

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

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

Date: 15 January 2018

Subject: Quarter 2 Performance report: 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

Summary of main issues

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.

Recommendations

Members are recommended to consider and comment on the performance information contained in this report, considering:

- a) Assurance that current performance is visible, understood and responded to.
- b) How this information informs scrutiny work to support ongoing improvement.
- c) 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 for the first half of the 2018-19 municipal year. It provides updates and visibility of key performance measures reflective of stated local and national priorities. This is based on providing the latest published information this, especially with national measures, can relate to previous years results, predominately 2017-18. The intent is visibility of a breadth of information.

2. Background information

- 2.1. This report is based on currently available performance material
 - Best Council Plan 2018 - 21 indicators relevant to this committee.
 - Recently published results against the national Adult Social Care Outcomes Framework.
 - Public Health Report for quarter 2 highlighting key population and service measures, linked to the national public health outcomes framework.
 - Update on the council priority of more adults being active including the latest Sport England Active Lives Survey.
- 2.2. This report is based on the report presented earlier in the year and previously presented to a sub-group of this Board in the last scrutiny year; it is also similar to reports presented to other scrutiny boards. Feedback is welcomed on this report and on future content.

3. Main issues

Best Council Plan Key Performance Indicators

- 3.1. Table 1 highlights performance reported for quarter 2 against the Best Council Plan current measures. These are lead measures by which to determine are we making a difference for the citizens of Leeds. The majority relate to the health and well-being priority, some indicators are shared with other boards, predominately children and families.
- 3.2. Overall performance against these measures is positive. Beneath the headline measures the issues of disadvantage and equality are recognised and made explicit in how performance is assessed and in where effort is focused. The indicators are summarised below in terms of what is going well, what is stable and areas of potential improvement, more detail is contained in table 1.
 - Smoking rates continue to reduce, including in deprived Leeds accepting rates in these areas remain higher.

A high percentage of people continue to have their needs fully or partially met when being the subject of a safeguarding inquiry.

CQC inspections of care provision continue to improve, accepting care home performance is stronger than domiciliary and that continued improvement in nursing

provision is needed. Over 65 admissions to residential provision continue to reduce with 18-64 admission rates remaining below national rates.

Nearly 80% of people surveyed in receipt of social care services, both in the community and residential provision, say they have control of their daily life, this represents improving performance, close to but above the national rate.

- The proportion of physically active adults based on the most recent national survey (up to May 2018) remains at close two thirds of adults and marginally above national, with inactive reducing.

The proportion of children aged 11 who are a healthy weight remains at just under two-thirds and consistent with England levels.

Infant mortality rates for 2015-17 have declined after a rise in the 2014-16 average, these are small numbers and small variations.

- Three year suicide rates saw a small increase in 2014-16, this is expected to continue when 2015-17 data is available.

While the proportion of 5 year olds being assessed as reaching a good level of development is increasing Leeds compares poorly with other authorities. On other measure for this group Leeds performs better.

Table 1 Best Council Plan indicators

BCP Indicators 2018/19 – 2020/21	Leeds			England
	2016-17	2017-18	2018-19	2017-18
Priority: Health and Well-Being				
Percentage of physically active adults – inactive % (active in brackets)	27.2% (60.4%) Nov 16	24.5% (63.6%) May 2017	23.7% (63.6%) May 2018	25.2% (62.3%)
The Active Lives Survey samples around 2000 Leeds residents on a rolling basis, this is extrapolated into whole population figures. The October 2018 publication covers the 12 months to May 2018. Active 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. The most recent Leeds figures extrapolated imply 402,200 active adults, 75,300 fairly active and 155,600 inactive. Inactive has reduced 3.5% against the 2015/16 result, i.e. 20,100 fewer people in Leeds were inactive.				
Percentage of adults who smoke	20.13%	19.4%	19.0% Q2	
There is a continued trend of reduction in smoking prevalence in the over 18 population. In 2012-13 the figure was 22.93% and is now 19.0%. At the same point the figure for deprived Leeds was 35.7% this has now reduced to 30.3%, the definition used is areas considered in the 10% most deprived nationally.				
Potential avoidable years of life lost (per 100,000 population)	2013-15 5449	2014-16 5515		
In deprived Leeds the rated rises to 9363 years lost.				

