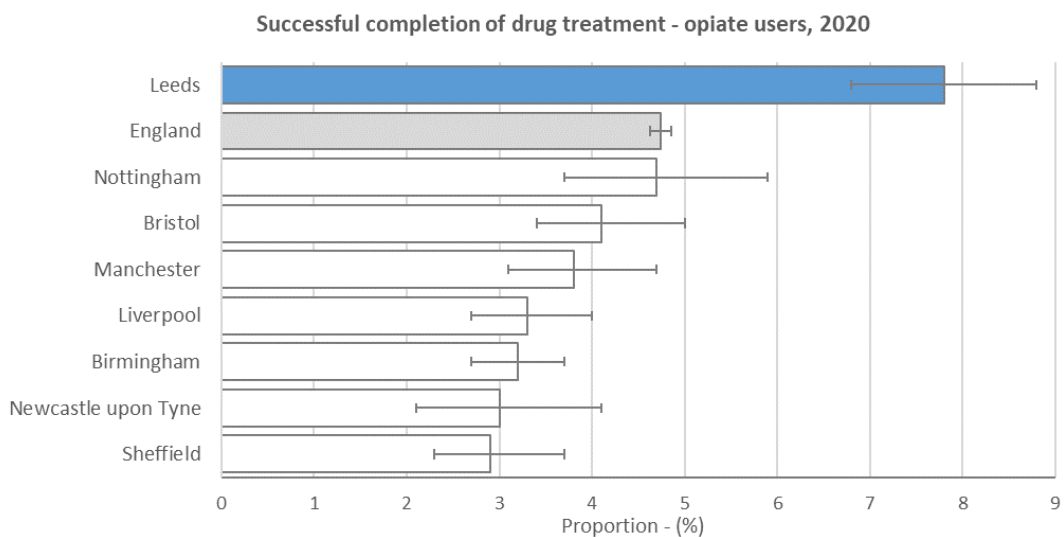


Figure 37: The proportion of people successfully completing drug treatment is statistically significantly higher/better in Leeds than in England and any other Core City.

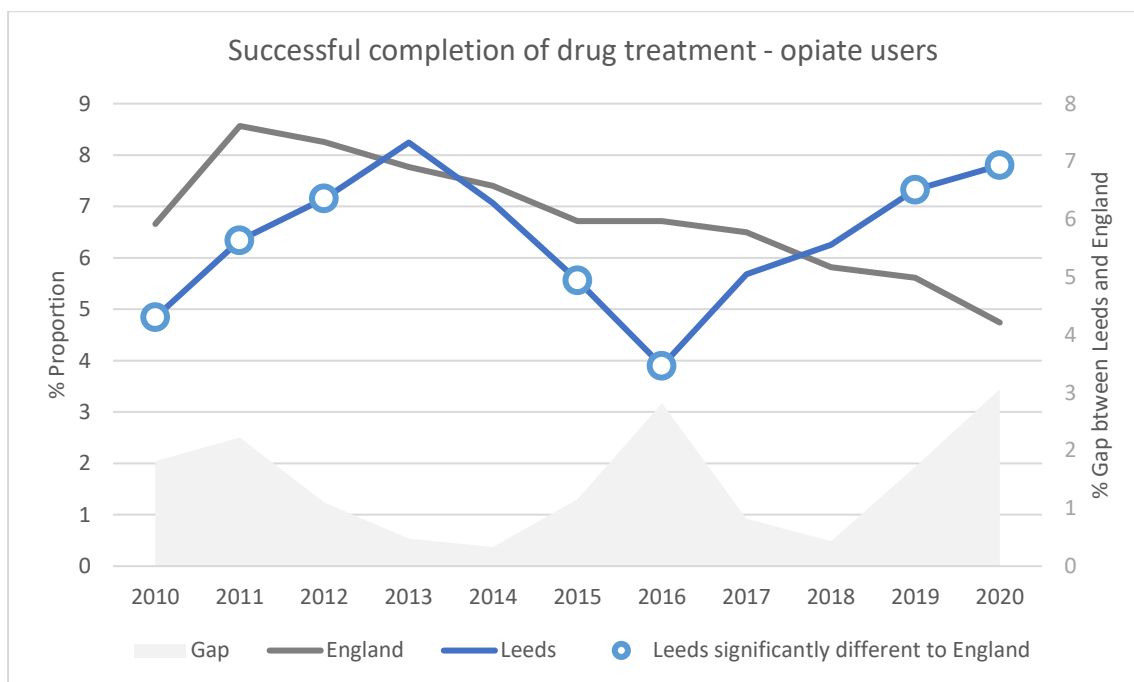


Figure 38: Successful completion in Leeds exhibits an overall upward trend, while England exhibits an overall downward trend. The gap between England and Leeds has widened over the most recent period, with successful treatment statistically significantly higher/better in Leeds than in England.

