

Report of the Director of Adults and Health and the Director of City Development

Report to Scrutiny Board (Adults, Health and Active Lifestyle)

Date: 26 June 2018

Subject: Performance update on Best Council Plan and Adults and Health Directorate

Are specific electoral wards affected? If relevant, name(s) of ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Summary of main issues

1.1. This report provides an overview of outcomes and service performance related to the council priorities and services within the remit of the Adults and Health scrutiny Board. It is intended as a succinct overview ensuring visibility, providing assurance and informing ongoing scrutiny work. The focus is on the 2017-18 financial year.

2. Recommendations

- 2.1. Members are recommended to consider and comment on the performance information contained in this report, considering:
- Assurance that 2017-18 performance is visible, understood and responded to.
 - How this information informs scrutiny work to support ongoing improvement.
 - The nature and content of future performance updates.

1. Purpose of this report

- 1.1. This report is an overview of citizen outcomes and service performance from the 2017-18 financial year relevant to this board. It is to help inform the start of the scrutiny year and to ensure the visibility of key performance measures reflective of stated local and national priorities. The intent is visibility of a breadth of information, as a consequence these reports may not always contain the depth of information desired on any particular subject. They are based on sharing and summarising available performance and analysis work.

2. Background information

- 2.1. This report is based on currently available performance material
- Best Council Plan 2017-18 indicators relevant to this committee. The indicators for 2018-19 are also referenced.
 - Provisional local results against the national Adult Social Care Outcomes Framework. The confirmed results with national and local authority comparison are published in October.
 - Public Health Report for quarter 4 highlighting key population and service measures, linked to the national public health outcomes framework.
 - Update on council priority of more adults being active.
- 2.2. This report is based on reports presented to a sub-group of this Board in the last scrutiny year. It is also similar to reports presented to other scrutiny boards, accepting further work is needed on the standardise, simplify and share agenda. Feedback is welcomed on this report and agreement on when, e.g. six-monthly, and where, e.g. this board or a sub-group, future versions would be required. Content of future reports would likely contain updates of:
- Best Council Plan key performance indicators for 2018-19, para 5.2.
 - Performance against national outcomes frameworks including adult social care and public health frameworks.
 - Progress against local strategies and initiatives e.g. Better Lives Strategy.
 - Service performance as appropriate.
 - Updates as requested on items raised in the previous report.
- 2.3. There will be cross over in the above and the intent will be to collate and distil key messages from existing performance and intelligence material, providing references on how to access that material.

3. Main issues

Best Council Plan Key Performance Indicators

- 3.1. Table 1 highlights performance reported in April against relevant 2017-18 Best Council Plan Key Performance indicators for the Better Lives and Health and

Well-being priorities. These are lead measures by which to determine are we making a difference. Overall performance against these measures is positive. Underneath the headline the issues of disadvantage and equality are recognised and made explicit in the BCP going forward. Where progress is not where we want it to be this is recognised and improvement activity is in place.

Table 1. Best Council Plan Health & Well-being and Better Lives measures

Measure	Leeds				England
	2015-16	2016-17	2017-18 Provisional	Change	2016-17
Better Lives for people with care and support needs					
The percentage of CQC registered care service in Leeds rated as "good" or "outstanding".	Not BCP indicator	68.5%	79%	+10.5% ↑	80% (July 17)
There has been substantial improvement over the last year based on a clear commitment for supporting the quality of provision in the sector, including the reshaping of support. This is based on the average of the Domiciliary (community providers) figure of 79.7% and Residential and Nursing Homes figure of 78.2%.					
% of new client referrals for specialist social care resolved at point of contact or through accessing universal services	na	20.8%	24.1% March	+3.3% ↑	Local Measure
Performance has improved with each month being above the 2016-17 year end figure. This accepts some fluctuations in year. This measure is focused on evidencing the impact of the strengths based approach and the benefit of having the right conversations at the right time. To an extent it is an experimental measure and as the strength based approach embeds there is more work to do to ensure proportional, timely and appropriate data capture.					
Percentage of people using social care who receive self-directed support as a direct payment - service users	18.9%	21.1%	20.1%	-1%pt ↓	28.3% (2016-17)
Leeds performs well against the national measure for service users who receive self-directed support, being above the national average. However Leeds performs less well when looking at direct payments to service users and the last year has seen a marginal decrease in the proportion of people receiving social care services who utilise these. Part of promoting greater uptake of direct payments is to streamline the processes for accessing and facilitating payments, including the introduction of prepaid cards. This will provide a basis for increasing uptake.					
More adults and older people helped to live at home (Ratio of community-based support to supported in care homes)	1.81	1.87	1.99	+0.12 ↑	Local Measure
There has been an increase in the ratio over the year resulting in very nearly twice as many people receiving a community service than a residential service. This is a local measure and while going in the desired direction we are aware it does not capture the breadth of community activity beyond people with an open social work case receiving funded support. Consequently it does not capture the impact of more preventative community based support.					