BCP Indicators 2018/19 – 2020/21	Leeds			England
	2016-17	2017-18	2018-19	2017-18
Suicide rates Rates per 100,000 (3 year average)	2013-15 9.7	2014-16 10.0		2014-16 9.9 Not directly comparable
Suicide rates is based on a national definition for ages 10+. The suicide rate, has increase in Leeds and deprived Leeds. The causes of suicide are complex and multifactorial. Numbers for 2014-16 were 220 this is an increase from 208 for 2013-15. Analysis of suicide rates (and emergency admissions for self-harm) show rates are higher for males and associated with deprivation, the deprived Leeds suicide rate is 13.5. 2015-17 data in imminent and will show an ongoing incremental increase.				
Percentage of CQC-registered care services in Leeds rated as 'good' or 'outstanding'	68.5%	79.2%	80.7% October	82% July 18
There has been substantial improvement based on a clear commitment for supporting the quality of provision in the sector, this has included the reshaping of support. The measure is based on the average of the domiciliary (community providers), care homes and nursing homes. As at 28 September of inspected provision, 87% of care homes were rated good or better, 63% of nursing homes and 73% of domiciliary providers.				
Number of permanent admissions to residential and nursing care homes per 100,000 (a) for people aged 18-64 (b) for people aged 65+	a)7.7 b)615.6	a)11.7 b)594.6	a)10.3 b)535.2 September rolling 12 months	a)14.0 b)585.6
Admissions of over 65's has declined to close to national levels for 2017-18 and to be below comparator authority and regional averages. Rates have increased for 18-64 but remain below all comparator averages including national.				
Proportion of people who use social care services who have control over their daily life	77.6%	79.3%	Not available	77.7%
This measure is based on the annual personal services survey of people with an open social work case. The 2017-18 results saw continued improvement in the Leeds result which is now above national and comparator averages. Leeds ranks in the second quartile of local authorities for this question. There is no substantive difference between age 18-15 and 65+ responses.				
Infant mortality rates (per 1,000 births)	2013-15 4.1	2014-16 4.4	2015-17 4.2	2015-17 3.9
A three year average measure is used. The 2015-17 average saw a reduction after the increase of 2014-16 returning to a similar position to 2013-15. The regional 2015-17 figure is 4.1. The rate for deprived Leeds (10% IMD) in 2013-15 was 5.1 rising to 6.0 in the period 2014-16. Also considered by Children and Families Board as Children and Young People Plan priority.				
Children who are a healthy weight at age 11	64.8%	64.6%	na	64.3%
Figures from the National Child Measurement Programme and are based on school location. Almost 65 per cent of children at age 11 (year six) are of a healthy weight. This is 5265 out of 8145				

BCP Indicators 2018/19 – 2020/21	Leeds			England
	2016-17	2017-18	2018-19	2017-18
<p>children who were weighed. The year on year change is not significant. 34% of year 6 are considered overweight or obese, with the latter being 19.1%, 1.1% of children are underweight. At reception age 76.6% of children are a healthy weight this is the same as England. In 2016-17 40.8% of year 6 children in deprived Leeds were overweight compared to 33.5% overall</p> <p><i>Also considered by Children and Families Board as Children and Young People Plan priority.</i></p>				
Percentage of pupils achieving a good level of development at the end of the Early Years Foundation Stage	62.5% 2015/16 academic year	64.8% 2016/17 academic year	65.7% 2017/18 academic year	71.5% 2017/18 academic year
<p>While there has been a considerable increase in the proportion of Leeds children (age 5) achieving a good level of development, from 58 per cent in 2014, to 65.7 per cent in 2018 Leeds remains below the national average by a gap of 5.8 percentage points and below core cities by just over two percentage points. Leeds performs comparatively better in terms of average points score per pupil where Leeds is close to national, Leeds has a higher proportion of children viewed as exceeding and emerging and less in the middle group of expected than most authorities.</p> <p><i>Also considered by Children and Families Board as Children and Young People Plan priority.</i></p>				
Safe Strong Communities				
Percentage of people with a concluded safeguarding enquiry for whom their desired outcomes were fully or partially met	95.1 (2029)	94.8 (2466)	96.6% October	
<p>There have been no changes to the handling of safeguarding episodes as high proportions of outcomes are met.</p>				
Data Development				
<p>Health and Well-being proposed - <i>social isolation and loneliness measure</i> Housing - Number of new units of extra care housing will be update when appropriate</p>				

