

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

Date: 16th January 2024

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 nationally published 2022-23 and locally available in year 2023-24 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 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 provides an explanatory narrative for those indicators that have been updated since the last report. The indicators and data included within this performance report, particularly in relation to health inequalities, is being reviewed alongside the Marmot City programme. This will ensure that this report complements and aligns with Marmot indicators. 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
 - In line with the national picture, overall life expectancy in Leeds remained largely unchanged between 2011/13 and 2018/20. From this point onwards, life expectancy in the city has declined slightly. This downward trend started before the onset of Covid-19 so it cannot be wholly attributed to the impact of the pandemic. However, it is likely that deaths from Covid-19 are affecting the most recent figures.
 - Decreasing life expectancy is occurring in both the 'most deprived' and 'least deprived' groups. Further work is underway to understand this in more detail. Average life expectancy for males and females in Leeds has also continued to decrease since the last report. The rate of decrease has been greater for women.
 - There is a sustained reduction in deaths for people under 75 years old due to preventable causes such as respiratory disease, cancers, and circulatory diseases such as stroke. This represents a positive trend in the long term - possibly attributable to the impact of preventative services. However, some of the recent reduction is likely to be due to the impact that Covid-19 had on vulnerable populations - with people dying from Covid-19 rather than from these preventable conditions. Conversely, 'all age' mortality rates due to preventable causes (which includes people over 75 years old) are increasing, particularly for circulatory diseases. This is covered in more detail below.
 - Further work is being undertaken through the Marmot City programme to review data on life expectancy in Leeds.

6 Improvements

Despite the challenging and complex picture described above there have been several notable improvements in key indicators. These include:

- The number of people taking up an offer of an NHS health check. This indicator continues to recover after Covid (increasing from 48% to 62% over the last quarter) and Leeds rates remain above the regional and England average.
- Emergency admissions to hospital due to falls (in people over 65 years old) is decreasing overall with a steeper downward trend in the most deprived parts of the city. This suggests that targeted intervention in these communities are having a positive impact.
- Overall smoking prevalence continues to decline in line with national and regional rates.

7 Continued challenges

- Rates of 'all age' deaths from circulatory disease have shown an increase in the latest period. This reflects the national picture and may be due to the impact of Covid on NHS and preventative services– including delayed diagnosis, testing and identification of cardiovascular disease along with the pausing of NHS health checks.
- As noted, deaths from causes that are considered preventable in people aged under 75 years old has also decreased overall. However, the gap between 'most deprived' and 'least deprived' parts of the city remains significant.
- Entrenched inequalities between the most deprived and least deprived communities can also be seen across a range of other indicators including those for alcohol, smoking status by occupation, obesity and physical inactivity in adults.
- New HIV diagnosis rates and STI rates (excluding chlamydia under 25) have increased in this latest report. The increase is likely to be attributable to the provision of proactive and targeted testing. Work is ongoing to understand the relative proportions of people diagnosed in the UK and those diagnosed abroad.

Adult Social Care

- 8 The national framework within which adult social care data is collected and reported nationally continues to be in a period of transition. The annual aggregate Short and Long Term Care (SALT) return has been replaced with a quarterly Client Level Data (CLD) return for 2023/24. The Adult Social Care Outcomes Framework (ASCOF) has also been revised from 2023/24 including an amended suite of performance measures obtained in part from the CLD rather than the SALT. In addition, data will form a key part of the evidence base 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 the Adult Social Care Annual Performance Report. This includes 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, Better Lives Strategy and CQC Assurance Framework. This includes seven Adult Social Care measures that have been included by the Office for Local Government (OFLOG) in their Local Authority Data Explorer. The guidance for the tool notes that it 'aims to provide authoritative and accessible data and analysis about the performance of local government and support its improvement. The explorer should be used to generate questions and not reach judgements.' At the time of writing the online explorer is yet to be updated with the published 2022/23 data presented in this report.
- 10 The content of this report has been revised and updated compared to the version provided in June 2023 to reflect nationally published datasets and include comparator data for 2022/23 and the latest position at Quarter 2 2023/24 where possible.

11 Capacity and demand - Adult Social Care continues to experience significant pressure on its services. The services continues to receive high volumes of requests, especially safeguarding concerns. In addition, those requesting support show an increasing complexity of need meaning they require more support. Whilst there have been positive movement over recent months with a reduction in the number of vacancies within the service these demand pressures sit alongside challenges in relation to capacity. Combined, these forces are impacting on the ability to deliver services in a timely fashion illustrated through continued high numbers of people waiting for services and long waiting times.

12 Activity - As at 1st November 2023 Adult Social Care provided long term support to 8,818 people (3,814 aged 18-64, 5,004 aged 65 or over). These figures continue the trend of a continued increase in older people supported (up 3% on 2022/23 year-end figures) and are broadly in line with those seen pre-pandemic.

13 Improvements

The overall picture in relation to ASCOF measures is positive with 10 measures (out of 17) improving compared to 2021/22. Draft comparator data is positive and shows Leeds is above the average result for its group of peer local authorities on 10 measures and is in the top quartile for six of these. Further details on each of these measures are contained within the appendices but of particular note are:

- Survey results – The provisional results show that performance improved for five out of seven measures. Whilst this is in part reflective of a national picture, the degree of improvement in Leeds has typically been bigger than that seen nationally. In particular, ‘The proportion of people who use services who reported that they had as much social contact as they would like’ and ‘The proportion of people who use services who find it easy to find information and support’ showed significant improvement and 2022/23 results were in the top quartile both compared to peer authorities and nationally.
- Reablement outcomes – Leeds’ performance against the two measures looking at the outcomes for people accessing reablement services are positive. The percentage of older people at home 91 days after discharge from hospital into reablement has increased compared to last year and is the best result since 2019/20. The percentage of people being independent following reablement in Leeds is significantly above averages for the region, peer authorities and England and Leeds is in the top quartile for all three groups.
- Carers Support - The number of carers supported in 2022/23 returned to pre-pandemic levels, this position has continued into the 2023/24 year to date. In addition, the number of carers assessments recorded as being completed per month in 2022/23 was above historical figures and has increased significantly again in 2023/24 year to date.

14 Challenges

Challenges remain in terms of performance against several key measures and plans are in place to improve against these. These include:

- The survey measure on ‘The proportion of service users who feel in control over their lives’ has fallen compared to 2021/22 and the Leeds result places it in the bottom quartile compared to the region, peer authorities and all England.
- Direct Payments – The number of people receiving support through a direct payment in 2022/23 places Leeds in the bottom quartile compared to the region, peer authorities and all England. This is recognised as an improvement area and a project is underway to increase the take up of direct payments. This work includes introducing stretch targets for staff at all levels, promoting emphasis on direct payments as an approach to care delivery, simplifying processes and expanding the network of direct payment champions. The early impacts of this work can be seen in the 2023/24 year to date figure which has increased from 14.9% in 2022/23 to 16.0%.

- Reviews - The percentage of long term service users who have had review in the last 12 months has fallen year on year since 2019/20. Whilst a decline is in line with national trends Leeds does rank poorly in each comparator group. The development of a new reviewing team is starting to show progress in this area with 2023/24 activity data showing an increasing number of reviews carried out each month and a reduction in the number of outstanding reviews.
- Safeguarding - There continues to be an increase in safeguarding concerns raised. The proportion of safeguarding concerns (where a concern has been raised regarding a person's wellbeing) that went on to becoming safeguarding enquiries (where a formal adult safeguarding enquiry has been undertaken in response to the concern) fell in 2022/23 and was below the conversion rates seen in comparator groups. The latest figure for 2023/24 shows the result increasing and bringing it more in line with the region and peers and is in part due to working in partnership with other agencies to reduce levels of inappropriate referrals.
- Assessment waiting lists and timeliness – There are high numbers of people waiting and long waiting times for assessments, however there are initial positive signs with a decrease in the number of people waiting and waiting times in recent months. Processes are in place to ensure that people are 'waiting safely' through the screening of referrals, contacting people and families to manage risk and prioritise workloads. In addition, work continues to identify and resolve data quality issues that are impacting on these figures.

Active lifestyles

15 Appendix 3 is an update on Active Lifestyles. This associated measure of 'Percentage of physically active adults', based on the national Active Lives Survey (ALS), carried out by Sport England is now annually reported and as such the latest available data is the same as presented to the board in the last report in June 2023. The appendix provides further details on current work taking place in this area.

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 Bi-Annual Performance Report - January 2024

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 provides an explanatory narrative for those indicators that have been updated since the last report.

The information that is included, particularly in relation to health inequalities, is being reviewed alongside the Marmot City programme. This will ensure that this report complements and aligns with Marmot indicators.

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. This report was prepared using the latest available data at the time of writing. Updated indicators are highlighted in bold in these documents.

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

The charts in appendix 1b 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 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 1b).

Commentary on 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 77.6 years. This has reduced slightly from the previous period (78.1

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

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

years) but is not a statistically significant change. The overall Leeds trend has declined slightly with life expectancy significantly lower than 2011-2013 (78.1 years). Life expectancy in least deprived has decreased (from 82.9 years in 2018-20 to 82.3 years in 2019-21), but this is not statistically significant. The least deprived trend has declined slightly with life expectancy significantly lower than 2011-2013 (84.0 years). There have been no significant changes in the most deprived (73 years in 2019-21) areas.

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 81.4 years. There is a slight, but statistically significant reduction compared to the previous period (81.9 years). The overall Leeds trend has declined slightly with life expectancy significantly lower than 2011-2013 (81.9). Life expectancy in most deprived has decreased (from 77.7 years in 2018-20 to 77.3 years in 2019-21), but this is not statistically significant. However, compared to the 2011-13 period (78.5 years) this is a significant decrease (77.3 years). There is no significant change in least deprived (86.1 years in 2019-21) life expectancy.

Infant mortality rate per 1000 births

The infant mortality rate for Leeds in 2020-2022 was 5.0 per 1,000, unchanged from the previous period. In the most deprived areas, the rate was 5.7 per 1,000, decreased from 6.1 in the previous period, this was not a statistically significant change and there are no significant changes since 2011-13 onward. In the least deprived areas, the rate was 5.8 per 1,000, increased from 5.5 in the previous period, this was not a statistically significant change, but rates have seen an increasing trend. It must be noted that due to the small number (n=8) of infant deaths and lower birth rates (n=1388) in least deprived areas, these figures are very vulnerable to random fluctuations skewing the trend.

Smoking Prevalence in adults (aged 18+) - current smokers (Annual Population Survey (APS)) (%)

The percentage of smokers reported in the APS in 2022 was 12.4%, worsening slightly from the previous period (12.1% in 2021) 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 (13.1%) and England (12.7%) 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 1.8 in 2022. This means those working in routine and manual occupations are 1.8 times as likely to smoke than their counterparts. This has improved from the previous period (1.9 in 2021) but is not a significant change. The overall trend for Leeds was falling slowly between 2013 and 2022 but the current rate has not significantly changed over the past 10 years. The current ratio for Leeds is lower 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 Q2 2023/24 was 24.3%. This is not a statistically significant change from the previous quarter (24.2% in Q1) but the overall trend is increasing and is statistically significantly higher than it was five years ago (23.1% in Q2 2018/19). For people living in the most deprived areas the percentage was 29.1% and for the least deprived 19.6%. There are no statistically significant changes from the previous quarter and the overall trend is stable.

Percentage of physically inactive adults

The percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week) in Q2 2023/24 was 34.5%, no change compared to previous quarter (34.6% in Q1) However, compared to the pre-Covid rate there has been a statistically significant decrease (35.4% in Q3 2019/2020). For people living in the most deprived areas the percentage was 40.7% and for the least deprived 27.4%. There are no statistically significant changes from the previous quarter and the overall trend is stable.

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

The rate for Leeds in Q2 2023/24 was 1,314 per 100,000. There were no significant changes from the previous quarter (1,312 per 100,000 in Q1) and there is no statistically significant trend compared to five years ago (1,321 per 100,000 in Q2 2018/19). For people living in the most deprived areas the rate was 1,955 and for the least deprived 691. There are no statistically significant changes from the previous quarter and the overall trend is stable.

Circulatory disease mortality, all ages (age standardised per 100,000)

The mortality rate for Leeds between 2019 and 2021 was 268.1 per 100,000, statistically significantly higher than the previous period (245.1 per 100,000 in 2018-2020). The overall trend shows statistically significant improvement compared to 2015-2017 (284.1 per 100,000) - 354.5 per 100,000 for the most deprived and 186.6 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rates. On review of the Mid-Year populations used in mortality rate calculations, these rates have been recalculated and updated.

Circulatory disease mortality, under 75 (age standardised per 100,000)

This measure of premature mortality from circulatory disease for Leeds between 2019 and 2021 was 77.9 per 100,000. This has improved from the previous period (78.3 per 100,000 in 2018-2020) but is not a statistically significant change. The overall trend shows rates are falling slightly and have statistically significant improvement compared to four years ago (87.7 per 100,000 in 2015-2017). The rate is 130.5 per 100,000 for the most deprived and 41.4 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rate.

Respiratory mortality, all ages (age standardised per 100,000)

The mortality rate for Leeds between 2019 and 2021 was 92.1 per 100,000, up 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 since 2014-2016. The current rate is significantly lower than the rate six years ago (93.1 per 100,000 in 2013-2015). The rate is 157.5 per 100,000 for the most deprived and 38.8 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rates. On review of the Mid-Year populations used in mortality rate calculations, these rates have been recalculated and updated.

