

Leeds Health and Wellbeing Board

Delivering the Joint Health and Wellbeing Strategy 2013-15: report on progress against the indicators since 2013

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Delivering the Strategy since 2013

5 outcomes

People will live longer healthier lives

People will live full, active and independent lives

People's quality of life will be improved by access to quality services

People will be involved in decisions made about them

People will live in healthy and sustainable communities

15 priorities

For partners on the Board to act on the best use of our collective resources

4 commitments

Support more people to choose healthy lifestyles

Ensure everyone will have the best start in life

Improve people's mental health and wellbeing

Increase the number of people supported to live safely in their own homes

22 indicators

To measure our progress at a strategic level

Introduction

The Leeds Health and Wellbeing Board has had a Health and Wellbeing Strategy for 2013-2015. It spans the work of the NHS, social care, Public Health and the 3rd sector for children, young people and adults, and considers wider issues such as housing, education and employment. When this strategy was written the Health and Wellbeing Board decided that they would select

The Board have received a bi-monthly report since October 2013 which gives the current data, national comparators, best city scores, and localised breakdown of performance within Leeds. This report brings all the data since 2013 together to give an overview of what has happened during the course of the 2013-2015 Strategy. One page is devoted to each indicator, with the raw data and complemented by some background narrative around the indicator to give context.

Delivering the Strategy since 2013

1: Percentage of adults over 18 that smoke

Source	PHOF
Frequency	Quarterly
Good=	Low
	The unit is directly age standardised rate per 100,000 population

Month of report to HWBB	Period	Leeds		National level			SE CCG SE LCC	Local level		Leeds deprived
				English average	Best City			W CCG WNW LCC	N CCG ENE LCC	
Oct 13	Q3 12/13	22.24%	↓	20.00%	↔	NA	26.79%	21.48 %	17.88 %	35.45%
Nov 13- Jan 14 Mar 14 Jul 14	Q1 13/14	23.04%	↓	20.00%	↔	19.30% B'ham	27.40%	22.30 %	18.70 %	36.00%
Oct 14	Q1 14/15	21.72%	↑	20.00%	↔	19.30% B'ham	26.34%	20.78 %	17.58 %	34.83%
Feb 15 Mar 15 Jun 15	Q3 14/15	21.39%	↑	18.40%	↑	17.6% Sheffield	26.08%	20.37 %	17.38 %	34.40%
Sept 15 Jan 16	Q1 15/16	21.10%	↑	18.40%	↔	17.6% Sheffield	25.7%	20.20 %	17.1% %	34.1%
Mar 16	Q2 15/16	20.90%	↑	18.40%	↔	17.6% Sheffield	25.5%	19.9%	17.0%	33.9%

Commentary

Smoking prevalence data is based on the data collected from the Leeds GP data audits. As such it is dependent on recording within GP practice. The prevalence is calculated as a percentage of the smoking population out of the whole GP registered population including those for whom their smoking status is unknown.

Smoking prevalence in over 18s has decreased for Leeds, all three CCGs and deprived Leeds. The decrease across Leeds equates to approximately 6,000 less smokers at the end of Q3 2014/15 in comparison to Q3 2012/13. The biggest decrease in rates was in Leeds West CCG with a reduction of 1.55% of the population.

Potential reasons for the reduction in numbers of smokers include:

- 1) Tobacco taxation - Price of tobacco is one of the most important factors affecting tobacco consumption. In 2012 tobacco duty was raised by 5% above inflation and 2% in 2014. Increasing tax on tobacco reduces consumption because people respond by giving up, cutting down or never starting.
- 2) Up take of smoking by young people has reduced. Following numerous tobacco control measures e.g. Advertising restrictions for tobacco, young people are not replacing as quickly the declining number of smokers
- 3) E-cigarettes – These relatively new devices offer a significantly less harmful way of providing nicotine compared to smoked tobacco and arguably could provide a route out smoking for smokers. The e-cigarettes market has grown substantially over the past few years – with an estimated 2.6 million e-cigarettes users (ASH 2015).

Delivering the Strategy since 2013

2. Rate of alcohol related admissions to hospital

Source	PHOF
Frequency	Year
Good=	Low
	The unit is directly age standardised rate per 100,000 population

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	2010/ 2011	1762.00	1895.00	NA	1788.00	1891.00	1490.00	NA	
Nov 13	2012/ 2013	1992.00	↓ 1973.50	↓	1721	2376.10	1890.50	1693.90	2916.60
Jan 14					Sheffield				
Mar 14									
Oct 14									
Feb 15									
Jun 15									
Sept 15									
Jan 16									
March 16									

Commentary

Due to changes brought about by the Health and Social Care Act the Public Health Intelligence team have had no access to hospital admission data since April 2013. As such there have been no updated data available since that time. When data was last available the rates of alcohol related admissions were increasing. This was a trend that was seen across England. Until further data is available it cannot be seen whether this trend has continued over the next two years.

A programme of work has included:

1. Workforce development programme has been developed and delivered along with a programme of campaigns in line with national campaigns.
2. Commissioning - The three Leeds CCG's identified alcohol as a priority providing additional funding to increase early identification and access to alcohol interventions in Primary care settings. The number of Addictions Dependency Service clinics increased from 23 (in April 014) to 45 (January 2015) and Leeds Addiction Unit (LYPFT) Community based clinics increased from three to four.
3. The tendering and re-commissioning of the alcohol and drug treatment services took place with new integrated alcohol and drug service 'Forward Leeds' due to commence 1st July 2015. The service will provide prevention, harm reduction, early intervention, treatment and recovery for adults and young people.
4. Pathway development - Training has been delivered to GP's and Practice Nurses as well as access to RCGP Certificate in the Management of Alcohol Problems in Primary Care Level 1 training.
5. Primary care pathway has been developed and implemented on the Map of Medicine providing an easy accessible tool for practice staff to undertake Audit-C assessments with patients, provide brief advice and/or sign post or refer patients to specialist alcohol service.

The work has led to an increase in the numbers of people accessing specialist alcohol services in Leeds.

Delivering the Strategy since 2013

3. Infant mortality rate (per 1,000 births)

Source	PHOF
Frequency	Year
Good=	Low
	The rate is per 1,000 live births. Calculations are based on the geographical coverage of the CCGs and registration with GPs in the CCG

Month of report to HWBB	Period	Leeds	National level			Local level				
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived		
Oct 13	2006-2010	4.51		4.32	NA	5.26	4.04	4.25	6.38	
Nov 13	2007-2011	4.80	↓	4.30	↑	2.7 Bristol	4.80	3.90	5.70	5.60
January 14										
March 14										
October 14										
February 15										
Mar 15- June 15	2009-2013	4.25	↑	4.10	↑	2.9 Bristol	5.00	3.86	3.74	5.29
Sept 15										
Jan 16										
Mar 16										

Commentary

Mortality data is calculated using the deaths data provided from the primary care mortality database. The overall populations used come from practice registration data from WYCSA and are based on the registered and resident populations as relevant. The rates are directly age standardised rates and are calculated as five year averages.