Successful completion of alcohol treatment

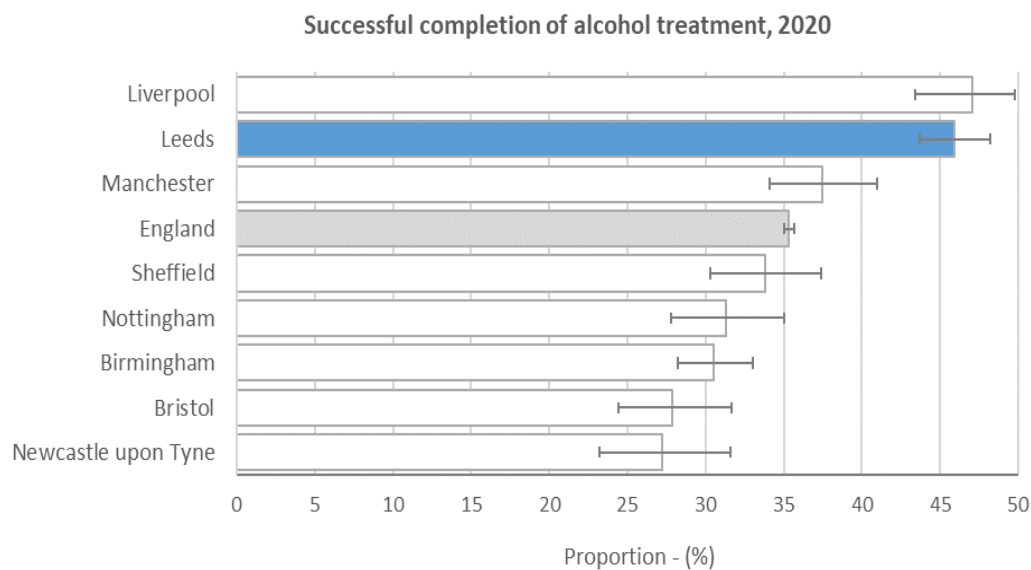


Figure 39: Leeds is the second highest Core City in regard to successful completion of alcohol treatment. Leeds is similar to the highest comparator city, Liverpool, and is statistically significantly higher than the other six Core Cities.