Respiratory mortality, under 75 (age standardised per 100,000)

This measure of premature respiratory mortality for Leeds between 2019 and 2021 was 30.9 per 100,000, this has improved from the previous period (32.1 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. The rate is 66.0 per 100,000 for the most deprived and 5.5 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rates.

Cancer mortality, all ages (age standardised per 100,000)

The mortality rate for Leeds between 2019 and 2021 was 293.8 per 100,000, this has worsened 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). The rate is 405.3 per 100,000 for the most deprived and 229.2 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rates. On review of the Mid-Year populations used in mortality rates calculations these rates have been recalculated and updated.

Cancer mortality, under 75 (age standardised per 100,000)

This measure of premature mortality from cancer for people under the age of 75 between 2019 and 2021 was 138.2 per 100,000, this is an improvement on the previous period (142.7 per 100,000 in 2018-2020), but not a statistically significant change. 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. The rate is 206.4 per 100,000 for the most deprived and 90.8 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rates.

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

This measure of premature mortality from alcoholic liver disease for Leeds between 2019 and 2021 was 12.4 per 100,000, this has worsened slightly from the previous period (12.3 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). The rate is 19.7 per 100,000 for the most deprived and 5.2 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rates.

Under 75 mortality rate from causes considered preventable

This overarching premature mortality indicator for Leeds between 2019 and 2021 was 186.8 per 100,000, this has improved slightly from the previous period (189.9 per 100,000 in 2018-2020) but not significantly. The overall trend is slightly decreasing but is not statistically significantly different compared to 2013-2015 (196.3 per 100,000). The rate is 307.2 per 100,000 for the most deprived and 99.6 for the least deprived areas. Overall, there are no significant changes in the most and least deprived rates.

Operational indicators

Breastfeeding maintenance at 6-8 weeks (%)

The percentage of women breastfeeding in Leeds in 2022/23 was 46.0%, this is a statistically significant decrease on the previous period (48.4% in 2021/22). The percentage of women breastfeeding in the most deprived areas of Leeds was 41.7%, an increase on the previous period (41.3% in 2021/22) but was not statistically significant. In the least deprived areas it was 59.5%, this was a decrease on the previous period (61.0% in 2021/22) but is not statistically significant.

Recorded diabetes type 1 and 2, all ages (age standardised per 100,000)

The rate of recorded diabetes type 1 and 2 in Leeds for Q2 2023/24 was 6,833 per 100,000, this has slightly increased from 6,777 per 100,000 in Q3 but this is not a statistically significant change. The overall trend is slightly increasing. For people living in the most deprived areas the rate was 9,748 and 4,274 for the least deprived. There are no statistically significant changes from the previous quarter and the overall trend is stable.

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 Q1 was 62.4%, this was a statistically significant improvement from Q4 which was 48%. The overall trend has been declining but with large variation between quarters, this trend is seen nationally. Leeds is performing better than Yorkshire and the Humber (47.9%) and England (36%) average.

Admission episodes for alcohol-specific conditions, all ages (age standardised per 100,000)

Hospital admissions for all ages where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition was 702.7 per 100,000 for the period 2021-2022. This was a slight increase from the previous period (687.5 per 100,000) but not a statistically significant change. The overall trend is slightly declining since 2012-2013 (750.4 per 100,000) and is a statistically significant improvement. For people living in the most deprived areas the rate was 1,241 and 243 for the least deprived. There are no statistically significant changes from the previous quarter and the overall trend is stable. On review of the mid-year population estimates used in 'hospital episode statistics' (HES) calculations these rates have been recalculated and may vary slightly from what has previously been reported.

Admission episodes for alcohol-specific conditions - Under 18s (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 5.0 per 100,000 for the period 2019-2021, a decrease from the previous period (6.3 per 100,000 in 2018-2020) but not statistically significant. The actual number of admissions in the latest period was approximately 20, changes in these small numbers may lead to big fluctuations in trend. For people living in the most deprived areas the rate was 5.7 and 6.8 for the least deprived. There are no statistically significant changes from the previous quarter and the overall trend is stable. On review of the mid-year population estimates used in HES calculations these rates have been recalculated and may vary slightly from what has previously been reported.

Emergency admissions from intentional self-harm (age standardised per 100,000)

Hospital admissions for intentional self-harm was 107.1 per 100,000 for the period 2021-2022, this was a statistically significant improvement compared to the previous period (150.0 per 100,000 in 2020-2021). Overall, there is a significant reduction in admissions since 2016-17. The rate in the most deprived areas was 145.4, a statistically significant decrease on the previous period (236.5 in 2020-2021). The rate in the least deprived areas was 65.7, this was not a significant change. On review of the mid-year population estimates used in HES calculations these rates have been recalculated and may vary slightly from what has previously been reported.

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

Admissions to Leeds hospitals for falls injuries in persons aged 65 and over was 1,386 per 100,000 in 2021-2022, this was a statistically significant decrease from the previous period (1,796 per 100,000 in 2020-2021). The overall trend has been falling since 2016-17. The rate in the most deprived areas was 1,830, a statistically significant decrease on the previous period (2,406 in 2020-2021). The rate in the least deprived areas was 961, this was not a significant change. On review of the mid-year population estimates used in HES calculations these rates have been recalculated and may vary slightly from what has previously been reported.

New HIV diagnosis rate - All ages (age standardised per 100,000)

New HIV diagnosis rate was 16.2 per 100,000 in 2022, this was a statistically significant increase from the previous period (8.9 per 100,000 in 2021). This is a statistically significant increase compared to the pre-COVID rate (9.5 per 100,000 in 2019). The rate is statistically significantly higher than Yorkshire and the Humber (6.5 per 100,000) and England (6.7 per 100,000).

New sexually transmitted infection (STI) diagnoses (excluding chlamydia aged under 25) - all ages (per 100,000)

The diagnosis rate was 437.3 per 100,000 in 2022, this is a statistically significant increase on the previous period (370.2 per 100,000 in 2021). However, this is a statistically significant decrease compared to the pre-COVID rate (602.9 per 100,000 in 2019). The rate is higher than Yorkshire and the Humber (374.6 per 100,000) and lower than England (495.8 per 100,000), both of these differences are statistically significant.

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 release of ONS mid-year population estimates 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 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
- Unable to test, data unavailable

↑	↓
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Population Indicators

Updated October 2023

Overarching Indicator

	Leeds	Most Deprived	Least Deprived
* Life Expectancy at Birth - Males	↓ 77.6	↓ 73.0	↓ 82.3
* Life Expectancy at Birth - Females	↓ 81.4	↓ 77.3	↓ 86.1

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

* Infant mortality rate per 1000 births	↑ 5.0	↓ 5.7	↑ 5.8
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	→ #	→ #

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

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

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

* Smoking Prevalence in adults (18+) - current smokers (APS)	↑ 12.4%	→ #	→ #
* Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)	↓ 1.8	→ #	→ #
* Excess weight in adults % of Adults who have a BMI of over 30	↑ 24.3%	↑ 29.1%	↑ 19.6%
* Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	↓ 34.5%	↓ 40.7%	↓ 27.4%
* Prevalence of severe mental illness 18+	↑ 1,314.2	↓ 1955.0	↑ 690.7
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	↑ 268.1	↑ 354.5	↑ 186.6
* Circulatory disease mortality, under 75, DSR per 100,000	↓ 77.9	↑ 130.5	↓ 41.4
* Respiratory mortality, all ages, DSR per 100,000	↑ 92.1	↑ 157.5	↑ 38.8
* Respiratory mortality, under 75, DSR per 100,000	↓ 30.9	↓ 66.0	↓ 5.5
* Cancer mortality, all ages, DSR per 100,000	↑ 293.8	↑ 405.3	↑ 229.2
* Cancer mortality, under 75, DSR per 100,000	↓ 138.2	↓ 206.4	↓ 90.8
* Alcoholic liver disease mortality, under 75, DSR per 100,000	↑ 12.4	↓ 19.7	↓ 5.2
Excess under 75 mortality rate in adults with severe mental illness (SMI)	↓ 353.6%	→ #	→ #
* Under 75 mortality rate from causes considered preventable	↓ 186.8	↓ 307.2	↓ 99.6

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):

Suicide Rate (persons) (DSR per 100,000)	↑ 13.9	↑ 19.4	↑ 6.7
--	--------	--------	-------

Operational Indicators

Leeds

Deprived
Leeds

Updated April 2023

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
	↓ 46.0%	↑ 41.7%	↓ 59.5%
	↑ 96	↓ 47	↑ <6

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

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

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
	↑ 6,833.1	↑ 9,748.3	↑ 4,274.9
	↑ 62.4%	→ #	→ #
	↑ 7.9%	→ #	→ #
	↓ 43.1%	→ #	→ #
	↑ 702.7	↓ 1,240.6	↓ 243.3
	↓ 5.0	↑ 5.7	↓ 6.8
	↓ 107.1	↓ 145.4	↓ 65.7
	↓ 1,385.7	↓ 1,829.5	↓ 960.9

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 per 100,000 (All ages)

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

	Leeds	Most Deprived	Least Deprived
	↑ 16.2	→ #	→ #
	↑ 437.0	→ #	→ #

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

Public Health advice to NHS Commissioners

Population Indicators		Leeds	Most Deprived	Least Deprived	Latest period	Previous period Leeds	Previous period Most Deprived	Previous period Least Deprived	Previous period	An improving direction is an		
Overarching Indicator												
* Life Expectancy at Birth - Males	↓	77.6	↓	73.0	↓	82.3	2019-2021	78.1	73.4	82.9	2018-2020	increase
* Life Expectancy at Birth - Females	↓	81.4	↓	77.3	↓	86.1	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	↓	5.7	↑	5.8	2020-2022	5.0	6.1	5.5	2019-2021	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)	↑	12.4%	→	#	→	#	2022	12.1%	#	#	2021	decrease
* Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)	↓	1.8	→	#	→	#	2022	1.9	#	#	2021	decrease
* Excess weight in adults % of Adults who have a BMI of over 30	↑	24.3%	↑	29.1%	↑	19.6%	Q2 2023/24	24.2%	29.1%	19.5%	Q1 2023/24	decrease
* Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	↓	34.5%	↓	40.7%	↓	27.4%	Q2 2023/24	34.6%	40.9%	27.8%	Q1 2023/24	decrease
* Prevalence of severe mental illness 18+	↑	1,314.2	↓	1955.0	↑	690.7	Q2 2023/24	1,312.3	1959.9	681.9	Q1 2023/24	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	↑	268.1	↑	354.5	↑	186.6	2019-2021	245.1	321.9	183.7	2018-2020	decrease
* Circulatory disease mortality, under 75, DSR per 100,000	↓	77.9	↑	130.5	↓	41.4	2019-2021	78.3	126.9	43.6	2018-2020	decrease
* Respiratory mortality, all ages, DSR per 100,000	↑	92.1	↑	157.5	↑	38.8	2019-2021	89.7	152.5	35.6	2018-2020	decrease
* Respiratory mortality, under 75, DSR per 100,000	↓	30.9	↓	66.0	↓	5.5	2019-2021	32.1	66.2	8.1	2018-2020	decrease
* Cancer mortality, all ages, DSR per 100,000	↑	293.8	↑	405.3	↑	229.2	2019-2021	285.5	401.4	205.5	2018-2020	decrease
* Cancer mortality, under 75, DSR per 100,000	↓	138.2	↓	206.4	↓	90.8	2019-2021	142.7	215.0	97.4	2018-2020	decrease
* Alcoholic liver disease mortality, under 75, DSR per 100,000	↑	12.4	↓	19.7	↓	5.2	2019-2021	12.3	20.9	6.1	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	↓	307.2	↓	99.6	2019-2021	189.9	310.5	103.9	2018-2020	decrease
3 Protecting health and wellbeing (*protect the health of the local population):												
Suicide Rate (persons) (DSR per 100,000)	↑	13.9	↑	19.4	↑	6.7	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 (%)	↓	46.0%	↑	41.7%	↓	59.5%	2022/23	48.4%	41.3%	61.0%	2021/22	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)	↑	6,833.1	↑	9,748.3	↑	4,274.9	Q2 2023/24	6,777.4	9679.6	4,243.1	Q1 2023/24	increase
* Percentage of NHS Health Checks offered which were taken up in the quarter	↑	62.4%	→	#	→	#	2023/24 Q1	48.0%	#	#	2022/23 Q4	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)	↑	702.7	↓	1,240.6	↑	243.3	2021-2022	687.5	1313.7	219.7	2020-2021	decrease
* Admission episodes for alcohol-specific conditions - Under 18s (Persons)	↓	5.0	↑	5.7	↓	6.8	2019-2021	6.3	5.1	7.2	2018-2020	decrease
* Emergency Admissions from Intentional Self-Harm (DSR per 100,000)	↓	107.1	↓	145.4	↓	65.7	2021-2022	150.0	236.5	68.5	2020-2021	decrease
* Emergency admissions due to falls for aged 65 and over	↓	1,385.7	↓	1,829.5	↓	960.9	2021-2022	1,796.1	2405.6	1,303.3	2020-2021	decrease
3 Protecting health and wellbeing (*protect the health of the local population):												
* New HIV diagnosis rate per 100,000 (All ages)	↑	16.2	→	#	→	#	2022	8.9	#	#	2021	decrease
* New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)	↑	437.0	→	#	→	#	2022	370.0	#	#	2021	decrease