Infant mortality rates have consistently reduced from the period 2006-2010 to 2009-2013. Because of small numbers, there is no statistically significant difference between the rate in 2006-2010 and that in 2009-2013 but the number of deaths of Leeds babies aged under 1 year has fallen from 56 (in 2009) to 38 (in 2013). Rates have also decreased in 'deprived Leeds' over the period with narrowing of the gap, despite a rising birth rate and an increasingly complex population.

While this reduction is mirrored between the two periods for the three CCGs both South and East CCG and West CCG have seen an increase between 2008-2012 and 2009-2013. This is again not a statistically significant difference and is caused by there being a very small number of deaths at this level.

Leeds has had an active partnership programme to reduce the inequalities gap in infant mortality since 2008. Drawing on the national plan, the Leeds plan covered a broad range of evidence based factors including: child poverty; teenage pregnancy and parenting; over-crowding; smoking in pregnancy; breastfeeding; maternal obesity; safe sleeping; and access to high quality maternity services. The downward trend in infant mortality and particularly the narrowing of the gap reflects the concerted partnership interventions across these multiple issues, for example, in two targeted geographical areas in Chapeltown and Beeston Hill (Infant Mortality Demonstration Sites). During 2014-5, the infant mortality programme has been broadened out into a Leeds Best Start Plan which will also address key issues of attachment, bonding, parenting and language development in the critical first two years of life. The Leeds Best Start Plan on a Page has been approved and an implementation plan is in development. Local Best Start Zones will be taken forward in each of the 3 CCG areas.

Delivering the Strategy since 2013

4. Excess weight in 10-11 year olds

Source	PHOF
Frequency	Year
Good=	Low
Calculations are based on the geographical coverage of the CCGs and registration with GPs in the CCG.	

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	2011/2012	34.64 %	33.40%	NA	36.23%	34.12%	33.12%	37.7%	
Nov 13 Jan 14 Mar 14 Jul 14 Oct 14	2012/2013	35.00 %	↓ 40%	↓	32.7% B'ham	36.40%	34.90%	33.50%	38.40%
Feb 15 Mar 15 Jun 15 Sept 15 January 16 March 16	2013/2014	34.23 %	↑ 33.50%	↑	33.40% Sheffield	N/A	N/A	N/A	36.3%

Commentary

Excess weight in 10-11 year olds data comes from the National Child Measurement Program (NCMP) which is run in schools. The figure is calculated as the percentage of children with excess weight (overweight and obese) out of the total eligible population.

The percentage of children with excess weight has fallen slightly for Leeds from 2011/12 to 2013/14 showing a downward trend. Prior to this the data fluctuated around the 36% mark.

The downward trend has been less pronounced in the CCGs with a slight increase in 2013/14 for West CCG and a slight increase in 2012/13 for North CCG. All three CCGs show an overall decrease from 2011/12 to 2013/14.

A range of effective prevention programmes are underway including Food For Life, Leeds Infant Feeding Plan, and HENRY (Health Exercise and Nutrition for the Really Young), offering 1 to 1 and group support to families in the early years. The PE and School Sport Premium has been used to fund the Active Schools programme, and Universal Free School Meals have been introduced at Key Stage 1. The Active4Life programme continues to provide physical activity opportunities for families living in many of our most deprived areas. The Childhood Obesity Management Board (COMB) continues to meet to ensure a joined up approach at a strategic level. The childhood obesity strategy for the city 'Can't Wait to be Healthy' provides a framework for this and is supported by a multi-agency action plan. All work commissioned and developed by the COMB promotes the change4life campaign led nationally by Public Health England. The most recent Change4Life Smart Swops campaign has been popular with local schools, and has encouraged children and their families to switch to a healthier behaviour, such as eating breakfast or reducing sugary drink consumption, which will support them to be a healthy weight.

Delivering the Strategy since 2013

5. Rate of early death (under 75s) from cancer

Source	PHOF
Frequency	Year
Good=	Low
	Crude rate per 100,000

Month of report to HWBB	Period	Leeds	National level			Local level				
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived		
Oct 13	2008-2010	112.48	106.7	NA	131.92	106.28	96.98	N/A		
Nov 13 Jan 14 Mar 14 Jul 14 Oct 14 Feb 15	2010-2012	113.10	↔	108.1	↓	113.1 Leeds	131.40	110.80	97.80	150.90
Mar 15 Jun 15	2010-2012	163.50	↓	144.40	↓	156.9 Bristol	170.50	159.10	138.60	210.00
Sept 15 January 16 March 16	2012-2014	147.50	↑	141.5	↑	153.6 Bristol	158.7	151.2	135.3	201.8

- The new 2013 European Standard Population (ESP) takes into account changes in the EU population, providing a more current basis for the calculation of age standardised rates. The 2013 ESP gives the populations in older age groups greater weighting than the previous 1976 ESP. Mortality rates for all causes of death will be significantly higher when calculated using the 2013 ESP compared with the 1976 ESP as deaths predominantly occur at older ages and the larger number of older people in the 2013 ESP exerts more influence on these summary figures. Hence data presented here cannot be directly compared to previous data in these reports. All Directly Age Standardised Rates will now be calculated using the 2013 ESP.
- Although the best city figure looks lower than Leeds, this is because Leeds uses GP registered population data locally whereas nationally the ONS mid-year estimates are used and there is a difference of about 50,000 people between the two populations

Commentary

Mortality data is calculated using the deaths data provided from the primary care mortality database. The overall populations used come from practice registration data from WYCSA and are based on the registered and resident populations as relevant. The rates are directly age standardised rates and are calculated as three year averages.

Rates of under 75 mortality from cancer have remained relatively static over the period from 2008-2010 to 2011-2013. The figures show that the rates have increased however this is due to changes in the calculation of the directly standardised rates brought about by a change in the European Standard Population. The data prior to 2011-13 was based on the old populations which were deemed no longer suitable for the current aging population. This change is only shown in the standardised rates and not in the raw numbers of deaths.

Using just the figures recalculated using the new standard population shows that there has been no statistically significant change in under 75 cancer mortality between the baseline of 2008-2010 and the latest figures of 2011-2013 and the actual rate differs only by 0.3 per 100,000.

At a CCG level Leeds North and Leeds West show an increase in rate over the same period and Leeds South and East shows a decrease however none of these changes show a statistically significant difference.

Work is taking place at a Leeds level through the Leeds Integrated Cancer Services Steering Group to review all the recent cancer outcomes data in terms of CCG and citywide trends, by main tumour sites, including survival data. Promoting early diagnosis and screening uptake, preventing cancer, and reducing cancer inequalities remain key challenges for the city with priorities on breast, bowel and lung cancers.