Measure	Leeds				England
	2015-16	2016-17	2017-18 Provisional	Change	2016-17
Health and Well-Being					
Adults over 18 that smoke	20.71%	20.13%	19.4%	-0.73% ↓	
<p>The past year has seen the continued trend of reduction in smoking prevalence in the over 18 population. In 2012-13 the figure was 22.93% and is now 19.4%. At the same point the figure for deprived Leeds was 35.7% this has now reduced to 31.1%, the definition used here is areas considered in the 10% most deprived nationally.</p>					
More Adults Are Active <small>(March 2018 release of Active Lives Adult Survey for Nov – 16 to Nov 17)</small>	Methodology changed	27.2% Inactive	24.6% Inactive	na	26% Inactive
<p>The Active Lives Survey (ALS) figure, published at the end of March 2018, covering the period Nov 2016 – Nov 2017, is reported here as the 2017/18 result. The 2017/18 result shows 24.6%, or 155,500 people, were 'inactive', a reduction of 2.6% of the population over a 12 month period, i.e. 15,200 fewer people in Leeds were inactive, this is biggest reduction amongst the Core Cities. Nearly all of this reduction has transferred into active, which is defined as undertaking at least 150 minutes of moderate activity a week, inactive is less than 30 minutes per week, fairly active is the middle category.</p>					
Fewer children are obese – Year 6 pupils	20.4% (15-16 AY)	19.3% (16-17 AY)	Not yet available	-1.1% ↓	20.0% (16-17 AY)
<p>The national child measurement programme occurs annually for reception and year 6 children, the 2017-18 results are imminent. The 2016-17 data shows that obesity in Leeds children at age 11 has reduced by over 1% since the previous year to 19.3%, whilst over the same period the national average rose to 20%. The percentage overweight or obese is 33.7%, this rises to 40.8% in deprived Leeds. 64.6% of Leeds children of this age are considered to be at a healthy weight, this measure will continue to be a focus in the new Children and Young Peoples Plan. Leeds compares well at age 5 for the reception cohort.</p>					

3.2. The following measures are in the new Best Council Plan 2018/19 – 2020/21 - Tackling poverty and reducing inequalities, and likely relevant to this board. These will be considered in future reports, recognising some are also covered by other boards and a number only change annually.

Health and Well-being

- Infant mortality rates
- Children who are a healthy weight at age 11
- Percentage of physically active adults
- Percentage of adults who smoke
- Avoidable years of life lost
- Suicide rates
- Percentage of pupils achieving a good level of development at the end of the Early Years Foundation Stage
- Reduced rate of early death for people with a serious mental health illness
- Percentage of CQC-registered care services in Leeds rated as 'good' or 'outstanding'

- Number of permanent admissions to residential and nursing care homes (a) for people aged 18-64 12 (b) for people aged 65+ including
- Proportion of people who use social care services who have control over their daily life
- *Proposed for development social isolation and loneliness*

Housing

- Number of new units of extra care housing

3.3. The adult social care measures are informed by the themes of the Better Lives Strategy, better conversations, better living and better connections.

- Better Conversations – this reflects a reformed social work model that enables an improved front door, rapid response and ‘talking points’; ensuring the right conversations at the right time. Less paperwork more working with people is implicit in this.
- Better Living – supporting carers and enabling people to have control through direct payments and ensuring that they are in the right place with the right housing and placement solutions of the right quality.
- Better Connections – make the most of partnership at all levels, in communities, at city level, across authorities and nationally. Working with all partners including business, educational and community organisations; promoting asset based approaches and realising the benefits that technology can have.