Notes

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

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

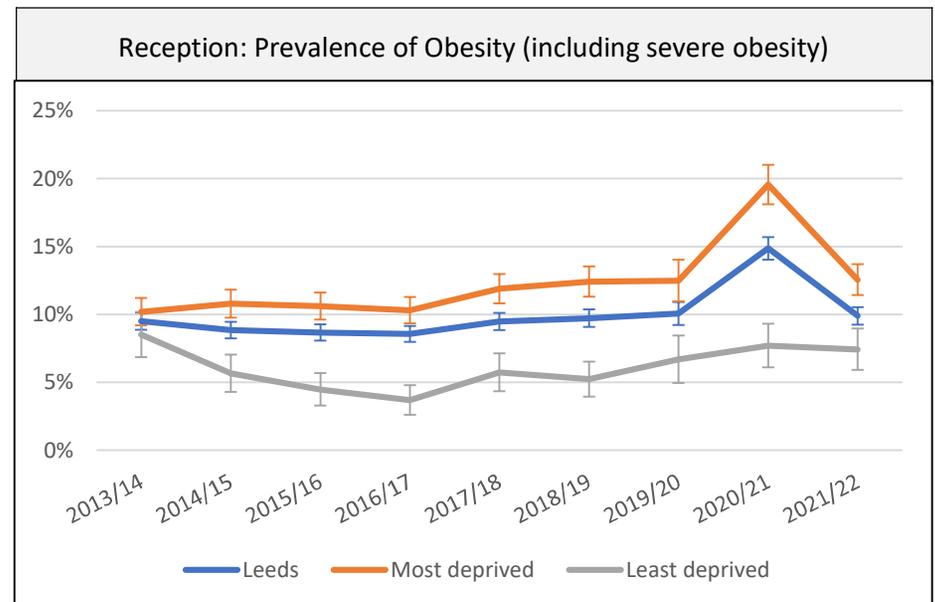
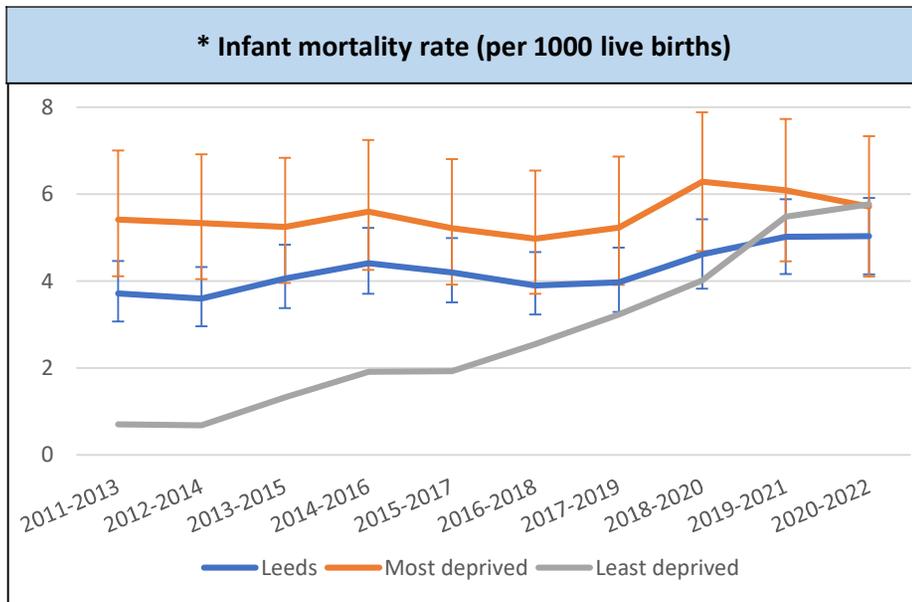
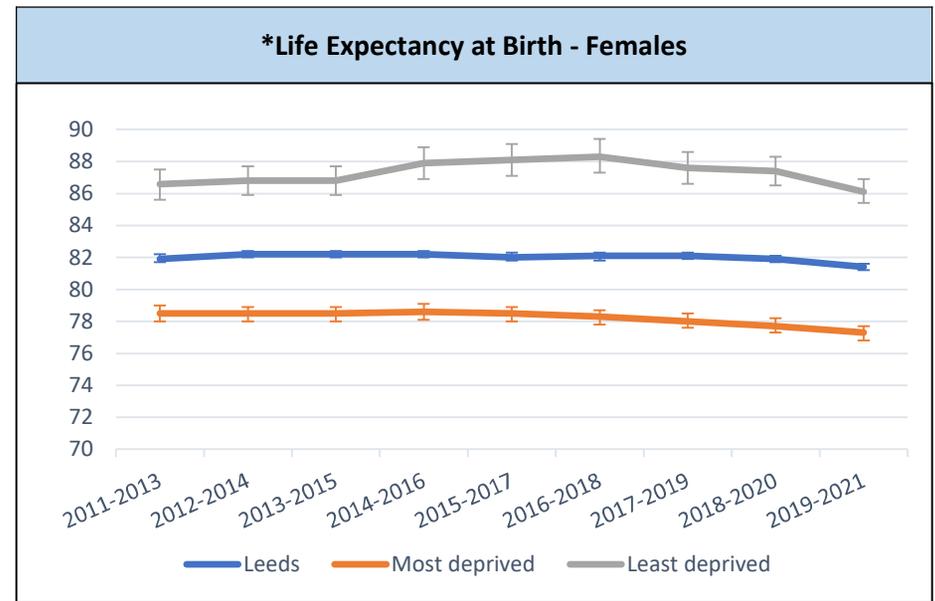
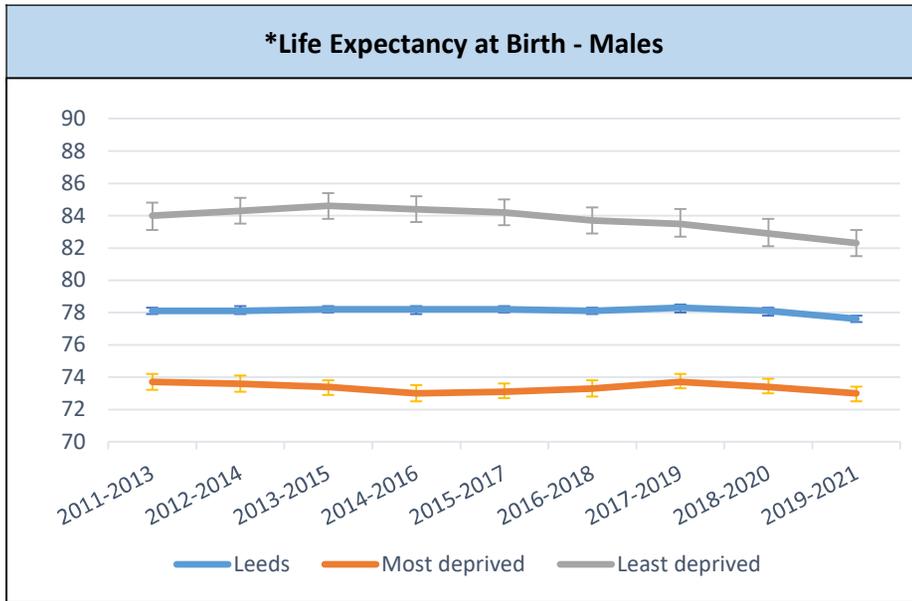
"Most Deprived" is the population of Leeds living in an area ranking in the 10% most deprived nationally, "Least Deprived" is the 10% least deprived nationally. There is an exception for child obesity indicators which use 20% most deprived and 20% least deprived to align with the national Child Measurement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

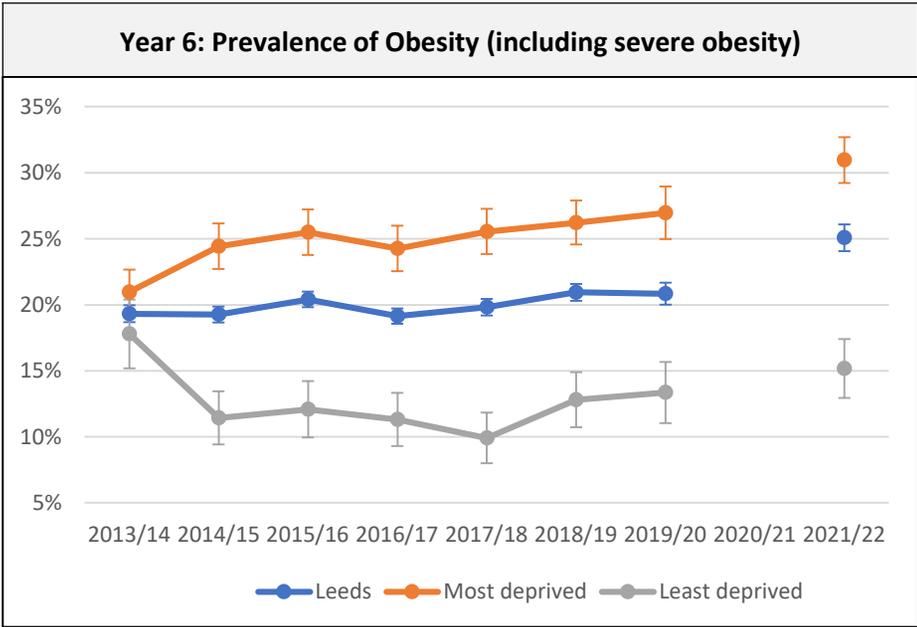
Appendix 1b - Public Health Performance Report (November 2023)

Population Indicators

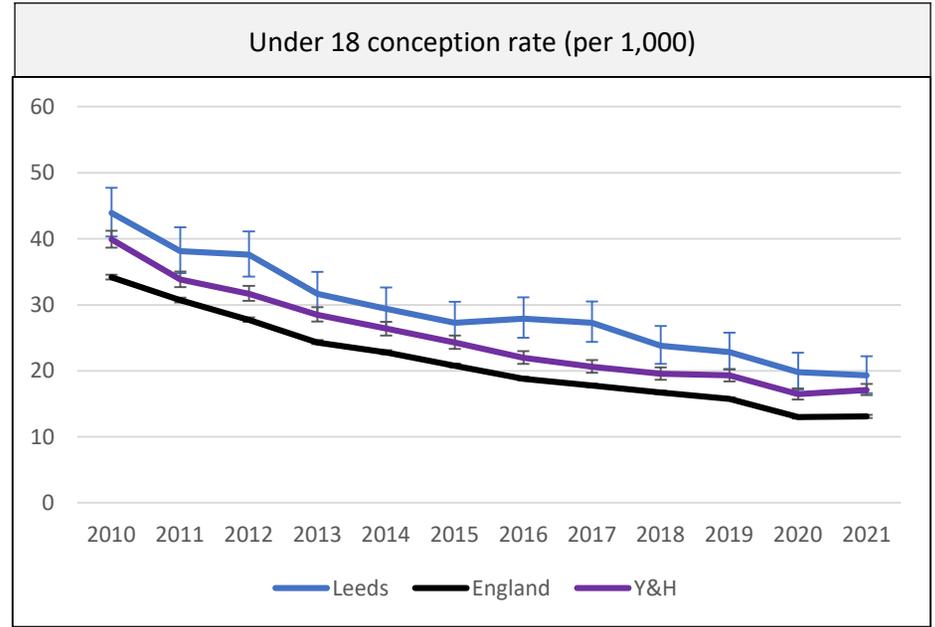
Indicators marked with an asterisk * and with a blue heading have been updated in November 2023



