Report authors: Peter Storrie, Rob Wood, Suresh Perisetla, Emma Kamillo-Price
Tel: 07891 277053

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

Date: 13th June 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, 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 the most recently available data locally and nationally at the end of the 2022-23 financial year. 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 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.

*Public Health*

4 Appendix 1a is a public health performance report providing an update on indicators that describe population health outcomes for Leeds and operational indicators, including the performance of Public Health services commissioned by the Leeds City Council Public Health team. It focuses on those indicators that have been updated since the last report (covering October 2022 to April 2023). 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. This will ensure it complements and aligns with any other monitoring and reporting of indicators related to this programme of work. Appendix 1b includes a dashboard, and time series charts of these outcomes to provide further detail. These documents support the monitoring of changes of health and health inequalities in Leeds and public health service delivery.

5 Overall position

- Life expectancy for both men and women in Leeds has not changed significantly since the last report. Whilst information about the gap between the most and least deprived communities is not available for this update, longer-term trends indicate that there is persistent inequality - of eleven years for men and thirteen years for women - between those living in the areas of Leeds that are in the 10% most deprived nationally, and those in the least deprived 10%.
- Inequalities between the most and least deprived communities can also be seen across a range of other indicators including smoking rates, serious mental illness and excess weight in adults. In some cases, these inequalities are continuing to widen.
- There has been a reduction in rates of deaths caused by circulatory diseases such as stroke and heart disease, respiratory conditions, and cancers. This may represent a genuinely positive trend, but also may be due to the impact that Covid-19 had on vulnerable populations, with people dying from Covid-19 who may otherwise have died from these preventable conditions. Work is ongoing to understand how deaths from Covid-19 may or may be impacting upon these indicators and on excess winter death rates, which have not been updated in this report.

6 Improvements

- The numbers of people taking up an offer of an NHS Health Check has increased significantly. The total number of NHS Health Checks delivered in quarter four has increased by more than two thirds compared to quarter three. This is a substantial increase and has meant that the total number of completed NHS Health Checks for the year (2022/23) is now back to pre-pandemic levels.
- There is an overall improving trend in completion of drug and alcohol treatment.
- Emergency hospital admissions due to intentional self-harm also continue to decrease over time.
- The gap in the employment rate for people with learning disabilities and the overall employment rate also continues to improve slowly.
- Some health outcome indicators are improving at city-wide level. However, despite this overall picture, there are continued challenges either due to persistent inequalities within the population of Leeds, or because the rate in Leeds is still worse than the regional or national rate. These include smoking rates which are continuing to fall overall for Leeds but with significant differences between the most and least deprived areas, and for under 18 teenage conceptions rates which are continuing to decrease in Leeds but remain higher than the regional and national rate.

7 Continued challenges

- Deaths from alcohol liver disease and early deaths (under 75 years) remain stable. However, the overall trend for both these indicators is for there to be a persistent gap between the most and least deprived parts of the city.
- Hospital admissions for alcohol-specific conditions in under 18s have increased. Whilst numbers are small, and overall this indicator has shown improvement over time, this will be kept under close review. Rates of excess weight in adults and the proportion of the population living with severe mental illness are both increasing slowly over time. Although inequalities data has not been updated in this report, the overall trend in the city has been for there to be a slowly widening gap in these indicators, linked to deprivation.
- Both HIV and sexually transmitted infection (STI) rates are slightly higher in this quarter (despite an overall decline over recent years). The increase is likely to be attributable to the provision of proactive and targeted testing alongside the demographic of the Leeds population.

*Adult Social Care*

8 The framework within which adult social care data is collected and reported nationally is in a period of transition. The recent publication of 'Care Data Matters: A roadmap for better data for adult social care' outlines national plans for transforming social care data to support wider reforms in the sector. This will involve changes to data collections such as the current annual aggregate Short and Long Term Care (SALT) return being replaced with a quarterly client level return from April 2023. There will also be changes to the way data is reported and used with the adoption of a revised Adult Social Care Outcomes Framework (ASCOF) framework from 2023/24 including and amended suite of performance measures obtained from the CLD amongst other sources. In addition, data will form a key part of the evidence based used to support the new Care Quality Commission (CQC) Assurance regime. These changes will be reflected in future iterations of this report.

9 Appendix 2a provides a detailed update report on Adult Social Care using the provisional ASCOF measures for 2022/23 obtained from the SALT return and Personal Social Services (PSS) Survey. This is supplemented with additional information linked to the Best City Ambition (previously Best Council Plan), Better Lives Strategy and CQC Assurance Framework.

Appendix 2b provides the data used to inform this report including trend and comparator data where available.

10 Capacity and demand - Adult Social Care continues to experience significant pressure on its services. The pressures of demographics, cost of living and covid are resulting in continued high levels of demand for activity compared to pre-pandemic levels across all areas including requests for support, safeguarding and for mental health services. These demand pressures sit alongside challenges in relation to workforce capacity to deal with the demand linked to staff recruitment and retention. Combined, these parallel forces of high levels of demand and issues in relation to capacity are impacting on the ability to deliver services in a timely fashion illustrated through higher numbers of people waiting for services and longer waiting times.

11 Activity - The annual SALT data collection is completed at the end of each financial year. The first submission of the 2022/23 return was completed in May. This showed that during 2022/23, Adult Social Care in Leeds provided long term support to 10,638 people, 6,447 of whom where aged 65 and over. These figures show a small increase compared to 2021/22 but remain below pre-pandemic levels.

12 Improvements

Despite the demand and capacity challenges, the overall picture in relation to ASCOF measures is positive with eleven measures (out of sixteen) improving compared to 2021/22. Further details on each of these measures are contained within the appendices but of particular note are:

- The proportion of people who use services who receive self-directed support has increased to the highest rate seen since 2017/18.
- The number of carers supported has returned to pre-pandemic levels due largely to the resumption of support groups organised by Carers Leeds. In addition the proportion of carers who receive both self-directed support and in particular a direct payment both increased.
- The contact centre continues to experience a high volume of calls; however, call wait times have reduced dramatically in 2022/23.
- Two survey measures have increased significantly compared to last year and are now back in line with 2019/20 - proportion of service users who report they have had as much social contact as they would like and the ease of finding information about support.

13 Challenges

- The survey measure looking at the proportion of service users who feel in control over their lives the result has fallen significantly compared to the last survey.
- The capacity and demand pressures referred to above impact on the ability of the service to carry out annual reviews. Therefore, the percentage of long term service users reviewed in the last 12 months continues to fall year on year.
- The trend of a rising number of safeguarding concerns alongside a reducing proportion of these concerns that go onto becoming safeguarding enquiries continues

*Active lifestyles*

14 Appendix 3 is an update on More Adults are Active. This is based on the national Active Lives Survey (ALS), carried out by Sport England. 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.

15 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 Nov 2019 to Nov 2020 (25.6%) to 24.3% for the period Nov 2021 to Nov 2022 but this is slightly up on Nov 2020 to Nov 2021 which was 23.3%. Due to the sample size of the data being just over 2,000 people this isn't a statistical change and is still 2.9% lower than back in 2015-16. It is also lower than the National (25.8%), regional (27.2%) and core cities (25%) averages.

**What impact will this proposal have?**

16 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

17 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.

18 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.

19 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 |

20 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?**

21 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?

22 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?

23 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?

24 Not applicable

### How will success be measured?

25 Not applicable

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

26 Not applicable

### Appendices

- Appendix 1a: Public Health update paper (summary of key issues)
- Appendix 1b: Public Health Performance Report
- Appendix 2a: Adults Social Care update paper (summary of key issues)
- Appendix 2b: Adult Social Care Datasets
- Appendix 3: More Adults are Active

### Background papers

- None.

**Appendix 1a: Public Health Performance Report Q4 2022-23**


**Summary/Purpose**
This report provides an update on:

- indicators that describe population health outcomes for Leeds
- operational indicators, including the performance of Public Health services commissioned by the Leeds City Council Public Health team.

It focuses on those indicators that have been updated since the last report (covering October 2022 to April 2023).

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. This will ensure it complements and aligns with any other monitoring and reporting of indicators related to this programme of work.


**Commentary on indicators updated in this report**
Only indicators that have been refreshed are included in the commentary below.

**Technical Background**
A full set of indicators is available in Appendix 1b. This includes a dashboard and charts. Updated indicators are highlighted in bold in these documents.

Trends over time between Leeds most and least deprived populations are provided where possible.

The indicators in this report were prepared using the latest available data at the time of writing. Publication of the ONS mid-year population estimates for 2021 is delayed (now expected Autumn 2023). There is therefore no new data provided for mortality indicators and subsequent inequality gaps. This will be updated in the next report.

The charts in appendix 1b do include longer term trend data that uses 'Most' and 'Least deprived as comparison groups. 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 estimates[1]. 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 population[2].

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 1b).

**Indicators updated in this report**

**Life expectancy at birth - males**
The average life expectancy of a baby boy born in Leeds between the period 2019 to 2021, is estimated to be 77.8 years. This has reduced slightly from the previous period (78.1 years) but is not a statistically significant change. *The overall trend has remained flat with the current life expectancy not significantly different from 2011-2013.*

[1] 24% of Leeds LSOAs (114 out of 482 LSOAs)
[2] 7% of Leeds LSOAs (33 out of 482 LSOAs)

**Life expectancy at birth - females**
The average life expectancy of a baby girl born in Leeds between the period 2019 to 2021, is estimated to be 81.9 years. There is no change compared to the previous period (81.9 years). *The overall trend has remained flat with the current life expectancy not significantly different from 2011-2013*.

**Under 18 conception rate per 1,000**
The rate for Leeds in 2021 was 19.3 per 1,000, this has improved from 19.8 per 1,000 in 2020 but is not a statistically significant change. *The overall trend for Leeds is falling*. The current rate for Leeds is slightly worse than the Yorkshire and Humber (17.1 per 1,000) but is statistically significantly worse than England (13.1 per 1,000). However, there are deprived areas of the city where local data indicates that rates remain higher than average.

**Smoking Prevalence in adults (aged 18+) - current smokers - Annual Population Survey (APS) (%)**
The percentage of smokers reported in the APS in 2021 was 12.1%, this improved from the previous period (14.3% in 2020) but was not a statistically significant change. *The overall trend for Leeds shows smoking prevalence is falling*. The current smoking rate in Leeds is lower than Yorkshire and Humber (14.1%) and England (13.0%) but not significantly.

**Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (Annual Population Survey) (Ratio)**
The likelihood of people with a routine and manual occupation reporting current smoking status compared with other occupations was 2.7 in 2020. This means those working in routine and manual occupations are 2.7 times as likely to smoke than their counterparts. This has improved from the previous period (3.8 in 2019) but is not a significant change. *The overall trend for Leeds was falling slowly between 2013 and 2018 but the current rate has not significantly changed over the past 10 years*. The current ratio for Leeds is higher than the Yorkshire and Humber (2.2) and England (2.2) but not significantly.

**Excess weight (obesity) in adults % of adults who have a BMI of over 30**
The percentage of adults in Leeds with a BMI over 30 in Q4 2022/23 was 24.2%. *This is not a statistically significant change from the previous quarter (24.1% in Q3) but the overall trend is slightly increasing and is statistically significantly higher than it was five years ago* (23.2% in Q4 2017/18).

**Prevalence of severe mental illness (SMI) 18+ (per 100,000)**
The rate for Leeds in Q4 2022/23 was 1,378.7 per 100,000. *There were no significant changes from the previous quarter (1,346.9 per 100,000 in Q3) but the overall trend is slightly increasing and is statistically significantly higher than it was five years ago* (1,280.6 per 100,000).

**Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)**
The gap in the employment rate between those with a learning disability and the overall population employment rate in Leeds in 2021/22 was 67.5 percentage points, this is better than the previous period (69.6) but not significantly. *The overall trend for Leeds is slowly improving and is statistically significantly better than it was in 2011/12* (60.3). The current rate for Leeds is better than the rate for Yorkshire and the Humber (69.4) and England (70.6), but not significantly.

**Circulatory disease mortality, all ages, DSR per 100,000**
The mortality rate for Leeds between 2019 and 2021 was 236.6 per 100,000, this has improved from the previous period (245.1 per 100,000 in 2018-2020) but is not a statistically significant change. *The overall trend shows rates are falling slightly and has statistically significantly improved compared to two years ago* (264.8 per 100,000 in 2017-2019).

**Circulatory disease mortality, under 75, DSR per 100,000**
The premature mortality rate for Leeds between 2019 and 2021 was 77.9 per 100,000. This has improved from the previous period (82.7 per 100,000 in 2018-2020) but is not a statistically significant change. *The overall trend shows rates are falling slightly and have statistically significantly improved compared to four years ago* (87.7 per 100,000 in 2015-2017).

**Respiratory mortality, all ages, DSR per 100,000**
The mortality rate for Leeds between 2019 and 2021 was 84.4 per 100,000, this has improved from the previous period (89.7 per 100,000 in 2018-2020) but is not a statistically significant change. *The overall trend was rising very slowly between 2014-2016 and 2017-2019, since then it has fallen slowly*. The current rate is statically significantly better than the rate six years ago (93.1 per 100,000 in 2013-2015).

**Respiratory mortality, under 75, DSR per 100,000**
The premature mortality rate for Leeds between 2019 and 2021 was 30.9 per 100,000, this has improved from the previous period (34.0 per 100,000 in 2018-2020) but is not a statistically significant change. *The overall trend has remained flat and although the current rate is slightly better than it was 10 years ago, it is not a statistically significant improvement*.

