

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

Report to Scrutiny Board (Adults and Health)

Date: 25 June 2019

Subject: Performance Report - Adult Social Care, Public Health and Active Lifestyles

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 and Health 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 over the coming year.
- c) The nature and content of future performance updates, which are 6 monthly.

1. Purpose of this report

- 1.1. This report is an overview of citizen outcomes and service performance for the 2018-19 municipal year. It provides updates and visibility of key performance measures reflective of stated local and national priorities.

2. Background information

- 2.1. This report is based on currently available performance material
 - Best Council Plan 2018 - 21 indicators relevant to this committee, these are referenced in the report.
 - Provisional 2018-19 results against the national Adult Social Care Outcomes Framework.
 - Public Health Report for quarter 4 of 2018-19 that relates to population health outcomes and to the use of services commissioned by local authority public health teams in Leeds.
 - Updates on Active Travel and Active Lifestyles, including latest active lifestyle survey results and council support for promoting healthy, physically active lifestyles.
- 2.2. This report is the latest iteration of updates that have been presented to previous boards and working groups. Feedback is welcomed on this report and on the content of future reports.

3. Main issues

Adults Social Care Outcomes Framework

- 3.1. Social Care in Leeds provides a range of care and support services to help meet the needs of older people, people with a learning disability, those with mental health issues and people with a physical impairment. These services range from preventative support through to residential and nursing care, with a range of support in between. Services can be provided directly and through commissioning and funding arrangements. In 2018/19, Adult Social Care in Leeds provided long term support to over eleven thousand 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.
- 3.2. 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.

- 3.3. 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/>
- 3.4. The work being undertaken in the neighbourhood teams via the SBSC Building Blocks framework encourages teams to connect to residential/nursing care homes in their localities. One example is the ‘Adopt a care Home’ initiative - this provides opportunities for these SW teams to facilitate partnership working with these providers to link residents back into their communities so they can still access community activities. Beech Hall is one example where they are opening their doors to local people to invite them in to share fish and chips with residents on Friday evenings.
- 3.5. A key way of assessing if our strategy is making a difference is through consideration of the Adult Social Care Outcomes Framework (ASCOF). This is a national framework for all local authorities. ASCOF is based on financial years, for this report provisional data is provided for 2018-19 along with previous year’s results in Appendix 1. This year’s data is subject to revision, final data will be published nationally in the autumn when an assessment of comparative performance for 2018-19 can be made. 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 from national health data sets. For assessing comparative performance a group of CIPFA defined nearest neighbour authorities is used this is alongside regional and national figures.
- 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 including people living in their own homes and those 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, and took place in 2018-19. Working with Carers Leeds we were able to expand the cohort, from which the sample for this survey can be

taken, to include some of their clients. We will continue to work with Carers Leeds to expand the cohort for the next survey, addressing the requirements for appropriate information sharing.

- 3.8. Provisional results for ASCOF indicate a positive and largely stable situation building on the good results of last year. Of the currently available measures 20 out of 28 are either improving or stable. Additional analysis will be undertaken once final results for all measures are submitted and again when results are published with comparator information.

Domain 1: Enhance quality of life for people with care and support needs

- 3.9. Leeds has maintained a strong result for the overall **quality of life** score for social care service users. Leeds was ranked 9th nationally in 2017-18. There is improvement in the proportion of service users saying they have as much social contact as they would like with the Leeds result likely to compare well. Accepting that as only just over half of people responded positively reducing social isolation remains a continued focus.
- 3.10. Results for adults in contact with secondary mental health services have seen good improvements in respect to employment levels and the proportion of people living independently. Nationally there have been concerns over this data and efforts to improve. The employment measure for people with learning disabilities has improved and the proportion of people with a learning disability living in their own home or with family is also rising.
- 3.11. The carer's quality of life score is stable. Just under a third of carers say they have as much social contact as they would like, this is an improvement on the previous survey and a continuing focus. Levels for of direct payments to carers remain high and likely above comparator averages.
- 3.12. Results for service users who receive self-directed support remain good. Promoting people's independence and control through enabling and promoting the greater use of direct payments remains an area for improvement. Greater use of pre-paid cards is being developed as part of a broader reshaping of how access to services through direct payments is undertaken. The introduction of the Community Catalyst Project in Leeds also provides an opportunity to connect people to their local communities and have care and support in a more bespoke way than traditional home care support. The cohorts these measure are based on increased this year due to greater accuracy in respect to service users with mental health needs receiving commissioned support, this has an impact on performance.