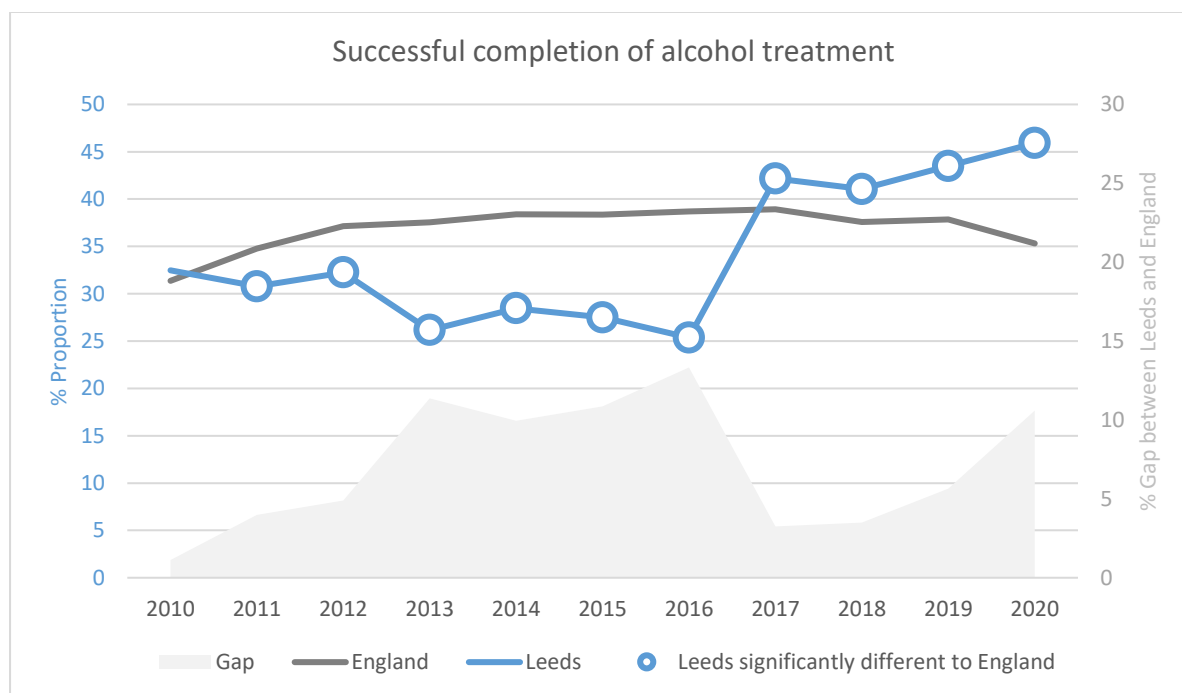


Figure 40: Successful alcohol treatment is overall trending upwards in Leeds and is statistically significantly higher/better than in England. Successful treatment declined in England in the most recent period, resulting in a widening gap between Leeds and England.

New HIV diagnosis rate per 100,000 aged 15 years and over

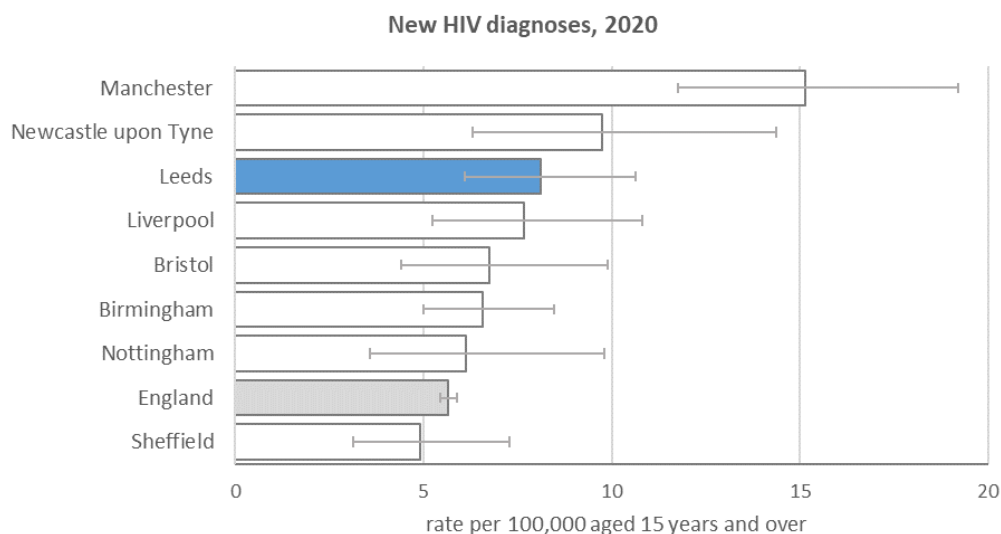


Figure 41: New HIV diagnoses rates in Leeds are similar to the wider Core Cities group with no statistically significant differences between any other Core City, other than Manchester which is statistically significantly higher. Leeds is statistically significantly higher than the England rate.

