



**Report of Director of Adults and Health and Director of City Development  
Report to Scrutiny Board (Adults, Health and Active Lifestyles)**

**Date: 5 January 2021**

**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

### 1. 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. This is based on standard 6 month update reflecting the council's planned priorities, these are addressed in the context of current Covid-19 circumstances and impact.

### 2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- This report provides an update on progress in delivering the council and city priorities in line with the Best Council Plan priorities and the council's performance management framework relevant to this Scrutiny Board. The emphasis is on the Health and Well Being Priority but aspects relate to all council priorities including Age Friendly and Child Friendly.

### 3. Resource Implications

- The report has no direct resource implications. How resources are best used to achieve priorities is relevant especially given our asset based and strengths based approach. The current need to prioritise resources in response to Covid-19 and the related budget challenges are also relevant in considering performance.

## **Recommendations**

- 1.1. 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, including in the context of Covid-19.
  - b) How this information informs scrutiny work over the coming year.
  - c) The nature and content of future performance updates, these have previously happened in June/July and December/January, with the exception of 2020.

### **1. Purpose of this report**

- 1.1 This report provides an overview of outcomes and service performance related to the council priorities and services within the remit of the Adults, Health and Active Lifestyles Scrutiny Board. It is intended as a succinct overview ensuring visibility, providing assurance and informing ongoing scrutiny work.

### **2. Background information**

#### **2.1 This report is based on currently available performance material**

The report is based on a standard six-monthly update to Scrutiny against stated priorities. A focus on our stated priorities is maintained while addressing the implications of Covid19 on these. Best Council Plan indicators relevant to this committee are referenced in the report. The report compiles information from multiple sources relevant to this Boards' remit.

- Public Health Outcomes 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.
- Adult Social Care performance based on the provisional national Adult Social Care Outcomes Framework results for 2019-20, the 2020-21 in year interim Short and Long Term care national return and local performance tracking.
- Updates on Active Travel and Active Lifestyles, including latest active lifestyle survey results and council support for promoting healthy, physically active lifestyles.
- Development of indicators related to the Best Council Plan Age Friendly priority, these will be included in this report as they are developed and reported.
- Information on service continuity is also referenced.

- 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 Public Health population outcomes and service impact and usage**

- 3.1.1 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 3 contains the data tables for these. Quarterly updates include: % Adults over 18 that smoke, Excess weight in adults % of Adults who have a BMI of over 30, NHS Health Check Completion Rate (of those offered - rolling year), NHS Health Check Invitations (rolling year), Increase in the number of people accessing stop smoking services, Increase in successful completions of drug dependency treatment (rolling year), Increase in successful completions of alcohol dependency treatment (rolling year) and Recorded diabetes type 1 and 2 (per 100,000) Time series comparisons between Leeds and Deprived Leeds populations are provided for some indicators. Deprived Leeds refers to neighbourhoods considered in the 10% most deprived nationally.

## Population indicators

- 3.1.2 **% Adults over 18 that smoke** For Q2 2020/21 there is a slight improvement of the percentage of Leeds deprived adults over 18 that smoke. For Leeds the figure is 18.2% and for Deprived Leeds is 29.1%. For the previously reported period (Q4 2019/20) the figure for Leeds was 18.4% and Deprived Leeds 29.3%. Small fluctuations in this quarterly reported data are to be expected. However the long term trajectory is that of a reduction in adult smokers across Leeds. According to the joint survey by YouGov and the campaign group ASH, more than 300,000 smokers in the UK may have quit smoking as a result of COVID-19. Additionally the One You Leeds Q1 4 week data is showing that quit rates have improved (78% c/w 70% last year) despite the change to remote delivery of cessation support due to COVID-19.
- 3.1.3 **Excess weight in adults who have a BMI >30** There has been a slight decrease in the percentage of excess weight in adults for Q2 2020/21 for Leeds (22.7%) and Deprived Leeds (27.1%). The previously quarter's data (Q1 2020/21) reported Leeds as 23.0% and Deprived Leeds at 27.6%. The figures for this indicator have been showing small incremental increases over the last year but this quarter shows a decrease. It remains to be seen if this decrease is sustained and if the recent focus on COVID-19 and the increased risk from obesity has had an impact.