Domain 2: Delay and reduce the need for care and support

- 3.13. The Leeds rate of adults over 65 (Best Council Plan BCP measure) who best have their needs met through admission to nursing and care homes continues to reduce, with 642 admissions in the past year. This is in line with our strategy with rates of admission by existing service user falling more than new service users. Our annual rate for 2019-19 was below previous year's national, regional and comparator rates. While there is a continuing increase in the admission rate for the 18-64 age range

(BCP measure) in comparative terms Leeds performance remains good and these are small numbers, ten people, with highly specialised needs. There is a connection with reducing delays in the transfer of care.

- 3.14. Delayed Transfers of Care (DToC) from hospital remain a national priority and while performance remains a challenge there are positives, particularly for cases that are the responsibility of adult social care. These have reduced this year with the March 2019 figure showing Leeds as being responsible for 1.3 daily beds per 100,000 population this compares to 4.2 beds in last year, and a national average of 4.3. However the rate for delays attributable to both social care and NHS are higher than desired although better than what was estimated at mid-year. There is a shortage of nursing/EMI placements to choose from as well as long delays in home care providers picking up requests for services which also compounds the problem. The overall Leeds DToC rate in March 2019 was 16.4 daily beds per 100,000, compared to a national level of 12.3, the Leeds rate is a decrease compared to 12 months previously, reflective of a collective city effort to improve.
- 3.15. Leeds performance remains good, if not as high as the previous year, in relation to the proportion of older people who are provided with short term support from hospital that enables them to remain at home 91 days later. At the end of March the Leeds annual figure was 82.2%, slightly below the previous year's England average of 82.9%. This area is a continuing focus to meet our Better Care Fund targets. There has been a small improvement in the sequel to reablement measure with 60.0% of people achieving independence. This is in the context of client numbers increasing by over a third, with 2,366 new users and a greater proportion of these people accessing reablement following discharge from hospital. These measures will continue to be closely monitored in relation to service effectiveness and the appropriateness of cohorts worked with.

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

- 3.16. There has been a small improvement in the overall satisfaction of people with their care and support but a decrease in satisfaction with people with finding information about their support. Carer's satisfaction with social services has fallen slightly but pleasingly there have been improvements in both the proportion of carers who feel they were included in discussions on the person they care for and in that they find it easy to find formation about services.

Domain 4: Safeguarding adults whose circumstances amen them vulnerable and protecting them from harm

- 3.17. Survey results for how safe people feel are positive. Over 91% of respondents say their services have helped them to feel safe and secure with 73% of respondents saying overall they feel safe.
- 3.18. Best Council Plan measures not included in ASCOF but relevant to Adult Social Care include the results of Care Quality Commission (CQC) inspections of local provision. These results continue to improve with 82% of Leeds providers rated as good or better, accepting care home performance is stronger than domiciliary and

that continued improvement in nursing provision is needed. Improvement is based on a clear commitment to work with the sector to ensure the quality of provision.

- 3.19. Safeguarding inquiries are also monitored and a high percentage of people 96.5% continue to have their needs fully or partially met when being the subject of a safeguarding inquiry.

