

---

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

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

**Date: 7 January 2020**

**Subject: Performance update – Adult Social Care, Public Health and Active Lifestyles**

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the decision be open 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, these happen June/July and December/January.

## **1 Purpose of this report**

- 1.1. This report is an overview of citizen outcomes and service performance related to the council priorities and services within the remit of the Adults and Health Scrutiny Board. 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 indicators relevant to this committee, these are referenced in the report.
  - 2018-19 results for the national Adult Social Care Outcomes Framework.
  - Public Health Report for quarter 2 of 2019-20 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**

### **3.1 Adults Social Care Outcomes Framework**

- 3.1.1 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 those available on a direct access basis for preventative support through to residential and nursing care, when this is the right option. Services can be provided directly and through commissioning and funding arrangements. In 2018/19, Adult Social Care in Leeds provided long term support to over 11,000 people, nearly 7,000 of whom were aged 65 and over. At the end of March 2019 7,000 people has been in receipt of long term support for over 12 months, 3,700 of whom were aged 65 or over. Despite the financial challenges faced, in relation to demand and demographic growth and reductions in funding to local authorities, the budget available for Adult Social Care services has been maintained or increased to meet these ongoing demand pressures.
- 3.1.2 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.
- 3.1.3 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.

- 3.1.4 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.
- 3.1.5 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.
- 5.1.6 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/>

## 3.2 ASCOF

- 3.2.1 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, this report presents 2018-19 results, and these were published nationally 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
- 3.2.2 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. The Adult Social Care Survey is a national survey of care users based on sampling people over 18, with an open social work case and who use adult social care about their experiences. This questionnaire is run every year, the carers survey runs every 2 years, 2018/19 was a survey year. The carers survey is based on carers identified in open social work cases, work is ongoing with Carers Leeds around appropriate data sharing that would enable reaching a broader cohort of carers who are supported by Leeds City Council. 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 alongside regional and national figures.
- 3.2.3 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.

3.2.4 2018-19 results for ASCOF indicate a positive and largely stable situation building on the good results of previous years, these are presented in appendix 1. Of the 29 measures 19 are stable or improving, in comparative terms Leeds has 5 measures in the top quartile of local authorities, 9 in the second and nine in the third with 6 in the fourth or bottom quartile. A table which includes direction of travel along with national, regional and CIPFA nearest 15 local authority neighbour ranking is included in appendix 1. Where available results by male, female and by adults 18-64 and 65+ are included.

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

3.3.1 Pleasingly Leeds has maintained a strong top quartile result for the overall **quality of life** score for social care service users. This is based survey results covering the eight areas of control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation. Leeds is ranked 16<sup>th</sup> nationally and equal top in the CIPFA comparator group.

3.3.2 While Leeds compares well in terms of top quartile survey results for people in receipt of care having as much **social contact** as they would like, the fact that this is just over half of people (51.6%) means that reducing social isolation remains a continued focus. 41.9% of respondents said they had adequate or some social contact, 6.5% said they felt socially isolated. With carers 32.4% said they had as much social contact as they would like, Leeds is in the second quartile of local authorities. 53% of carers said they has some social contact with 15% of respondents saying they had little contact and feel socially isolated.

3.3.3 The **carer's quality of life** score Leeds is in line with the England result. Adult Social Care is working with partners to ensure Leeds as a city supports carers, this includes ensuring information and advice is easily available, helping better balance care and work and helping carers find time for themselves. Information, advice and support services for carers have been re-procured on behalf of Leeds City Council and NHS Leeds Clinical Commissioning Group (CCG). Better Care Funding has enabled Carers Leeds to work with more employers, through the 'Leeds Working Carers Employers Network' to improve support for staff balancing work with caring. Support for breaks has been remodelled with additional funding to support community based short breaks. Also through the Better Care Fund the council and the CCG have provided additional funding to increase the number of carers who receive a Time for Carers grant. The Leeds Commitment to Carers has resulted in a range of teams and organisations undertaking activities to support carers. New recurrent funding was distributed by Carers Leeds to support carers with the increased costs of caring in winter months

3.3.4 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.

3.3.5 Promoting people's independence and control through enabling and promoting the greater use of **direct payments** remains an area for improvement. This will be supported through new processes designed to make it easier to use payment cards

and to employ personal assistants. The introduction of the Community Catalyst Project in Leeds 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 the direct payments measure is based on increased this year due to greater accuracy in respect to service users with mental health needs receiving commissioned support, this had an impact on performance.