## Operational indicators

- 3.1.3 **NHS Health Check Completion Rate (of those offered - rolling year)** The NHS Health Check completion Rate is lower for this reporting period compared to the previously reported figure. It currently stands at 58.7% (this includes Q2 2020-21 data) whereas the previously reported figure was 63.5%. Due to the pandemic and a reduction in primary care preventative activity, there has only been a small amount of NHS Health Check activity in Q2 20/21 (both invites and completed NHS Health Checks). Encouragingly the activity levels for Q2 are higher than Q1 although understandably not at the same levels as corresponding quarters in previous years. As this indicator is a rolling year figure (taking into account the number of invites and the corresponding NHS Health Check completion rate) the significant decrease in activity during the Covid-19 period is beginning to be apparent from this percentage. As this is a five year cycle this lost activity will need to be caught up as soon as is possible. GP practices are now being supported to restart NHS health checks where possible. It is anticipated that activity levels will remain relatively low for Q3 compared to previous years. An additional target group of people from BAME communities has been included in the new GP practice contracts.

- 3.1.4 **NHS Health Check Invitations (rolling year)** There has been a steep decline in the number of invitations for this reporting period compared to the previously reported figure. The latest (rolling year) figure is 17,321 (this includes Q2 2020-21 invitations). The previous reported figure was 23,130. The steep reduction in this figure can be attributed to the significant drop in invites in Q1 and Q2 20/21. Normally the quarterly invite figure averages around 7,500. For Q2 20/21 a total of 1511 invites were recorded. This is over double the amount sent out in Q1 20/21. NHS health checks have restarted and an additional target group of people from BAME communities has been included in the new GP practice contracts.
- 3.1.5 **Increase in successful completions of drug dependency treatment** – There has been a small increase in the number of successful completions of drug dependency. The current figure is 485 (rolling year including Q2 2020-21 data). The previously reported figure was 476 (Q1 2020-21). The service appears to have adapted well to the impact of COVID-19 this will be clearer once later quarters of the rolling year are reached.
- 3.1.6 **Increase in successful completions of alcohol dependency treatment** – There has been a slight increase in the number of successful completions of alcohol dependency. The current figure is 834 (rolling year including Q2 2020-21 data). The previously reported figure was 818 (Q1 2020-21). As stated above the service appears to have adapted well to the impact of COVID-19 this will be clearer once later quarters of the rolling year are reached.
- 3.1.7 **Increase in the number of people accessing stop smoking services** - There is an improving picture for Leeds and Leeds Deprived in Q2 2020 - 2021. For Leeds the Q2 figure is 1345 up from 1031 in Q1, for Leeds deprived the Q2 figure is 798 up from 731 in Q1. For the same period in 2019 – 2020 the figures in Q2 were 929 (Leeds) and 456 (Deprived Leeds). All of this is positive in the light of the move to remote delivery of the service due to COVID-19.
- 3.1.7 **Recorded Diabetes (type 1 and type 2)** – There has been an increase in the number of recorded diabetes type 1 and 2 (per 100,000) for Q2 20/21. For Leeds the currently figure is 6,537 and for Deprived Leeds 9,281. These rates of diagnosis continue to show an upward trend. The previously reported figures (Q1 20/21) were 6,535 (Leeds) and 9,117 (Deprived Leeds). This is positive and has closed the gap on our modelled prevalence, meaning people are more likely to be supported effectively with this condition.

## 3.2 Adults Social Care

- 3.2.1 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. During 2019/20, Adult Social Care in Leeds provided long term support to over 10,630 people, 6,615 of whom were aged 65 and over. That is over the course of the whole year. Considering people had been in receipt of long term support for over 12 months and who had an open case at the end of March 2020 there were 6,894 people 3,518 of whom were aged 65 or over. 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.

3.2.2 A key way of assessing if our strategy is making a difference is through consideration of the national Adult Social Care Outcomes Framework (ASCOF). This is a national framework for all local authorities based on national returns and national surveys. ASCOF is based on financial years, this report presents 2019-20 provisional results, national publication and comparative results are expected on 10 December. 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

These results precede the main impacts of the Covid pandemic. The report therefore references a 6 monthly interim national return made on Short and Long Term services, up to end of September, and local tracking information.

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, 2019-20 was not a survey year. Due to current circumstance neither survey will be undertaken in 2020-21.