Public Health population outcomes and service impact and usage

- 3.20. The following information provides an update on population health outcomes and the use of services commissioned by local authority public health teams in Leeds, this focuses on recent updates. Appendix 2 contains the broader set of population and service measures for Public Health. Annual updates covered in this report include: Infant Mortality, Potential Years of Life Lost (PYLL) All Avoidable Causes, Excess Winter Deaths All Ages, Suicide Rate (persons) and Alcohol related admissions. A number of quarterly updates have also been made, NHS Health Checks, Access to stop smoking services, Successful completion of drug and alcohol dependency treatments. Time series comparisons between Leeds and Deprived Leeds populations are provided for updated indicators. Deprived Leeds refers to neighbourhoods considered in the 10% most deprived nationally.

Public Population indicators

- 3.21. The Infant Mortality Rate (BCP measure) (per 1000 live births) is the over-arching indicator for the multi-agency Leeds Best Start programme, which aims to promote the best start in life for every child from conception to age 2. The rate has improved for the latest reporting period (2015-17) driven by a low number of infant deaths reported in 2017 (32). The Leeds rate was 4.24 down from 4.45 in 2014-16; for Leeds deprived the rate was 5.42 down from 6.01 in 2014-16, with a slight narrowing of the deprivation gap. Leeds remains slightly higher than England (3.9) but not significantly so.
- 3.22. Potential Years of Life Lost (PYLL) All Avoidable Causes (persons) (BCP measure) 2015-17 is showing a small narrowing of the gap, as a result of a small improvement in Leeds deprived (9253 down from 9270) and a small worsening in Leeds overall (5547 up from 5475). None of these changes are statistically significant and should be considered as no real change. The gap between Leeds overall and deprived Leeds gap remains large and statistically significant.
- 3.23. Excess Winter Deaths reporting for 2016/17 shows Leeds deprived (22.4 up from 16.7) having a marginally lower rate of excess winter deaths than Leeds overall (22.7 up from 14.0), the England comparator for this shows (21.6 up from 15.1); this is instructive of the limitations of this indicator. The trajectory shows an unstable picture whereby Leeds and Leeds deprived have shared very similar rates over the last 3 periods; the England rates and fluctuations are very similar to Leeds. For 2016/17, there were 463 excess winter deaths in Leeds; 108 excess winter deaths in deprived Leeds.

- 3.24. Suicide Rate (persons) (BCP measure) Public Health England reported that the Leeds rate has increased for 2015-17, this is for the third year in succession. Leeds (11.8) is statistically significantly higher than England (9.6) and the highest of the core cities, significantly higher than Birmingham (7.6) and Sheffield (7.7). Locally derived statistics show the same 3 year trajectory for Leeds (10.6 up from 9.9) and Leeds deprived (14.5 up from 13.3). These changes are not statistically significant.
- 3.25. In 2017, the last year for which we hold mortality figures for Leeds, there were 71 deaths attributed to suicide and undetermined intent; 56 males and 15 females. From the most recent audit of suicides a key indicator was that in Leeds the ratio of suicides is 5 males to 1 female which contrasts with England where the ratio is 3 to 1.

Operational indicators

Uptake of NHS Health Checks

- 3.26. In 2018/19 a total of 21,679 NHS Health Checks were completed; this is an increase of 1,174 on the previous year (2017/18). Comparing 2017/18 to 2016/17 we also saw an increase of 1,013; an increase of over 1000 checks year on year.
- 3.27. There was a significant increase in the number of checks undertaken in Q4 – 1350 more NHS HC in Q4 than Q3. Invites were also significantly up from Q3 (921 more than Q3).

Increase in the number of people accessing stop smoking services

- 3.28. There is an improving picture for Leeds and Leeds Deprived. For Leeds the Q4 figure is 2968 up from 946 in Q3, for Leeds deprived the Q4 figure is 1172 up from 468 in Q3. This rise in the final quarter is the usual pattern with the impact of national stop smoking campaigns that run over the winter and new year.

Rate of alcohol related admissions to hospital

- 3.29. Latest data for Leeds shows a small reduction in the rate of admissions for 2017-18 (646) when compared to 2016-17 (662). This reduction follows two years of increasing rates. For this reporting year Leeds is lower than Yorkshire and the Humber (697) and England (632). Leeds has moved to a position not significantly different to England this year.