New STI diagnoses

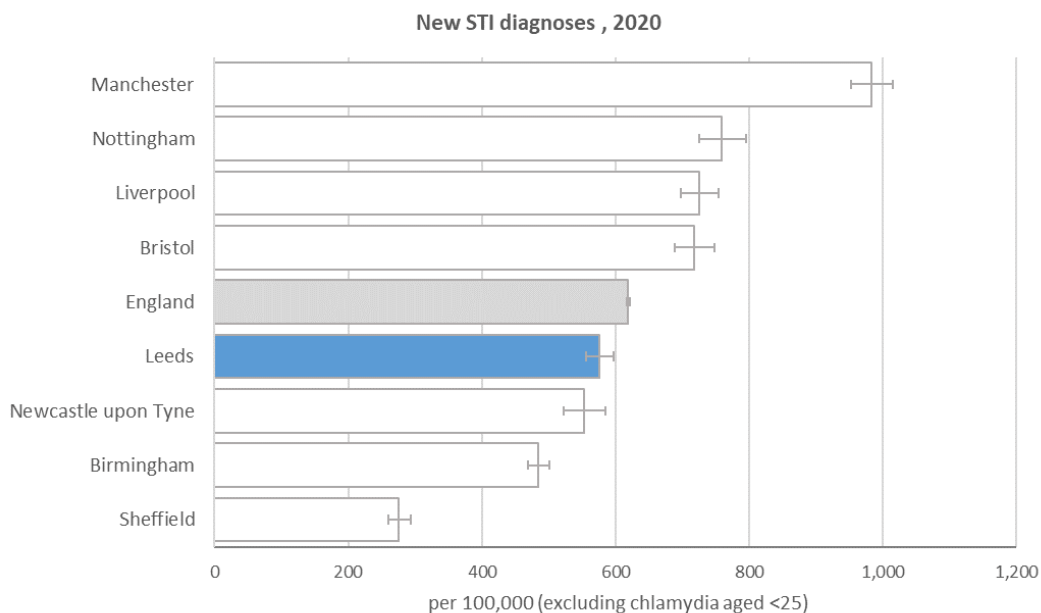


Figure 42: Leeds is the fourth lowest Core City for new STI diagnoses in 2020. Diagnosis is statistically significantly higher in Leeds than in Birmingham and Sheffield. However, it is significantly lower than four other Core Cities and England.

Appendix 3a: ASC Annual Performance Report including national comparators

Background

1. Social Care in Leeds provides a range of care and support services to help meet the needs of older people, people with a learning disability, those with mental health issues and people with a physical or sensory impairment.
2. These services range from those available on a direct access basis for preventative support through to residential and nursing care when this is the right option. Services can be provided directly and through commissioning and funding arrangements.
3. As at 30th September 2022 Adult Social Care provided long term support to 8,497 people (3,824 aged 18-64, 4,673 aged 65 or over). These figures are broadly in line with those from 2021/22 but remain below pre-pandemic levels
4. The Adult Social Care Outcomes Framework (ASCOF) provides an outcomes-based national framework for measuring performance of all local authorities. Metrics are organised under four key aims or domains.
 - Domain 1: Enhance quality of life for people with care and support needs.
 - Domain 2: Delay and reduce the need for care and support.
 - Domain 3: Ensure that people have a positive experience of care and support.
 - Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm.
5. The Leeds approach to Adult Social Care is informed by the Better Lives Strategy and Best City Ambitions.
6. This report has historically focused on providing the Board with an update against both national standards and local priorities, based on measures drawn from ASCOF, the Better Lives Strategy and Best City Ambition (previously Best Council Plan). At the time of writing these are in a transitional phase and as such the updates contained within this report reflect the most recent developments where measures are available. The report will also address performance against proposed measures included in the emerging CQC assurance framework. This indicator list will continue to be developed as national and local strategies are finalised.
7. The metrics within the ASCOF are informed by the results of mandatory national data collections and surveys. This report presents 2021/22 results alongside comparative data and includes local metrics where relevant to the Better Lives Strategy.
8. The annual Short and Long Term service users (SALT) data collection return for 2021/22 which provides a nationally comparable dataset on adult social care activity was submitted in May 2022 and national data based upon the return was published in October 2022. A Leeds mid-year version of the SALT collection based on data for the first six months of 2022/23 has been produced to further inform the local position
9. Adult Social Care is still to recover from the impact of Covid with backlogs for assessments and increased demand across all elements of the service which

alongside system capacity pressures is impacting on measures relating to service delivery and timeliness.

ASCOF framework

10. The 2021/22 national results for the ASCOF measures were published in October 2022. Appendix 2b presents the 201/22 Leeds results alongside historical data and comparisons to averages for the region, comparator authorities and England.

11. This nationally published data confirms that as previously reported when compared to the latest available previous result six measures have improved whilst nineteen have declined and one is the same as the previous results. The measures can be broken down into three distinct groups.

- Activity based measures obtained from the SALT return where performance is mixed.
- Measures obtained from the PSS Client Survey where all but one declined.
- Those obtained from the Carers survey where results declined.

A similar pattern can be seen for the averages for the region, comparator authorities and England illustrating that the challenges faced in Leeds and the impact upon performance measures, in particular on those based upon surveys, is not unique. The two surveys were not undertaken in 2020/21 due to the pandemic: comparison is with pre-pandemic surveys of people who draw on care and support services in 2019/20 and carers in 2018/19. These are nationally prescribed paper surveys, a large element being conducted by post. Comparisons to previous years should be made in this context.