Adults Social Care National Measures

- 3.3. 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, mental health issues and physical impairment. These services range from preventative support through to residential and nursing care, with a range of other options in between. Services can be provided directly and through commissioning and funding arrangements. In 2017/18, Adult Social Care in Leeds provided services to nearly 11,000 people. In recent years and despite the financial challenges faced both in relation to government funding and demand and demographic growth the budget available for Adult Social Care services has been maintained or increased.
- 3.4. The Leeds approach to Adult Social Care is informed by the Better Lives Strategy and its themes of 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.

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

<https://betterlivesleeds.wordpress.com/>

3.5. One way of assessing if our strategy is making a difference is through consideration of the Adult Social Care Outcomes Framework (ASCOF), 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 the Leeds results for 2017-18, these were published in October. 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. In addition to regional and national figures a comparator group of CIPFA defined nearest neighbour authorities is used in national publications.

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 in 2017-18.

3.8. **Domain 1: Enhance quality of life**

3.8.1. The overall **quality of life** result for social care service users has increased for the last three years, Leeds is now ranked 9th nationally and equal top in the region. This is supported by good improvement in service users saying they have as much social contact as they would like. Accepting that while Leeds is in the top quartile of local authorities it was only 51% of respondents who said this. Reducing social isolation is a continued focus. The positive improvements in people saying they have control of their daily lives are mentioned above (para 5.2). A new, quite technical, measure called

adjusted quality of life is included. This attempts for people receiving community support to weight both quality of life factors and the level of need of each person. Leeds results are not considered significantly different from the majority of other authorities and or from the previous year.

3.8.2. Results for service users who receive self-directed support and carers receiving direct payments remain good, noting marginal reductions in results. Promoting people's independence and control through enabling and promoting the greater use of direct payments is an area for improvement.

3.8.3. The employment and accommodation measures relating to people with learning disabilities or those in contact secondary mental health services have improved, accepting data quality does impact on these measures, the mental health ones were not published nationally for LAs last year for this reason.

3.9. **Domain 2: Delay and reduce the need for care**

3.9.1. The Leeds rate of adults over 65 who best have their needs met through admission to nursing and care homes continues to reduce, both in the ASCOF measures and in terms of in year tracking. This is in line with our strategy and our 2017-18 rate was close to national and below regional and comparator authorities. Last year saw an increase in the admission rate for the 18-64 age range, though Leeds performance remains good in comparative terms and in year data is now showing a reduction.

3.9.2. Delayed Transfers of Care from hospital remain a national priority reflected in the recent CQC area review of Leeds over 65 pathways. Overall performance remains a challenge but there are positives. The rate for delays attributable to just social care combined with the rate for joint NHS social care responsibility was in September below the national figure. This was not the case in March when last reported and the social care only figure compares well. A majority of the delays attributable to both social care and NHS relate to the availability of specialist provision, especially nursing home provision, for people with high, complex and challenging needs. The overall Leeds rate in September was 17.1 daily beds per 100,000, compared to a national level of 11.0. When looking at just acute bed delays, arguably what delayed transfers are generally perceived as, Leeds is closer to national at 10.2 compared to 7.2 for England.