3.4. The Better Lives Strategy sets out a ‘strengths-based’ social care approach one that is based on working more collaboratively with people, looking first at what they can do with their own skills and resources and equally what those around them can do, within their relationships and community. For further information visit the Better Lives Strategy Website: <https://betterlivesleeds.wordpress.com/>

Adult Social Care Outcomes Framework

3.5. The Adult Social Care Outcomes Framework (ASCOF) is a national framework that all local authorities are measured by, it is based on financial years with national results being published in the following autumn. Appendix 1 provides Leeds provisional results for 2017-18, these are provisional and cannot be fully contextualised until national and other local authority results are released. The Framework is based on the four domains.

1. Enhance quality of life	2. Delay and reduce the need for care
3. Ensure a positive experience of care	4. Safeguard and protect vulnerable adults

3.6. ASCOF measures are calculated from a number of statutory national government returns, these include the Short and Long Term Services Return (SALT) and the Safeguarding Adults Return (SAR). Measures are also extracted from the results of an annual survey of services users and a bi-annual

survey of carers. In addition measures relating to delayed transfers of care (DTC) and people supported from hospital draw upon health reported data.

- 3.7. The national surveys are administered by the council but have nationally defined processes including the selection and size of cohorts. These surveys are for existing Adult Social Care service users covering both those living in their own homes and people in nursing and care provision. The samples include over 65s and working age adults including those with learning difficulties. The Carers survey happens every two years, this was not a survey year.
- 3.8. Leeds provisional ASCOF results for the last year are overall positive. Performance against the main survey result in respect to service users' quality of life is strong and improving. This accepts that there are identified areas for improvement and an overall commitment to continued improvement. Appendix 1 provides a table with this year's results, previous Leeds results and comparator results for 2016-17.

Domain 1: Enhance quality of life

- 3.9. The overall quality of life result for social care service users is a positive. This is supported by good improvement, locally and likely comparatively, in service users saying that they have as much social contact as they would like. Accepting that it was only 51% of respondents who said this. Reducing social isolation is a continued focus and is reflected in such as the ongoing and increasing commitment to neighbourhood networks.
- 3.10. Results for service users who receive self-directed support and carers receiving direct payments remain good, noting marginal reductions in results. Direct payments for service users is an area for improvement and is mentioned above in the context of being a Best Council Plan focus. There have been improvements in results related to people with learning disabilities in respect to paid employment and living at home. Performance against the latter was an area for improvement last year and has seen strong improvement, improved data accuracy is part of this.

Domain 2: Delay and reduce the need for care

- 3.11. The Leeds rate of adults over 65 who best have their needs met through admission to nursing and care homes continues to reduce. This year has though has seen an increase in the admission rate for the 18-65 age range, while Leeds performance remains good in comparative terms this is an area of focus to understand and address.
- 3.12. Delayed Transfers of Care from hospital remain a national priority. Performance is mixed, there are positives, at the end of March delays in Leeds attributable to social care were just over half the national rate. When social care only delays are combined with those attributable to both the NHS and social care the Leeds rate at the end of March is 9% above national. The overall Leeds rate was 17.6 daily beds per 100,000, 53% above the national mean at the same point. A majority of the delays attributable to both social care and

NHS relate to Leeds Yorkshire Partnership Foundation Trust and the availability of appropriate provision, especially nursing home provision.

- 3.13. Leeds performance remains good, if not as high as the previous year, in relation to the proportion of older people who are supported with short term support from hospital and are at home 91 days later. With the reablement measure provision was remodelled during the year, the full year impact will only be seen in the current year. Accepting that there has been an improvement in the last year in the proportion of people who were independent and receiving no service following a reablement service. There remain questions around the comparability of this measure given different LA models and Leeds having a more targeted approach.

Domain 3: Ensure a positive experience of care

- 3.14. This domain is limited with the carers survey not happening this year and the remaining two questions being largely stable. There has been a small improvement in the overall satisfaction of people with their care and support and a small decrease in satisfaction with people with finding information about their support, but this remains in line with last year's national result.

Domain 4: Safeguard and protect vulnerable adults.

- 3.15. Survey results for how safe people feel and how well their service help them to feel safe have remained stable, 73% of respondents feel safe and 87% say their services have helped them to feel safe and secure. Last year Leeds results were above national.