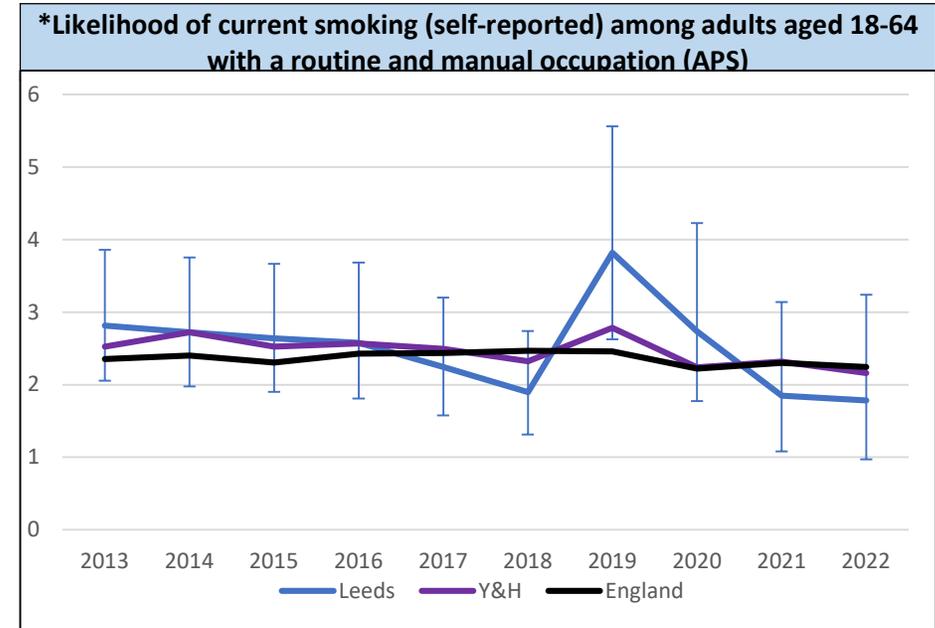
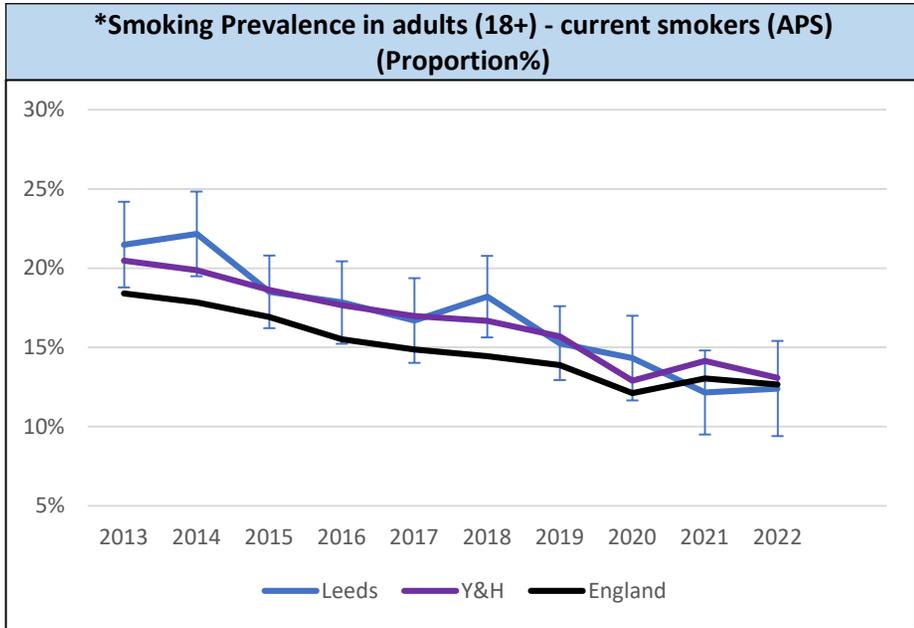
Number of deaths for 2019-2021 is under 8.



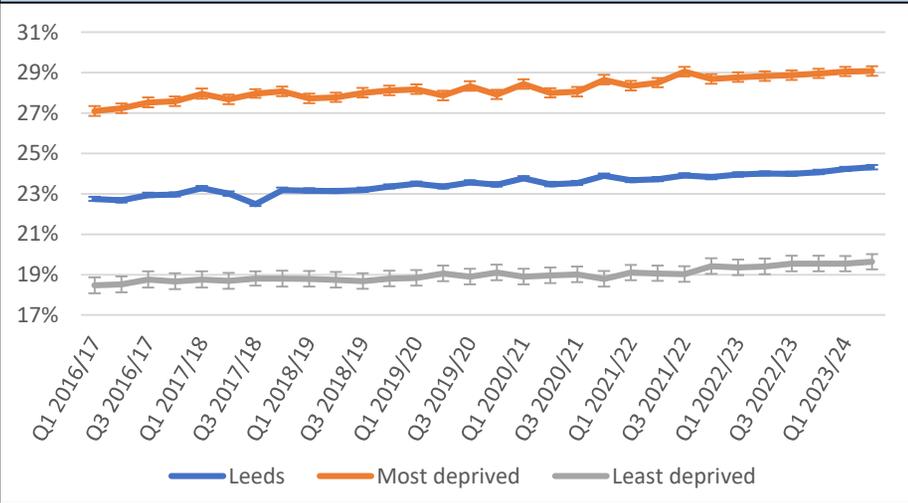
Data unavailable in 2020/21 due to school closures



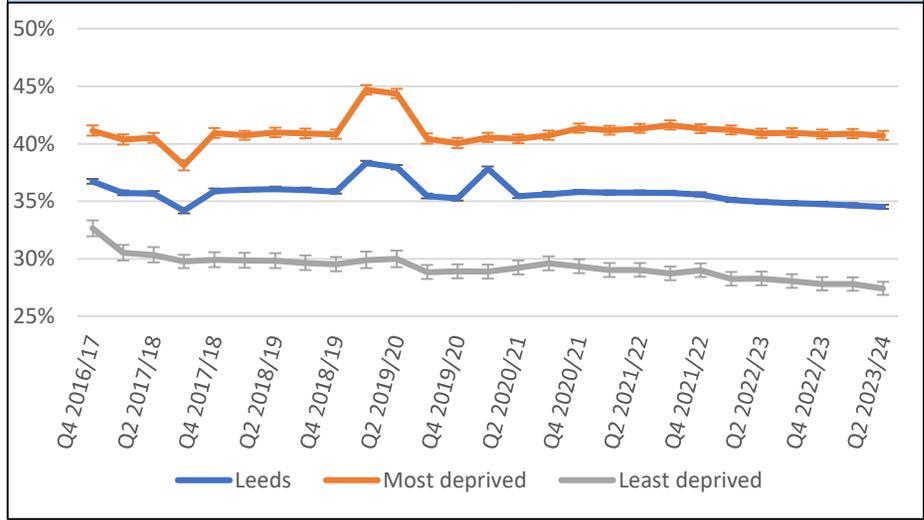
Where Leeds inequalities data not available, regional and national comparators presented.



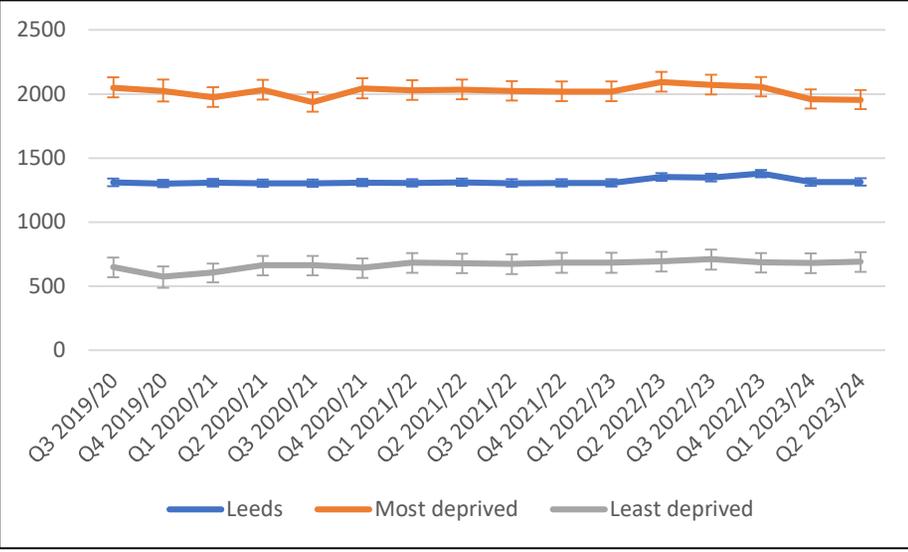
***Excess weight (obesity) in adults % of Adults who have a BMI of over 30**



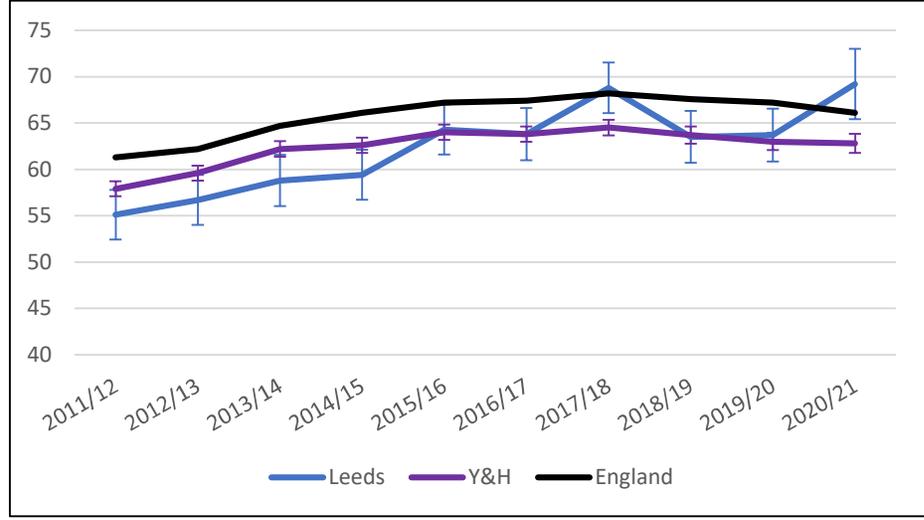
*** Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)**

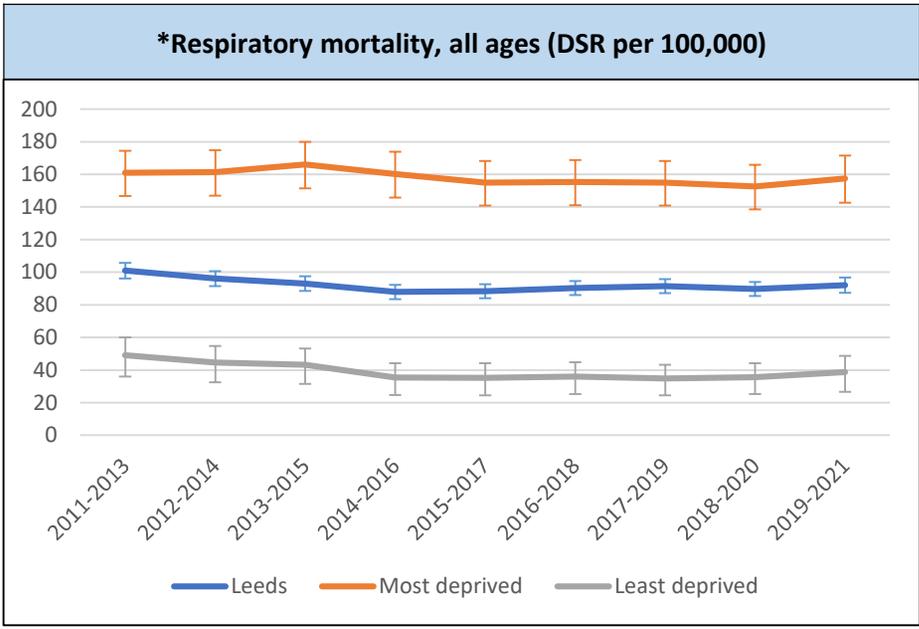
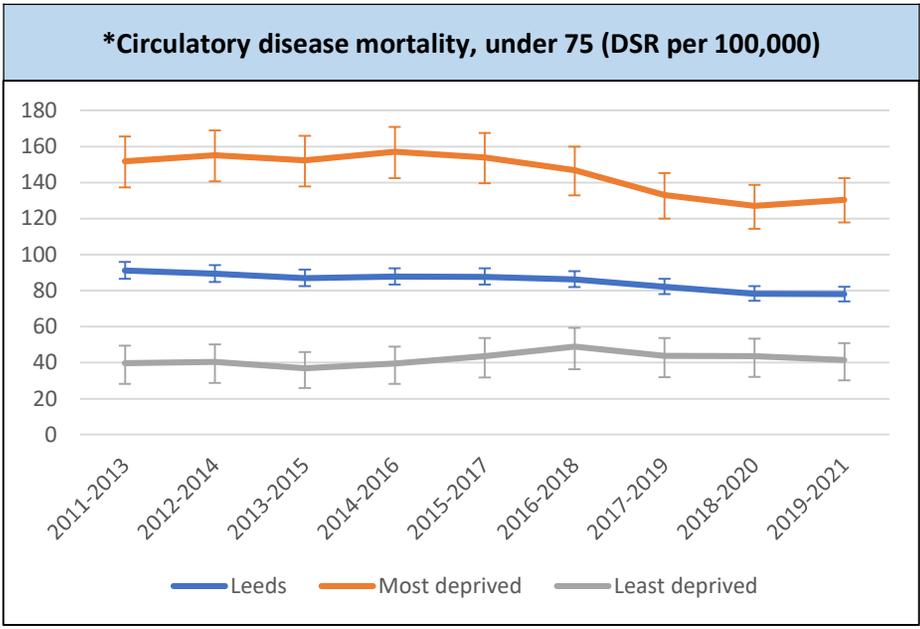
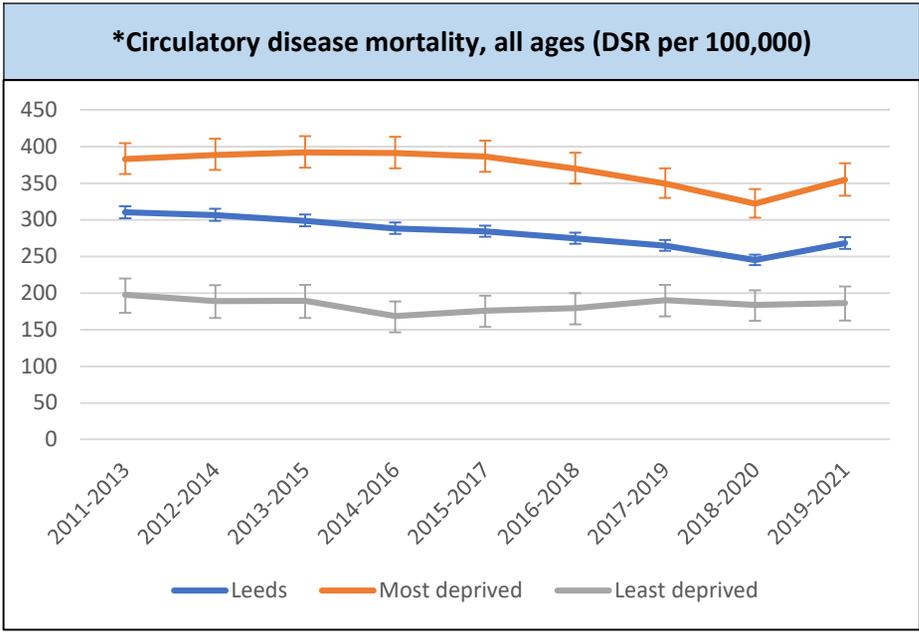
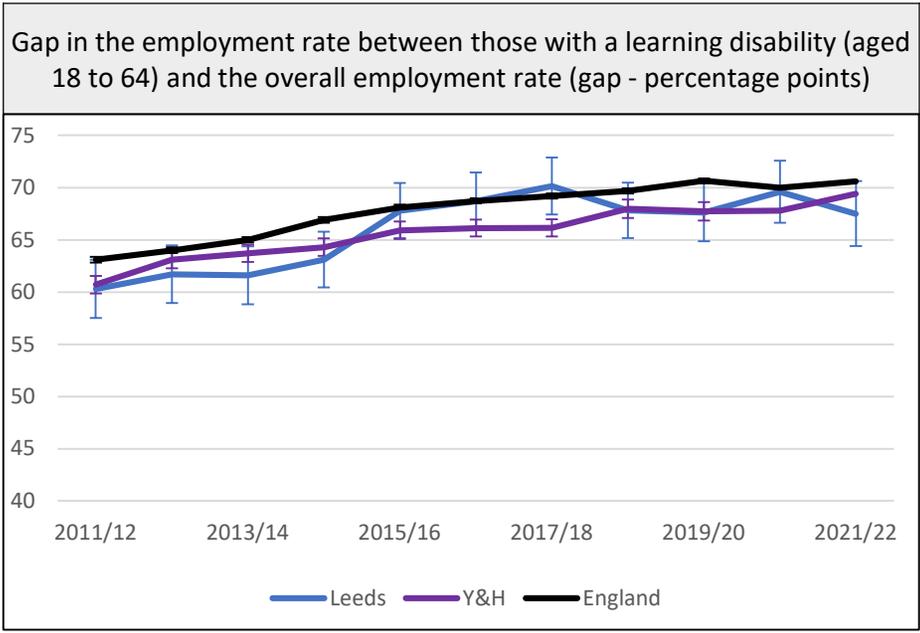