Delivering the Strategy since 2013

6. Rate of early death (under 75s) from cardiovascular disease

Source	PHOF
Frequency	Year
Good=	Low
	Crude rate per 100,000

Month of report to HWBB	Period	Leeds	National level			Local level				
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived		
Oct 13	2008-2010	70.84	62.00	NA	81.56	66.52	63.74	NA		
Nov 13	2010-2012	67.00	↑	60.90	↑	63.30	78.60	67.20	55.20	111.20
Jan 14						Bristol				
Mar 14										
Jul 14										
Oct 14										
Feb 15										
Mar 15	2011-2013	91.10	↓	78.20	↓	88.8	100.20	88.00	72.40	138.60
Jun 15						86.4				
Sept 15	2012-2014	80.9	↑	75.7	↑	86.4	95.6	79.9	67.4	134.9
January 16						Sheffield				
March 16										

Commentary

Mortality data is calculated using the deaths data provided from the primary care mortality database. The overall populations used come from practice registration data from WYCSA and are based on the registered and resident populations as relevant. The rates are directly age standardised rates and are calculated as three year averages.

Rates of under 75 mortality from cardiovascular disease are actually improving across Leeds. One of the main potential reasons for this is the NHS health check which is helping to find people at risk of cardiovascular disease earlier.

The figures however show the opposite of this. This is due to changes in the calculation of the directly standardised rates brought about by a change in the European Standard Population. The data prior to 2011-13 was based on the old populations which were deemed no longer suitable for the current aging population. This change is only shown in the standardised rates and not in the raw numbers of deaths.

Using just the figures recalculated using the new standard population shows that there has been a statistically significant reduction in under 75 cardiovascular disease mortality between the baseline of 2008-2010 and the latest figures of 2011-2013.

This reduction is also reflected in the CCG figures for all three CCGs, however at this smaller geographical level the changes are not statistically significant.

Delivering the Strategy since 2013

7. Rate of hospital admissions for care that could have been provided in the community

Source	CCGOI
Frequency	Year
Good=	Low
	The unit is directly standardised rate per 100,000 populations, all ages.

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	2011/2012	331.90	309.50	259.8 Bristol	NA	NA	NA	NA	
Nov 13	2011/2012	304.60	↑ 309.40	↔ 276.3 Bristol	NA	NA	NA	NA	
Jan 14	Q4	307.3	↓ 312.7	↓ 238.6 Nott	NA	NA	NA	NA	
Mar 14	2012/2013								
Jul 14									
Oct 14									
Feb 15									
Mar 15	Q4	304.6	↑ 309.4	↑ 276.3 Bristol	NA	NA	NA	NA	
Jun 15	2013/2014								
Sept 15									
January 16									
March 16									

Previously HSCIC published the data as full financial years. However the latest release of data is for the period July 2012 to June 2013 – thus direct comparisons with the past are impossible, and arrows given as indicative

Commentary

The indicator measures the number of emergency admissions to hospital in England for acute conditions such as ear/nose/throat infections, kidney/urinary tract infections and heart failure, among others, that could potentially have been avoided if the patient had been better managed in primary care.

The data for this indicator is sourced from the HSCIC Information Portal. During the period the Health and Wellbeing Board have been monitoring these figures there have been a number of changes to the calculation and methodology used for this indicator. In order to provide a Leeds wide figure and data for other core cities we have had to change from using directly standardised rates to indirectly standardised rates. Although the updated figures have been made available to the Health and Wellbeing Board retrospectively, the original figures published in the Health and Wellbeing reports cannot be used to compare performance over time. The figures here should be used instead.

The data appears to show that Leeds is consistently improving over time and for the last 2 reporting years Leeds has been below the England average. However, local knowledge indicates that some of the falling numbers are due to increased numbers of patients being seen in assessment areas which are recorded separately from admissions. (This may also be the case in other cities.) However there is also an ongoing programme of work between the hospitals and primary care to develop pathways which divert patients from admission where other treatments are appropriate. These include work on patients with cellulitis, blood clots and work to enable older frail patients to access intermediate care services directly rather than via a hospital admission. Work is ongoing to develop the Primary Care Access Line facility to enable GPs to get advice on alternatives to admission such as rapid access clinics or community services where appropriate.

Delivering the Strategy since 2013

8. Permanent admissions of older people to residential and nursing care homes, per 100,000 population

Source	Adult Social Care Outcomes Framework
Frequency	Quarterly
Good=	Low
	The peer is a comparator average for 2011/12

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	Q3 2012/2013	703.00		703	757.5	679.50	628.60	NA	
Nov 13	Q3 2012/2013	703.00	⇔	653.00	703	757.5	679.50	628.60	NA
Jan 14									
Mar 14	Q3 2012/2013	667.00	↑	653.00	667	757.5	679.50	628.60	NA
Jul 14									
Oct 14	Q4 2013/2014	573.00	↑	668.00	573	757.5	679.50	628.60	NA
Feb 15	Q4 2013/2014	751.60	↓	668.00	573	763.50	703.50	727.10	NA
Mar 15									
Jun 15									
Sept 15	Q1 2015/2016	663.3	↑	696.4	455	NA	NA	NA	NA
Jan 16	Q4 2015/2016	676.9	↓	668.8	455	NA	NA	NA	NA
Mar 16									

Commentary

Leeds has tended to perform well in relation to this measure. In 2013/14 572 admissions per 100,000 populations in Leeds compared with a national average of 668. The figures for 2014/15 have not been finalised but indicate an increase in admissions compared with the previous year.

Further analysis was undertaken to look at what this means in terms of people's experience. Looking at the overall numbers of weeks spent in care homes placements this showed very little change with just a 1% increase which broader reflects projected population changes. Alongside this demand for key community based services such as homecare is increasing which suggests that the demand overall is increasing rather than a greater proportion of people with social care needs requiring a care home placement.

A further analysis was then undertaken of the length of time people are staying in placements based upon placements which had ended. This shows that whilst more people maybe accessing placements they are doing so for a shorter period of time. The median length of time people spent in nursing placements had dropped from 553 days in 2013/14 to 388 in 2014/15 and in residential from 649 to 498 days.

The Better Lives programme includes the local authorities work in recent year to improve support to older people which prevents them from needing support in a care home. This includes the development of services such as reablement, which supports people to regain independence following a period of illness. In addition a wider range of low level services have been developed, for example, telecare which support people in their own homes.

Work continues to develop integrated services with health which will better support people who are vulnerable to increased dependency, to access joined up services and support. In addition the Leeds Housing strategy will develop a wider range of housing options which include extra care housing and accessible accommodation thus providing a greater range of alternative accommodation choices to care homes.