**Cancer mortality, all ages, DSR per 100,000**
The mortality rate for Leeds between 2019 and 2021 was 277.0 per 100,000, this has improved from the previous period (285.5 per 100,000 in 2018-2020) but is not a statistically significant change. *The overall trend shows rates are falling slightly and statistically significantly better than five years ago* (295.3 per 100,000 in 2014-2016).

**Cancer mortality, under 75, DSR per 100,000**
The premature mortality rate for people under the age of 75 between 2019 and 2021 was 138.2 per 100,000, this is a statistically significant improvement from the previous period (150.8 per 100,000 in 2018-2020*). The overall trend shows rates have been falling slowly since 2011-2013* (163.4 per 100,000) *and the current rate is statistically significantly better than it was during this period.*

**Alcoholic liver disease mortality, under 75, DSR per 100,000**
The premature rate for Leeds between 2019 and 2021 was 12.4 per 100,000, this has improved from the previous period (13.0 per 100,000 in 2018-2020) but not significantly. *The overall trend is slightly increasing but is not statistically significantly different compared to 2013-2015* (10.9 per 100,000).

**Excess under 75 mortality rate in adults with severe mental illness (SMI)**
Adults in Leeds with SMI between 2018 and 2020 are considered to have a 353.6% higher risk of dying under the age of 75 than adults without SMI. This has improved from the previous period which was 380.1% but not significantly. *The overall trend is slightly falling but is not significantly different compared to the earliest data period available* (374.4% in 2015-17). The current rate is slightly higher than Yorkshire and the Humber (344.2%) but statistically significantly better than England (389.9%).

**Under 75 mortality rate from causes considered preventable**
The premature mortality rate for people under the age of 75 between 2019 and 2021 was 186.8 per 100,000, this was a statistically significant improvement from the previous period which was 200.9 per 100,000. *The overall trend is flat with no statistically significant changes prior to 2019-2021.*

**Suicide Rate (persons), DSR per 100,000**
The suicide rate for Leeds between 2019 and 2021 was 13.9 per 100,000, this has slightly increased from the previous period (13.3 per 100,000 in 2018-2020) but is not a statistically significant change compared to previous years; it is also consistent with the pre-pandemic rates in 2019 and 2018. *The overall trend has been slightly increasing since 2016-18 but the current rate is not statistically significantly different compared to 2011-13*. The current rate for Leeds is slightly worse than Yorkshire and the Humber (12.5 per 100,000) and statistically significantly worse than England (10.4 per 100,000).

**<u>Operational indicators</u>**

**Recorded diabetes type 1 and 2, All ages, DSR per 100,000**
The rate of recorded diabetes type 1 and 2 in Leeds for Q4 2022/23 was 6,723.8 per 100,000, this has slightly increased from 6,646.1 per 100,000 in Q3 but this is not a statistically significant change. *The overall trend is slightly increasing*.

**Percentage of NHS Health Checks offered which were taken up in the quarter**
The percentage of NHS Health Checks offered (people aged 40-74yrs) which were taken up in Q4 was 51%, this was a statistically significant improvement from Q3 which was 48%. Leeds is performing better than Yorkshire and the Humber (41%) and England (40%). The substantial increase in uptake over the last quarter has also meant that the total number of completed NHS Health Checks for the year (21,549 in 2022/23) has now returned to pre-pandemic levels (between 2017/18 and 2019/20 the annual average number of completed NHS Health Checks was 20,669).

**Successful completion of drug treatment - opiate users (%)**
The percentage of opiate users that left drug treatment successfully who did not re-present to treatment again within 6 months was 7.9% in 2021. This was a slight improvement from the previous period (7.8%) but not a statistically significant change. *The overall trend is improving and Leeds is statistically significantly better than Yorkshire and the Humber* (4.5%) *and England* (5.0%).

**Successful completion of alcohol treatment (%)**
The percentage of alcohol users that left structured treatment successfully who did not then re-present to treatment within 6 months was 43.1%, this was a slight reduction from the previous period (45.9% in 2020) although not a statistically significant change. *The overall trend is improving and Leeds is statistically significantly better than Yorkshire and the Humber* (36.6%) *and England* (36.6%).

**Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)**
Hospital admissions for all ages where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition was 633.6 per 100,000 for the period 2019/20 to 2020/21. This was a slight decrease from the previous period (639.0 per 100,000) but not a statistically significant change. *The overall trend is slightly declining but there have been no statistically significantly changes over time*.

**Admission episodes for alcohol-specific conditions - Under 18s (Persons) (Crude rate per 100,000)**

Hospital admissions for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition was 33.4 per 100,000 for the period 2019/20 to 2020/21. This was a statistically significant increase from the previous period which was 18.9 per 100,000. The actual number of admissions was approximately 50 over the three year period. *The overall trend for Leeds had been improving since 2014/15 but there have been no statistically significantly changes overtime.*

**Emergency admissions from intentional self-harm (DSR per 100,000)**

Hospital admissions for intentional self-harm was 117.5 per 100,000 for the period 2021/22, this was a statistically significant improvement compared to the previous period (164.8 per 100,000). *The overall trend has been statistically significantly improving each year since 2016-17.*

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

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes. Admissions to Leeds hospitals for falls injuries in persons aged 65 and over was 1,764.9 per 100,000, this was a slight increase from the previous period (1,697.9 per 100,000) but not a statistically significant change. *The overall trend has been falling since 2016-17.*

**New HIV diagnosis rate per 100,000 (All ages) (Crude rate)**

New HIV diagnosis rate was 9.1 per 100,000 in 2021, this was a slight increase from the previous period (7.0 per 100,000) but this was not a statistically significant change. *The overall trend for Leeds however is improving*. The rate is statistically significantly worse than Yorkshire and the Humber (4.3 per 100,000) and England (4.8 per 100,000). The increase is likely to be attributable to the provision of proactive and targeted testing alongside the demographic of the Leeds population.

**New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)**

New STI diagnosis (excluding chlamydia aged under 25) was 376.3 per 100,000, this is a slight increase from the previous period (368.4 per 100,000) but this was not a statistically significant change. *The overall trend for Leeds is improving*. The rate is statistically significantly worse than the Yorkshire and Humber (284.8 per 100,000) but statistically significantly better than England (394.5 per 100,000). Young people (aged 15-24) are disproportionately impacted by STIs. As Leeds has an above-average population of young people, the city's STI rates are influenced by its demographic make-up.

**Data Sources:**

- 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 1st April – 11th April 2023] https://fingertips.phe.org.uk © Crown copyright 2023
- Further information on the indicators is available from Public Health Intelligence/The Office of Data Analytics

# Appendix 1b - Public Health Performance Report Dashboard Q4 2022/23

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 * and shown in bold have been updated.
Where deprived Leeds data is unavailable, this is marked with a hastag #

Due to a delay in the relase of ONS mid-year population estaimates for 2021 for lower super output areas, deprivation data is not available for the mortality indicators when ordinarily it would be.

**Legend**

**Significance of change since previous period:**

Statistically significant, direction is postive
Statistically significant, direction is negative
Not statistically significant, direction is postive
Not statistically significant, direction is negative
Unable to test, direction is positive
Unable to test, direction is negative
Unable to test, data unavailable

## Population Indicators

**Updated April 2023**

### Overarching Indicator

| | Leeds | Most Deprived | Least Deprived |
|---|---|---|---|
| * **Life Expectancy at Birth - Males** | **77.8** | # | # |
| * **Life Expectancy at Birth - Females** | **81.9** | # | # |

### 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** | **19.3** | # | # |

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

| | | | |
|---|---|---|---|
| * **Smoking Prevalence in adults (18+) - current smokers (APS)** | **12.1%** | # | # |
| * **Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)** | **2.7** | # | # |
| * **Excess weight in adults % of Adults who have a BMI of over 30** | **24.2%** | # | # |
| 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+** | **1,378.7** | # | # |
| 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)** | **67.5** | # | # |
| * **Circulatory disease mortality, all ages, DSR per 100,000** | **236.6** | # | # |
| * **Circulatory disease mortality, under 75, DSR per 100,000** | **77.9** | # | # |
| * **Respiratory mortality, all ages, DSR per 100,000** | **84.4** | # | # |
| * **Respiratory mortality, under 75, DSR per 100,000** | **30.9** | # | # |
| * **Cancer mortality, all ages, DSR per 100,000** | **277.0** | # | # |
| * **Cancer mortality, under 75, DSR per 100,000** | **138.2** | # | # |
| * **Alcoholic liver disease mortality, under 75, DSR per 100,000** | **12.4** | # | # |
| * **Excess under 75 mortality rate in adults with severe mental illness (SMI)** | **353.6%** | # | # |
| * **Under 75 mortality rate from causes considered preventable** | **186.8** | # | # |

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

| | | | |
|---|---|---|---|
| Excess winter deaths | 6.7 | 4.4 | 6.4 |
| * **Suicide Rate (persons) (DSR per 100,000)** | 13.9 | # | # |

**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

## Operational Indicators

**Updated April 2023**

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

| | Leeds | Most Deprived | Least Deprived |
|---|---|---|---|
| Breastfeeding maintenance at 6-8 weeks (%) | 48.4% | 41.3% | 61.0% |
| Best start - number of under 2s taken into care | 96 | 47 | <6 |

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

| | | | |
|---|---|---|---|
| * **Recorded diabetes type 1 and 2 (per 100,000)** | **6,723.8** | # | # |
| * **Percentage of NHS Health Checks offered which were taken up in the quarter** | **48.0%** | # | # |
| * **Successful completion of drug treatment - opiate users (%)** | **7.9%** | # | # |
| * **Successful completion of alcohol treatment (%)** | **43.1%** | # | # |
| * **Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)** | **633.6** | # | # |
| * **Admission episodes for alcohol-specific conditions - Under 18s (Persons)** | **33.4** | # | # |
| * **Emergency Admissions from Intentional Self-Harm (DSR per 100,000)** | **117.5** | # | # |
| * **Emergency admissions due to falls for aged 65 and over** | **1,764.9** | # | # |

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

| | | | |
|---|---|---|---|
| * **New HIV diagnosis rate per 100,000 (All ages)** | **9.1** | # | # |
| * **New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)** | **376.3** | # | # |

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

Public Health advice to NHS Commissioners

**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

| | 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** | | **77.8** | | **#** | | **#** | **2019-2021** | **78.1** | **73.4** | **82.9** | **2018-2020** | **increase** |
| * | **Life Expectancy at Birth - Females** | | **81.9** | | **#** | | **#** | **2019-2021** | **81.9** | **77.7** | **87.4** | **2018-2020** | **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** | | **19.3** | | **#** | | **#** | **2021** | **19.8** | **#** | **#** | **2020** | **decrease** |
| **2** | **Improving the health and wellbeing of adults and preventing early death:** | | | | | | | | | | | | |
| * | **Smoking Prevalence in adults (18+) - current smokers (APS)** | | **12.1%** | | **#** | | **#** | **2021** | **14.3%** | **#** | **#** | **2020** | **decrease** |
| * | **Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)** | | **2.7** | | **#** | | **#** | **2020** | **3.8** | **#** | **#** | **2019** | **decrease** |
| * | **Excess weight in adults % of Adults who have a BMI of over 30** | | **24.2%** | | **#** | | **#** | **Q4 2022/23** | **24.1%** | **#** | **#** | **Q3 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+** | | **1,378.7** | | **#** | | **#** | **Q4 2022/23** | **1,346.9** | **#** | **#** | **Q3 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)** | | **67.5** | | **#** | | **#** | **2021/22** | **69.6** | **#** | **#** | **2020/21** | **decrease** |
| * | **Circulatory disease mortality, all ages, DSR per 100,000** | | **236.6** | | **#** | | **#** | **2019-2021** | **245.1** | **321.9** | **183.7** | **2018-2020** | **decrease** |
| * | **Circulatory disease mortality, under 75, DSR per 100,000** | | **77.9** | | **#** | | **#** | **2019-2021** | **82.7** | **134.0** | **46.1** | **2018-2020** | **decrease** |
| * | **Respiratory mortality, all ages, DSR per 100,000** | | **84.4** | | **#** | | **#** | **2019-2021** | **89.7** | **152.5** | **35.6** | **2018-2020** | **decrease** |
| * | **Respiratory mortality, under 75, DSR per 100,000** | | **30.9** | | **#** | | **#** | **2019-2021** | **34.0** | **70.0** | **8.6** | **2018-2020** | **decrease** |
| * | **Cancer mortality, all ages, DSR per 100,000** | | **277.0** | | **#** | | **#** | **2019-2021** | **285.5** | **401.4** | **205.5** | **2018-2020** | **decrease** |
| * | **Cancer mortality, under 75, DSR per 100,000** | | **138.2** | | **#** | | **#** | **2019-2021** | **150.8** | **227.3** | **103.0** | **2018-2020** | **decrease** |
| * | **Alcoholic liver disease mortality, under 75, DSR per 100,000** | | **12.4** | | **#** | | **#** | **2019-2021** | **13.0** | **22.1** | **6.5** | **2018-2020** | **decrease** |
| * | **Excess under 75 mortality rate in adults with severe mental illness (SMI)** | | **354%** | | **#** | | **#** | **2018-20** | **380%** | **#** | **#** | **2017-19** | **decrease** |
| * | **Under 75 mortality rate from causes considered preventable** | | **186.8** | | **#** | | **#** | **2019-2021** | **200.9** | **328.4** | **109.9** | **2018-2020** | **decrease** |
| **3** | **Protecting health and wellbeing (*protect the health of the local population):** | | | | | | | | | | | | |
| | Excess winter deaths | | 6.7 | | 4.4 | | 6.4 | 2021/22 | 5.9 | 2.2 | 10.3 | 2020/21 | decrease |
| * | **Suicide Rate (persons) (DSR per 100,000)** | | 13.9 | | **#** | | **#** | 2019-21 | 13.3 | 18.0 | 6.6 | 2018-20 | 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)** | **6,723.8** | → | **#** | → | **#** | **Q4 2022/23** | **6,646.1** | **0.0** | **0.0** | **Q3 2022/23** | **increase** |
| * | **Percentage of NHS Health Checks offered which were taken up in the quarter** | **48.0%** | → | **#** | → | **#** | **2022/23 Q4** | **44.3%** | **#** | **#** | **2022/23 Q3** | **increase** |
| * | **Successful completion of drug treatment - opiate users (%)** | **7.9%** | → | **#** | → | **#** | **2021** | **7.8%** | **#** | **#** | **2020** | **increase** |
| * | **Successful completion of alcohol treatment (%)** | **43.1%** | → | **#** | → | **#** | **2021** | **45.9%** | **#** | **#** | **2020** | **increase** |
| * | **Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)** | **633.6** | → | **#** | → | **#** | **2021-2022** | **639.0** | **1200.1** | **202.4** | **2020-2021** | **decrease** |
| * | **Admission episodes for alcohol-specific conditions - Under 18s (Persons)** | **33.4** | → | **#** | → | **#** | **2019/20-21/22** | **18.9** | **22.9** | **6.2** | **2018/19-20/21** | **decrease** |
| * | **Emergency Admissions from Intentional Self-Harm (DSR per 100,000)** | **117.5** | → | **#** | → | **#** | **2021/22** | **164.8** | **250.3** | **79.2** | **2020/21** | **decrease** |
| * | **Emergency admissions due to falls for aged 65 and over** | **1,764.9** | → | **#** | → | **#** | **2021/22** | **1,697.9** | **2290.9** | **1,215.6** | **2020/21** | **decrease** |
| **3** | **Protecting health and wellbeing (*protect the health of the local population):** | | | | | | | | | | | |
| * | **New HIV diagnosis rate per 100,000 (All ages)** | **9.1** | → | **#** | → | **#** | **2021** | **7.0** | **#** | **#** | **2020** | **decrease** |
| * | **New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)** | **376.3** | → | **#** | → | **#** | **2021** | **368.4** | **#** | **#** | **2020** | **decrease** |