3.9.3. 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. There has been improvement in the sequel to service measure both year on year and currently in year, this reflect people's independence following such as a reablement service.

3.10. **Domain 3: Ensure a positive experience of care**

3.10.1. This domain is limited with the carers survey not happening this year, the remaining two questions are 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 Leeds performance remains in the second quartile of local authorities.

3.11. **Domain 4: Safeguard and protect vulnerable adults.**

3.11.1. Survey results for how safe people feel and how well their service help them to feel safe have remained stable and Leeds continues to compare well. 73% of respondents feel safe and 87% say their services have helped them to feel safe and secure.

3.11.2. The Better Lives Strategy is highlighted in paragraph 5.3, the measures for this strategy are also contained in Appendix 1. There is an understandable large cross over with the Best Council Plan and ASCOF. Measures not already covered include improvements in the proportion of for social care resolved at initial point of contact or through accessing universal services and an increasing ratio of people supported in the community compared to care homes and increasing. Both reflective of the underlying principles of Better Lives.

Public Health population outcomes and service impact and usage

3.12. This section provides an update on population health outcomes and the use of services commissioned by local authority public health teams in Leeds. Appendix 2 provides updates on measures this includes time series comparisons between Leeds and deprived Leeds populations. Measures where there have been annual updates include Suicide rate (updated method of calculation), Chlamydia detection rates (15-24 year olds); late diagnosis of HIV; and Breast Feeding indicators. A number of quarterly updates have also been made (each updated indicator is marked with an asterisk in the report). (Appendix 2).

3.13. ***Population indicators***

- **Adult smoking rates**, show a positive continuing downward trend overall, with a slight fluctuation in rates for deprived Leeds.
- **Excess weight in adults** show no significant change for Leeds or deprived Leeds populations.
- The **suicide rate**, has increase in Leeds and deprived Leeds. The actual number of suicides is small. This increase in 3 year rates equates to an increase from 208 in 2013-15 to 220 in 2014-16. However, the causes of suicide are complex and multifactorial. Therefore, rates remain under close examination. Further analysis of suicide rates (and emergency admissions for self-harm) show rates are higher for males in both cases and associated with deprivation. A project to update the Leeds Suicide Audit has been initiated and is scheduled to report next summer (2019).

3.14. ***Operational indicators***

- **Breast feeding initiation and maintenance at 6-8 weeks** updated figures show no significant change. The gap between Leeds and Deprived Leeds remains significant. Though Leeds initiation rates are lower than England, the maintenance rate is consistently higher. Local analysis has shown that the low initiation rate is driven by white mothers in general, and income deprived white mothers in particular.
- **Uptake of NHS Health Checks** a much larger number of people were offered a Health Check, but the proportion of completed Health Checks is lower (down from 83.8% this time last year to 61.7% for Q2 2018/19). Leeds still bench marks much higher than England despite funding shortfalls. The main issue is the decrease in

uptake amongst some key groups which we aim to address with the new contract currently being negotiated with the Leeds GP confederation.

- **People accessing Stop Smoking Services** there is minimal change in average rates of access. **Alcohol and Drug Dependency treatments** successfully completed are up for drug treatments but down for alcohol treatments for the rolling year to September 2018 compared to the rolling year ending in August 2018.
- **Recorded Diabetes (type 1 and type 2)**, rates of diagnosis for Leeds and deprived Leeds continue a positive upward trend. The current PHOF indicator for diagnosis rate (PHOF 2.17) shows Leeds to be similar to England.
- **HIV Late Diagnosis** newly diagnosed cases of HIV with a low CD4 count have increased from 48.7% in 2014-16 to 53.4% in 2015-17, the change is not statistically significant. Leeds remains in the red when compared to England (41.1%) the difference is now statistically significant. The rationale for this national indicator is to measure early diagnosis of HIV by comparing white blood cell count for new cases. The lower the proportion of new cases with a low count the better. However, it should be noted Leeds targets high risk groups, comparison to a national average which includes populations at lower risk is misleading. In addition, the three year average number of new cases of HIV in Leeds continues to decrease (from 232 in 2014-16 to 191 in 2015-17).
- **Chlamydia detection rates for 15-24 year olds** remain significantly higher than England, but Leeds rates have fallen slightly from 2017/18 Q4 (3,550) to 2018/19 Q1 (3,098). High detection rates for chlamydia are generally used as a positive indicator of effective targeting of screening for those people most likely to be at risk of infection.