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

3.4.1 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 in line with our strategy. Rates of admission by existing social care service users are falling more than new service users. Our annual rate for 2018-19 was below national, and regional rates with Leeds in the ranked in the second quartile of Local Authorities. For adults aged 18-64 age range (BCP measure) 2018-19 saw an increase in the admission rate but Leeds rates remain below England and other comparator rates. This measure is affected by small numbers of people with highly specialised needs and there is a connection with reducing delays in the transfer of care from hospitals.

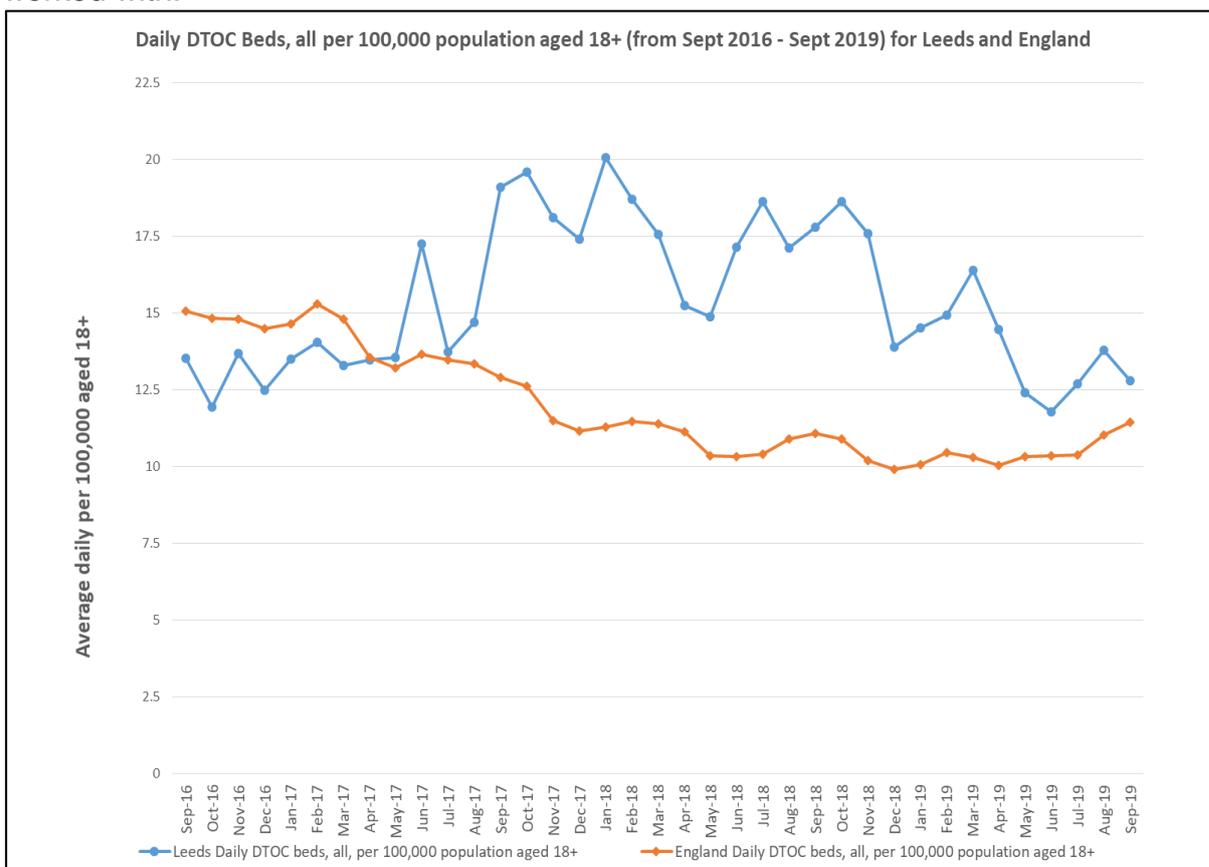
3.4.2 **Delayed Transfers of Care (DToC)** from hospital remain a national priority and while performance in Leeds remains a challenge there are positives, particularly for cases that are the responsibility of adult social care. For 2018/19 the overall Leeds rate was 16.4 daily beds per 100,000 a slight improvement from the previous year. As the graph below shows there has been further improvement in 2019/20 with Leeds performance closing the gap to England and the rate for September 2019 being markedly better than September 2018, reflective of a collective city effort to improve. For September 2019 Leeds ranked 106<sup>th</sup> out of 151 local authorities for delayed transfers overall, 128<sup>th</sup> for delays attributable to both the NHS and social care and 32<sup>nd</sup> for delays solely attributable to social care.