## Notes

* **Indicators marked with an asterisk have been updated April 2023.**

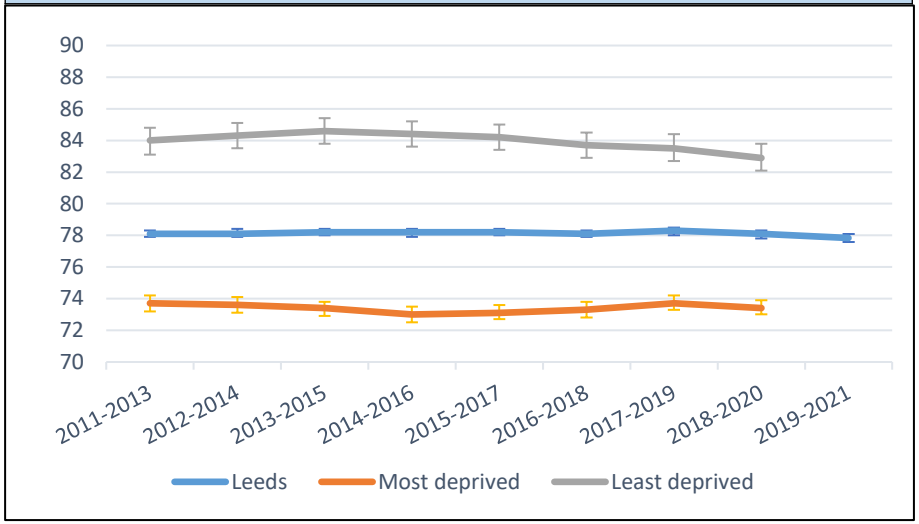
\# **Data at LSOA level is unavailable, Deprived data cannot be calculated.**

"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 ntaional Child Measurement Programme.

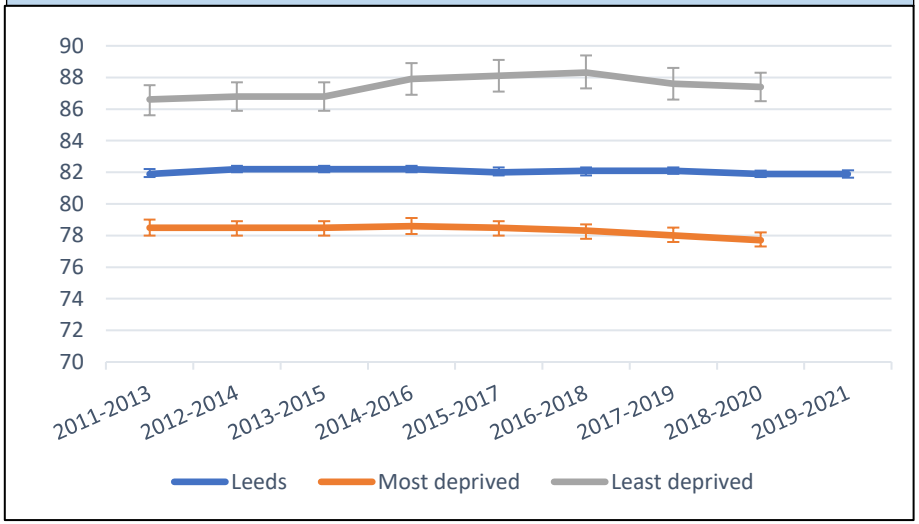
Population' and 'Operational' indicators are defined as follows. Population level indicators are health outcomes (i.e. Increased life expectancy, Reduced premature mortality, People living healthier lifestyles). Operational indicators are measures of service delivery or health intervention, and the outcome 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 with a blue heading have been updated in April 2023

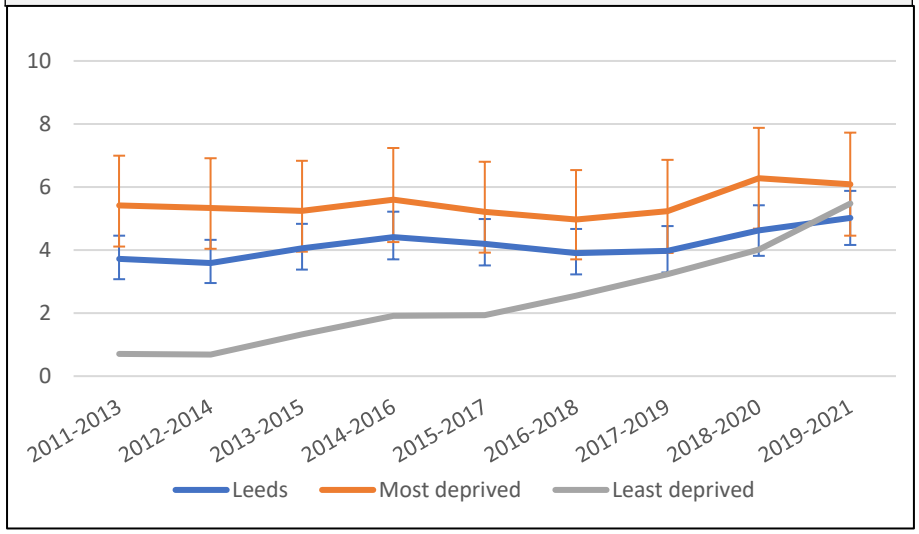
## *Life Expectancy at Birth - Males




## *Life Expectancy at Birth - Females

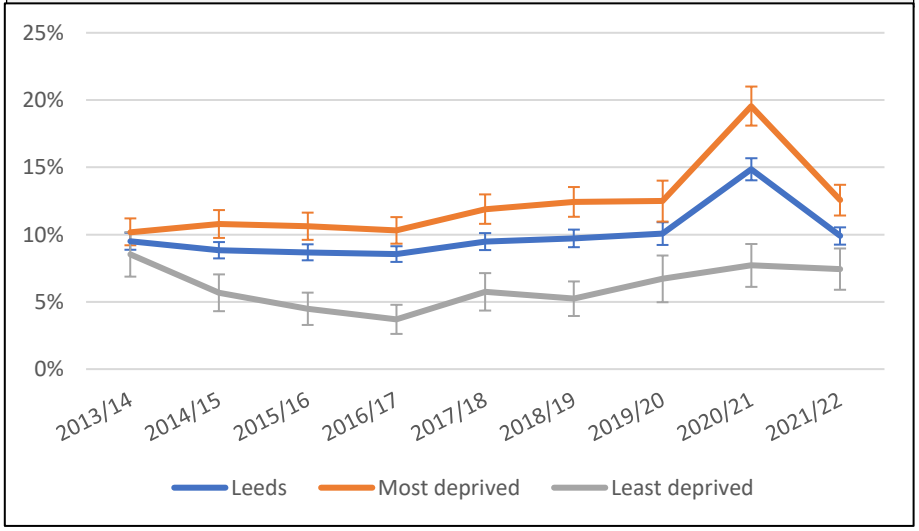



## Infant mortality rate (per 1000 live births)

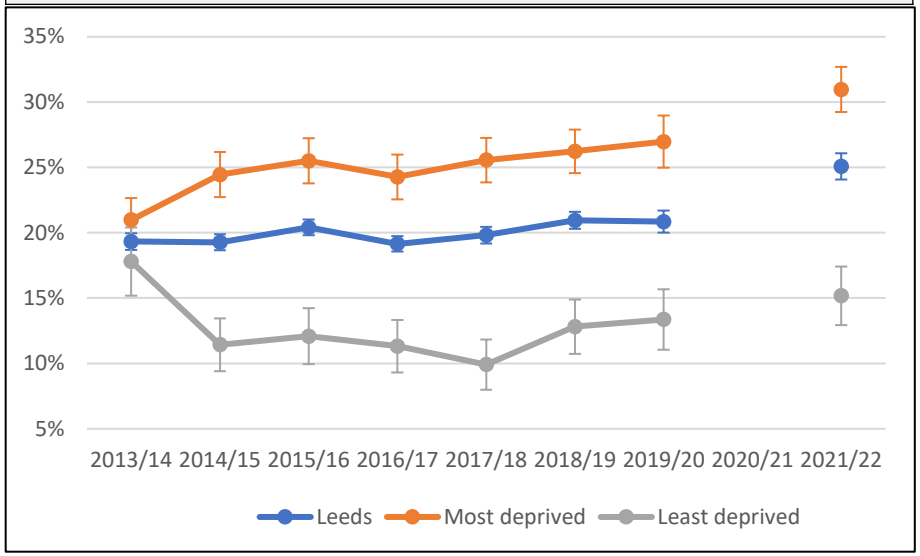



Number of deaths for 2019-2021 is under 8.