More adults are active

3.15. The Active Lives Survey (ALS), carried out by Sport England produces information about Leeds residents activity and lifestyle including the Best Council Plan indicator outlined in para 5.2. The Leeds 2017/18 ALS result was 23.7% representing 150,600 people who were deemed 'inactive, a reduction of 0.8% against the previous year and 3.5% against 2015/16 result, i.e. 20,100 fewer people in Leeds were inactive. Leeds has the second lowest proportion of inactive people of all the core cities and was also lower than the England average. In addition, Leeds had the biggest decrease in the percentage of inactive people of all the core cities, where a fall in the percentage of people who are inactive is the objective. The Active Lives Survey does not provide locality detail at locality levels. 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. Appendix 3 has more information on this measure and on the overall Leeds approach to the promotion of active lifestyles.

3.16. The active lifestyles measure is supported through the council's Vision for Leisure Centre Refurbishment Programme including: increasing the provision of private swimming and gymnastics sessions; maximising Health & Fitness membership; the growing Leeds Let's Get Active Community Scheme; improving Go Tri sessions take up; the Leeds Girl Can programme; promoting cycling and walking and health

programmes; and the Bike Park in Middleton. A number of these programmes focus primarily on reducing inactivity by expanding opportunities for people to participate, in particular among underrepresented groups such as women and girls, disabled people and those from deprived communities. However, the indicator result is also a reflection of activities outside of the council's remit and the growth of private sector provision, such as the increase in budget gyms in Leeds.

3.17. The council continues to maintain and promote an active lifestyle through the expansion and promotion of the use of the City Connect Cycle Superhighway (CCCSH). Phase 1, which includes the Eastern and Western sections, has recorded over 700,000 trips since it first opened in 2016, with the number of cyclists entering the city centre at peak times rising by 178% since 2004. Completion of CCCSH Phase 2 which includes links across the city centre is currently estimated by summer 2019.

3.18. A report was presented to the Scrutiny Board (Inclusive Growth, Culture and Sport) on the introduction of a "Systems approach to physical activity in Leeds", a proposal to work across all areas that are effective in tackling inactivity including policy, the physical environment, local interventions, social marketing; and community assets at an individual, environmental and societal level.. Work continues with partners to develop this approach.

Corporate considerations

4. Consultation and engagement

4.1. 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.

5. Equality and diversity/cohesion and integration

5.1. 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.

6. Council policies and city priorities

6.1. 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 Strategy, the Leeds Health and Care Plan and the Better Lives Strategy.

7. Resources and value for money

7.1. There are no specific resource implications from this report.

8. Legal implications, access to information and call in

8.1. 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.

9. Risk management

9.1. 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.

10. Conclusions

10.1. 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.

11. Recommendations

11.1. Members are recommended to consider and comment on the performance information contained in this report, considering:

- a) Assurance that current performance is visible, understood and responded to.
- b) How this information informs scrutiny work to support ongoing improvement.
- c) The nature and content of future performance updates.

Background documents¹

- Better Lives Strategy Website <https://betterlivesleeds.wordpress.com/>
- Leeds Public Health Profile at <http://fingertipsreports.phe.org.uk/health-profiles/2017/e08000035.pdf>
- Active Lives Adult Survey May 17-18 report <https://www.sportengland.org/media/13563/active-lives-adult-may-17-18-report.pdf>

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.