3.4.3 For 2018/19 delayed transfers of care attributable to just adult social care reduced to on average 1.1 daily beds per 100,000 population this was better than comparator averages. While the rate for delays attributable to both social care and NHS moved in the opposite direction there was year on year improvement in all rates involving adult social care.

3.4.4 The graph below reflects the board's previous request to see trends over 3 years. In interpreting this it is important to understand the impact on Leeds figures due to changes in how Leeds York Partnership Foundation Trust reported data in the latter half of 2017. Leeds continues to have a comparatively small proportion of delays from what is termed acute care, this is Trusts that provide services such as accident and emergency departments, and inpatient and outpatient medicine and surgery. In October 2019 46% of delays were from acute compared to 65% nationally. Delays from mental health trusts are classed as non-acute.

3.4.5 Leeds performance remains similar to England in terms of 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%, and the England average was 82.4%. There has been a small improvement in the **sequel to reablement** measure with 60.6% 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.



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

3.5.1 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. Leeds performance is consistent with national and comparator groups averages across the measures in this domain.

### 3.6 Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

3.6.1 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. Both rates are above England averages and place Leeds in the top quartile of local authorities.

3.6.2 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 83.4% of Leeds providers rated as good or better at the end of September 2019, accepting care home performance is stronger than domiciliary and nursing home provision. Improvement is based on a clear commitment to work with the sector to ensure the quality of provision.

Safeguarding inquiries are monitored with a high percentage 93.7%, at quarter 2, of people having their needs fully or partially met when being the subject of a safeguarding inquiry.

### 3.7 Public Health population outcomes and service impact and usage

3.7.1 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: Breastfeeding initiation and breast feeding continuation at 6-8 weeks; Percentage of adults 19+ who do under 30 minutes of moderate exercise per week, Late diagnosis of HIV. A number of quarterly updates have also been made, Quarterly updates include: Drug and alcohol dependency completion rates, NHS Health Checks, Chlamydia detection rates, Recorded diabetes type 1 and 2 rates, Excess weight in adults. 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.

### 3.8 Population indicators

3.8.1 **Adults over 18 that smoke** in Leeds has remained the same, with some small fluctuations in the smaller deprived Leeds population. This is against a long term trajectory of reductions in smoking across Leeds.

3.8.2 **Excess weight in adults who have a BMI >30 has** risen steadily since 2012/13 but has fallen this quarter for both Leeds and deprived Leeds; the large gap between Leeds and deprived Leeds remains. The rate has fallen from 22.8% in Q1 to 22.6% in Q2 across Leeds with a decrease in deprived Leeds from 27.3% in Q1 to 26.9% in Q2.

3.8.3 (The percentage of physically inactive adults (aged 19+) with under 30 minutes moderate intensity exercise per week is reported in the appendix 2. It is also referenced below. While based on the same survey source there are two national methodologies applied to the data. This does not alter the overall positive trends and positive performance but does result in small differences in the percentages stated. This explains the difference in the public health figures in Appendix 2 and those quoted in section 5.15 below).

### 3.9 Operational indicators

3.9.1 **Breastfeeding Initiation rates** continue to rise very gradually for both the whole of Leeds and the more deprived population, though the gap persists and rates remain marginally lower than rates for England.

3.9.2 **Breastfeeding Maintenance rates at 6-8 weeks** remain higher than national rates and have been fairly stable over the last three years. The Leeds Breastfeeding Plan 2016-2021 contains a vibrant programme of partnership activities to promote breastfeeding, including the Leeds is Breastfeeding Friendly initiative which promotes breastfeeding to businesses, and Unicef Baby Friendly accreditation which has been achieved by both LTHT and LCH (which achieved 'Gold' accreditation in 2018), whilst Leeds children's centres continue to work towards BFI accreditation in 2021. Currently, Leeds City Council is updating its Infant Feeding Policy which covers staff, clients and visitors.