Delivering the Strategy since 2013

9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation

Source	Adult's Social Care Outcomes Framework
Frequency	Quarterly
Good=	High
	The unit is percentage of cohort
	The peer is a comparator average for 2011/12

Commentary

The trend shows a large degree of fluctuation and this reflects the fact that a smaller number of people are included in the cohort. Leeds has tended to do well in relation to this measure with an outturn of 90% in 2013/14 compared to a national average of 82%. In 2014/15 there has been a drop to 84%, this may reflect the inclusion of a wider cohort and is more in line with the national average

A higher percentage of people at home following short term support is desirable however if this figure is too high it might suggest that people who might be at risk of needing more intensive support are not being given the chance to try reablement/rehabilitation.

In recent years the reablement service has been developed and has supported a higher number of people year on year, rising from 1,300 in 2013/14 to 1,600 in 2014/15. Leeds Adult Social Care has also worked with the community health trust to integrate neighbourhood teams and extend the number of placements for intermediate care by opening South Leeds Centre for Intermediate Care

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13 Nov 13 Jan 14	Q3 2012/2013	89.70%		82.60%	89.7% Leeds	73.90%	92.90%	100.00%	NA
Mar 14 Jul 14	Q3 2012/2013	85.80%	↓	84%	↑ 85.8% Leeds	73.90%	92.90%	100.00%	NA
Oct 14	Q4 2013/2014	90.00%	↑	82%	↓ 90% Leeds	NA	NA	NA	NA
Feb 15 Mar 15	Q4 2013/2014	77.50%	↓	82%	↔ 90% Leeds	NA	NA	NA	NA
Jun 15	Q3 2014/2015	84.20%	↑	82%	↔ NA	NA	NA	NA	NA
Sept 15 Jan 16 Mar 16	Q4 2014/2015	81.3%	↓	82%	↔ 85.0% Bristol	NA	NA	NA	NA

Delivering the Strategy since 2013

10. Proportion of people feeling supported to manage their condition

Source	CCGOI
Frequency	Twice a year
Good=	High
	The unit is percentage of respondees weighted for non-response
	The peer is England average.
	The National baseline is July 11 to March 12..

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	2012	67.88%	68.45	75.75%	65.80	69.47	68.24	NA	
Nov 13	/2013		%	Newc	%	%	%		
Jan 14	2013	67.08%	↓ 68.20	↓ 72.90%	64.57	69.14	66.80	NA	
Mar 14			%	Newc	%	%	%		
Jul 14									
Oct 14	2013	67.69%	↑ 67.85	↑ 70.2%	70.17	67.69	68.06	NA	
Feb 15	/2014		%	Newc	%	%	%		
Mar 15	2014	67.48%	↓ 67.54	↓ 69.90%	64.59	69.09	68.92	NA	
Jun 15			%	Newc	%	%	%		
Sept 15	2014	67.32%	↓ 67.31	↓ 71.79%	64.13	68.69	69.68	NA	
Jan 16	/2015			Bristol	% ↓	% ↓	% ↑		
March 16	2015	67.60 %	↑ 67.14	↓ 71.73%	68.33	65.19	69.8%	NA	
				Newc	% ↑	% ↓	↑		

Commentary

The proportion of people feeling supported to manage their long-term conditions, based on responses to one question from the GP Patient Survey, has remained stable across the 3 year period.

In order to support improved consultation skills, all CCGs in partnership with the Office of the Director of Public Health at Leeds City Council are supporting practices to implement the Year of Care (House of Care) approach to care planning with people with long term conditions. The approach is evidence based and is designed to change the relationship between patient and clinician about making routine consultations between clinicians and people with Long Term Conditions truly collaborative through care planning. Patients are supported to set their own goals and take control of their own care to support effective management of their long term condition. The sharing of clinical information prior to a care planning consultation, changes the relationship between patient and health care professional putting the patient in the driving seat giving them tools and confidence to manage their condition. The CCGs believe that this approach should support patients to report an improvement in people feeling supported to manage their long-term condition. In Leeds there have been 70 practices trained with regards to YOC approach in primary care giving them the skill and confidence to have a collaborative conversation with patients to support them to self-manage their condition with 64 practices implementing YOC in their practice for patients with LTC's.

To ensure people with LTCs have access to appropriate support the Office of the Director of Public Health at Leeds City Council in partnership with the CCG's have procured and awarded 2 tenders to develop, deliver and evaluate both a 9 month pilot structured education programme for LTC's, and to develop, a 12 month structured diabetes education programme for S Asian communities. The evaluation of these programmes will enable a comprehensive review to take place to inform the re-commissioning of structured education for people living with LTC's in Leeds.

Leeds Directory is a Self-help resource that people can access to find more information about local services to enable people to self-manage their condition

An effective link is currently being developed to give people information about local support groups in Leeds. A city wide self-management steering group of service users and carers has been developed to focus on service specifications and procurement of new services. The social prescribing initiatives across the city should also have a positive impact on this indicator.

Delivering the Strategy since 2013

11. Improved access to psychological services: % of those completing treatment moving to recovery

Source	CCGOI
Frequency	Quarterly
Good=	High
	The unit is percentage of patients
	The peer is England average

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived	
			English average		Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	Q4 12/13	47.51%		46.79%	NA	43.79%	51.25%	47.08%	NA	
Nov 13										
Jan 14	Q1 13/14	42.06%	↓	43.23%	↓	44.13% B'ham	39.94%	43.66%	41.55%	NA
Mar 14	Q2 13/14	45.68%	↑	44.26%	↑	45.7% Leeds	41.88%	47.73%	46.18%	NA
Jul 14	Q3 13/14	43.98%	↑	43.87%	↓	43.98% Leeds	38.57%	46.58%	45.69%	NA
Oct 14	Q3 13/14	41.67%	↓	44.83%	↑	41.67% Leeds	38.14%	41.10%	48.10%	NA
Feb 15	Q1 14/15	41.69%	↔	44.97%	↑	41.69% Leeds	43.13%	37.76%	43.84%	NA
Mar 15	Q2 14/15	38.86%	↓	44.97%	↔	41.45% Nott	33.65%	41.33%	41.06%	NA
Jun 15	Q3 14/15	37.13%	↓	44.26%	↓	40.93% B'ham	34.29%	38.13%	38.96%	NA
Sept 15	Q4 14/15	40.32%	↑	45.47% ↑	↔	46.96% Newc	36.84% ↑	42.77% ↑	40.00% ↑	NA
Jan 16	Q1 15/16	42.94%	↑	45.43%	↔	44.04% Notts	40.43%	44.44%	43.04%	NA
March 16	Q2 15/16	41.31%	↓	45.71% ↑	↑	48.13% Notts	35.87% ↓	45.07% ↑	40.85% ↓	NA

- Local data supplied previously was from a provider report based on a single snapshot taken at the end of each month. This new data is supplied by NHS England and is based on a dataset submitted nationally by all providers. Direct comparisons are therefore impossible and arrows are indicative

Commentary

The number of people who have completed treatment having attended at least 2 treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not).