3.2.4 2019-20 results for ASCOF indicate a positive and largely stable situation building on the good results of previous years and accepting small year on year variations, these are presented in appendix 2. National and other local authority data has been delayed this year and is currently expected to be released on 10 December. This will add further context, accepting events since the end of March warrant more consideration than retrospective evaluation of 2019/20. An interim indicator table is included in appendix 2.

3.2.5 **Domain 1: Enhance quality of life for people with care and support needs**  
Pleasingly Leeds has maintained a strong 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. There was also an improvement in the proportion of people saying they have control of their daily with 80% of responses positive. Just under half of people in receipt of care have as much **social contact** as they would like reinforcing the priority of reducing social isolation, Leeds performance will likely be above other local authorities.

Results for adults in contact with **secondary mental health services** have seen improvements in the proportion of people living independently. 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. The proportion of people receiving self-directed support remains strong, however the proportion of people receiving direct payments has declined.


- 3.2.6 **Domain 2: Delay and reduce the need for care and support** 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** saw a marginal increase in 2019/20 after having reduced for a number of years, the rate remains at a level consistent with our strategy and with national rates. For adults aged 18-64 age range (BCP measure) 2019-20 saw a further increase in the admission rate, this was consistent with reducing delays in the transfer of care from hospitals and relates to a small numbers of people with highly specialised needs. Delayed Transfers of Care statistics have not been collated since February 2020 and will likely be replaced following the pandemic. In 2019/20 there was a 5% point increase in the **sequel to reablement** measure with 65.7% of people achieving independence following short term support. 83.1% of older people were **at home 91 days after leaving hospital** and receiving short term reablement support.
- 3.2.7 **Domain 3: Ensure that people have a positive experience of care and support** The two survey measures in this domain improved in 2019-20, with two thirds of respondents extremely or very satisfied **with their care and support** and 71% of respondents very or fairly satisfied with finding information, Leeds is expected to be above national for these results.
- 3.2.8 **Domain 4: Safeguarding adults whose circumstances amen them vulnerable and protecting them from harm** Survey results for **how safe people feel** indicate that 88% of respondents say their services have helped them to feel safe and secure with 69% of respondents saying overall they feel safe. Results show a small decline from previous year but remain in line with previous comparator averages,
- 3.2.9 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 improved to 87.8% of Leeds providers rated as good or better at the end of March 2020. The September 2020 figure is 85.9% compared to 83.4% of September 2019. This percentage has improved in recent years based on a clear commitment to work with the sector to ensure the quality of provision. This commitment continues to support providers through the immediate and ongoing challenges presented by Covid-19 impacts. Safeguarding inquiries are monitored with a high percentage 97.2%, in 2019/20, of people having their needs fully or partially met when being the subject of a safeguarding inquiry. Most recent monthly figures show performance is tracking on target at 94.5% in November. While the ongoing tracking percentage of needs fully or partially met has remained in line with expectations and consistently above 90% each month there have been some months with increases in cases where outcomes were not met, (e.g. 8.5% October 14 people). This may be due to current restrictions which limit choice for people.
- 3.2.10 Nationally local authorities have been asked to support a voluntary midyear submission of a subset of the annual Short and Long Term servicer users (SALT) return. This is for the first 6 months of 2020/21 reflecting the impact of Covid-19 on social care demand. Leeds completed and submitted this return in November.
- Requests for support are down compared to the same point last year by 13% for 18-64 year olds and by 22% for Over 65s. Looking at the sources of requests while there is some decline in community sourced requests it is request for service for people being discharged from hospital that accounts for the majority of the change.

- Reablement, the overall number of people receiving reablement services in the first 6 months of 2020/21 is 610 compared to 1,485 in the first 6 months of 2019/20. The ability of the service to operate has been greatly impacted on by COVID. Prior to this referrals to reablement showed a peak in early 2020. Progressively services are resuming, figures from week 29 of 2020 show a small increase with community cases being referred to reablement again and since week 40 referrals for under 65's have returned to the levels seen last year.
- Long Term Service Users supported in year are down on last year with a 3% reduction in the number of 18-64 year olds supported and a 10% reduction for over 65 year olds. The reductions are due to lower numbers supported in care homes with a 7% reduction for 18-64 year olds and a 13% reduction for 65+ year olds.
- Long Term Service Users at the end of June and at the end of September, the overall picture for both age groups shows there was a 4% reduction in service users at the end June 2020 compared to March 2020, however by the end of September this had reduced to a 2% reduction indicating demand for services is recovering. For 18-64 year olds differences relate to a range of support but in particular to day centres usage and the disruption to these services. With 65+ age group the impact has been greatest in care homes and the impact of Covid-19 on mortality and demand.
- Annual reviews of long term service users have been maintained at previous and planned levels. There has been a reduction of unplanned reviews of long term service users from 1,784 to 1,483.