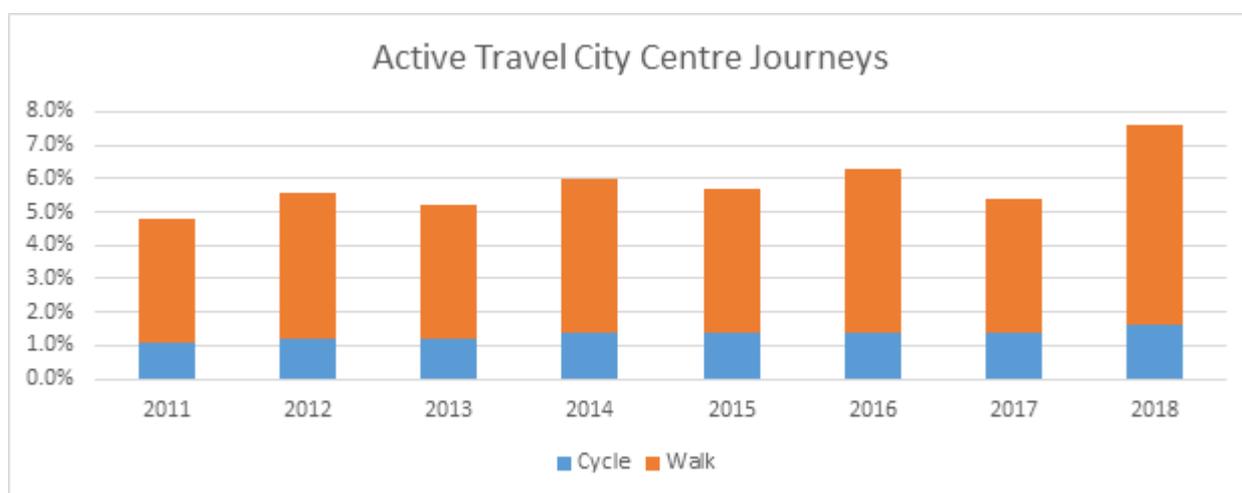
- 3.9.3 **Uptake of NHS Health Check** The rolling year to Q2 has seen an increase in the completion rate for eligible patients offered an NHS Health Check. The impact of the new GP Confederation contract has been positive in targeting key groups of people to attend.
- 3.9.4 **Increase in successful completions of drug dependency treatment** – The increase in successful completions for those in treatment for drug dependency, from 344 in Q1 2019/20 to 397 in Q2, is the result of Forward Leeds now having a specific focus on improving outcomes for opiate users – the largest drug cohort in the service. In addition, Forward Leeds has recently introduced a new service, called Positive Challenge, for ‘entrenched users’, which seeks to address the needs of service users who are five years or more in treatment, who are recognised as needing dedicated support through the Recovery Co-ordinators and the prescribing team.
- 3.9.5 **Increase in successful completions of alcohol dependency treatment** – There has been a slight increase in successful completions for those in treatment for alcohol dependency, from 853 in Q1 2019/20 to 865 in Q2. This follows a recent trend, where such completions have reached a plateau, following several years of increases.
- 3.9.6 **Recorded Diabetes (type 1 and type 2)** rates are increasing for both Leeds and deprived Leeds; this is expected. The changes for Leeds and Leeds deprived are very small in both cases. Diabetes prevalence per 100 000 persons in deprived Leeds has gone up from 8967 in Q1 2019/20 to 9077 in Q2, in Leeds overall the increase is from 6338 to 6430.
- 3.9.7 **HIV late diagnosis** has fallen from 53.2% in 2015-17 to 52.5% in 2016-18, this is a small change in the positive direction. The percentage of HIV diagnoses made at a late stage of infection in Leeds remains slightly higher (worse) than the England rate, which exceeds the PHE target of below 25%. However as a city with higher HIV prevalence rates, Leeds has increased both its testing and its opportunistic screening in a range of settings including termination services, community testing with most at risk groups, new registrants into primary care in high prevalence areas and in A&E and acute medical admissions. This additional proactive screening which aims to diagnose those who are unaware of their HIV status and who are not presenting with clinical indicators for HIV is impacting on the city’s late diagnosis rates, as more positive cases are found and treated.
- 3.9.8 **Chlamydia detection rate (15-24 year olds) (per 100,000)** has fallen very slightly from 3475 in 2016/17 to 3385 in 2017/19. Leeds detection rate continues to far exceed the 2300/100,000 target set by Public Health England, indicating that those most at risk of infection are being tested and diagnosed through our extensive targeted community testing activity. National figures show Leeds continues to perform better than England and is the highest performing Core City. The recent slight fall in the detection rate can be seen as a positive sign of decreasing infection prevalence as cases are identified and treated.