During 2014/15, Leeds IAPT underwent significant service transformation. It moved to a telephone assessment service (where people can now typically be assessed on the same day) and it offered a range of classes and seminars as the initial offer at Step 2 (where clinically appropriate) – all aimed at increasing the number of people accessing the service.

Both interventions resulted in significant reductions in waiting times to access treatment (national waiting time targets currently being exceeded). However, this also had the perverse effect of greater numbers of people dropping out of treatment and negatively impacting on recovery rates. Many of these people would previously have dropped out prior to entering treatment and therefore would not have been contributed to the “completed” treatment figure which is the service denominator for recovery rate. This rate is worked out as a % of those reaching assessment scores of recovery over the total number of people completing treatment (including those who drop out). So the global recovery rate does not reflect a drop in quality but a shift in the numbers coming through.

The service is working proactively to reduce the drop out rate at seminars/classes and citywide recovery rates have increased from those reported at Quarter 3. Provisional citywide recovery rates for 2014/15 was 39.69% and this increased to 44.1% in April 2015.

With regards access, provisional data suggests that there has been a 1.11% increase from 2013/14, with an additional 1172 people entering treatment during 2014/15.

12. Improvement in access to GP primary care services

Source	NHSOF
Frequency	Twice a year
Good=	High
	The unit is percentage of respondees
	The peer is England average.
	The local baseline used is Jul 11 to March 12
	South and East CCG data excludes York St Practice.

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived	
			English average	Best City		SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	2012/2013	74.74%			NA	71.81%	74.58%	79.23%	NA	
Nov 13										
Jan 14	2012/2013	74.58%	↓	75.46%	↑	79.78% Newc	72.13%	73.53%	79.64%	NA
Mar 14										
Jul 14										
Oct 14	2013/2014	74.38%	↓	74.60%	↑	78.63% Newc	71.53%	74.64%	77.57%	NA
Feb 15										
Mar 15	2014	73.25%	↓	73.42%	↓	77.42% Newc	70.67%	74.07%	75.19%	NA
Jun 15										
Sept 15	2014/2015	73.94%	↑	73.29%	↓	75.76% Newc	71.32%	74.33%	76.65%	NA
Jan 16							↓	↑		
March 16	2015	74.46%	↑	73.34%	↑	75.91% Liv	75.12%	70.46%	78.53%	NA
							↑	↑		

Commentary

Proportion of people having a good experience when making an appointment at their GP surgery, based on responses to one question from the GP Patient Survey.

All CCGs are implementing various initiatives to support improvements in managing access in GP practices. This ranges from providing additional capacity in practices to trialing new alternative ways of accessing primary care such as:

1. Engaging practices in demand and capacity exercises to help support improvements in availability of appointments and accessing services – this is through a number of initiatives such as local engagement and participation in other programmes such General Practice Improvement Programme (GPIP) and Productive General Practice
2. Commissioning of additional General practice capacity either through short term projects at peak times such as over Winter to more substantial pilots testing extended opening
3. Commissioning of customer services training for practice teams
4. Raising awareness and promoting use of online services to support patients being able to book appointments online to alleviate the concerns raised by patients in accessing services via telephone.
5. On-going monitoring of comments on NHS Choices to address any recurring themes
6. Discussions with individual practice as part of the CCGs role to support quality improvements

Delivering the Strategy since 2013

13. People's level of satisfaction with quality of services

Source	NHSOF	ASCOF
Frequency	Twice a year	Quarterly
Good=	High	High
		The peer is a comparator average for 2011/12.

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived	
			English average	Best City		SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	2012/2013	67.60%		63.00%	67.6%	71.90%	74.60%	79.30%	NA	
Nov 13	Q3 12/13	67.60%	↔	65%	↑	67.6% Leeds	71.80%	66.30%	66.90%	NA
Jan 14										
Mar 14										
Jul 14										
Oct 14	Q3 13/14	69.00%	↑	65%	↔	69% Leeds	71.80%	66.30%	66.90%	NA
Feb 15										
Mar 15										
Jun 15										
Sept 15	Q4 14/15	63.2%	↓	64.4%	↓	73.3% Liverpool	NA	NA	NA	NA
Jan 15										
March 15										

Commentary

In 2013/14 69% of respondents reported feeling satisfied with the support they received compared with an average of 65% nationally.

The overall level of satisfaction provides a high level indicator of how service users feel they are being treated and supported. Cross tabular analysis has shown a relationship between levels of satisfaction and whether people feel that they are to access the information and support they need. This is supported by comments received from service users and carers who have difficulties navigating the range of services provided by health and adult social care.

The Better Lives programme aims to improve the experience of service users and carers by a programme of work to integrate health and social care thus providing seamless services. For example, social workers and community health workers have been integrated into neighbourhood teams across the city linked to GP surgeries and providing joined up, timely and relevant support.

The programme is also working on modernising and extending the range of service choice and options to service users and carers. This includes the extension of preventative and low level services to support people with minimal intervention as well as the promotion of a broader range of service models through the use of personal budgets, grants for social enterprises and the spinning out of in house services.

A citywide information and advice strategy has been developed identifying the Leeds Better Lives Board, including service user and carer representation, as having the accountability for improving the quality of information and advice for people who are looking for care and support. Work has been undertaken during 2014/15 to review communications and ensure that people have access to the information they need.

Delivering the Strategy since 2013

14. Carer reported quality of life

Source	ASCOF							
Frequency	Year							
Good=	High							
Month of report to HWBB	Period	National level			Local level			
		Leeds	English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived
Oct 13	2011/20 12	8.10	NA	8.7	NA	NA	NA	NA
Nov 13				Newc				
Jan 14								
Mar 14								
Jul 14								
Oct 14								
Feb 15	Q4	7.9	7.9	8.7	Not available	Not available	Not available	Not available
Mar 15				Newc				
Jun 15								
Sept 15								
Jan 16	2014/20 15			Newc				
March 16								

Base line data only. First time produced and no comparator data available. Progress will be shown in future reports. The source is National Carers Survey for period 2011/12. Measured as a weighted aggregate of the responses to the following aspects: Occupation (Q7); Control (Q8); Personal Care (Q9); Safety (Q10); Social Participation (Q11) Encouragement and Support (Q12)

Commentary

Provisional figures for 2014 show that we are in line with the national average for carer quality of life.

The Carer reported quality of life measure is a composite measure which uses the results questions relating to;

- Whether carers are able to spend their time as they want
- Whether they have control over their daily life
- Whether they are able to look after themselves – get enough sleep and food, etc.
- Whether they feel safe
- How much social contact they have
- Whether they feel encouraged and supported in their caring role.

The results for these measures show a drop in performance for carers feeling that they can look after themselves and that they have enough social contact. There has been a smaller drop in performance in relation to whether they feel in control or about to spend their time as they want. There has been improved performance in the numbers feeling safer and who feel supported and/or encouraged in their caring role.