## Reception: Prevalence of Obesity (including severe obesity)

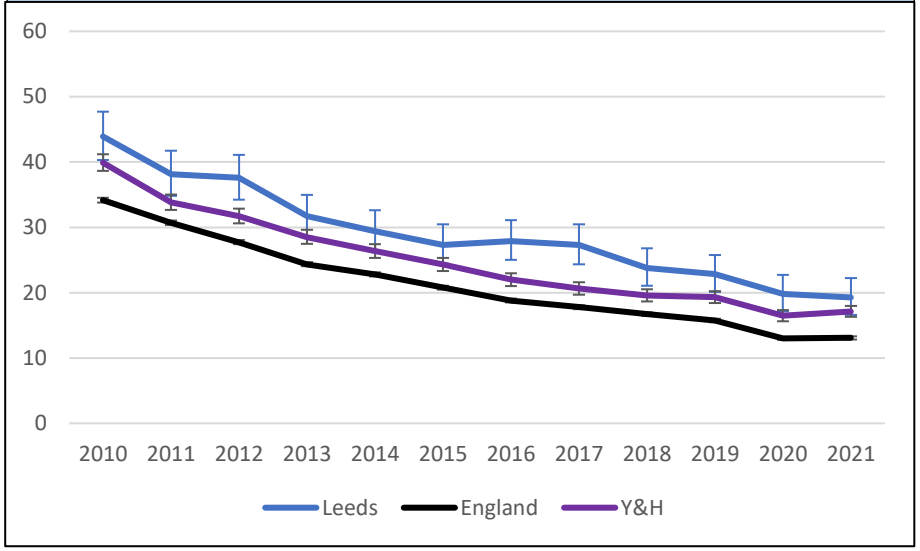


## Year 6: Prevalence of Obesity (including severe obesity)



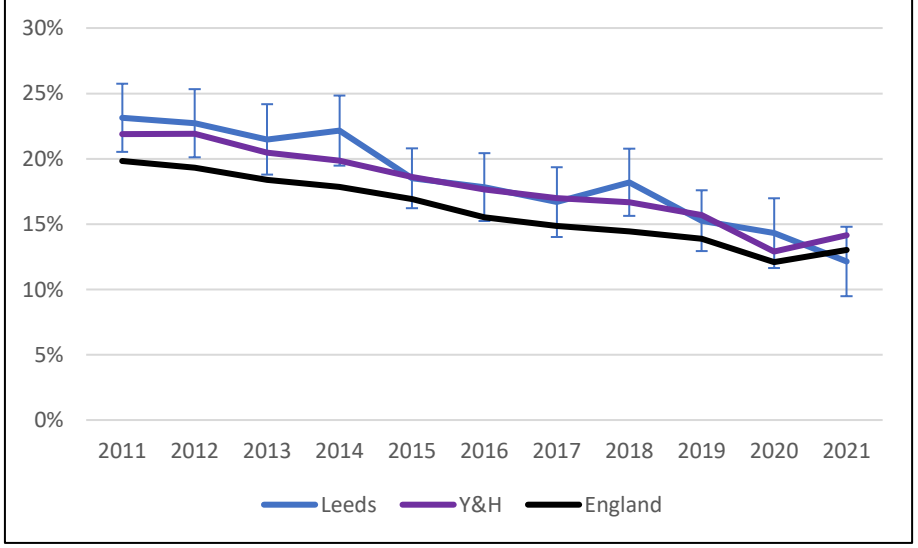

Data unavailable in 2020/21 due to school closures

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

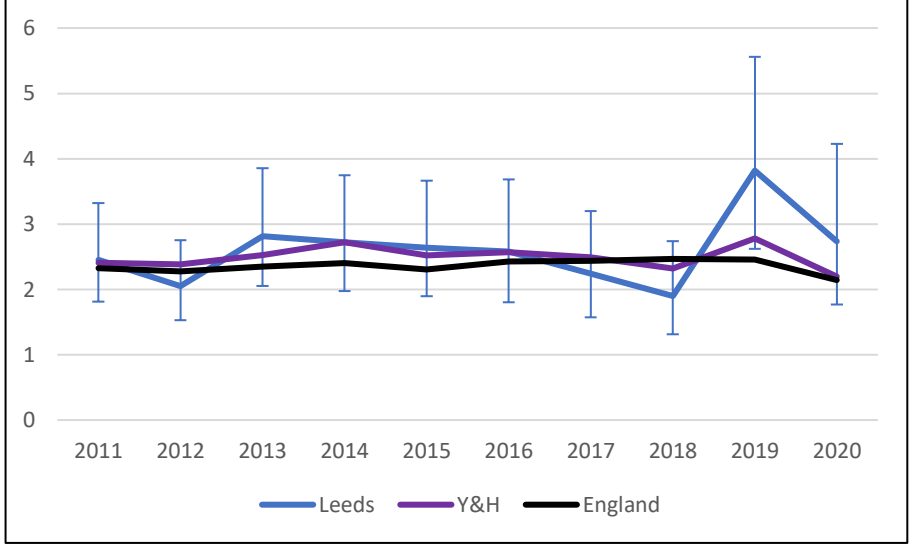



Where Leeds inequalities data not available, regional and national comparators presented.

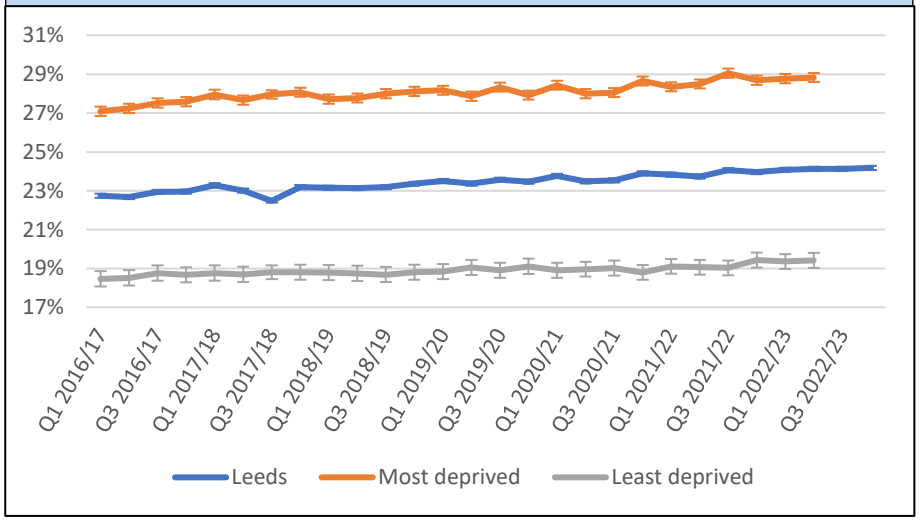
## *Smoking Prevalence in adults (18+) - current smokers (APS) (Proportion%) (---new methodology in 2020)



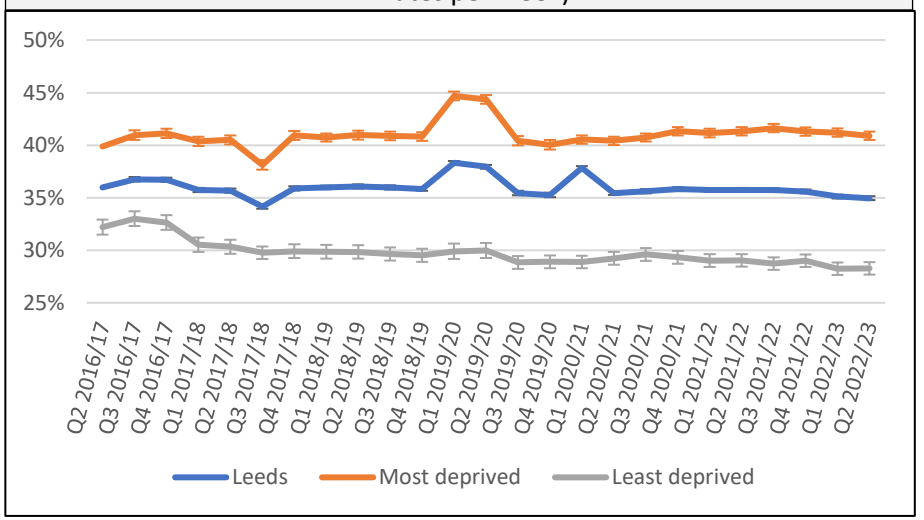

## *Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)



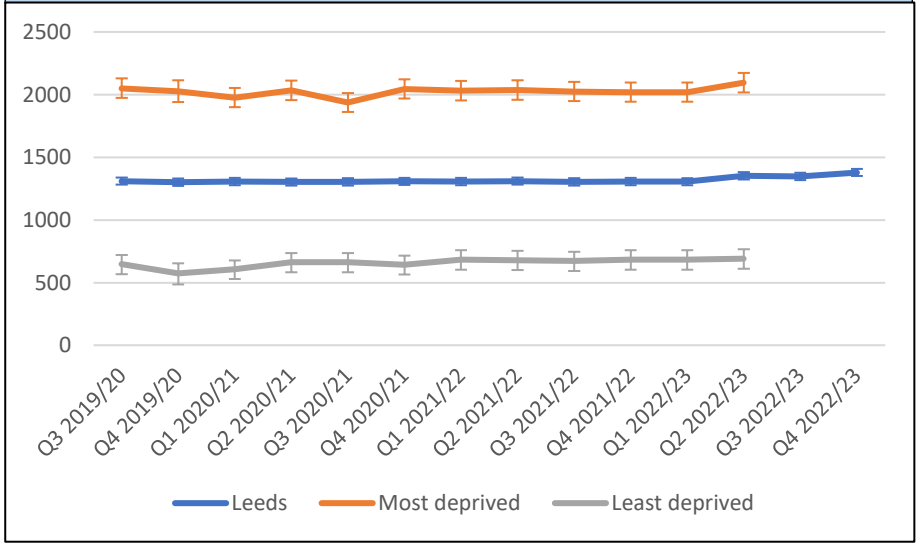
***Excess weight (obesity) in adults % of Adults who have a BMI of over 30**



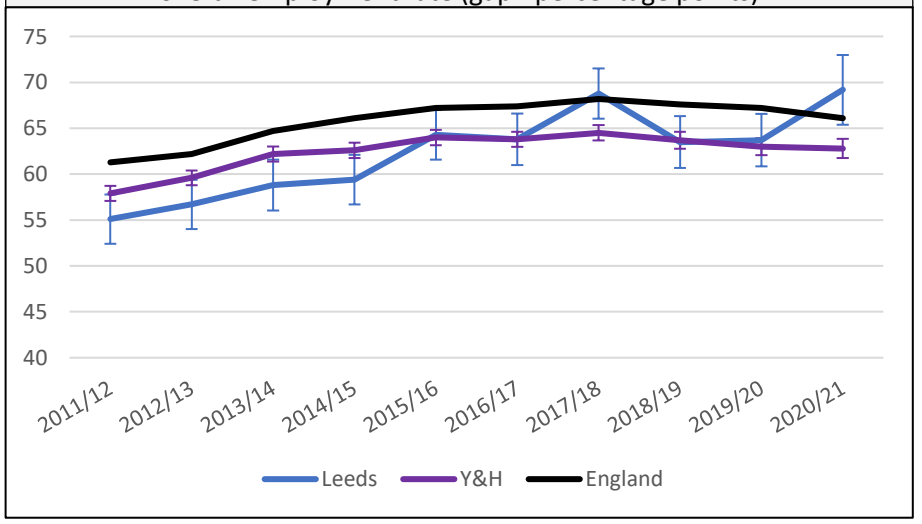

Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)



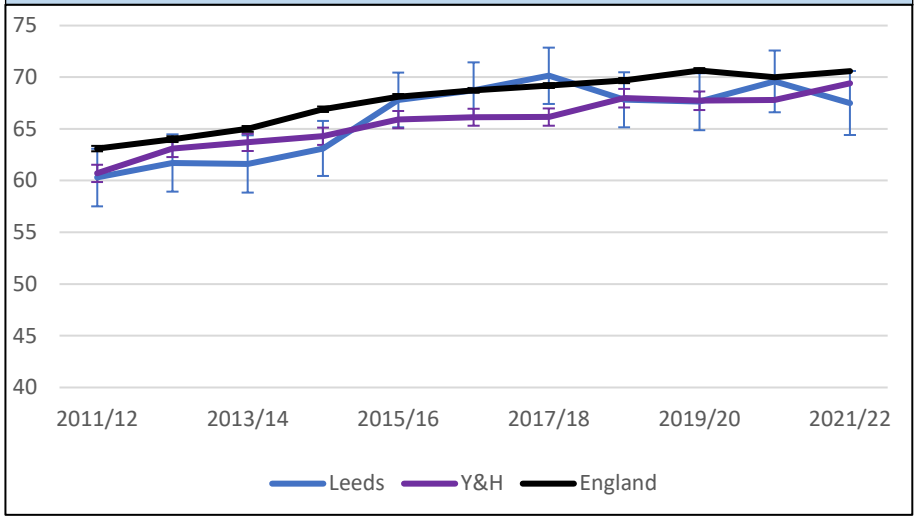

***Prevalence of Severe Mental Illness 18+ (DSR per 100,000)**



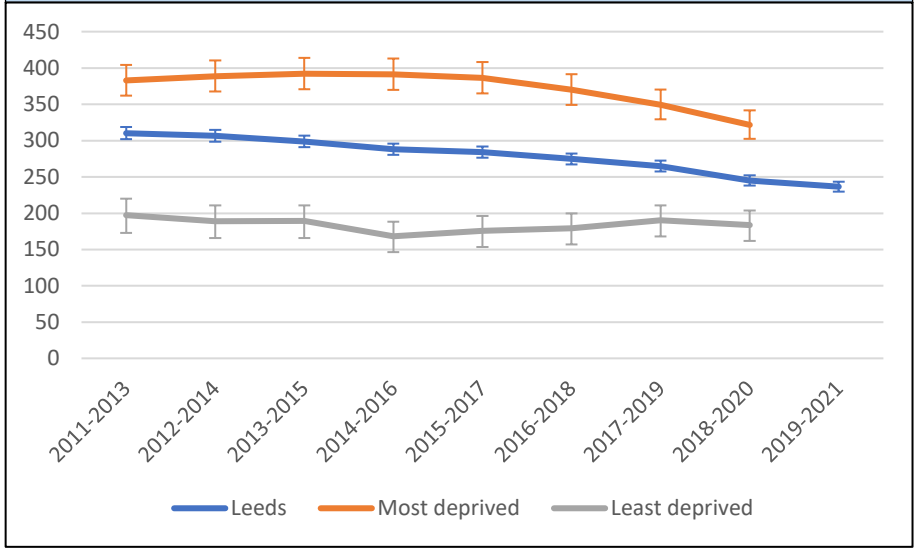

Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)



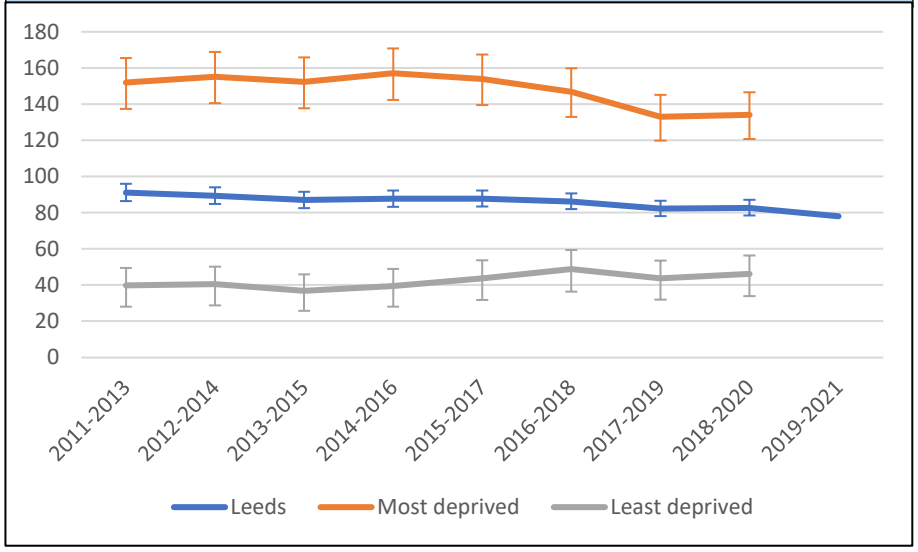
***Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)**