### 3.10 More adults are active: Active Lives and Active Travel

#### 3.10.1 Active Travel

Priorities	Best Council Plan KPI	2019/20 Target	Q2 Result	RAG
Health & Wellbeing Supporting healthy, physically active lifestyles	Annual KPI Percentage of active travel city centre journeys (walking and cycling)	>7.6% active travel journeys (2018)	Due April 2020	N/A

3.10.2 Leeds has an ambition to be the Best City to be Active In and to increase levels of physical activity - particularly in those areas which experience 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

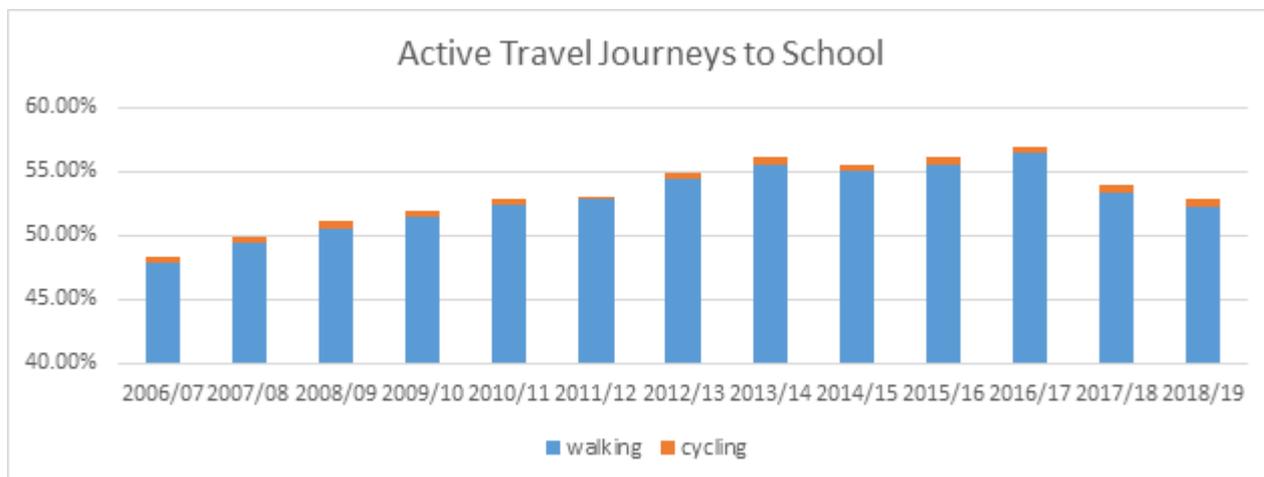


Emergency. Active Travel forms part of Connecting Leeds' ambition to transform all modes of travel for people who live, work in and visit Leeds and contributes to improving the sustainability of our transport system. Active Travel means making journeys, or part of a journey, in a physically active way - such as walking or cycling instead of using motorised transport. Active Travel journeys can be made for any purpose and can also make up part of a longer trip that involves other modes of transport, for example walking or cycling to the train or bus station. Other modes of transport including scooting, skateboarding, roller skating, or using an electric bicycle (where physical effort is still required to complete the journey) are all classed as Active Travel.

3.10.3 The annual percentage of Active Travel city centre journeys for 2019 will not be available until Spring 2020, however, given this is a new indicator to be reported to the Board, the percentage for 2018 has been included (which will act as a target for 2019/20). In 2018, 7.6% of city centre journeys were made via Active Travel (walking and cycling), compared to 5.4% in 2017. This equates to an increase of 2.2%. The graph above shows Active Travel city centre journeys between 2011-2018 - highlighting an increase over the 7 years.

3.10.4 Active Travel has many benefits. It supports the mental and physical health and wellbeing of individuals, including healthy weight management. It also benefits the road network by reducing motorised traffic and congestion; helps to improve air quality; and improves journey times and reliability. Additionally, active travel benefits

local communities as it can improve community cohesiveness for example by reducing the number of school pick-ups/drop-offs, increasing the number of pedestrians and cyclists on our streets, and through community events such as Clean Air Day and Let's Ride Leeds. The installation of cycling infrastructure, Play Streets road closures and the Streets for People project help to support the urban realm and green space.