***Prevalence of Severe Mental Illness 18+ (DSR per 100,000)**

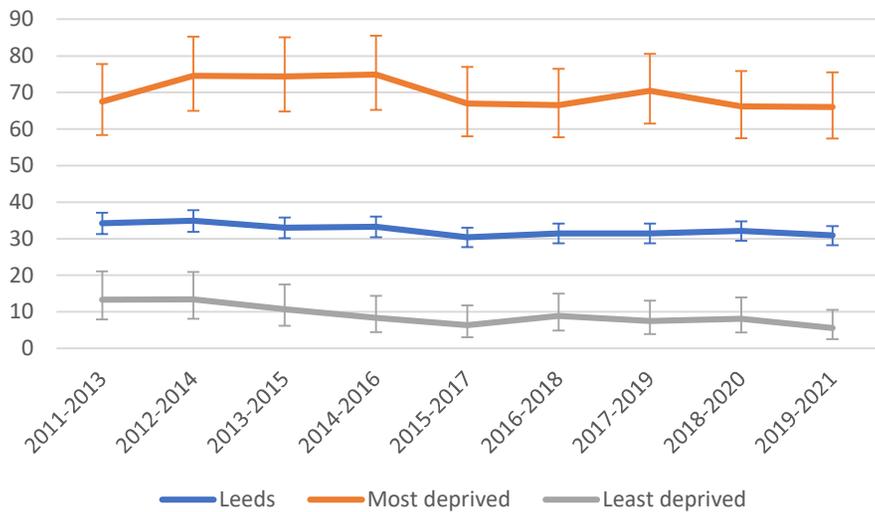


Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)

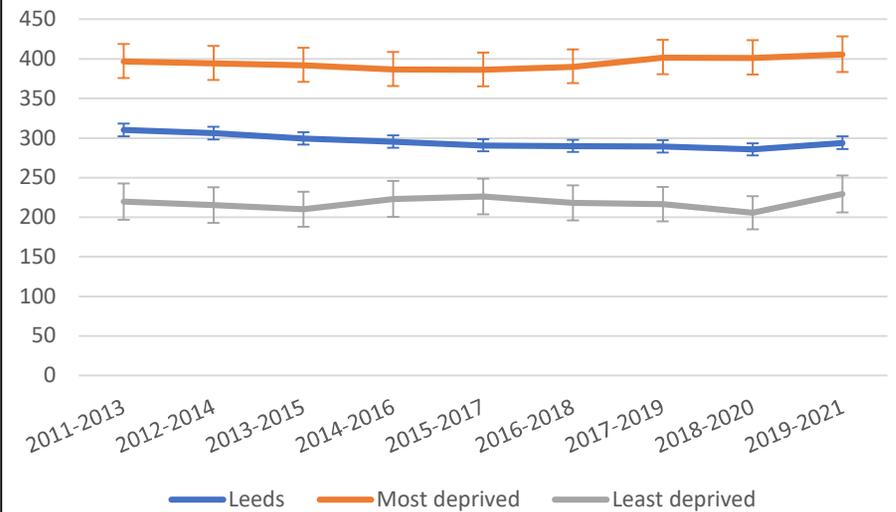




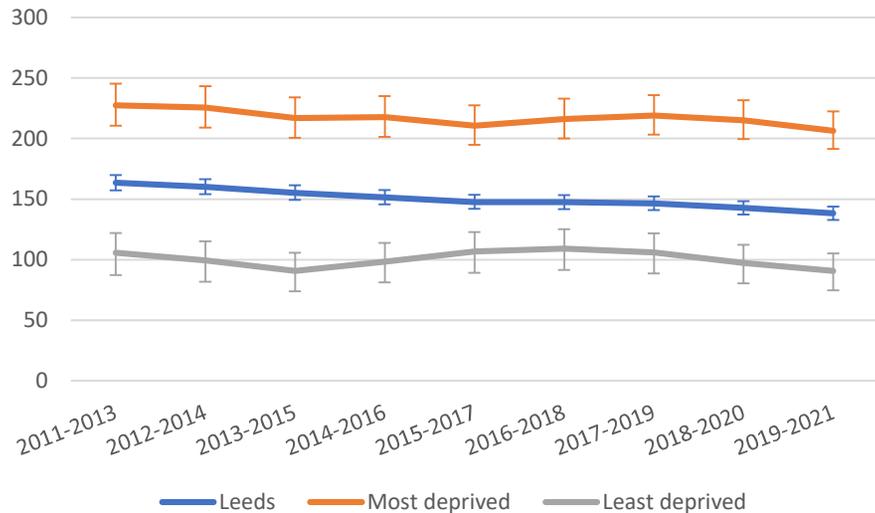
***Respiratory mortality, under 75 (DSR per 100,000)**



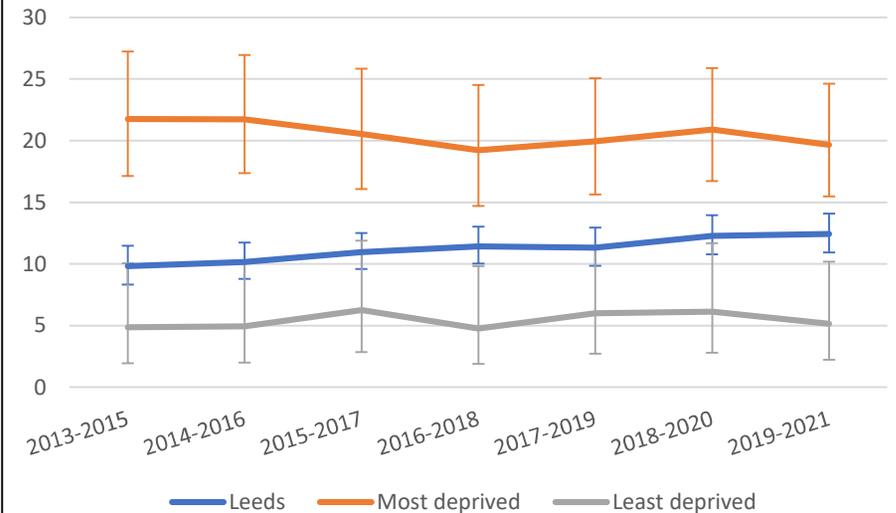
***Cancer mortality, all ages (DSR per 100,000)**



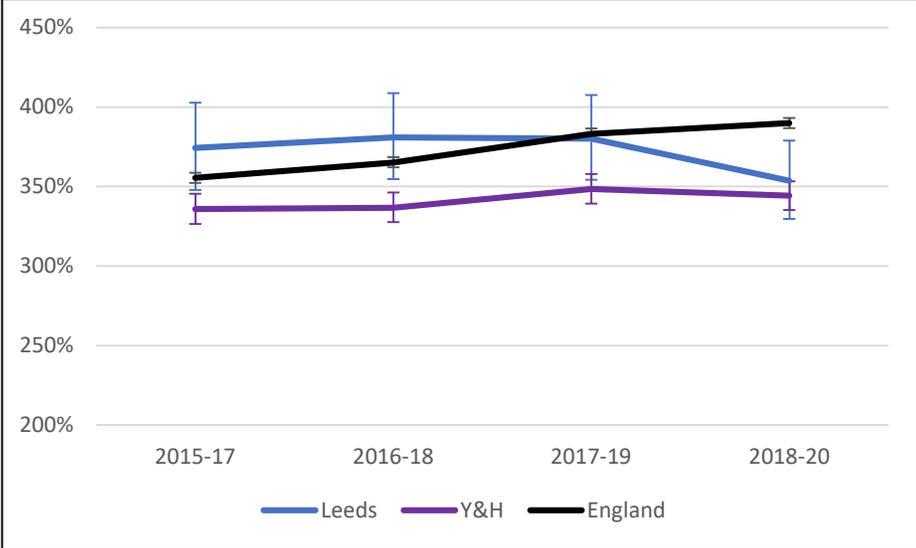
***Cancer mortality, under 75 (DSR per 100,000)**



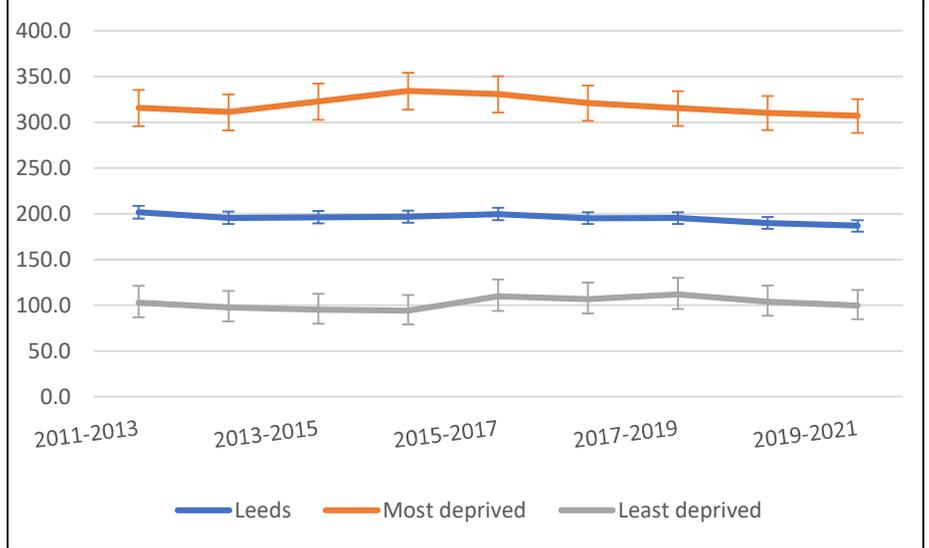
***Alcoholic liver disease mortality, under 75 (DSR per 100,000)**