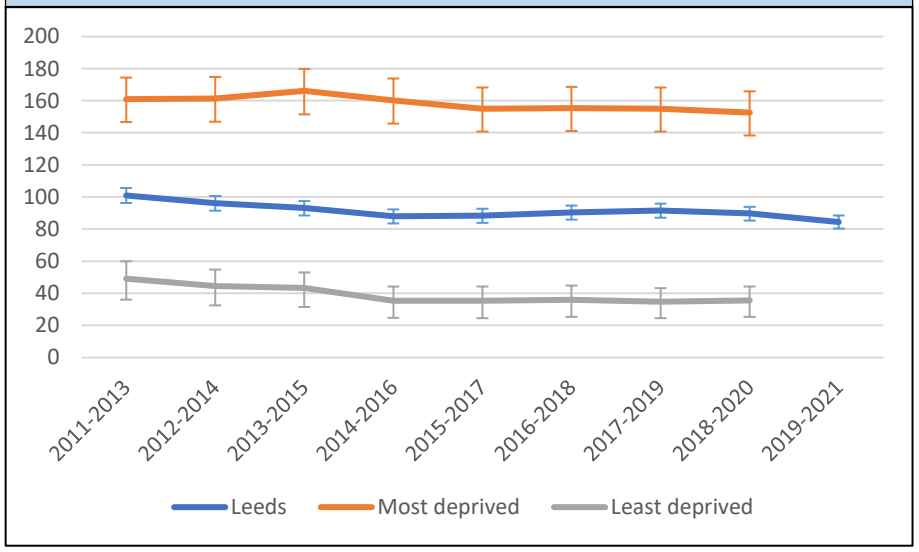

***Circulatory disease mortality, all ages (DSR per 100,000)**



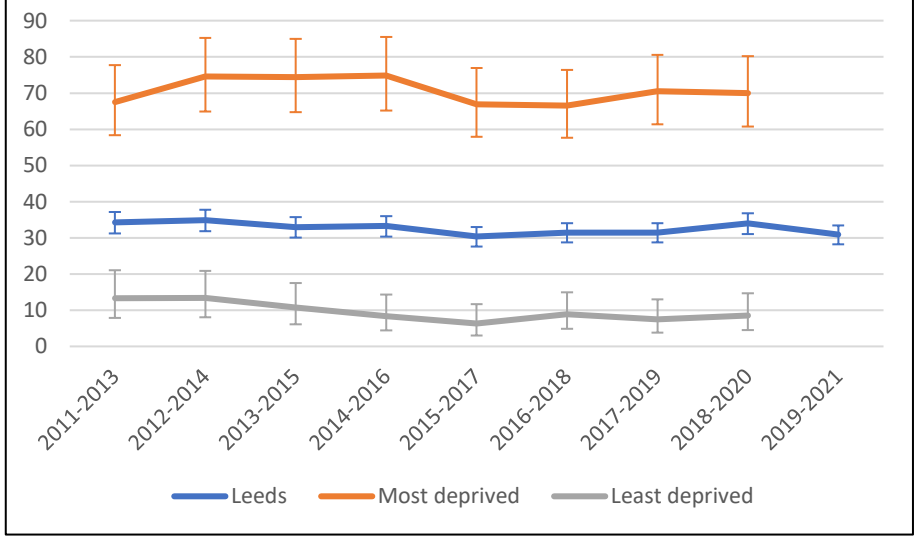

***Circulatory disease mortality, under 75 (DSR per 100,000)**



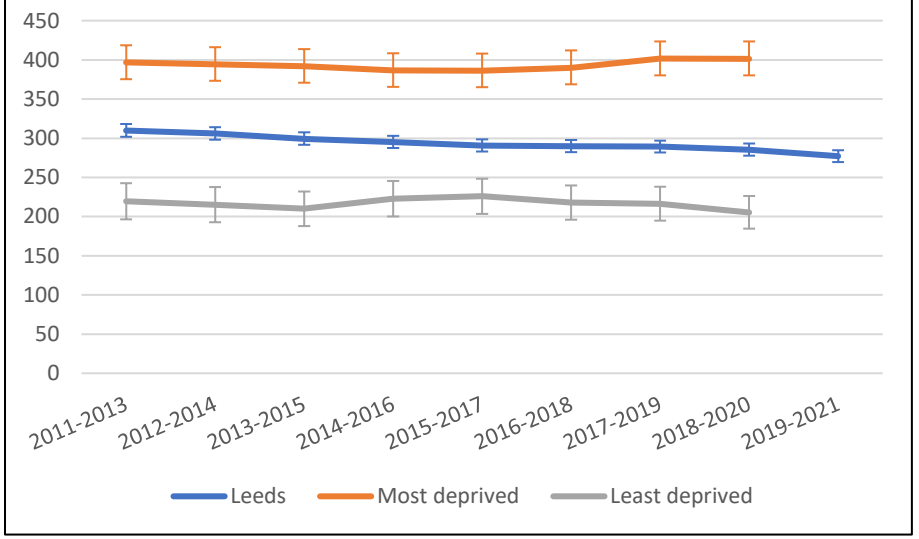

***Respiratory mortality, all ages (DSR per 100,000)**



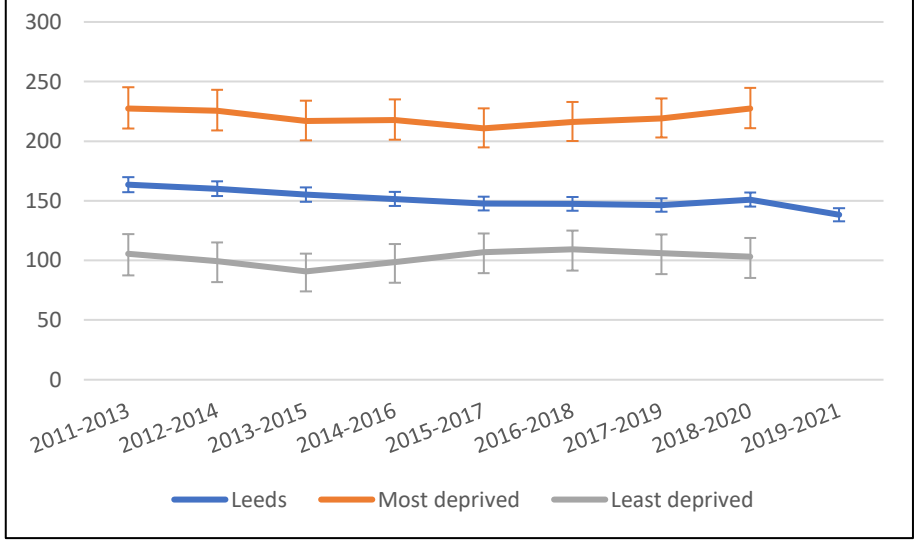
## *Respiratory mortality, under 75 (DSR per 100,000)



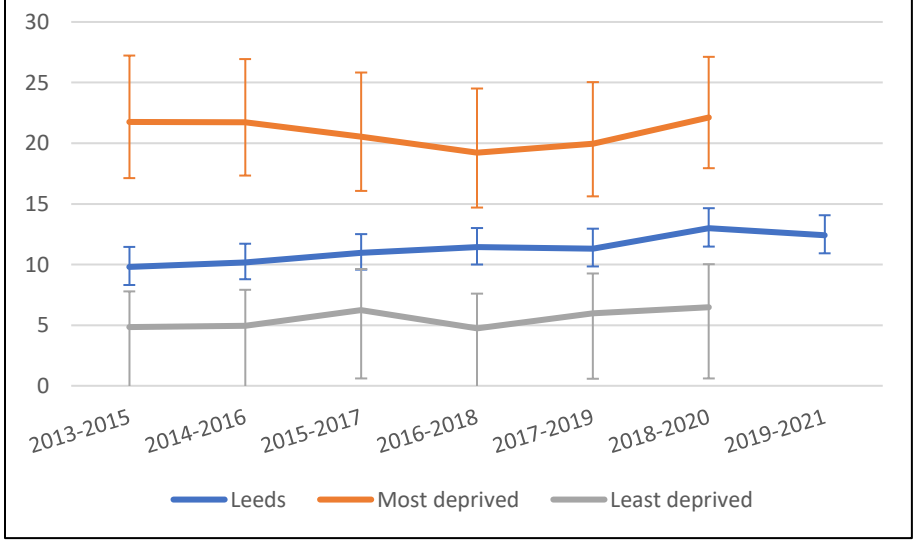

## *Cancer mortality, all ages (DSR per 100,000)



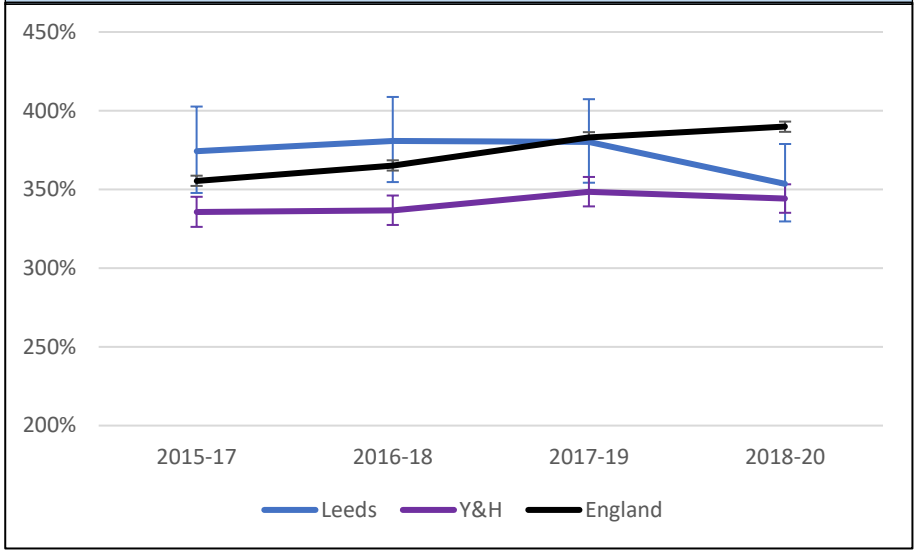

## *Cancer mortality, under 75 (DSR per 100,000)



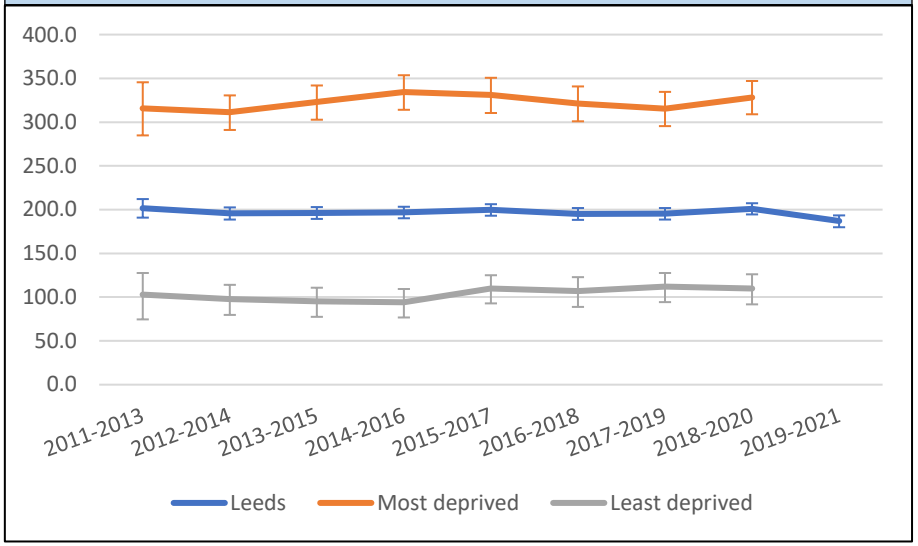

## *Alcoholic liver disease mortality, under 75 (DSR per 100,000)



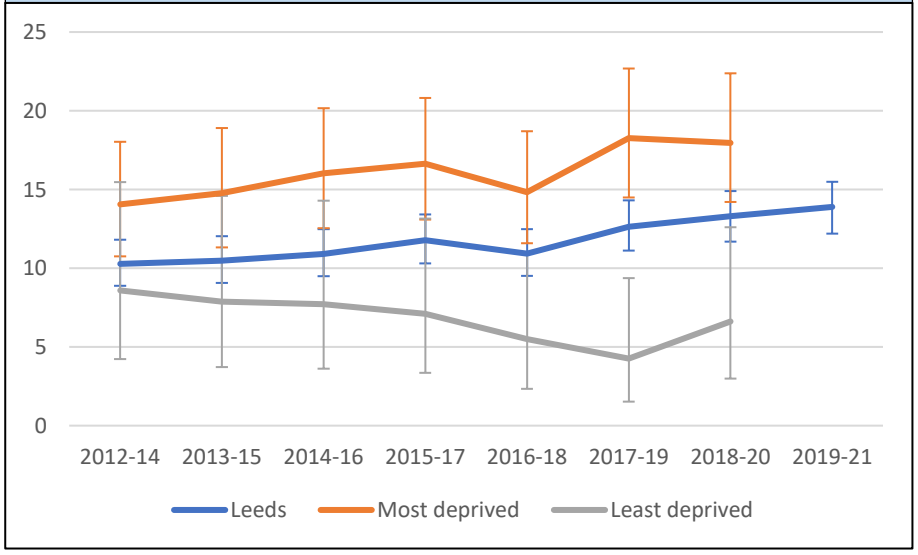
## *Excess under 75 mortality rate in adults with severe mental illness (SMI) (Excess risk %)