- 3.10.5 In terms of Active Travel journeys to school, figures show that over half of all journeys are made by cycling or walking and these methods of transport continue to be promoted across all Leeds schools. In 2019, as part of a pilot project, 11 streets outside schools were closed temporarily for Clean Air Day under the Play Street initiative. This initiative involved partnership working with schools, ITB, Active Leeds, Active Schools, West Yorkshire Combined Authority (WYCA) and Living Streets. A range of play activities were delivered outside schools such as yoga, scooter and cycling skills. The ITB team are developing a program for 2020 following the pilot (funding dependant).
- 3.10.6 The Air Quality Primary School Toolkit was launched in 2019, the programme includes scooter training to pupils and over 30 schools participated in the first year (funded until June 2020). A further 24 schools participated in Scootember to promote scooting to school rather than travelling by car, raise road safety awareness and encourage a healthy and active lifestyle. The DfT awarded £264k in October 2019 to provide cycle training for over 9,100 children in 2019/20. Further work is required to target schools where travel to school journeys are made by car, however parental choice and school places sometimes results in children travelling further afield, often beyond walking or cycling distance and as a result there has been a slight decrease in travel by sustainable modes.
- 3.10.7 Working with Active Leeds, the Highways & Transportation service plays a key role in the promotion of Active Travel through its strategies, policies and localised travel plans; the Sustainable Education Travel Strategy is available on the LCC website and some schools make their Travel Plans available on their own websites. In addition, Travel Plans secured through the development process are available during the consultation stage. A dedicated Influencing Travel Behaviour Team works directly with businesses, schools and local communities to deliver a programme of interventions, promotional campaigns and engagement events to promote walking, cycling and scooting as viable modes of travel. These activities complement and enhance the value of new capital investment which funds

improvements to walking and cycling infrastructure as part of the Connecting Leeds programme, along with the programmes promoted and supported through WYCA.

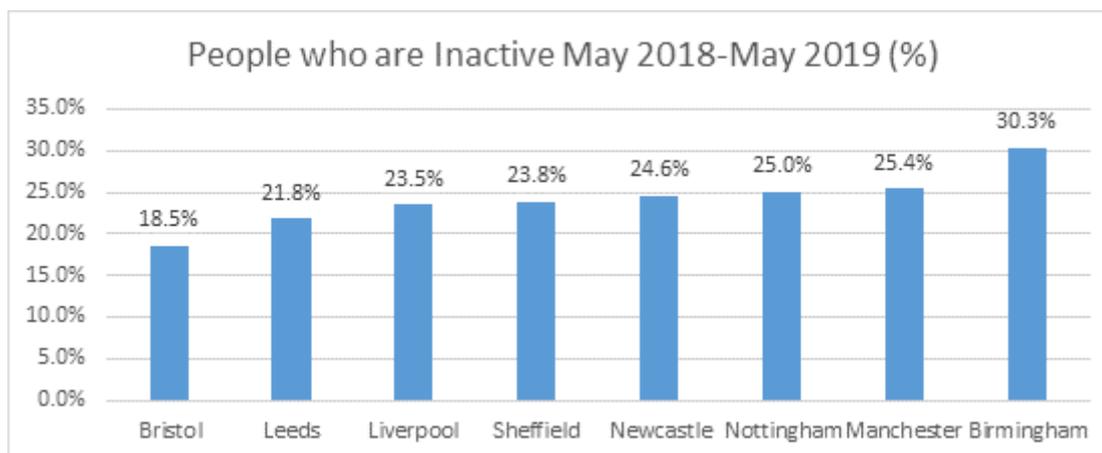
- 3.10.8 National campaigns such as Walk to School Week, Walk to Work Day, Bike Week and Scootember are promoted alongside the promotion of safe cycling and walking-friendly routes. Other work includes developing new initiatives such as the Schools Yorkshire Tour and the Air Quality Scooter Programme 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 and includes road safety training for pedestrians, cyclists and those scooting. Other road safety interventions have a beneficial impact for those not travelling actively, for example work to educate drivers on safe passing distances for cyclists; campaigns promoting the benefits of 20mph roads; and work to encourage motorists to share road space considerately. Work is also ongoing with schools to support Walking Buses, Park and Stride and Walk Once a Week schemes.
- 3.10.9 The lack of provision of cycle storage; cycle lanes; pedestrian crossings; and shower and changing facilities are seen as barriers to safe sustainable travel. The Influencing Travel Behaviour Team works with Planning and developers at the planning stage to ensure facilities are installed to enable active travel. For example, a site-wide travel plan has been developed, providing a strategy for facilitating trips to and around Kirkstall Forge by sustainable travel modes including a cycle hire scheme and car sharing facilities
- 3.10.10 Working alongside other services such as Public Health and Parks & Countryside, Active Leeds and H&T are helping to make being active an easy choice and contributing towards a vision to build physical activity into everyday life. The access to connections and linkages of cycling and walking routes, particularly in our most deprived communities, is an important piece of work that supports the inclusive growth of the city.
- 3.10.11 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.
- 3.10.12 Leeds City Council continues to move forward with its ambition to introduce a bike share scheme for the city and work is progressing on developing appropriate proposals with the intention of bringing a report to Executive Board in 2020.
- 3.10.13 The Connecting Leeds Programme, which is delivering on the £174m Leeds Public Transport Investment Programme will draw extensively on existing and future plans and investments in cycle superhighways, cycling networks and pedestrian facilities. These will complement local journeys made on foot and bike – improving convenience and attraction while forming part of an integrated, lower carbon transport system which is safe and sustainable for all road users.
- 3.10.14 Through partnership working and shared learning, including with 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 a programme of behavioural change and develop alongside infrastructure improvements.