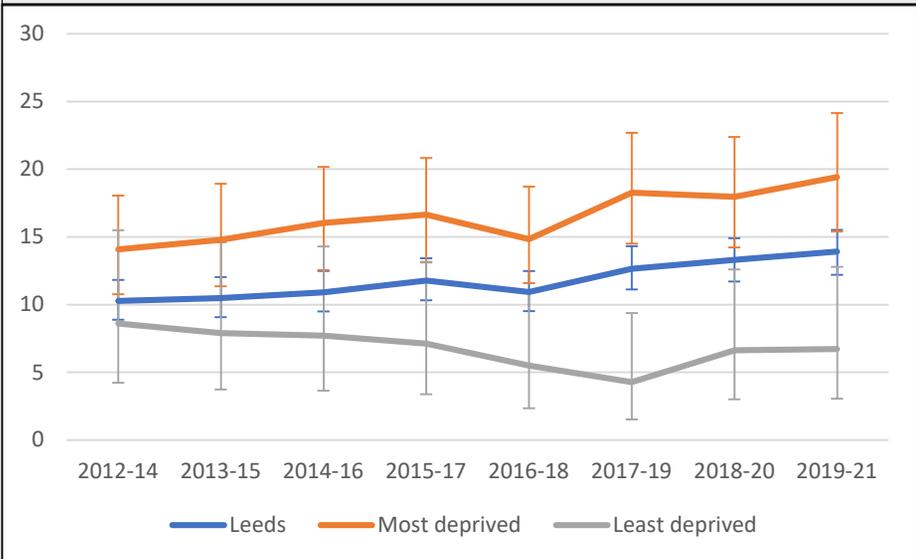
***Excess under 75 mortality rate in adults with severe mental illness (SMI)
(Excess risk %)**



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

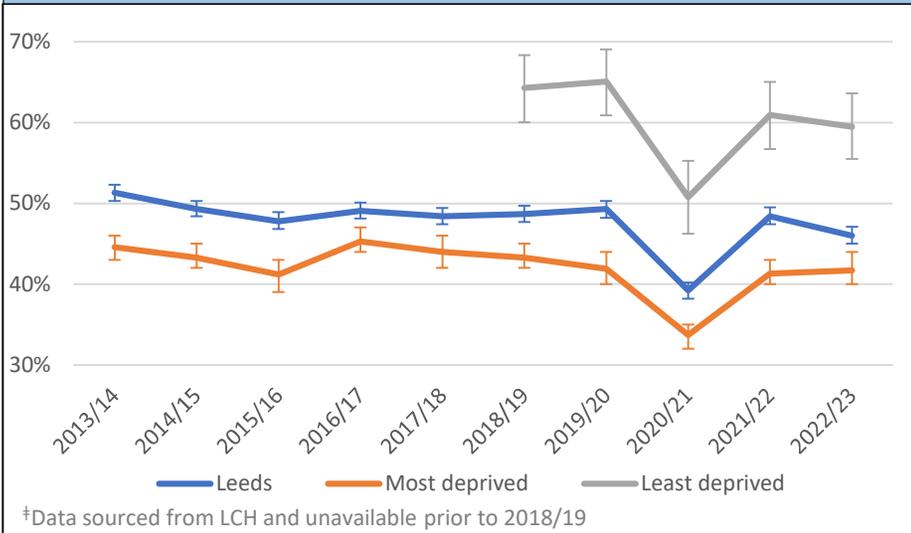


Suicide, 3 year average rate (DSR per 100,000)

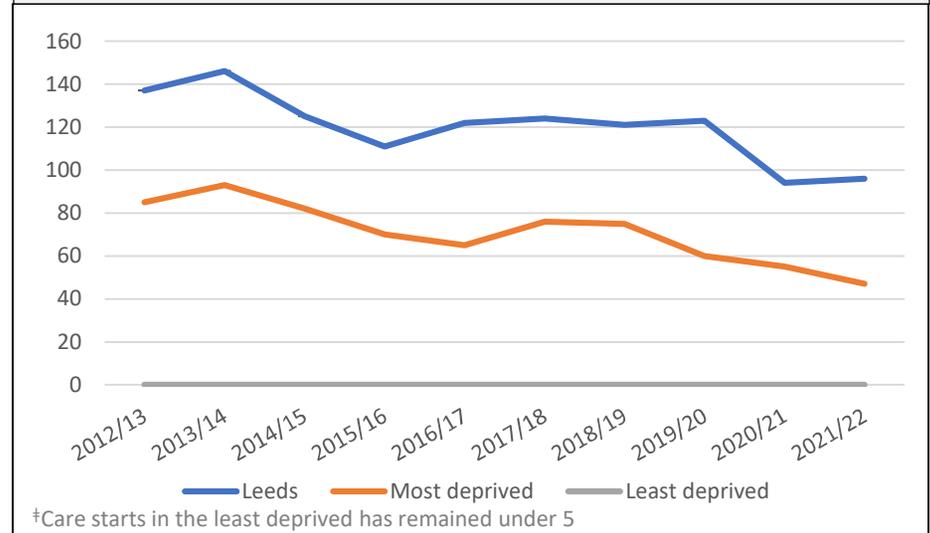


Operational Indicators

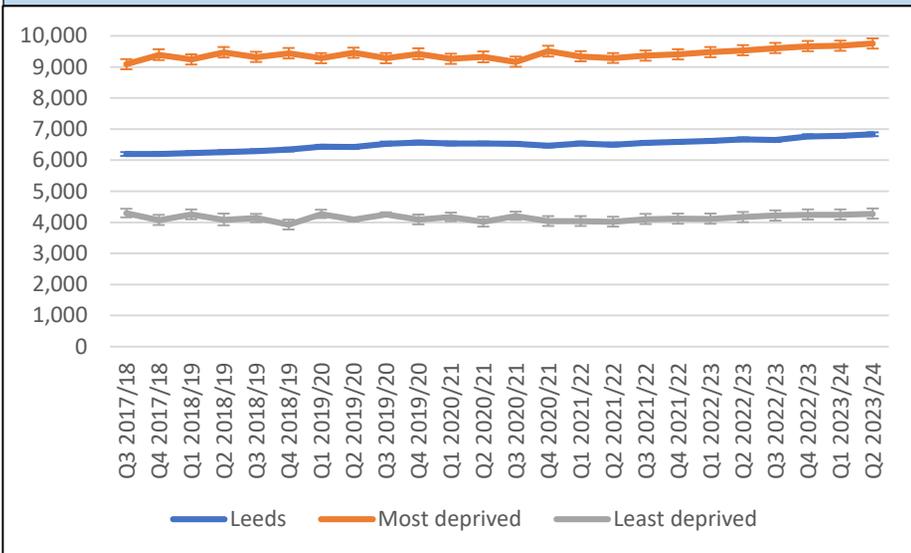
*** Breastfeeding maintenance at 6-8 weeks (%)**



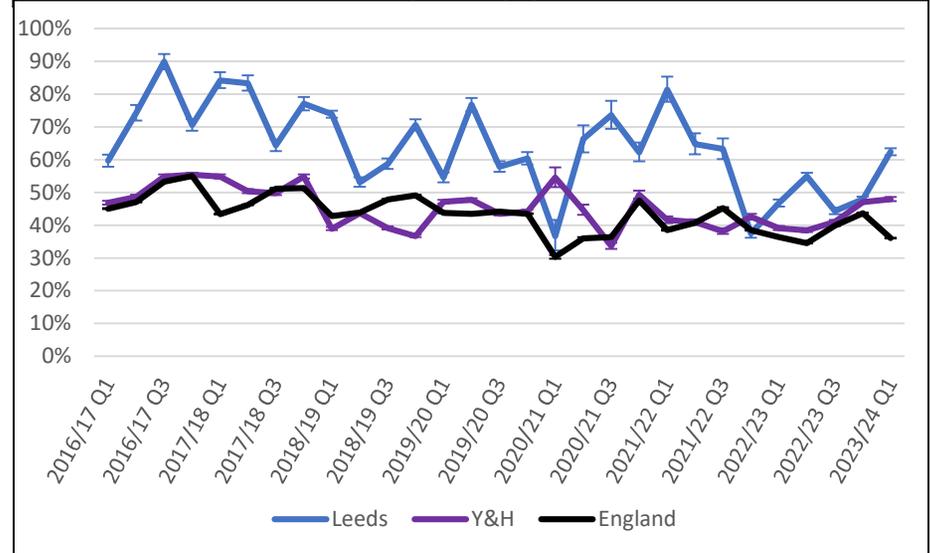
Best start - number of under 2s taken into care†



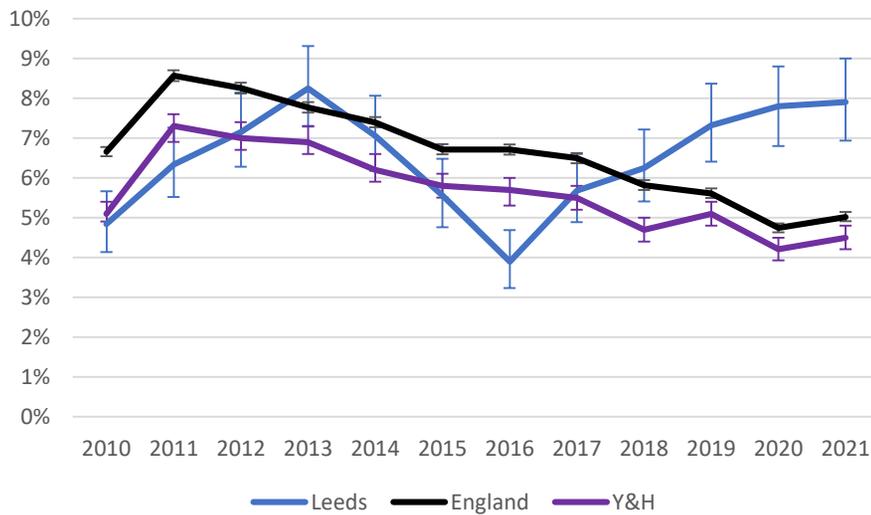
***Recorded diabetes type 1 and 2 (per 100,000)**



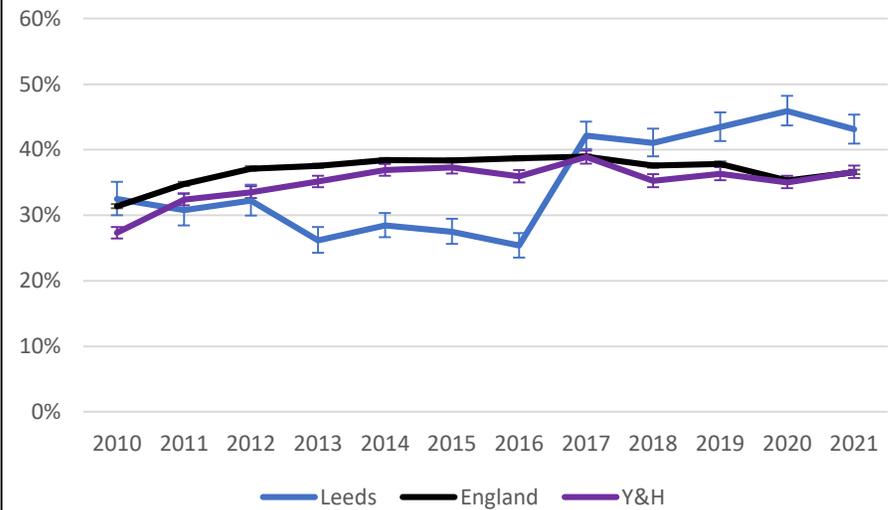
***Percentage of NHS Health Checks offered which were taken up in the quarter (%)**



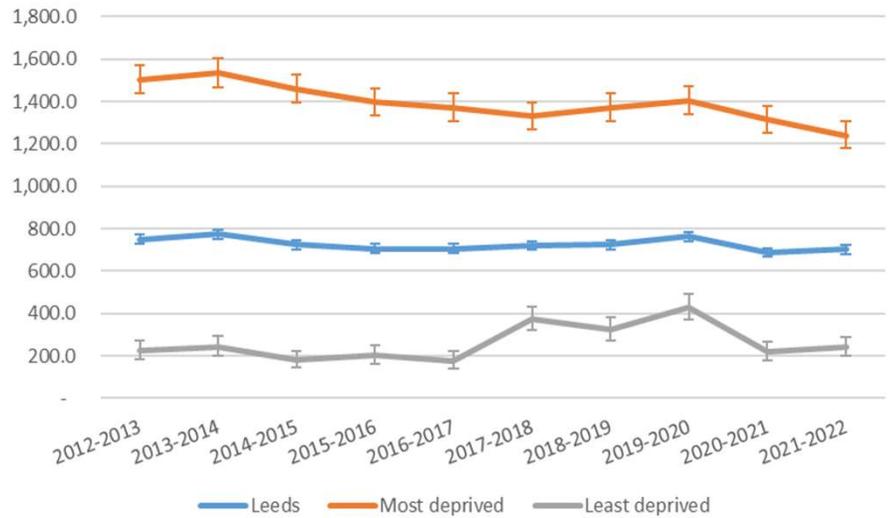
Successful completion of drug treatment - opiate users (%)