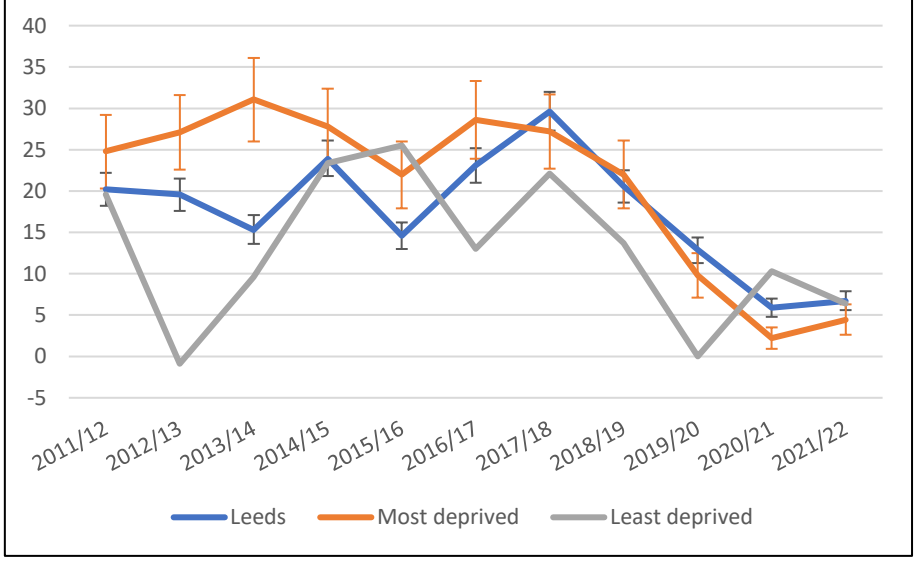

## *Under 75 mortality rate (DSR per 100,000) from causes considered preventable




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

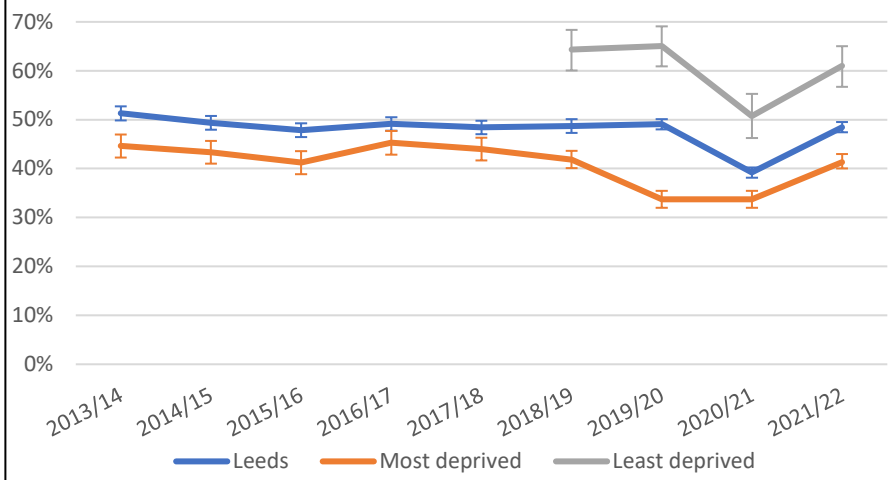



## Excess winter deaths index (Ratio - %)



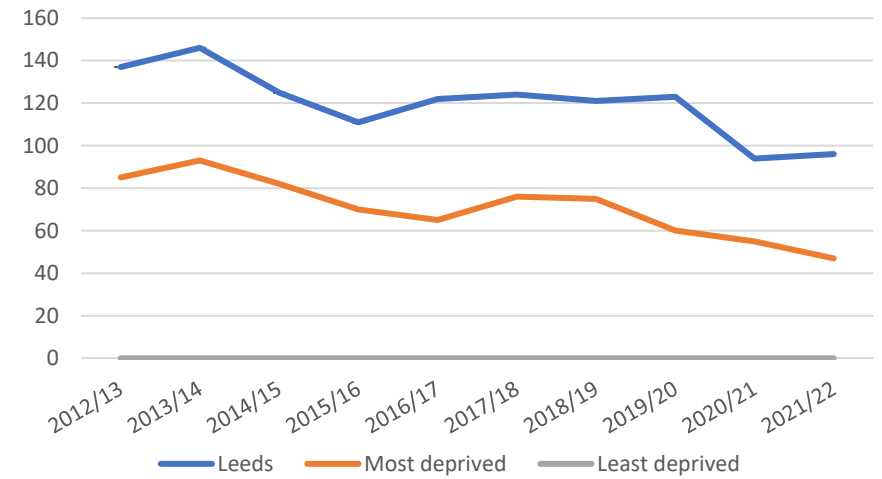
# Operational Indicators

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



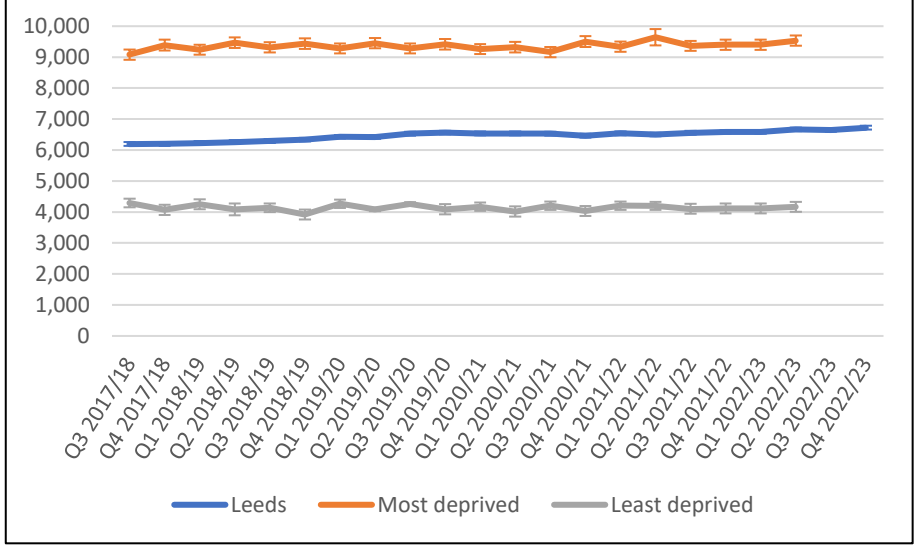

‡Data sourced from LCH and unavailable prior to 2018/19

## Best start - number of under 2s taken into care‡

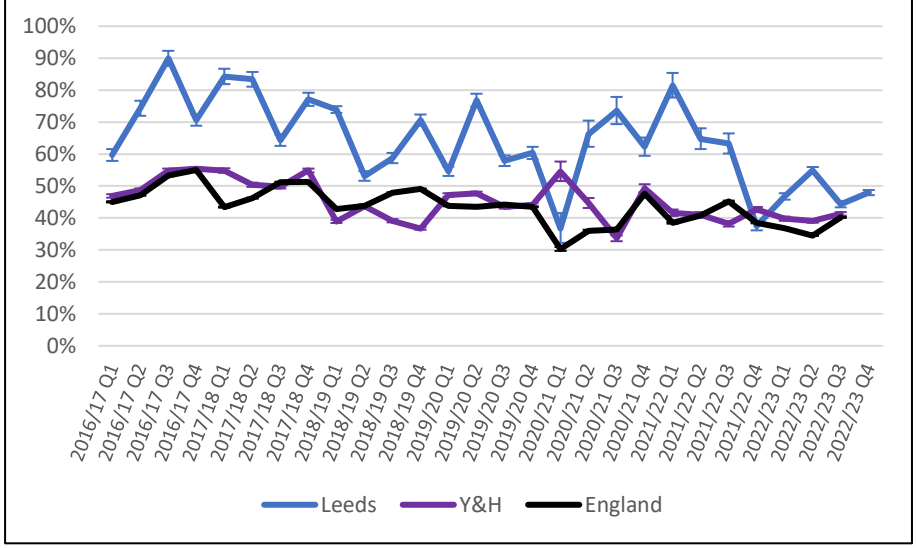



‡Care starts in the least deprived has remained under 5

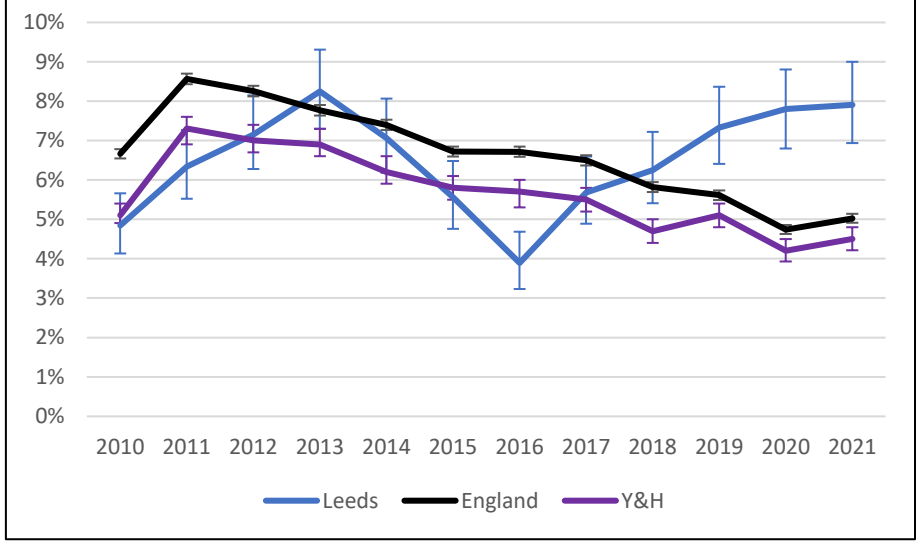
## *Recorded diabetes type 1 and 2 (per 100,000)



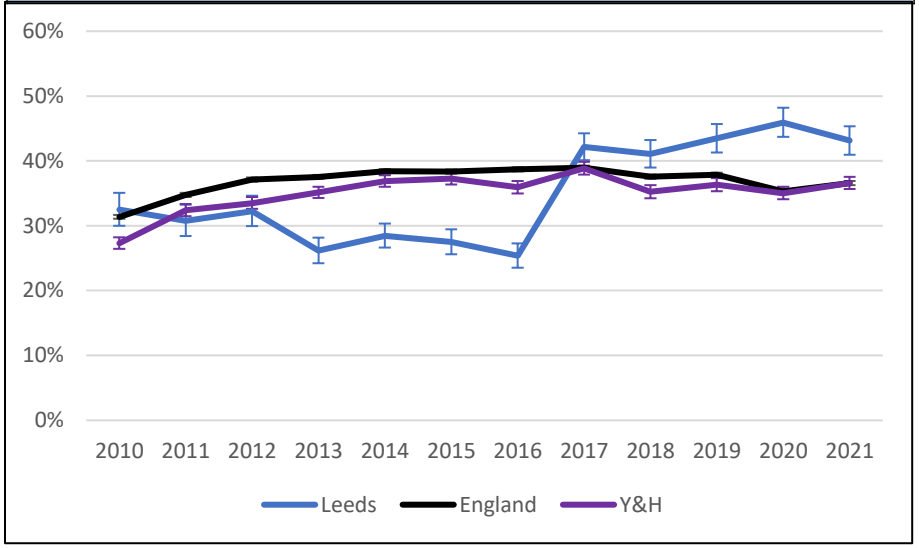

## *Percentage of NHS Health Checks offered which were taken up in the quarter (%)



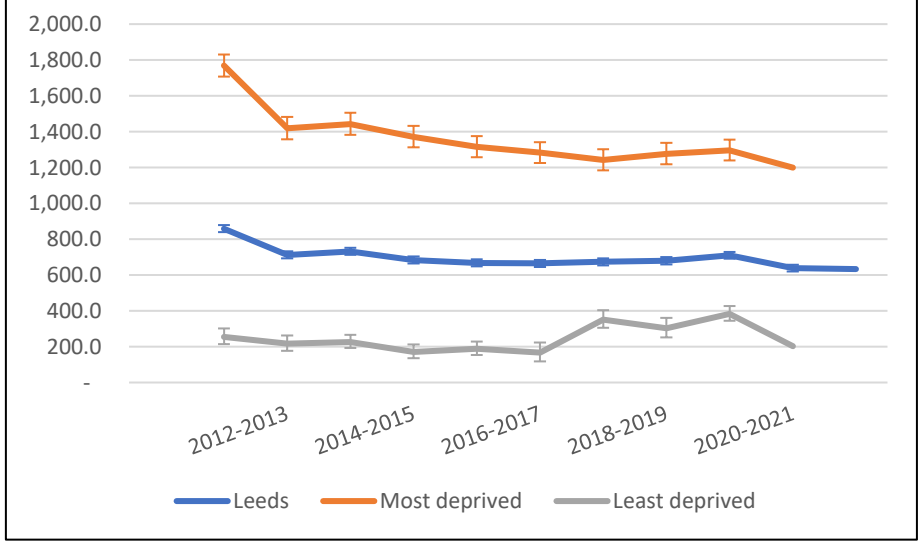
## *Successful completion of drug treatment - opiate users (%)