Alcohol and Drug Dependency treatments.

- 3.30. Drug dependency completion numbers for Leeds is broadly similar at the end of March to February and January. Rolling 12 month average figures remain fairly flat since April 2018. The dip in rates for the quarter ending December 2018 are a recording issue; this reporting is being reviewed for future performance work.
- 3.31. Alcohol dependency completion numbers for Leeds is also broadly similar at the end of March to February. Rolling 12 month average figures are showing a slight downward trend since the middle of the year having peaked in July and August. This is being monitored closely.

More adults are active

- 3.32. The national Active Lives Survey (ALS), carried out by Sport England produces information about Leeds resident's activity and lifestyle including the **BCP indicator** of "percentage of people who are inactive". The Survey samples around 2000 Leeds residents on a rolling basis, 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 Active Lives Survey showed that 22.7% of people in Leeds were inactive, if extrapolated into whole population figures this implies 143,900 people. This is a reduction of 11,600 people and 1.86% against the previous year and of 4.49% since 2015/16. The England inactive rate is 25.1% and Leeds compares well with the other core cities and after Bristol has the lowest percentage of inactive people; Bristol 18.3%; Leeds 22.7%; Manchester 23.7%; Liverpool 23.7%; Sheffield 24.1%; Newcastle 24.8%; Nottingham 24.9% and Birmingham 28.8%.
- 3.33. The indicator is supported through the vision for Leeds to be the Best City to be active in, including: increasing the provision of private swimming and gymnastics sessions; increasing Health & Fitness memberships; 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 an increase in health referrals in our health programmes; especially targeting long term health conditions. A number of these programmes focus primarily on reducing inactivity by expanding opportunities for people to participate, in particular among underrepresented groups. The indicator 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 and the work to engage with community groups and the third sector.

Active Travel

- 3.34. Leeds has an ambition to be the "best city to be active in", to increase levels of physical activity specifically in those areas with the greatest health inequalities. There is a strong evidence base to show that Active Travel has a key role to play in increasing and sustaining physical activity levels in Leeds and an important part to play in shaping the transport response to the Climate Emergency. Active Travel is one element of the Connecting Leeds ambition for the transformation of travel in Leeds for people who live, work in and visit the city which cuts across all modes of travel and contributes to improving the sustainability of our transport system.

Definition

- 3.35. Active travel means making journeys, or part of a journey, by physically active means such as walking or cycling instead of using motorised transport. The journey could be for utility purposes like a journey to work, to the shops, or place of education, or for leisure. Active travel journeys can also be part of a longer multi modal trip, for example walking or cycling to the train or bus station. Scootering, skateboarding, roller skating, or using an electric assisted bicycle (where physical effort is still required to complete the journey) are also classed as active travel.

- 3.36. Those travelling actively are classed as vulnerable road users, this is because they are disproportionately represented in road casualty data; as such they require additional consideration in the design and operation of our streets and public places.

Benefits

- 3.37. Active travel has benefits for individuals because it can support health and wellbeing and healthy weight management. It has benefits for the road network because reducing motorised traffic on the network will improve air quality, reduce congestion and improve journey times and reliability. Although active travellers are classed as vulnerable road users, a significant reduction in motorised traffic on our roads would support work aimed at reducing the number of people killed or seriously injured in road traffic collisions. Active travel also has benefits for communities as it can improve community cohesiveness and help support the urban realm and green space.