On 10th June 2014 the new Combined Carers Service was launched. The service brings together Carers Leeds, Age UK, Touchstone and Leeds and York Partnership Foundation Trust Carers Support Services to form one single point of access for all carers over 18.

Work has also been undertaken to strengthen links with the Combined Carers Services by placing staff in the Carers Centre and increasing resourcing to enable the delivery of Care Act requirements from April 2015. The new legislation gives carers the right to an assessment in their own right and, if they are found to be eligible, access to the support they need.

Delivering the Strategy since 2013

15. The proportion of people who report feeling involved in decisions about their care

Source	ASCOF
Frequency	Twice a year
Good=	High

Month of report to HWBB	Period	National level			Local level			
		Leeds	English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived
Oct 13	Q3 12/13	93.00%	NA	NA	NA	NA	NA	NA
Nov 13								
Jan 14								
Mar 14								
Jul 14								
Oct 14								
Feb 15								
Mar 15								
Jun 15								
Sept 15	Q4 14/15	76.1%	71.2%	79.9% Newcastle	Not available	Not available	Not available	Not available
Jan 16	<i>This question has been removed from the Adult Social Care Survey. Data given is historical, for the indicator 'the proportion of people who report that adult social care staff have listened to your views'.</i>							
March 16	<i>Further work is being done to develop this indicator into a more robust and ongoing one.</i>							

Commentary

The question underlying this indicator has been removed from the Adult Social Care Survey for service users. The results here are taken from a similar question in the carers survey. Work is being undertaken to develop this measure.

The included graph shows an improvement in the results between 2012/13 and 2014/15 for carers who feel involved in discussions about their cared for person.

A city wide information and advice strategy has been developed identifying the Leeds Better Lives Board, including service user and carer representation, as having the accountability for improving the quality of information and advice for people who are looking for care and support. A significant amount of work has been undertaken during 2014/15 to review communications and ensure that people have access to the information they need.

On 10th June 2014 the new Combined Carers Service was launched. The service brings together Carers Leeds, Age UK, Touchstone and Leeds and York Partnership Foundation Trust Carers Support Services to form one single point of access for all carers over 18. The service provides a single point of access to the range of provision. In addition links and resourcing have been strengthened to enable the delivery of Care Act requirements from April 2015, which give carers the right to assessment in their own right and access to the support they need.

Delivering the Strategy since 2013

16. Proportion of people using social care who receive self-directed support

Source	ASCOF
Frequency	Quarterly
Good=	High
	The peer is a comparator average for 2011/12. This data is a projected year end figure, updated each quarter.

Month of report to HWBB	Period	Leeds	National level			Local level			
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived	
Oct 13 Nov 13 Jan 14	Q3 12/13	70.40%		39.80%	70.4% Leeds	NA	NA	NA	NA
Mar 14 Jul 14	Q3 12/13	66.00%	↓	58%	↑ 66% Leeds	NA	NA	NA	NA
Oct 14 Feb 15	Q4 13/14	68.00%	↑	62%	↑ 74% Bristol	NA	NA	NA	NA
Mar 15 Jun 15	Q4 2013/ 2014	64.00%*	↓	62.00%	↔ 74% Bristol	NA	NA	NA	NA
Sept 15 Jan 16 March 16	2014/ 2015	82.6%	N A	83.6%	↑ 100% B'ham Nottingham	NA	NA	NA	NA

Prior to 2014/15 the indicator considered the % of (service users supported at home in the year + carers receiving carers services) who were in receipt of self-directed support. From 2014/15 this has been split into 4 separate indicators, none of which are comparable to the previous definition. Figures for service users and carers are now calculated separately, and for each group there are separate figures to show the % that were receiving a cash payment as well as the % that were getting a cash payment and/or self-directed support. To monitor progress against this indicator we have chosen the closest comparable data which measures the numbers of service users receiving money and/or self-directed support.

Commentary

The longer term trend shows a year on year increase in the numbers of service users and carers receiving self-directed support since the introduction of this measure.

Current figures are being reviewed and the indications are that a much higher proportion of people have received self-directed support. In 2013/14 68% received SDS in Leeds compared with a national average of 62%.

Self-Directed Support is defined as having occurred when a service user or carer is in receipt of a direct payment; or have in place a personal budget which meets all the following criteria:

- The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and
- There is an agreed support plan making clear what outcomes are to be achieved with the funding; and t duty of care to provide a personal budget?
- The person (or their representative) can use the funding in ways and at times of their choosing.

In Leeds the processes for providing social work support are consistent with the delivery of self-directed support and the majority of people who do not receive this support are those who started to receive a service before the current processes were introduced. A number of initiatives in Leeds aim to promote the take up of self-directed support and enable people to gain greater choice and control. This includes work with local partners to support the delivery of personal budgets and increased control. For example, Neighbourhood Networks providing support to administer budgets with service users. There is also work started to support the implementation of health personal budgets with partners in the CCGs.

Delivering the Strategy since 2013

17. The number of properties achieving the decency standard

Source	Local
Frequency	Year
Good=	High

Month of report to HWBB	Period	Leeds	National level			Local level			Leeds deprived
			English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	Q2 2012	96.92%		NA	NA	NA	NA	NA	NA
Nov 13	Q3 2012	93.50%	↓	NA	NA	NA	NA	NA	NA
Jan 14									
Mar 14	Q1 2012/ 2013	94.22%	↑	NA	NA	NA	NA	NA	NA
Jul 14	Q2 2012/ 2013	88.69%	↓	NA	NA	NA	NA	NA	NA
Oct 14	Q3 2012/ 2013	91.03%	↑	NA	NA	NA	NA	NA	NA
Feb 15- March 16	Decency is no longer reported								

Decency is no longer reported. This NI58 Indicator has been suspended as the government funding on which this calculation is based has ceased. The service is considering a revised indicator to measure performance against a new housing standard for Leeds and papers are going through the relevant boards at the current time

Commentary

Decency is no longer reported. This NI58 Indicator has been suspended as the government funding on which this calculation is based has ceased. The service is considering a revised indicator to measure performance against a new housing standard for Leeds and papers are going through the relevant boards at the current time.

Before 2010, decency was straight forward to report against in Leeds: the target was 100%, and we modernised the properties against a single target which we had several years to achieve. In moving to an area based programme it makes target setting and reporting a big challenge. The area based commitment had some inherent problems in that it was vague and could be interpreted in various ways but in short meant we would miss decency by some way, as rather than doing all failures throughout the city for a particular year we have been concentrating work in specific areas that were failing decency the most. This has driven the move to a 'Leeds Standard' for housing.