Public Health population outcomes and service impact and usage

- 3.16. Appendix 2 provides an update on population health outcomes and the use of services commissioned by public health. This is based on a quarterly report and includes updates to quarterly measures and annual updates for Deliberate Self-Harm admissions, Alcohol related harm admissions for under 18's and all ages and Excess Winter Deaths (each updated indicator is marked with an asterisk in the report). Time series comparisons between Leeds and Deprived Leeds populations are also included. Deprived Leeds is based on areas in the 10% most deprived nationally.

Population indicators

- 3.17. The reduction in the prevalence of adults who smoke continues in Leeds and Deprived Leeds, though not statistically significantly. Excess weight in adults has increased in the latest quarter in both Leeds and Deprived Leeds. However the rate of adults who are physically inactive has reduced across the district as a whole. Excess winter deaths August 2015 to July 2016 are down on the previous period for Leeds and Deprived Leeds. The figures expressed here are locally calculated and provisional, however national PHE figures also shows a falling rate for Leeds.
- 3.18. Suicide rates are calculated locally based on a national definition, which is the average number of suicides over a three year period for people resident in

Leeds and for people resident in an area of Leeds ranking in 10% most deprived nationally ('Deprived Leeds'). The numbers quoted represent a standardised population rate (i.e. per 100,000 population) which allows populations of different sizes to be compared.

- 3.19. Recent figures show an increase in suicide rates, and much of the increase is in areas of high deprivation. In a society interested in the health and wellbeing of all its citizens monitoring suicide rates by comparing the average rate for people in Leeds with the rate for people living in areas of greatest deprivation provides evidence of health inequalities. This and other key health inequalities are discussed in the context of an inclusive growth strategy in the latest Director of Public Health Annual Report for Leeds – which is presented elsewhere on the agenda.
- 3.20. Work on suicide prevention in Leeds is steered by the multi-agency Leeds Strategic Suicide Prevention Group. The city-wide Suicide Prevention Action Plan for Leeds 2017–2020 identifies the following three key high-risk groups in Leeds:
- Men aged between 30 and 50 years with risk factors outlined in the most recent Leeds Suicide Audit (2011–13)
 - People at risk of or with a history of self-harm
 - People in the care of mental health services
- 3.21. The Leeds Suicide Prevention Action Plan is currently being refreshed and will cover the period 2018-2021.

Operational indicators

- 3.22. Three-year alcohol related hospital admissions for under 18s have not changed. The one-year alcohol related hospital admissions for all ages have increased slightly compared to the previous financial year, the change is not statistically significant. Successful completion of drug and alcohol dependency treatments continue to increase. Further analysis shows an improvement in the proportion of people who successfully complete treatment and do not represent within 6 months. The Leeds rate has consistently increased and is now on par with the national average (see Appendix 2).
- 3.23. The uptake of health checks has increased very slightly as has diabetic case finding in Deprived Leeds and Leeds overall. Hospital admission numbers due to deliberate self-harm have increased. PHE figures are used to report this rate and the increase in 2016/17 is significantly above the England average and is against the national downward trend.
- 3.24. Further information can be found in the Director of Public Health's annual report for 2017-18. The report focuses on what lies behind a fall in life expectancy for women and a static life expectancy in men. Four key reasons, but not the only reasons, are highlighted: infant mortality; alcohol-related deaths in women; drug-related deaths in men and suicides in men. Improving the socioeconomic position for individuals, communities and neighbourhoods is central to reducing health inequalities in our city. The report describes how Leeds City Council's

new Inclusive Growth Strategy must contribute to reversing the worsening socioeconomic position of many of our neighbourhoods.

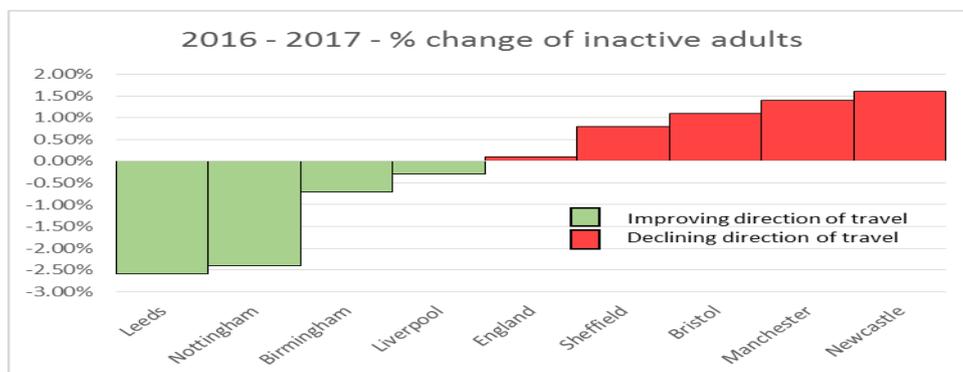
3.25. The final section is a review of progress since last year on a set of public health indicators for Leeds aligned to the Leeds Health and Wellbeing Strategy. The report is included elsewhere on the agenda item.