12. Looking at 2021/22 performance alongside the Yorkshire and Humber region average shows Leeds performs better than average on 9 measures and below average for 14 measures with 3 being the same as average, whilst for our comparator group of authorities Leeds performs better than average for 10 measures and below average on 15 measures. With 1 being the same as the average.

13. Domain 1: Enhance quality of life for people with care and support needs

- The domain contains measures from a range of sources
- Six measures are based on activity captured within the SALT return and comparisons made with 2020/21 results. Three have improved whilst three declined compared to the last result.
 - The proportion of people who use services who receive self-directed support has increased whilst the proportion of service users receiving a direct payment has fallen slightly. This is largely due to an increase in service users who do not have a direct payment included in the cohort. Leeds is ranked in the bottom quartile of local authorities in our comparator group and regionally for this measure. Historically the Council has always taken the position that people who need a home care package and this is supplied by a spot purchase should be offered the opportunity to be a Council-managed budget. Other authorities require their customers to take this as a Direct Payment which impacts positively on their performance. 2022/23 mid-year figures suggest that direct payments performance is improving slightly, and a project is underway to promote direct payments to service users, including making uptake easier.
 - The proportion of carers who receive both self-directed support and in particular a direct payment have increased and for both measures are in line with

comparator and regional averages. The 2022/23 year to date performance is broadly in line with 2021/22 results.

- The percentage of 18–64 year-olds with a learning disability in settled accommodation (77.3% Leeds 80% Eng.) / paid employment (6.4% Leeds 5% Eng.) have both fallen compared to last year. This is linked to capacity issues in social work meaning less reviews have taken place where the status is captured. This fall mirrors the picture seen both for comparators and regionally. Leeds is in the top performing England quartile on the employment measure and third quartile on the accommodation. Due to the nature of how this measure is collected it is not possible to provide a useful mid-year position for 2022/23.
- Six measures based upon the PSS and Carers surveys which were last carried out in 2019/20 and 2018/19 respectively. These look at service users and carers views on quality of life, control and social contact.
 - For the measures that look at service user and carer quality of life and level of social contact the results in Leeds declined. While the Leeds overall quality of life measures for service users and carers have declined, they are in line with England and comparator averages.
 - The proportion of service users who feel they have control over their lives also fell with the Leeds result being below both comparator and regional averages and in the third quartile nationally.
 - The Adjusted Social care-related quality of life which measures the impact of Adult Social Care services remained the same and in line with comparator and regional figures. This measure adjusts service user responses to the survey to reflect their level need, i.e. service users responses with higher needs get weighted more in the result.
- Two measures are obtained from Leeds and York Partnership Foundation NHS Trust. These measures relate to the employment and accommodation status of adults in contact with secondary mental health services. Results for these measures for all authorities have been impacted upon by changes to reporting methods meaning they are not comparable with historic results. Leeds results are below comparator and regional averages for 2021/22, 5% for employment (rank 75 of 152) and accommodation, 20% living independently (98 of 152).

14. Domain 2: Delay and reduce the need for care and support

- The ASCOF metrics within this domain are based upon activity data captured in the SALT return and comparisons made to 2020/21 results.
- The rate of care home admissions for people aged 18-64 has fallen compared to 2020/21. This is in contrast to comparator and regional averages which have increased. Leeds is ranked 5th of comparators and 4th regionally with a rate of 12 admissions per working age adult. The rate of care home admissions for people aged 65+ has increased compared to last year to 516 per 100,000 but remains below the result for 2019/20. Last year's result was low due to COVID. A similar picture can be seen for the regional average whilst the comparator average improved from last year. Leeds' result is better than both averages. The current in-year rolling 12 month admissions figures for both age groups show performance remains in line with 2021/22 results.
- Performance in relation to reablement services has declined for all three measures. The average result for the proportion of older people at home 91 days after leaving hospital and completing reablement was 79.5% for 2021/22 marginally below comparator group averages (England 81%). On the measure that looks at the

proportion of older people leaving hospital who receive reablement services Leeds remain significantly below comparator and regional averages and in the bottom quartiles. Whilst the comparator and regional averages for the outcome of short term services increased Leeds remains effectively in line with these averages (71.4% to 71%). The most recent performance data for both the 91 days and the outcome of short term services show performance is consistent with 2021/22 results. The average number of reablement completions per quarter for 2020/21, 2021/22 and 2022/23 are broadly comparable but remain below historical activity levels.