### 3.11. Percentage of Physically Active Adults

Priorities	Best Council Plan KPI	2019/20 Target	Q2 Result	RAG
Health & Wellbeing Supporting healthy, physically active lifestyles	Bi-Annual KPI Percentage of physically active adults	<22.7% of people are inactive (143,900) (Nov 2017-Nov 2018)	21.8% of people are inactive (138,000 people) (May 2018-May 2019)	■

3.11.1 The national Active Lives Survey (ALS), carried out by Sport England, is used to provide the data for this indicator. The survey produces in depth information about participants' activity and lifestyle. The BCP 2019-21 performance indicator uses the "percentage of people who are inactive" in order to determine if more 'inactive' people are becoming 'active', and a reduction in the number of adults who fall into the 'inactive' category is sought. The Survey samples around 2,000 Leeds residents on a rolling basis; and "inactive" is defined as undertaking less than 30 minutes of moderate activity per week.

3.11.2 The annual ALS runs between November and November and will be reported at a later Board meeting. However, the Active Lives Interim Survey result (May 2018 – May 2019) is reported here and showed that 21.8% of people in Leeds were inactive i.e. 138,000 people, a reduction of almost 2% compared with the previous year's Interim Survey result of 23.7% of inactive people i.e. 150,600 people, and a reduction of 12,600 people.



3.11.3 Leeds compares well to other core cities and after Bristol now has the lowest percentage of inactive people.

3.11.4 The inactive rate for Leeds (21.8%) is lower than that for Yorkshire & Humber (26.4%) and England as a whole (24.8%). Since the Survey started in 2015/16, the Leeds result has improved by 5.4% and this is recognised as a significant decrease by Sport England.

3.11.5 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 Girls 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 such as women and girls, disabled people and those from deprived communities.

3.11.6 The indicator is also a reflection of activities outside of the Council's remit including the growth of private sector provision, such as the increase in budget gyms and the work to engage with community groups and the third sector. The private sector's contribution, and our work with the community and third sector, are vital as the Council is not able to wholly deliver this ambition with available resources. Supporting people to become more active is not just about providing facilities, but also through promoting an active lifestyle including exercise, healthy eating, active travel and mobility.

3.11.7 In addition, the Council continues to promote high profile sporting events and the city has once again held the World Triathlon Series, and work is well underway for the 2020 event which will be held in June. The annual 'Let's Ride' event held recently in the city showed record numbers of participants, along with a number of World Road Race cycling events and a new World Para-cycling championships which took place in Wetherby and other local areas.

## **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 the Best Council Plan**

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

### **4.4 Climate emergency**

4.4.1 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 in helping to limit the impact on the climate emergency for example by using walking and cycling as means of travel.

### **4.5 Resources, Procurement and value for money**

4.5.1 There are no specific resource implications from this report.

## **4.6 Legal implications, access to information and call in**

4.6.1 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.

## **4.7 Risk management**

4.7.1 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:

- 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, these happen June/July and December/January.

## **7 Background documents<sup>1</sup>**

- 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/media/14239/active-lives-adult-may-18-19-report.pdf>

---

<sup>1</sup> 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.