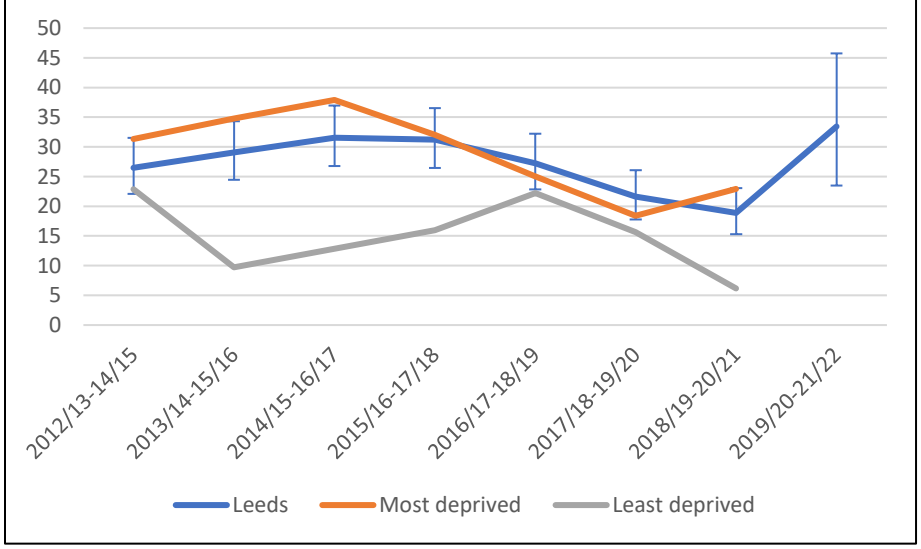

## *Successful completion of alcohol treatment (%)



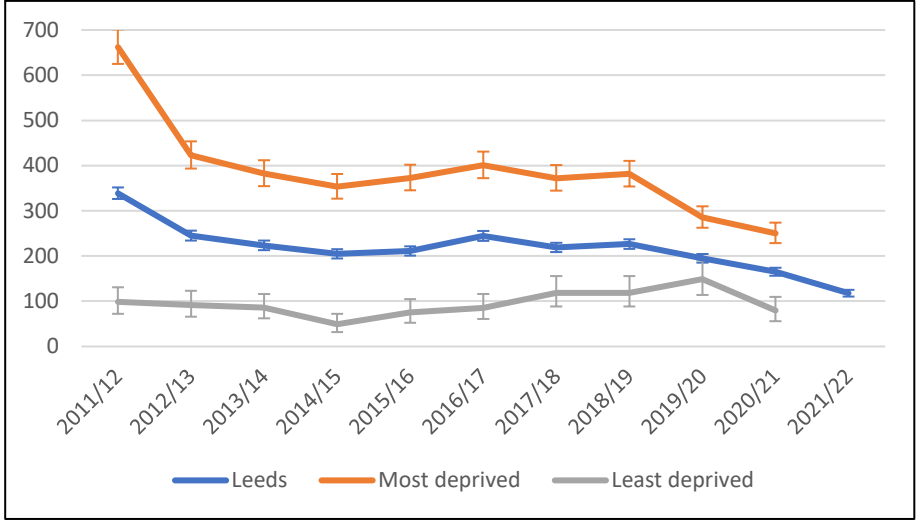

## *Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)



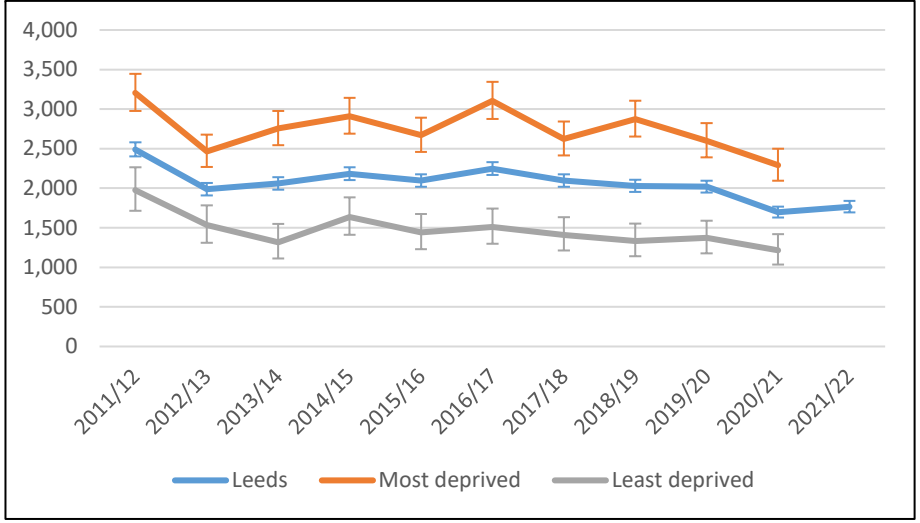

## *Admission episodes for alcohol-specific conditions - Under 18s (Persons)



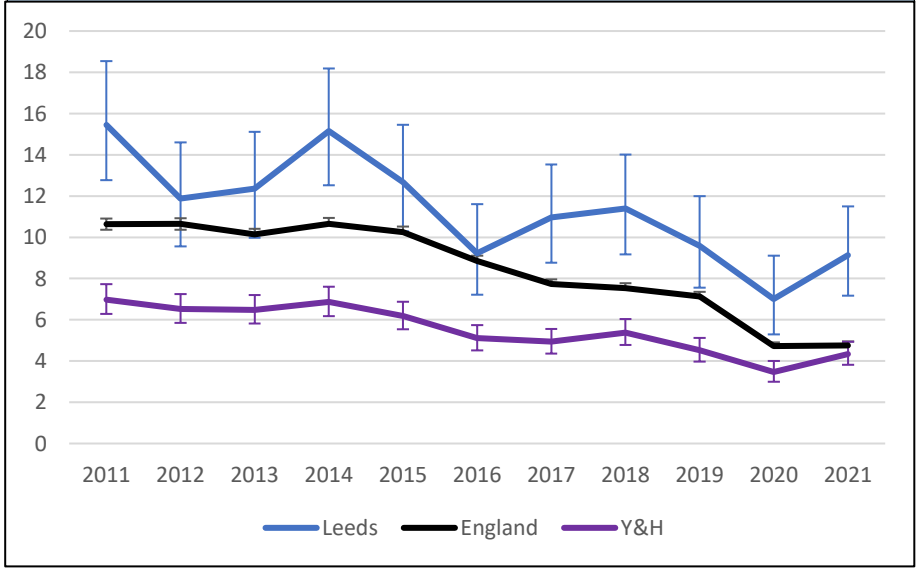
## *Emergency Admissions from Intentional Self-Harm (DSR per 100,000)



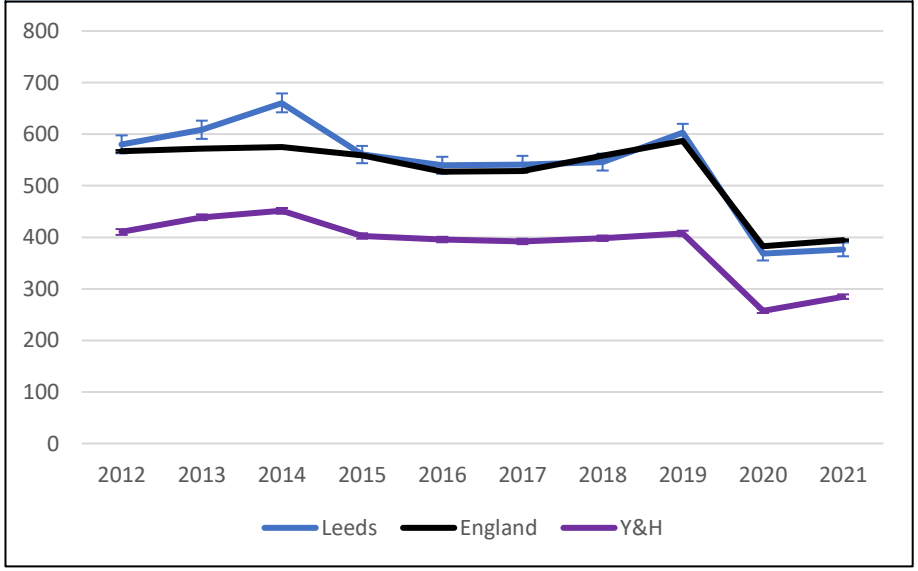

## *Emergency admissions due to falls for aged 65 and over (DSR per 100,000)




## *New HIV diagnosis (Crude rate per 100,000) (All ages)




## *New STI diagnoses (excluding chlamydia aged under 25) Crude rate per 100,000 (All ages)



**Appendix 2a: ASC Annual Performance Report including national comparators**

**Summary/Purpose**
This report presents an update on the Adult Social Care Outcomes Framework (ASCOF) 2022/23 provisional results alongside the most recent comparative data and includes additional metrics where relevant to the Best City Ambition, Better Lives Strategy or Care Quality Commission (CQC) Assurance Framework.

**Background**

- 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. 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.

- The 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.

  The ASCOF is currently being refreshed with a revised version and indicator set adopted from 2023/24 onwards. Future iterations of this report will be amended to reflect these changes.

- The CQC recently published its assessment framework for local authority assurance which sets out nine quality statements across four themes of:
  - How the local authority works with people.
  - How the local authority provides support.
  - How the local authority ensures safety within the system.
  - Leadership.

  The framework includes several process and outcome based performance measures. The latest results for these are included within this report.

- The Leeds approach to Adult Social Care is informed by the Better Lives Strategy and Best City Ambitions which include a range of performance measures The latest results for these are included within this report.

**20222/23 Update**

**ASCOF framework**

- Following the completion of the Short & Long Term services (SALT) return and Personal Social Services (PSS) Survey, the draft results for the ASCOF measures for 2022/23 are now available. Comparator data will not be available until October 2023. Overall, compared to the last available result, eleven measures have improved whilst

five have declined compared to the previous result. The measures can be broken down into two distinct groups:

- Ten ASCOF measures are obtained from the SALT return. Of these seven have improved whilst three have declined compared to 2021/22.
- The PSS survey provides the basis for eight measures within the ASCOF. The provisional results show that performance improved for four measures whilst it has dropped for two measures compared to the last survey in 2021/22. The results for the remaining two measures are not yet available.
- Additional ASCOF measures are obtained from the Carers survey. This is a biennial survey and as such was not carried out in 2022/23 and therefore there are no new results to report. Three further measures are obtained from external data and as such 2022/23 year end results are not yet available.

*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 2021/22 results. Four have improved whilst two declined compared to the last result.
- The proportion of people who use services who receive self-directed support has increased to the highest rate seen since 2017/18. Whilst the proportion of service users receiving a direct payment has fallen slightly in percentage terms the actual number of individuals receiving direct payments in the year is 939 compared to 937 in 2021/22 with the slight drop in performance is due to the increase in service users not receiving direct payments.
- The proportion of carers who receive both self-directed support and in particular a direct payment have both increased. The actual number of direct payments has increased due to an increased number of 'Time for Carers' grants issued.
- Two measures look at the accommodation and employment status of working age adults with learning disabilities. The percentage of the cohort in settled accommodation has improved compared to last year whilst the percentage in employment has fallen.
- Two measures are based upon the PSS survey. For the measures that looks at service users feeling of control over their lives the result has fallen significantly compared to the last survey. Performance on the measure that looks at the proportion of service users who report they have had as much social contact as they would like increased compared to the last survey and is back to broadly in line with pre-pandemic levels.
- 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. The 2022/23 results for these measures are not yet available.
- Leeds indicators – The number of people using the Leeds Directory continues to increase year on year with over 10,000 unique users accessing the resource each quarter. Progress continues to be made on ensuring that accessible information needs are recorded for service users and 95.6% of service users now have this captured.

*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.
- The rate of care home admissions for people aged 18-64 is 11.7 per 100,000 which is 60 people. Whilst this is a reduction compared to last year this figure is provisional and

is likely to increase to a level in line with or above last year. However, it is likely to be below historic levels.

- The rate of care home admissions for people aged 65+ is 479.6 which is 608 people. Again, this figure is below last year's result but expected to rise when finalised. The final result is still expected to remain below last year's rate.
- Percentage of older people at home 91 days after discharge into reablement has increased compared to last year and is the best result since 2019/20. The percentage of people being independent following reablement has fallen compared to last year. The overall number of people receiving reablement services is broadly in line with last year but remains below pre-pandemic 2019/20 levels.
- Leeds Indicators – The ratio of people who receive community-based support vs people who are supported in care homes remains steady with 2.4 people receiving community based care for every one person in a care home. The number of telecare installations completed in 2022/23 has fallen by 8% compared to 2021/22.

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

- The available ASCOF metrics within this domain are based upon the PSS survey.
- The Leeds results for the measure that look at service users satisfaction with their care and support has improved since the previous survey.
- The Leeds results for the measure that looks at the ease of finding information about support has increased significantly compared to the previous survey and is now back in line with pre-pandemic levels.
- Leeds indicators - The proportion of CQC registered care services rated good or outstanding continues to fall with the March 2023 figure being 74.3%. 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.