- Leeds Indicators – The number of telecare installations completed each year continues to rise compared to previous years. In year data is not currently available.

15. Domain 3: Ensure that people have a positive experience of care and support

- The ASCOF metrics within this domain are based upon the PSS and Carers surveys which were last carried out in 2019/20 and 2018/19 respectively. The pandemic will have impacted both on people's experiences and on who completed and returned the survey.
- The Leeds results for the measures that look at service users and carers satisfaction fell compared to previous surveys whilst the comparator and regional average results for service user satisfaction increased and average results for carer satisfaction increased for comparators but fell regionally. Responses are based on very and extremely satisfied, not including quite satisfied and neutral responses. Leeds service user satisfaction is 64.4%, this is in line to national and comparator groups. Carer satisfaction was 32.5%, working age is more positive than 65+. Leeds is in the third quartile nationally.
- The proportion of carers who feel included in discussions regarding the person they care for is 58.4%, this is below comparator groups and national which are 65-66% range.
- The Leeds results for the measures that look at the ease of finding information for service users and carers declined in Leeds. This is consistent with CIPFA comparator and regional averages which also fell. While results are similar for service users and carers how these results compare differs (58% & 57% find it very or fairly easy to find information). The carers measure is in line with comparator groups including national, with service users Leeds is ranked in the bottom quartile for all comparator groups.
- Leeds indicators. The proportion of CQC registered care services rated good or outstanding fell in 2021/22 compared to 2020/21 and the current position for 2022/23 remains broadly in line with that figure at 78%. This fall is due to a change in inspection arrangements whereby only providers who required immediate support with significant challenges were inspected which impacted on the overall results negatively.

16. Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

- The ASCOF metrics within this domain are based upon the PSS survey, comparisons are therefore made with the last survey in 2019/20.
- 72% of people feel safe. Leeds is above national, comparator and regional averages. The proportion of people who say that the services they use make them feel safe has fallen to 83%. Falls are also seen in CIPFA comparator and regional averages to 85%.

- Leeds indicators: there continues to be an increase in safeguarding activity. With 2021/22 seeing a continuation in the trend in a rising number of safeguarding concerns. This trend has continued into the first half of 2022/23. Alongside this there can be seen to be a reducing proportion of these concerns that go onto becoming safeguarding enquiries, resulting in similar number of enquires in 2020/21 and 2021/22 3,100 and 2,990. The proportion of people who had their desired outcomes fully or partially met when being the subject of a safeguarding inquiry remains broadly stable, with a small increase being seen in the 2021/22 year end result but the latest 2022/23 figure seeing a similar sized fall to 93%.

2022/23 year to date activity / Other key measures

17. Adult Social Care continues to experience high demand across all elements of the service which alongside capacity pressures, including staffing challenges, is impacting on such indicators as allocation waiting time, assessment timeliness and in capacity for annual reviews. It can be seen specifically in hospital discharge delays but also in broader delays for people awaiting assessment in the community. With the additional investment in home care, timeliness of commencement of home care package is good. Care home placements are more of a mixed picture with workforce constraints affecting the ability of care homes to take people with more complex needs and we are also seeing an upward drift in the fees being quoted in order to take people. The directorate has set up a dedicate bed brokerage function which is helping speed up the process of finding a suitable care home placement and gives a better overview on market trends.
18. The contact centre continues to experience a high volume of calls, averaging over 4,200 contacts per month in the first half of 2022/23. However, call wait times have reduced substantially from an average of 747 seconds in 2021/22 to 252 seconds for 2022/23 year to date.
19. The impact of demand elsewhere in the system is being felt in the capacity to carry out annual reviews of service users as evidenced by the falling percentage of service user who have had a service for over 12 months and have had a review within the last year which has fallen year on year since 2019/20. However, it should be noted that the Leeds result for this measure remains above comparator and regional averages who have seen similar declines.
20. The number of carers assessments recorded as being completed per month increased significantly in 2021/22 compared to previous levels, from 71 to 131. This increased volume has continued into the first half of 2022/23. Whilst this is in part due to a system change ensuring it is simpler for social workers to record when a joint assessment of service user and carers needs have taken place it is also due to an increased focus on the area.