Influencing travel behaviour to encourage and promote active travel

- 3.38. The Highways and Transportation service, working with Active Leeds, plays a key role in the promotion of active travel through its strategies, policies and localised travel plans. A dedicated influencing travel behaviour team work directly with businesses, schools and local communities in delivering a programme of interventions, promotional campaigns and engagement events to promote walking, cycling and scooting as a viable mode of travel. These activities complement and enhance the value of new capital investment which funds improvements to the walking and cycling environment within the Connecting Leeds programme, along with the programmes promoted and supported through the West Yorkshire Combined Authority.
- 3.39. National campaigns such as Walk to School Week, Walk to Work Day, Bike Week and Scootember are promoted alongside the promotion of safe cycle and walking friendly routes. Other work includes developing new initiatives such as the Schools Yorkshire Tour and the Air Quality Scooter Programme in schools, as well as supporting and promoting the Lets Ride mass participation cycle event, Clean Air Day and City Connect. Road safety promotion and training is a key complement to active travel work such as road safety training for pedestrians, cyclists and those scooting; the team also work with schools to support Walking Buses, Park and Stride and Walk Once a Week schemes. Other road safety interventions can also have a beneficial impact for those travelling actively, for example work to educate drivers about safe passing distances for cyclists, campaigns promoting the benefits of 20mph limits and those encouraging motorists to share the road space considerately.
- 3.40. The Team also work with the Planning service and developers at the planning stage to ensure facilities are installed to enable active travel. The lack of provision of cycle storage, cycle lanes, pedestrian crossings and shower and changing facilities are seen as barriers to safe sustainable travel and need to be addressed.
- 3.41. Working alongside other services, such as, Public Health and Parks and Countryside, the service are contributing towards a vision to build physical activity

into everyday life, making being active an easy choice. The access to connections and linkages of cycle and walk routes, particularly in our most deprived communities, is an important piece of work to support the inclusive growth of the city.

- 3.42. Active Travel is one of the priorities in the citywide Cycling Starts Here Programme Board's Strategy and Action Plan and, additionally, a key element of the work of the Leeds Cycle Partners Group – both enable cross service working and links to external partners such as British Cycling and the Universities.
- 3.43. The Connecting Leeds programme, which is delivering on the £174m Leeds Passenger Transport Investment Programme of schemes for doubling bus patronage with new investments in bus priority and passenger facilities, park and ride and plans for new rail stations will draw extensively on the existing and future plans and investments in cycle superhighways, networks and pedestrian facilities. These all complement local journeys on foot and bike and together improve their convenience and attraction as part an integrated and lower carbon transport system which is safe and sustainable for all road users.
- 3.44. Through partnership working and the shared learning including our universities we are continuing to grow our understanding of the role of behaviour change to help increase levels of Active Travel. As the city acts on its Climate Emergency resolution, this collaborative activity will increase in significance as programmes of behaviour change and develop alongside infrastructure build.

Best Council Plan indicators not included in this report include:

- 3.45. The following Best Council Plan indicators are not included in this report:
- Data development: proposed measure around social isolation and loneliness and; nationally the rate of early death for people with a serious mental health illness is not available.
 - The number of new units of extra care housing, this indicator does not move regularly and updates will be provided as appropriate.
 - Good Level of Development at age 5 and child weight measurement are not updated in this report cycle. Child obesity measures are contained in Appendix 2 and both are included in the Children and Young People's Plan reporting to the Children and Families Board.

4. Corporate considerations

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.

Equality and diversity/cohesion and integration

- 4.2. 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.

Council policies and the Best Council Plan

- 4.3. 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.

Climate emergency

- 4.4. There are no specific climate change implications from this report. However in broad terms the promotion of healthy lifestyles and the maintenance of good health and independence is supportive of such as walking and cycling as means of travel.

Resources and value for money

- 4.5. There are no specific resource implications from this report.

Legal implications, access to information and call in

- 4.6. 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.

Risk management

- 4.7. 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:
- 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 documents

- ASCOF national reporting in the [NHS Adult Social Care Analytical Hub](#)
- Better Lives Strategy Website <https://betterlivesleeds.wordpress.com/>
- Leeds Public Health Profile at <https://fingertips.phe.org.uk/profile/health-profiles>

Active Lives Adult Survey November 2018 report available at <https://www.sportengland.org/research/active-lives-survey/>