*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.
- 70.4% of people feel safe which is a decrease from the previous result of 71.9%. However, the proportion of people who say that the services they use make them feel safe has increased to 87.7% from 83%.
- Leeds indicators: There continues to be an increase in safeguarding activity. The trends of a rising number of safeguarding concerns alongside a reducing proportion of these concerns that go onto becoming safeguarding enquiries. The proportion of people who had their desired outcomes fully or partially met when being the subject of a safeguarding inquiry has fallen slightly by less than 1% point to 93.7%. Of those individuals who were determined to lack capacity 92.6% were provided support by an advocate, family or friend.

**2022/23 activity / Other key measures**

- 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.
- The contact centre continues to experience a high volume of calls, averaging over 4,100 contacts in 2022/23. However, call wait times have reduced dramatically from an average of 736 seconds in 2021/22 to 236 seconds for 2022/23.

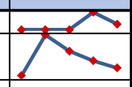
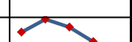
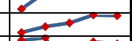
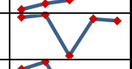
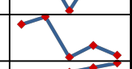
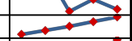
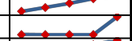
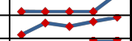
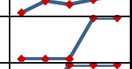
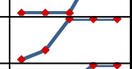
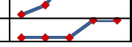
- The percentage of referrals for social care resolved at initial point of contact or through accessing universal services continues to decline year on year indicating that a greater proportion are continuing beyond the referral stage to requiring an assessment and therefore increasing demand on the service.
- The impact of demand elsewhere in the system continues to be 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 picture is in line with national trends.
- The number of carers assessments recorded as being completed per month remains broadly in line with last year at 126, a level significantly above historical figures. increased significantly in 2021/22 compared to previous levels, from 71 to 131.

**SALT return.**

- An initial draft version of the annual SALT data collection return for 2022/23 has been completed. Broadly, the return reflects a continuation of activity levels seen in 2021/22 and a return towards levels of activity seen in 2019/20 following the COVID impacted figures of intervening years.
- The overall number of requests for support compared to last year increased by 7% for 18-64 year olds and 3% for over 65's, with both age groups seeing a shift of increasing community referrals and a decreasing proportion from hospitals. The proportion of requests that led to long term care remained in line with last year at 5.3% for 18-64 year olds and 8.4% for over 65's as did the overall volumes of these that resulted in an admission to a care home but with a continuation of the shift towards nursing for over 65's which increased by 17%.
- The number of new service users entering reablement declined by 11% compared to last year with the reduction seen both in flows from hospitals and the community. Current service users entering reablement was broadly in line with last year but continues to be below 2019/20 levels. The breakdown of sequels to reablement were broadly in line with last year with 23% going on to receive long term support whilst 51% exited with no support needs.
- 18-64 year-old long term service users – The overall numbers supported remain relatively static as does the breakdown between type of support provided and the profile of needs of those supported.
- 65+ year-old long term service users - Overall there can be seen to be increases in numbers supported compared to the last two years across all support settings with the largest increase being a 7% increase in the numbers in nursing at year end compared to the same point last year. However, numbers have not yet recovered to pre-pandemic 2019/20 levels.
- Reviews – There has been a reduction in the number of reviews taking place, in particular planned reviews and the number of unique people reviewed. The percentage of long-term service users reviewed has fallen to 43.3% compared to 50.7% last year.
- Overall number of carers supported are up significantly. This is due to a substantial increase in the numbers supplied by Carers Leeds with the resumption of support groups (5,062 compared to 2,307). Carers supported through direct payments has increased due to more 'Time for Carers' grants being issued. The number of carers assessed has increased by 14% following it being steady across previous years.

**Appendix 2b: Adult Social Care Performance Measures**

| | ASCOF Measure | Source | CQC Assessment Framework | Leeds Result | Leeds Trend | | | | | | | 2021-22 Averages | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 2022-23 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 1yr trend | 5yr trend | Yorkshire & Humber | Comparator* | England |
| **Domain 1: Enhancing quality of life for people with care and support needs** | | | | | | | | | | | | | | |
| 1A | Social care-related quality of life score | SU survey | Yes | **NA** | 19.6 | 19.7 | NA | 18.8 | **NA** | NA | | 18.8 | 18.8 | 18.9 |
| 1B | The proportion of people who use services who have control over their daily life | SU survey | Yes | **61.7** | 75.1 | 80.2 | NA | 74.8 | **61.7** | ⇩ | | 77.0 | 76.0 | 77.0 |
| 1C(1A) | The proportion of people who use services who receive self-directed support | salt | Yes | **95.8** | 98.0 | 92.7 | 90.5 | 93.1 | **95.8** | ⇧ | | 95.0 | 91.0 | 95.0 |
| 1C(1B) | The proportion of carers who receive self-directed support | salt | Yes | **93.6** | 94.0 | 93.4 | 88.3 | 93.0 | **93.6** | ⇧ | | 93.0 | 82.0 | 88.0 |
| 1C(2A) BL | The proportion of people who use services who receive direct payments | salt | Yes | **14.9** | 17.8 | 16.2 | 15.4 | 15.0 | **14.9** | ⇩ | | 27.0 | 24.0 | 27.0 |
| 1C(2B) | The proportion of carers who receive direct payments | salt | Yes | **80.5** | 87.4 | 83.7 | 65.6 | 79.4 | **80.5** | ⇧ | | 76.0 | 69.0 | 76.0 |
| 1D** | Carer-reported quality of life | Carers survey | Yes | **NA** | 7.5 | NA | NA | 7.4 | **NA** | NA | | 7.4 | 7.3 | 7.3 |
| 1E | The proportion of adults with a learning disability in paid employment | salt | No | **5.0** | 7.7 | 8.1 | 8.6 | 6.4 | **5.0** | ⇩ | | 4.9 | 4.0 | 5.0 |
| 1F | The proportion of adults in contact with secondary mental health services in paid employment | other | No | **NA** | 11.7 | 12.0 | 9.0 | 5.0 | **NA** | NA | | 8.0 | 6.0 | 6.0 |
| 1G | The proportion of adults with a learning disability who live in their own home or with their family | salt | Yes | **78.8** | 73.0 | 74.8 | 80.9 | 77.3 | **78.8** | ⇧ | | 80.0 | 81.0 | 80.0 |
| 1H | The proportion of adults in contact with secondary mental health services living independently, with or without support | other | No | **NA** | 71.7 | 74.0 | 15.0 | 20.0 | **NA** | NA | | 32.0 | 34.0 | 26.0 |
| 1I(1) | The proportion of people who use services who reported that they had as much social contact as they would like | SU survey | Yes | **49.0** | 51.6 | 49.4 | NA | 40.5 | **49.0** | ⇧ | | 40.0 | 41.0 | 41.0 |
| 1I(2)** | The proportion of carers who reported that they had as much social contact as they would like | Carers survey | Yes | **NA** | 32.4 | NA | NA | 30.8 | **NA** | NA | | 31.0 | 29.0 | 29.0 |
| 1J | Adjusted Social care-related quality of life – impact of Adult Social Care services | SU survey | Yes | **NA** | 0.4 | 0.4 | NA | 0.4 | **NA** | NA | | 0.4 | 0.4 | 0.4 |
| **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 | salt | No | **11.7** | 13.5 | 16.2 | 13.3 | 12.0 | **11.7** | ⇧ | | 17.5 | 17.4 | 14.9 |
| 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 | salt | No | **479.6** | 526.2 | 561.1 | 458.1 | 516.2 | **479.6** | ⇧ | | 611.4 | 645.1 | 561.9 |
| 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 | salt | Yes | **83.4** | 82.2 | 83.1 | 81.4 | 79.5 | **83.4** | ⇧ | | 80.0 | 82.0 | 81.0 |
| 2B(2) | The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital | other | Yes | **NA** | NA | 2.0 | 1.1 | 0.9 | **NA** | NA | | 2.1 | 3.8 | 2.8 |
| 2D | The outcome of short-term services: sequel to service | salt | Yes | **70.3** | 60.0 | 65.7 | 71.9 | 71.4 | **70.3** | ⇩ | | 71.0 | 71.0 | 78.0 |
| **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 | SU survey | Yes | **65.8** | 63.3 | 66.7 | NA | 64.4 | **65.8** | ⇧ | | 65.0 | 64.0 | 64.0 |
| 3B** | Overall satisfaction of carers with social services | Carers survey | Yes | **NA** | 38.0 | NA | NA | 32.5 | **NA** | NA | | 38.0 | 35.0 | 37.0 |
| 3C** | The proportion of carers who report that they have been included or consulted in discussion abo ut the person they care for | Carers survey | Yes | **NA** | 73.1 | NA | NA | 58.4 | **NA** | NA | | 65.0 | 66.0 | 65.0 |
| 3D(1) BL | The proportion of people who use services who find it easy to find information about support | SU survey | Yes | **71.8** | 69.8 | 71.5 | NA | 57.8 | **71.8** | ⇧ | | 65.0 | 64.0 | 65.0 |
| 3D(2)** BL | The proportion of carers who find it easy to find information about services | Carers survey | Yes | **NA** | 65.4 | NA | NA | 57.1 | **NA** | NA | | 56.0 | 56.0 | 58.0 |
| **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 | SU survey | Yes | **70.4** | 73.0 | 69.4 | NA | 71.9 | **70.4** | ⇩ | | 69.0 | 70.0 | 69.0 |
| 4B | The proportion of people who use services who say that those services have made them feel safe and secure | SU survey | Yes | **87.7** | 91.1 | 87.6 | NA | 83.0 | **87.7** | ⇧ | | 85.0 | 85.0 | 86.0 |

| | ASCOF Measure | Source | CQC Assessment Framework | Leeds Result | Leeds Trend | | | | | | | 2021-22 Averages | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 2022-23 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 1yr trend | 5yr trend | Yorkshire & Humber | Comparator* | England |
| **Additional Local Measures** | | | | | | | | | | | | | | |
| | The time it takes for phone calls to be answered in the contact centre (in secs). | other | No | **236** | NA | NA | NA | 736 | **236** | ⇧ |  | | | |
| BL1 | Percentage of referrals for social care resolved at initial point of contact or through accessing universal services | other | No | **27.0** | 25.5 | 33.5 | 30.3 | 28.4 | **27.0** | ⇩ | | | | |
| BL4 | 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) | other | No | **121 qter avg** | 257 qter avg | 231 qter avg | 113 qter avg | 135 qter avg | **121 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 | other | Yes | **43.5** | 55.6 | 61.3 | 57.8 | 51.5 | **43.5** | ⇩ |  | 48 | 48 | 55 |
| | Number of Telecare installations | other | No | **3,931** | NA | 4,093 | 3,455 | 4,268 | **3,931** | ⇩ |  | | | |
| | Number of carer's assessments carried out (average per month) | other | No | **126** | NA | 44 | 71 | 131 | **126** | ⇩ |  | | | |
| BL6 | Proportion of Care Quality Commission registered care services in Leeds rated overall as good or outstanding | other | Yes | **74.3** | 82.0 | 87.8 | 83,5 | 78.7 | **74.3** | ⇩ |  | 79.9 | 78.7 | 83.8 |
| BL10 | Perccentage of peoplee with a concluded safeguarding enquiry for whom their desired outcomes were fully or partially met | SAC | No | **93.7** | 96.5 | 97.2 | 93.5 | 94.6 | **93.7** | ⇩ |  | | | |
| | Number of safeguarding concerns | SAC | Yes | **13527** | 8714 | 9785 | 10915 | 12205 | **13527** | NA |  | | | |
| | Percentage of safeguarding concerns that meet S42 threshold | SAC | Yes | **23.8** | 38.6% | 35.1% | 28.4% | 24.5% | **23.8** | NA |  | | | |
| | Total Leeds Directory Users (average unique users per quarter) | other | No | **10938** | NA | 7375 | 5191 | 8141 | **10938** | ⇧ |  | | | |
| | Accessible information standard - Percentage of current service users that have accessible information needs record updated | other | No | **95.6** | NA | NA | NA | 95.2 | **95.6** | ⇧ |  | | | |
| BL3 | Ratio of people who receive community-based support vs people who are supported in care homes | other | No | **2.4** | 2.1 | 2.2 | 2.4 | 2.4 | **2.4** | ⇔ |  | | | |
| | Percentage of individuals lacking capacity who were supported by advocate, family or friend | SAC | Yes | **92.6** | NA | NA | NA | 92.5 | **92.6** | ⇧ |  | | | |

**Notes**

**BL - Better Lives Strategy Measure**

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

**Carers survey occurs ever two years

## Appendix 3: More Adults are Active

## Percentage of Physically Active Adults

| Ref. | BCA Key Performance Indicators (KPI) (*=cumulative) | 2022/23 Target | Q4 2021/22 Result & RAG | Q4 2022/23 Result & RAG |
|---|---|---|---|---|
| | **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) | **24.3% of people are inactive** (Nov 2021 – Nov 2022) |

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 Nov 2019 to Nov 2020 (25.6%) to 24.3% for the period Nov 2021 to Nov 2022 but this is slightly up on Nov 2020 to Nov 2021 which was 23.3%. Due to the sample size of the data being just over 2,000 people this isn't a statistical change and is still 2.9% lower than back in 2015-16. It is also lower than the National (25.8%), regional (27.2%) and core cities (25%) averages.