Appendix 3b

Appendix 3b: Adult Social Care Performance Measures

ASCOF Measure	Leeds						Yorkshire & Humber		Comparator*		England		Leeds	
	2017-18	2018-19	2019-20	2020-21	2021-22	1yr trend	Average	Leeds Rank (out of 15)	Average	Leeds Rank (out of 15)	Average	Leeds Rank (out of 152)	22/23 YTD	
Domain 1: Enhancing quality of life for people with care and support needs														
1A	Social care-related quality of life score	19.7	19.6	19.7	NA	18.8	↓	18.8	12	18.8	9	18.9	86	NA
1B	The proportion of people who use services who have control over their daily life	79.3	75.1	80.2	NA	74.8	↓	77.0	14	76.0	10	77.0	106	NA
1C(1A)	The proportion of people who use services who receive self-directed support	98.1	98.0	92.7	90.5	93.1	↑	95.0	11	91.0	8	95.0	116	93
1C(1B)	The proportion of carers who receive self-directed support	94.6	94.0	93.4	88.3	93.0	↑	93.0	13	82.0	10	88.0	122	93.5
1C(2A) BL	The proportion of people who use services who receive direct payments	20.1	17.8	16.2	15.4	15.0	↓	27.0	15	24.0	14	27.0	138	15.7
1C(2B)	The proportion of carers who receive direct payments	88.4	87.4	83.7	65.6	79.4	↑	76.0	9	69.0	8	76.0	101	80.4
1D**	Carer-reported quality of life	NA	7.5	NA	NA	7.4	↓	7.4	7	7.3	5	7.3	37	NA
1E	The proportion of adults with a learning disability in paid employment	6.7	7.7	8.1	8.6	6.4	↓	4.9	4	4.0	1	5.0	39	NA
1F	The proportion of adults in contact with secondary mental health services in paid employment	8.1	11.7	12.0	9.0	5.0	↓	8.0	9	6.0	6	6.0	75	NA
1G	The proportion of adults with a learning disability who live in their own home or with their family	71.9	73.0	74.8	80.9	77.3	↓	80.0	12	81.0	13	80.0	100	NA
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support	59.0	71.7	74.0	15.0	20.0	↑	32.0	13	34.0	13	26.0	94	NA
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like	50.8	51.6	49.4	NA	40.5	↓	40.0	9	41.0	10	41.0	79	NA
1I(2)**	The proportion of carers who reported that they had as much social contact as they would like	NA	32.4	NA	NA	30.8	↓	31.0	7	29.0	6	29.0	40	NA
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.4	0.4	0.4	NA	0.4	↔	0.4	11	0.4	9	0.4	85	NA
Domain 2: Delaying and reducing the need for care and support														
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	11.7	13.5	16.2	13.3	12.0	↑	17.5	4	17.4	5	14.9	71	11.8
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	594.6	526.2	561.1	458.1	516.2	↓	611.4	6	645.1	6	561.9	72	518
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85.8	82.2	83.1	81.4	79.5	↓	80.0	12	82.0	13	81.0	106	75.1
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	3.3	NA	2.0	1.1	0.9	↓	2.1	14	3.8	15	2.8	139	NA
2D	The outcome of short-term services: sequel to service	59.5	60.0	65.7	71.9	71.4	↓	71.0	11	71.0	8	78.0	93	71.1
Domain 3: Ensuring that people have a positive experience of care and support														
3A	Overall satisfaction of people who use services with their care and support	62.4	63.3	66.7	NA	64.4	↓	65.0	11	64.0	6	64.0	70	NA
3B**	Overall satisfaction of carers with social services	NA	38.0	NA	NA	32.5	↓	38.0	15	35.0	10	37.0	108	NA
3C**	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	NA	73.1	NA	NA	58.4	↓	65.0	14	66.0	14	65.0	123	NA
3D(1) BL	The proportion of people who use services who find it easy to find information about support	74.1	69.8	71.5	NA	57.8	↓	65.0	15	64.0	15	65.0	138	NA
3D(2)** BL	The proportion of carers who find it easy to find information about services	NA	65.4	NA	NA	57.1	↓	56.0	9	56.0	9	58.0	77	NA
Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm														
4A	The proportion of people who use services who feel safe	72.7	73.0	69.4	NA	71.9	↑	69.0	7	70.0	7	69.0	41	NA
4B	The proportion of people who use services who say that those services have made them feel safe and secure	86.9	91.1	87.6	NA	83.0	↓	85.0	13	85.0	13	86.0	104	NA