3.26. Further nationally sourced information is contained in the Leeds Public Health Profile, which is attached at Appendix 3.

More adults are active

3.27. The Active Lives Survey (ALS), carried out by Sport England, produces in depth information about participants' activity and lifestyle and summarises with three top level performance indicators. The BCP 2017/18 performance indicator uses the percentage of people who are inactive.

3.28. The Leeds 2017/18 ALS result is 24.6%, applied to the adult population this represents 155,500 people deemed inactive. This is a reduction of 2.6% representing 15,200 fewer people in Leeds inactive. Leeds has the second lowest proportion of inactive people of the core cities and was also a lower rate than England. Leeds had the biggest decrease in the percentage of inactive people of all the core cities, this is represented in the graph below.



3.29. The Active Lives Survey is a city level survey and does not provide locality results. Active Leeds (using Sport England funding) are commissioning a piece of research to generate a better understanding of physical activity participation in the Inner South, Inner East and New Wortley areas.

3.30. The indicator is supported by the Council through the Vision for Leisure Centre Refurbishment Programme; increases in the provision of private swimming lessons and gymnastic sessions; increases in Health & Fitness membership sales; the growing Leeds Let's Get Active community scheme; Go Tri sessions take up; the Leeds Girl Can programme; cycling and walking programmes; and opening of the Bike Park in Middleton. A number of these programmes focus primarily on reducing inactivity by improving opportunities for people to participate from underrepresented groups such as women and girls, disabled

people and deprived communities. Further information is provided in Appendix 4 on the above and on the developments below:

- Work associated with the Vision for Leisure Centres programmes
- Leeds continuing to attract high profile sports and leisure events
- Launch of a dockless bike hire scheme during summer 2018
- A new Active Leeds App has recently been launched as one example of work taking forward how digital can support active lifestyles
- Progressing the introduction of a 'Systems approach to physical activity in Leeds', i.e. working across all areas that are effective in tackling inactivity including policy, physical environment, local interventions, social marketing and community assets at an individual, environmental and societal level.

4. Corporate considerations

4.1. Consultation and engagement

4.1.□1. This is an information report and as such does not need to be consulted on with the public. All performance information is available or will be once confirmed to the public.

4.2. Equality and diversity/cohesion and integration

4.2.□1. This is an information report, rather than a decision report and so due regard is not relevant. However, equality issues are implicit in the priorities presented in this report, for example Public Health measures are presented at Leeds and deprived Leeds levels. The adult social care and many of the health outcomes relate to vulnerable adults and reflect how well their needs are being met and 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 both as individuals and at a community level.

4.3. Council policies and city priorities

4.3.□1. 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 Council Plan. It also relates to the Joint Health and Well Being Plan, the Leeds Health and Care Plan and the Better Lives Strategy.

4.4. Resources and value for money

4.4.□1. There are no specific resource implications from this report.

4.5. Legal implications, access to information and call in

4.5.□1. 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.

4.6. Risk management

- 4.6.□1. 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.

5. Conclusions

- 5.1. This report provides a summary of performance against the strategic priorities for the council, as articulated in the Best Council Plan, relevant to this Scrutiny Board.

6. Recommendations

- 6.1. Members are recommended to consider and comment on the performance information contained in this report, considering:
- Assurance that 2017-18 performance is visible, understood and responded to.
 - How this information informs scrutiny work to support ongoing improvement.
 - The nature and content of future performance updates.

7. Background documents¹

- 7.1. Better Lives Strategy Website <https://betterlivesleeds.wordpress.com/>
- 7.2. Director of Public Health Annual Report <https://www.leeds.gov.uk/residents/health-and-social-care/keeping-well-and-healthy/director-of-public-health-annual-report>

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.