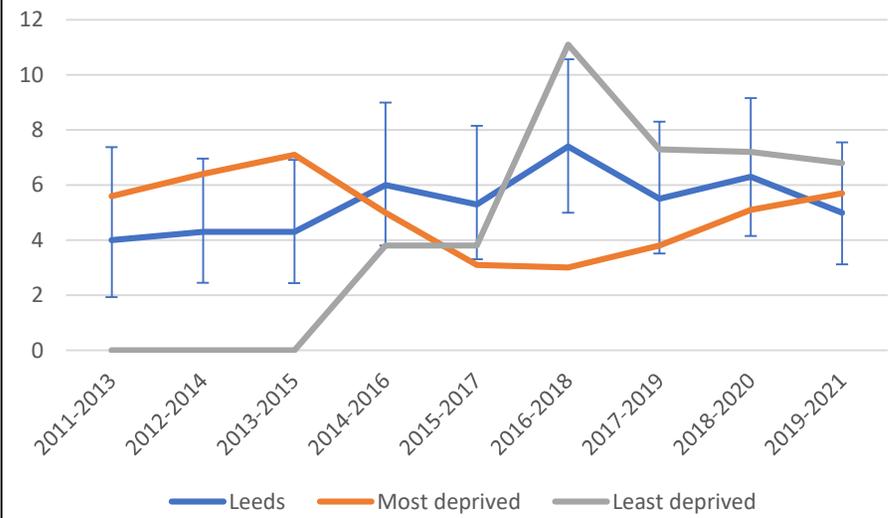
Successful completion of alcohol treatment (%)



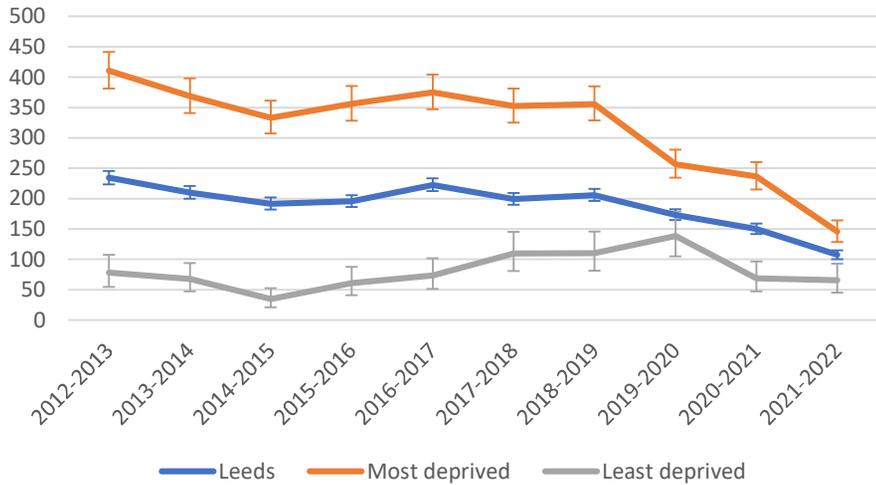
*Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)



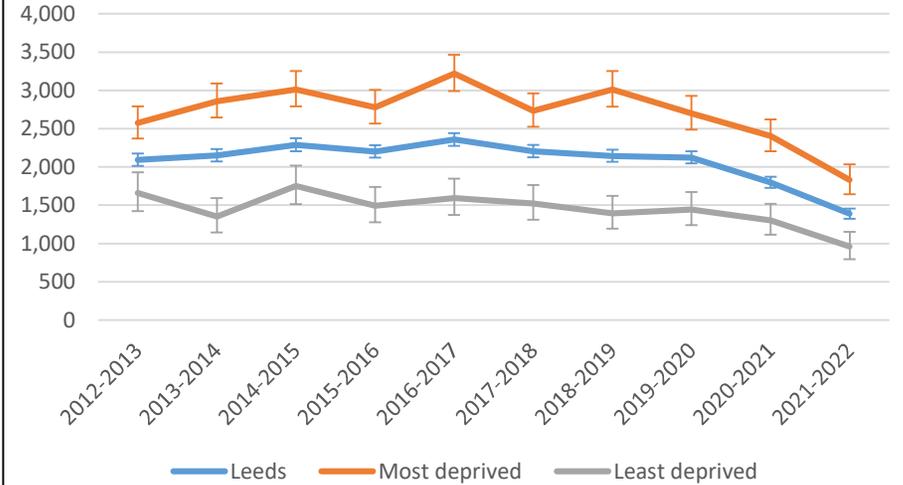
*Admission episodes for alcohol-specific conditions - Under 18s (Persons)



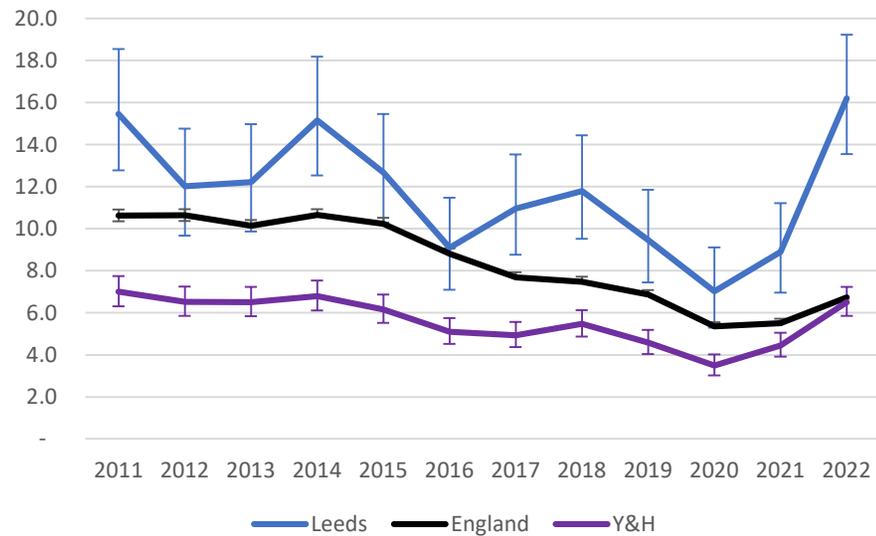
***Emergency Admissions from Intentional Self-Harm (DSR per 100,000)**



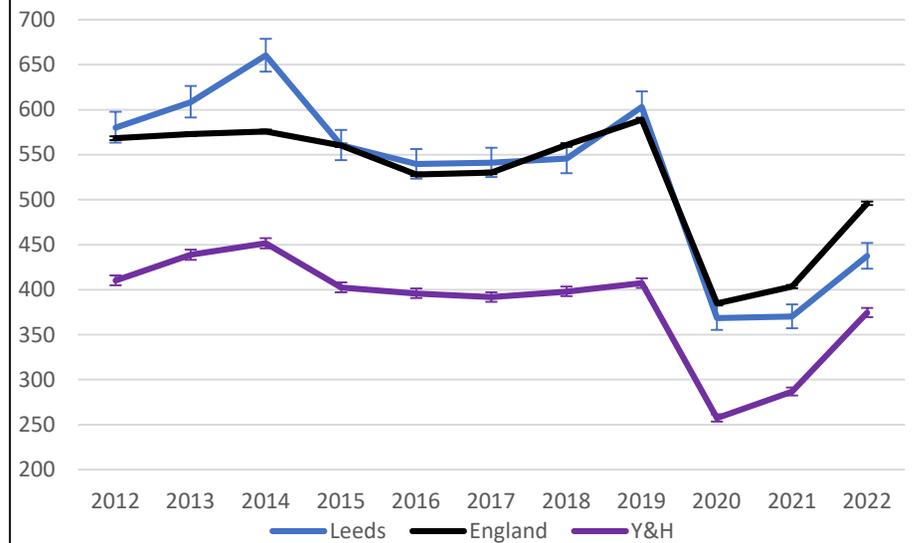
***Emergency admissions due to falls for aged 65 and over (DSR per 100,000)**



***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) provisional measures for 2022/23 obtained from the Short & Long Term services (SALT) return and Personal Social Services (PSS) Survey. This is supplemented with additional information linked to the Best City Ambition, Better Lives Strategy and Care Quality Commission (CQC) Assurance Framework. This includes seven Adult Social Care measures that have been included by the Office for Local Government (OFLOG) in their Local Authority Data Explorer. The guidance for the tool notes that it 'aims to provide authoritative and accessible data and analysis about the performance of local government and support its improvement. The explorer should be used to generate questions and not reach judgements.' At the time of writing the online explorer is yet to be updated with the published 2022/23 data presented in this report.

The content of this report has been revised and updated compared to the version provided in June 2023 to reflect nationally published datasets and include comparator data for 2022/23 and the latest position at Quarter 2 2023/24 where possible.

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. For 2022/23 metrics were organised under four 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 has been refreshed with a revised version and indicator set published for 2023/24 onwards. Future versions of this report will be amended to reflect the new framework.

The metrics within the ASCOF are informed by the results of mandatory national data collections and surveys. This report presents 2022/23 provisional results alongside comparative data. The final ASCOF results are not available at the time of writing and as such the data contained within this report is based upon the raw datasets that have been published and may be subject to change.

- The CQC framework for local authority assurance has been published 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.
- As at 1st November 2023 Adult Social Care provided long term support to 8,818 people (3,814 aged 18-64, 5,004 aged 65 or over). These figures continue the trend of a continued increase in older people supported (up 3% on 2022/23 year-end figures) and are broadly in line with those seen pre-pandemic.
- Adult social care continues to see high volumes of referrals into the system. In addition, people's needs are often more complex and as a result they need more support than they did previously, this sits alongside system capacity pressures such as staffing levels.

ASCOF framework

- Following the national publication of the raw datasets from the SALT return and PSS Survey draft results for the majority of ASCOF measures for 2022/23 are now available including comparisons to other relevant groups of local authorities. Overall, compared to the last available result, ten measures have improved whilst seven have declined compared to the previous result. The measures can be broken down into two distinct groups:
 - Ten measures are obtained from the SALT return. Of these five have improved whilst five have declined compared to 2021/22.
 - Eight measures are obtained from the PSS survey. Performance has improved for five measures whilst it has declined for two measures compared to 2021/22. Whilst this is in part reflective of a national picture of improvement and illustrates the impact COVID had on the previous survey the degree of improvement in Leeds has typically been bigger than that seen nationally. The result for the remaining measure is 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 2022/23 results are not yet available.

Publication of national datasets since the last report in June now allows for Leeds performance to be put in the context through comparisons to other local authorities, in particular peer authorities, the region and all England. Overall, when compared to the average results for comparator groups Leeds performance in 2022/23 is positive.

- Compared to our group of peer authorities Leeds performs better than average for 10 measures and is in the top quartile for six whilst results are below average on six measures and in the bottom quartile of five.
- Compared to the Yorkshire and Humber region average Leeds performs better on eight measures and below for 14 measures.
- Compared to the All England averages Leeds performs above on 13 measures and below on three.

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. Four have improved whilst two declined compared to the last result.
 - The proportion of people who use services who receive self-directed support increased to the highest rate for four years. Whilst the percentage of service users receiving a direct

payment fell the actual number of individuals receiving direct payments increased with the fall due to the increase in the overall cohort. These results continue to place Leeds in the bottom quartile for both measures compared to the region, peer authorities and all England. This is recognised as an improvement area and a project is underway to increase the take up of direct payments. This work includes introducing stretch targets for staff at all levels, promoting emphasis on direct payments as an approach to care delivery, simplifying processes and expanding the network of direct payment champions. The early impacts of this work can be seen in the 2023/24 year to date figure which has increased from 14.9% in 2022/23 to 16.0%.

- The proportion of carers who receive both self-directed support and in particular a direct payment have both increased. Carers direct payment levels are slightly below the regional average but above averages for peer authorities and England.
- 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. The result places Leeds broadly in line with regional and peer average. The percentage in employment has fallen to 5.6%, however, this mirrors falls seen nationally and the result is above averages for the region, peers and England.
- Three measures are based upon the PSS survey. Performance on two has improved whilst one has declined.
 - For the measures that looks at service users feeling of control over their lives the result has fallen significantly compared to the last survey. This is in contrast to the picture elsewhere where the regional, peer and England averages increased and leaves Leeds in the bottom quartile for all three groups.
 - 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, whilst this is a picture which is in line with national trends it should be noted that the increase in Leeds was greater and places Leeds in the top quartile for all three groups.
 - The score for 'Adjusted Social care-related quality of life – impact of Adult Social Care services' improved for 2022/23 compared to the previous survey. Comparator results are not available for this measure.
- 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 – Increasing numbers of people are accessing the Leeds Directory with over 10,000 unique users accessing the resource each quarter in 2022/23 and rising to over 12,000 in the first half of 2023/24. The recording of accessible information needs for service users continues to improve with 96.7% of service users now have this captured on the Client Information System (CIS) as at October 2023.

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. One has improved whilst two declined compared to the last result.
 - The rate of care home admissions for people aged 18-64 is 13.3 per 100,000 population, which is 67 people. This is an increase compared to the previous year. Comparator data shows the result is below the regional average but above that for peer authorities. In year data suggests care home admissions may increase again in 2023/24.
 - The rate of care home admissions for people aged 65+ is 531.5 per 100,000 population, which is 674 people. Again, this figure is above last year's result. It is below averages for the region, peers and England which has also increased. In year data for 2023/24 suggests care home admissions will continue to increase.

- Percentage of older people at home 91 days after discharge into reablement has increased compared to last year and in 2022/23 was at the highest level since 2019/20. Leeds result is in line with comparator group averages. While the percentage of people being independent following reablement has fallen in 2022/23 compared to the previous year the Leeds result is significantly above averages for the region, peer authorities and England and Leeds is in the top quartile for all three groups.
- Leeds Indicators – The ratio of people who receive community-based support vs people who are supported in care homes is unchanged 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. However, the first two quarters of 2023/24 has seen a 20% increase in installations with 2,554 completed compared to 1,884 in the same period last year.