ASCOF Measure	Leeds						Yorkshire & Humber		Comparator*		England		Leeds
	2017-18	2018-19	2019-20	2020-21	2021-22	1yr trend	Average	Leeds Rank (out of 15)	Average	Leeds Rank (out of 15)	Average	Leeds Rank (out of 152)	22/23 YTD
Additional Local Measures													
The time it takes for phone calls to be answered in the contact centre (in secs).	NA	NA	NA	NA	747	NA							252
Percentage of referrals for social care resolved at initial point of contact or through accessing universal services	24.1	25.5	33.5	30.3	28.4	↓							26.7
People completing a re-ablement service (Data is not comparable given service redesign in 2017-18, the figure for that year is for 8 months)	467 qter avg	257 qter avg	231 qter avg	113 qter avg	135 qter avg	↑							109 qter avg
Proportion of long term service users who have had a service for more than 12 months and have received a review in the last 12 months	49.8	55.6	61.3	57.8	51.5	↓	48	7	48	8	55	88	43.4
Number of Telecare installations	NA	NA	4,093	3,455	4,268	↑							NA
Number of carer's assessments carried out (average per month)	NA	NA	44	71	131	↑							132
Proportion of Care Quality Commission registered care services in Leeds rated overall as good or outstanding	75.9	82.0	87.8	83.5	78.7	↓	79.9	10	78.7	9	83.8	119	77.7
Percentage of people with a concluded safeguarding enquiry for whom their desired outcomes were fully or partially met	94.8	96.5	97.2	93.5	94.6	↑							93.0
Number of safeguarding concerns	8,030	8,714	9,785	10,915	12,205	NA							6,474
Percentage of safeguarding concerns that meet S42 threshold	31.1%	38.6%	35.1%	28.4%	24.5%	NA							25.2%
Total Leeds Directory Users (average unique users per quarter)	NA	NA	7,375	5,191	8,141	↑							10,005
Accessible information standard - Percentage of current service users that have accessible information needs record updated	na	NA	NA	NA	NA	NA							95.2

Notes

BL - Better Lives Strategy Measure


*Comparator Authorities - Nationally agreed group of LA's for comparing outcomes

**Carers survey occurs ever two years

Rankings - Reional and Comparator rankings are out of 15, England ranking out of 152. **Top quartile highlighted Green, bottom quartile highlighted Red**

Appendix 4: More Adults are Active

Percentage of Physically Active Adults

Ref.	BCA Key Performance Indicators (KPI) (*=cumulative)	2022/23 Target	Q4 2021/22 Result & RAG	Q1 2022/23 Result & RAG	Q2 2022/23 Result & RAG
12	Annual KPI Percentage of physically active adults	<20.9% of people are inactive (132,900) (Nov 2018- Nov 2019)	 23.3% of people are inactive (Nov 2020 – Nov 2021)	N/A	N/A

The national Active Lives Survey (ALS), carried out by Sport England, is used to provide the data for this indicator. The survey produces in depth information about participants' activity and lifestyle. The Best Council Plan 2020-2025 performance indicator uses the "percentage of people who are inactive" in order to determine if more 'inactive' people are becoming 'active', and a reduction in the number of adults who fall into the 'inactive' category is sought. The Survey samples around 2,000 Leeds' residents on a rolling basis; and "inactive" is defined as undertaking less than 30 minutes of moderate activity per week.

Activity levels are starting to recover following large drops caused by coronavirus (Covid-19) pandemic restrictions, our latest Active Lives Adult Survey report shows that Leeds inactivity rate has significantly fallen since this sharp rise due to previous lockdown periods. The Inactive rate has fallen from last year (25.6%) to 23.3% for the period Nov 2020 to Nov 2021 which equates to 150,000 people. This highlights that an extra 14,000 people have moved from being inactive to active this year. Leeds now has one of the lowest inactive rates in North Yorkshire with only Craven and Harrogate recording lower rates of inactivity. Leeds is only 2nd compared to all Core Cities, only behind Bristol which records an inactivity rating of 20.7% and is substantially lower than the National (27.2%), regional (28.4%) and core cities (26.6%) averages.