Delivering the Strategy 2013-2015

18. Number of households in fuel poverty

Source	PHOF
Frequency	Quarterly, PHOF
Good=	Low

Month of report to HWBB	Period	National level				Local level			
		Leeds	English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived	
Oct 13	2012	17.20%	16.40%	NA	NA	NA	NA	NA	
Nov 13	2010	11.30%	↑ 10.90%	↑	NA	NA	NA	NA	
Jan 14									
Mar 14									
Jul 14									
Oct 14	2012	11.60%	↓ 10.40%	↑	NA	NA	NA	NA	
Feb 15									
Mar 15									
Jun 15									
Sept 15	2013	11.60%	↓ 10.40%	↔	NA	NA	NA	NA	
Jan 16									
March 16									

Since last reported, the government has drastically changed the definition of fuel poverty—which has profound effect on the numbers of fuel poor. The new fuel poverty definition is based on households who are on a low income and who live in a property with high costs, as opposed to the old definition which focussed on household spending more than 10% of their income on fuel to maintain a satisfactory heating regime. Currently, however, DECC are publishing both definitions, including sub-regional data down to county level. The latest data we have for this is the 2011 data showing fuel poverty to be at 17.2 % by the old 10% measure for West Yorkshire and 11.3% under the new low income/high cost definition

Commentary

The government has totally changed the definition of fuel poverty, with a big impact on numbers of fuel poor. The new fuel poverty definition is based on households who are on a low income and who live in a property with high costs, as opposed to the old definition which focussed on household spending more than 10% of their income on fuel to maintain a satisfactory heating regime. Currently, however, DECC are publishing both definitions, including sub-regional data down to county level. The latest data we have for this is the 2011 data showing fuel poverty to be at 17.2 % by the old 10% measure for West Yorkshire and 11.3% under the new low income/high cost definition – this explains the sudden drop in this figure at the end of 2013 in the data here.

Despite an unfavourable policy environment over the past two years, we have made tangible progress in reducing fuel poverty and CO2 emissions through delivering energy efficiency interventions across the city. We have directly delivered 4,114 major energy efficiency improvements to 2,594 households including 1,625 solid wall insulation improvements and have issued over £500,000 of loan funding for whole house energy efficiency packages.

In addition, we have supported 1,067 vulnerable households to have new heating systems installed or boilers replaced/repaired and have worked with over 50 community partners to provide winter warmth support to tens of thousands of vulnerable and excluded clients. This capital work is worth c£14.5m in total.

We have also developed new and ambitious projects for the next two years including a 1,000 home solar PV project, district heating for over 2,500 council flats, a Leeds energy tariff and have finally signed an eight year partnership with Keepmoat and Willmott Dixon to deliver energy efficiency improvements across Leeds City Region.

We anticipate that we will directly deliver at least 1,050 major energy efficiency improvements to private homes per year from March 2015-2017, 900 to council homes and will support 580 vulnerable households with affordable warmth advice and improvements.

Delivering the Strategy 2013-2015

19. Amount of benefits gained for eligible families that would otherwise be unclaimed

Source	Local
Frequency	Quarterly
Good=	NA

Month of report to HWBB	Period	National level			Local level			
		Leeds	English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived
Oct 13	Q2 2013	£4,498,947.00	NA	NA	NA	NA	NA	NA
Nov 13	Q3 2013	£5,129,295.00	NA	NA	NA	NA	NA	NA
Jan 14	Q4 2013	£5,078,283.00	NA	NA	NA	NA	NA	NA
Mar 14	Q1 2014	£4,796,854.00	NA	NA	NA	NA	NA	NA
Jul 14	Q2 2014	£5,546,070.00	NA	NA	NA	NA	NA	NA
Oct 14	Q3 2014	£5,331,729.00	NA	NA	NA	NA	NA	NA
Feb 15	Q4 2014	£5,133,065.00	NA	NA	NA	NA	NA	NA
Mar 15	Q1 2015	£5,428,453.00	NA	NA	NA	NA	NA	NA
Jun 15	Q2 2015	£5,397,339.00	NA	NA	NA	NA	NA	NA
Sept 15	Q3 2015	£5,924,106.00	NA	NA	NA	NA	NA	NA
Jan 16	Q4 2015	£5,894,929.00	NA	NA	NA	NA	NA	NA
Mar 16								

This data has not previously been collected, and is an aggregation of data received from GP practices, Mental Health Outreach Services, Children's Centres, and WRUs

Commentary

Advice is delivered through the council's Welfare Rights Unit and an Advice Consortium made up of Leeds CAB, Chapelton CAB and Better Leeds Communities. The data is obtained quarterly from the council's Advice Services and is an aggregation of the amount of benefit families have been able to claim after receiving this advice within GP practices, Mental Health Outreach Services, Children's Centres, and the Welfare Rights Unit.

In 2013/14, these advice services brought £19.1 million to families across Leeds, who previously would not have claimed. In 2014/15 this figure increased to £20.8 million.

Delivering the Strategy 2013-2015

20. The percentage of children gaining 5 good GCSEs including Maths & English

Source	DFE
Frequency	Year
Good=	High

Month of report to HWBB	Period	National level			Local level			Leeds deprived
		Leeds	English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	
Oct 13	2012	55.0%	59%	NA	NA	NA	NA	
Nov 13	2013	56.6%	60.20%	59.4% B'ham	NA	NA	NA	
Jan 14	2013 (final)	57.3%	60.80%	59.8% B'ham	NA	NA	NA	
Mar 14								
Jul 14								
Oct 14								
Feb 15								
Mar 15	2014	1st:51.0% Best:55.0%	56.80%	57.3% Newc	NA	NA	NA	
Jun 15	2015	54.1%*	56.1%*	54.1% Leeds* (53.9% Newc)*	NA	NA	NA	
Sept 15								
Jan 16								
Mar 16	2015 (final)	55.5%	57.3%	55.7% (Newc)	NA	NA	NA	

- Two major reforms have been implemented, which affect the calculation of KS4 performance measures data in 2014: a restriction in the qualifications counted, and an early entry policy to only count a pupil's first attempt at a qualification. These changes prohibit a comparison of Leeds' data from previous years
- The full statistical first release, with revised (final) data, can be accessed here: <https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2014-to-2015>. This provides figures and commentary regarding the changes
- Provided here are the first attempt results for the headline measure of the percentage of pupils achieving 5+ A*-C GCSEs including English and maths. Leeds has improved by four percentage points since 2014, is in line with statistical neighbours, and is only one percentage point behind national. Leeds has seen a faster rate of improvement than all comparators

Commentary

In 2014, the 'best' entry outcome achieved by young people in Leeds for 5+ A*-C GCSEs, including English and maths, was 55 per cent; closer to the national average than was the case in 2013. However, the reporting of the 2014 GCSE results is confusing and open to misinterpretation, due to the many policy changes made at a national level over the last 12-18 months; in particular the change that means that only a pupil's first entry is counted in league tables.