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. Both results have improved.
 - Service users' satisfaction with their care and support in 2022/23 improved compared to the previous survey. This increase in satisfaction is in line with national trends with the Leeds result being above the regional average and in the top quartile of peer authorities.
 - The proportion of people who use services who find it easy to find information about support increased significantly compared to the previous survey, whilst this is reflective of the national trend and indicative of the impact of COVID on the previous result the increase in Leeds was greater than seen elsewhere and now places Leeds above the regional average and the best of peer authorities.
- Leeds indicators - The proportion of CQC registered care services rated good or outstanding in 2022/23 continued to fall with the March 2023 figure being 74.3%. These declines in performance are mirrored elsewhere and are, in part, due to a change in inspection arrangements whereby only providers who required immediate support with significant challenges were inspected impacting on the overall results negatively. However, Leeds ranks unfavourably compared to all comparator groups being in the bottom quartile. The in year result has shown a slight improvement to 74.7%.

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. One has improved whilst one has declined.
 - The proportion of people who feel safe fell to 70.4% from the previous result of 71.9%. This result places Leeds in the bottom quartile regionally but in the top quartile of peer authorities.
 - The proportion of people who say that the services they use make them feel safe has increased to 87.7% from 83%. This is below the regional average but above that for peer authorities.
- Leeds indicators: There continues to be an increase in safeguarding activity.
 - The trend of a rising number of safeguarding concerns (where a concern has been raised regarding a person's wellbeing) in Leeds is in line with a national picture however when expressed as a rate per 100,000 population the volume in Leeds is high. A similar, though less stark picture can be seen in safeguarding enquiries (where a formal adult safeguarding enquiry has been undertaken in response to the concern raised) but with volumes in Leeds being more in line with regional and peer averages.
 - 24.1% of safeguarding concerns went on to becoming safeguarding enquiries in 2022/23. This is below the conversion rates seen in comparator groups. The latest figure for 2023/24 shows the result increasing to 32.5% bringing it more in line with the region and peers and is

in part due to working in partnership with other agencies to reduce levels of inappropriate referrals.

- The proportion of people who had their desired outcomes fully or partially met when being the subject of a safeguarding enquiry has fallen slightly by less than 1% point to 93.7%, with Leeds being below averages for comparator group (It should be noted that this result is based upon voluntary data).
- Of those individuals who were determined to lack capacity 92.6% were provided support by an advocate, family or friend which is above averages for each comparator group.

Other key measures

- Adult Social Care continues to receive high volumes of requests, especially safeguarding concerns. In addition, those requesting support show an increasing complexity of need meaning they require more support. Whilst there have been positive movement over recent months with a reduction in the number of vacancies within the service these demand pressures sit alongside challenges in relation to capacity. Combined, these forces are impacting on the ability to deliver services in a timely fashion illustrated through continued high numbers of people waiting for services and long waiting times.
- 2022/23 saw continued high numbers of people waiting and long waiting times for assessments. This has continued into 2023/24 however there are initial positive signs with a decrease in the number of people waiting and waiting times in recent months. Processes are in place to ensure that people are 'waiting safely' through the screening of referrals, contacting people and families to manage risk and prioritise workloads. In addition, work continues to identify and resolve data quality issues through improved recording and training that are impacting on these figures.
- The contact centre continues to experience a high volume of calls, in 2022/23 it received an average of over 4,100 contacts per month. However, call wait times reduced dramatically from an average of 736 seconds in 2021/22 to 236 seconds for 2022/23. The first six months of 2023/24 have seen an increase in both call volumes and average wait time to 336 seconds.
- The percentage of referrals for social care resolved at initial point of contact or through accessing universal services continued to fall in 2022/23 to 27% indicating that a greater proportion are continuing beyond the referral stage to requiring an assessment and therefore increasing demand on the service. 2023/24 has seen this figure continue to rise to 28.1%.
- The percentage of long term service user who have had a review in the last 12 months has fallen year on year since 2019/20 and stood at 43.5% in 2022/23. This fall is linked to demand elsewhere in the system impacting on the capacity to carry out annual reviews. Whilst a decline is in line with national and comparator trends Leeds does rank poorly in each comparator group. The development of a new reviewing team is starting to show progress in this area with 2023/24 activity data showing an increasing number of reviews carried out each month and a reduction in the number of outstanding reviews.
- The number of carers supported in 2022/23 returned to pre-pandemic levels, this position has continued into the 2023/24 year to date. The number of carers assessments recorded as being completed per month in 2022/23 was 126, broadly in line with the previous year and above historical figures. This figure has increased again significantly in 2023/24 year to date and stands at 270. This is largely due to changes in recording practice which have simplified the recording process where a joint assessment of both a service user and a carer has taken place.

Appendix 2b presents the 2022/23 Leeds results alongside historical data and comparisons to averages for the region, peer authorities and England.

Appendix 2b: Adult Social Care Performance Measures

	ASCOF Measure	Source	CQC Assessment Framework	Leeds Result	Leeds Trend							Comparisons						Leeds Result
				2022-23	2018-19	2019-20	2020-21	2021-22	2022-23	1yr trend	5yr trend	Yorkshire & Humber		Peer LAs*		England		2023-24 YTD
												Avg.	Rank (of 15)	Avg.	Rank (of 16)	Avg.	Rank (of 152)	
Domain 1: Enhancing quality of life for people with care and support needs																		
1A	Social care-related quality of life score ^	SU survey	Yes	TBC	19.6	19.7	NA	18.8	TBC	NA		TBC	TBC	TBC	TBC	TBC	TBC	NA
1B	The proportion of people who use services who have control over their daily life	SU survey	Yes	71.4	75.1	80.2	NA	74.8	71.4	↓		78.8	16	74.9	15	77.2	133	NA
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	↑		97.1	15	97.1	14	93.5	135	96.6
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	↑		89.7	14	97.9	16	89	123	NA
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	↓		26.7	12	26.3	13	26.2	111	16.0
1C(2B)	The proportion of carers who receive direct payments	salt	Yes	80.5	87.4	83.7	65.6	79.4	80.5	↑		81.7	10	78.3	11	76.6	102	NA
1D**	Carer-reported quality of life ^	Carers survey	Yes	NA	7.5	NA	NA	7.4	NA	NA		NA	NA	NA	NA	NA	NA	NA
1E	The proportion of adults with a learning disability in paid employment	salt	No	5.6	7.7	8.1	8.6	6.4	5.6	↓		4.8	6	4.1	4	4.8	48	NA
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		NA	NA	NA	NA	NA	NA	NA
1G	The proportion of adults with a learning disability who live in their own home or with their family	salt	Yes	79.4	73.0	74.8	80.9	77.3	79.4	↑		80.3	9	78.6	10	80.4	94	NA
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		NA	NA	NA	NA	NA	NA	NA
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	↑		46.5	4	44.0	2	44.4	23	NA
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		NA	NA	NA	NA	NA	NA	NA
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	SU survey	Yes	0.426	0.362	0.351	NA	0.406	0.426	↑		TBC	TBC	TBC	TBC	TBC	TBC	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	salt	No	13.3	13.5	16.2	13.3	12.0	13.3	↓		16.9	7	11.9	9	14.6	92	15.2
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	531.5	526.2	561.1	458.1	516.2	531.5	↓		646.3	4	575.7	6	562.8	74	543.0
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	↑		83	6	83.8	7	82.3	74	84.7
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		NA	NA	NA	NA	NA	NA	NA
2D	The outcome of short-term services: sequel to service ^	salt	Yes	70.3	60.0	65.7	71.9	71.4	70.3	↓		51.6	4	51.5	3	57.8	31	77.6
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	↑		66.4	8	62.5	3	64.4	55	NA
3B**	Overall satisfaction of carers with social services	Carers survey	Yes	NA	38.0	NA	NA	32.5	NA	NA		NA	NA	NA	NA	NA	NA	NA
3C**	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	Carers survey	Yes	NA	73.1	NA	NA	58.4	NA	NA		NA	NA	NA	NA	NA	NA	NA
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	↑		70.1	6	65.7	1	67.2	25	NA
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		NA	NA	NA	NA	NA	NA	NA

	ASCOF Measure	Source	CQC Assessment	Leeds Result	Leeds Trend							Comparisons						Leeds Result
										1yr			Yorkshire & Humber	Peer LAs*	England		2023-24	
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	↓		72.5	13	68.5	4	69.7	69	NA
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	↑		89.2	11	87.0	10	87.1	73	NA
Additional Local Measures																		
BL10	Percentage of people 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	↓		98.0%	13	95.2%	10	94.8%	82	94.0
	Number of safeguarding concerns	SAC	Yes	13526	8714	9785	10915	12205	13526	↑								5780
	Number of safeguarding concerns (per 100,000 pop.)	SAC	No	2119	1293	1568	1738	1943	2119	↑		1413	3	1465	4	1313	23	NA
	Number of safeguarding enquiries	SAC	No	3261	3365	3435	3095	2990	3261	↑								1878
	Number of safeguarding enquiries (per 100,000 pop.)	SAC	No	511	542	551	492	476	511	↑		518	8	517	6	387	36	NA
	Percentage of safeguarding concerns that meet S42 threshold	SAC	Yes	24.1	38.6%	35.1%	28.4%	24.5%	24.1	NA		36.7%	12	35.3%	11	29.5%	96	32.5
	Percentage of individuals lacking capacity who were supported by advocate, family or friend	SAC	Yes	92.6	NA	NA	NA	92.5	92.6	↑		87.1%	8	84.2%	9	83.1%	68	92.7
	The number of support requests received from new clients by local authority that resulted in a service, per 100,000 population ^	SALT	No	1657	1580	1972	1611	1735	1657	↓		NA	NA	NA	NA	NA	NA	NA
	The proportion of directly employed staff in the formal care workforce leaving their role in the past 12 months ^	Skills for Care	No	28.3	NA	NA	31.6	30.4	28.3	↓		NA	NA	NA	NA	NA	NA	NA
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	↓								28.1
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	↔								2.4
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	↓								124 qter avg
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	↓		80.4	13	80.8	14	83.1	133	74.7
	The time it takes for phone calls to be answered in the contact centre (in secs).	other	No	236	NA	NA	NA	736	236	↑								336
	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	↓		52	13	55	11	57	118	NA
	Number of Telecare installations	other	No	3,931	NA	4,093	3,455	4,268	3,931	↓								2,257
	Number of carer's assessments carried out (average per month)	other	No	126	NA	44	71	131	126	↓								270
	Total Leeds Directory Users (average unique users per quarter)	other	No	10938	NA	7375	5191	8141	10938	↑								12262
	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	↑								96.7

Notes

BL - Better Lives Strategy Measure

*Peer LAs - a nationally defined group of authorities with similar socio-economic and geographic factors

**Carers survey occurs ever two years

^ Office for Local Government (OFLOG) Measure

Appendix 3: Active Lifestyles

Percentage of Physically Active Adults

Ref.	BCA Key Performance Indicators (KPI) (*=cumulative)	2022/23 Target	Q4 2022/23 Result	Q1 2023/24 Result	Q2 2023/24 Result
10	Annual KPI Percentage of physically active adults	<20.9% of people are inactive (132,900) (Nov 2018-Nov 2019)	24.3% (Nov 2021 – Nov 2022)	N/A	N/A

Latest available data is for November 2021 to November 2022 showing a 24.3% physically inactive rate. This showed 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.

This KPI is now measured on an annual basis and the next update will be in the new year.

The Physical Activity Ambition work continues to develop around the following priorities:

- Children and Young People: Young Minds Get Active – Priority work focusing on young people and mental health. The 'Make your move' campaign co-designed with young people producing 20 videos showcasing how movement and activity has a positive effect on their mental health.
- Children and Young People: Play - Play Sufficiency is an ongoing process of research and action to assess, improve and protect children's opportunities for play. The play sufficiency assessment allows an understanding of the city-wide landscape for play, with a focus on the most deprived communities.
- Aging Well: Strength & balance campaign focusing on strength for people aged 40 years upwards and/or living with frailty or a long-term condition.
- Active Workplaces: Project aiming to support organisations with their health and wellbeing challenges using physical activity approaches.
- Get Set Leeds Local: Working currently in four of the priority localities Seacroft, New Wortley and Beeston and Holbeck developing co-production networks and an ABCD asset-based approach – funding has been extending by Sport England for a further 2 years to carry on the work and expanding in to Gipton and Harehills ward.
- DfT Active Travel Social Prescribing Project: Active Travel Social Prescribing project in the Burmantofts, Harehills and Richmond Hill (Primary Care Network) area of the city.

Leeds Encouraging Activity in People Pilot launched with referrals outstripping the capacity of the team, showing the need of the scheme but also highlighting the pathway been chosen as other services have either stopped or waiting lists too long such as the weight management pathway. Other referral health programme also seeing larger volumes with the heart and lung programme receiving 143 referrals this quarter from LCH cardiac, 68 in from LCH respiratory, and 8 from other sources (mostly T3 Weight Management via LEAP).

5 Gym refurbishments completed this quarter with 3 full refurbishments across Wetherby, Armley and Morley Leisure Centres. New functional gym spaces created at Rothwell and Holt Park Active.

Health and Fitness Memberships now stand at 20% higher than pre covid, and likewise 20% increase or an extra 2,000 children on swimming lessons than pre covid.