In reality, young people in Leeds did much better in 2014 than is suggested by the headline figures in league tables, which do not reflect the qualifications young people actually achieved. It is impossible to provide meaningful year-on-year comparisons for Leeds schools by just looking at league tables for Key Stage 4. Leeds has historically performed poorly in relation to national against the proportion of students achieving 5+ A*-C GCSEs (inc E&M) measure. The additional issue of single/multiple entry policies and the move to a more academic curriculum means that Leeds' overall performance as measured in DfE and Ofsted analyses has declined compared to national.

2014 'first entry' results show that non-disadvantaged children were two percentage points behind similar students nationally, whilst disadvantaged children were seven percentage points behind. Although the proportion of children who receive free school meals (FSM) who are achieving 5+ A*-C GCSEs (inc E&M) increased by over 15 percentage points in Leeds between 2007 and 2013, the gap between Leeds FSM and national FSM grew by over two percentage points. One of the biggest gaps was for English as an additional language (EAL) students, with Leeds EAL students achieving 13 percentage points below similar students nationally.

School improvement advisers quality assure provision at each of their schools and set clear guidelines to senior leaders about how to improve. Concerns expressed by the SIA from their detailed knowledge of the school will lead to robust intervention from the local authority.

Delivering the Strategy 2013-2015

21. Proportion of adults with learning disabilities in employment

Source	ASCOF
Frequency	Quarterly
Good=	High
	The unit is percentage of service users with record of employment. The peer is Metropolitan District average for 2011/12. This data is a projected year end figure, updated each quarter.

Month of report to HWBB	Period	National level				Local level			Leeds deprived
		Leeds	English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC		
Oct 13	Q3	7.30%	6.50%	7.8%	8.45%	10.00%	5.30%	NA	
Nov 13	12/13			L'pool					
Jan 14									
Mar 14	Q3	7.60%	↑ 5.80%	↓ 7.8%	8.45%	10.00%	5.30%	NA	
Jul 14	12/13			L'pool					
Oct 14	Q3	7.40%	↓ 6.80%	↑ 7.80%	8.45%	10.00%	5.30%	NA	
Feb 15	13/14			L'pool					
Mar 15									
Jun 15									
Sept 15	Q4	6.9%	↓ 6.6%	↓ 6.9%	NA	NA	NA	NA	
	14/15			Leeds					
Jan 16	Q4	7.00%	↑ 6.00%	↓	NA	NA	NA	NA	
Mar 16	14/15								

Commentary

This measure is included as one of the Adult Social Care Outcomes Framework (ASCOF) national minimum dataset. The measure only includes people with a learning disability who come into contact with Adult Social Care so may exclude people with a mild learning disability who receive support from universal employment services.

The number of people with a learning disability recorded as being in supported employment had been increasing year on year but appear to have plateaued. During 2013/14 135 people were supported in paid employment and in 2014/15 134.

The Learning Disability Community Support Service supports over 90 adults with a learning disability who are engaged in therapeutic work placements across the service. All work placements are supported by Customer Involvement Officers who oversee the placements and ensure that they all receive regular supervisions and appraisals. Everyone who is on a placement receives a training package that is facilitated by the Organisational Development Unit with the support of the Customer Involvement Officers.

Mencap receive funding from the council to deliver a programme called 'Employ Me'. During 2014/15 the service received 55 referrals and 70 people were supported in work placements. All people accessing the service have individual assessments and employ me plans which identifies their employment goals which forms the individual learning plan. Many have never worked, so these people are supported to gain work experience. In addition not everyone is ready for work, so work is undertaken with other Learning Disability partners in Leeds who support individuals with soft skills. The service also works very closely with employers and provides Learning Disability awareness training to employers who are keen to open job opportunities to people.

Delivering the Strategy 2013-2015

22. Proportion of adults in contact with secondary mental health services in employment

		From July 2014						
Source		NHSOF		PHOF				
Frequency		Quarterly		Annually				
Good=		High		Low				
Month of report to HWBB	Period	National level			Local level			
		Leeds	English average	Best City	SE CCG SE LCC	W CCG WNW LCC	N CCG ENE LCC	Leeds deprived
Oct 13	Q1 2011/2012	22.94%	27.42%	NA	NA	NA	NA	NA
Nov 13	Q4 2012/2013	14.27%	32.37%	39.24%	NA	NA	NA	NA
Jan 14				Nott				
Mar 14								
Jul 14	2012/2013	56.90%	62.30%	NA	NA	NA	NA	NA
Oct 14								
Feb 15	2013/2014	58.90%	65.10%	55.90%	NA	NA	NA	NA
Mar 15				Newc				
Jun 15								
Sept 15								
Jan 16								
Mar 16								

Commentary

The source of this indicator changed for data from 2012-13. Previous data came from the NHS Outcomes Framework, which gave “the proportion of adults in contact with secondary mental health services in employment”, whereas the data post this data comes from the Public Health Outcomes Framework and shows the “Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate”. The two different datasets are calculated using different methods and hence show a large, but incomparable, difference between the two sets of figures. There is no overlap of the two datasets so they have to be considered completely separately. For the original data a higher figure was considered better where as for the new indicator a lower figure would be better

The two years’ worth of data available from the PHOF show a 2% increase in the gap in employment rate. There is no further trend data available yet to show whether this increase is likely to continue.

Delivering the Strategy 2013-2015

<u>Indicator</u>	<u>Commentary author</u>
1. Percentage of adults over 18 that smoke	Paul Lambert
2. Rate of alcohol related admissions to hospital	Diane Powel
3. Infant mortality rate	Sharon Yellin
4. Excess weight in 10-11 year olds	Janice Burberry
5. Rate of early death (under 75s) from cancer	Fiona Day
6. Rate of early death (under 75s) from cardiovascular disease	Lucy Jackson
7. Rate of hospital admissions for care that could have been provided in the community	Souheila Fox
8. Permanent admissions to residential and nursing care homes, per 1,000 population	Irene Dee
9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation	Irene Dee
10. Proportion of people feeling supported to manage their condition	Souheila Fox
11. The number of people who recover following use of psychological therapy	Souheila Fox
12. Improvement in access to GP primary care services	Souheila Fox
13. People's level of satisfaction with quality of services	Irene Dee
14. Carer reported quality of life	Irene Dee
15. The proportion of people who report feeling involved in decisions about their care	Irene Dee
16. Proportion of people using social care who receive self-directed support	Irene Dee
17. The number of properties achieving the decency standard	Rebecca Mell
18. Number of households in fuel poverty	Qamran Hussain
19. Amount of benefits gained for eligible families that would otherwise be unclaimed	Sophia Ditta
20. The percentage of children gaining 5 good GCSEs including maths & English	Paul Brennan
21. Proportion of adults with learning disabilities in employment	Irene Dee
22. Proportion of adults in contact with secondary mental health services in employment	Victoria Eaton