3.2.11 Leeds Adult Social Care Services are being closely monitored to ensure performance is maintained and to provide an understanding of the short and longer term impacts of Covid-19.

- Referrals to social care in 2020 for January and February were higher than 2019, particularly for community referrals. The numbers reduced in March to be more in line with 2019 with April seeing a significant reduction in numbers. Following the low points in weeks 15 and 16 of 2020 there followed small but steady increases in the number of referrals. Since week 22 referrals have tracked in line, though marginally below, 2019 patterns.
- With social care assessments undertaken these dropped substantially during the first period of lock-down, with a low in week 19 of 2020. Later in year there was an increase in assessments for existing service users, above 2019 figures, and rates are now comparable to last year. This has not been the case for assessments for new clients, which are below 2019 figures. Recent weeks have seen an increase in mental health assessments.
- With Homecare pre-Covid the overall number of started homecare packages in 2020 was similar to 2019. There was a peak in demand during March in response to Covid-19. Following March numbers of new packages have overall been similar to 2019 with periodic dips and increases. Since week 40 the number of new homecare users has been higher than 2019.
- Safeguarding concerns prior to Covid were higher at the beginning of 2020 than 2019. Since week 17 of 2020 domestic violence concerns have generally been above 2019 figures accepting there are periods of variation. Safeguarding enquires started were also higher at the beginning of 2020 than 2019. Following Covid there have been periods of variation but overall there activity levels are similar to 2019. Safeguarding enquiries ended decreased during the initial lockdown before returning to levels consistent with 2019, in recent weeks they are again tracking lower than 2019, some which will be recording lag.

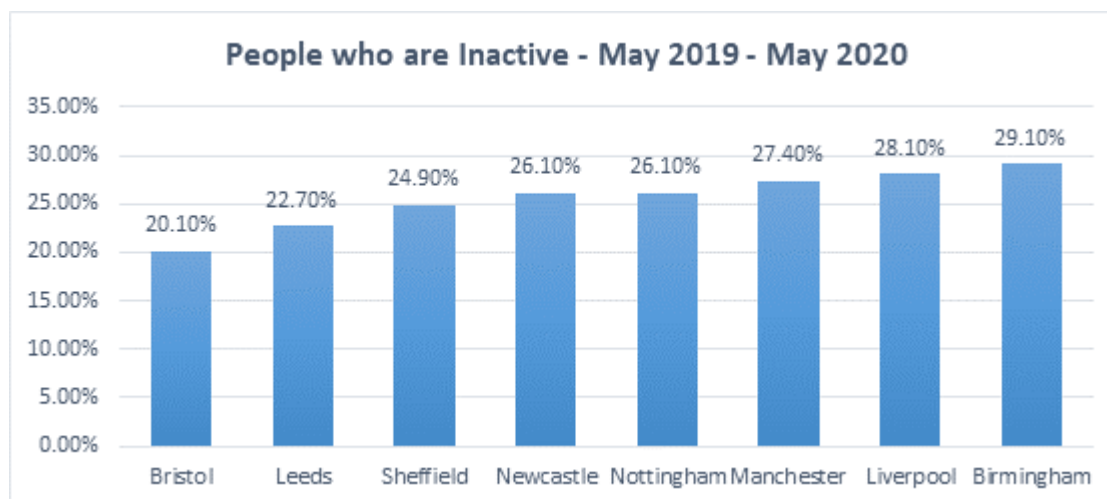
### 3.3 More adults are active Supporting Healthy Physical Active Lifestyles

Priorities	BCP Key Performance Indicators (KPI)	2020/21 Target	Q2 Result	RAG
<b>Health &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>Supporting healthy, physically active lifestyles</li> </ul>	<b>Bi-Annual KPI</b> Percentage of physically active adults	<b>&lt;20.9% of people are inactive</b> (132,900) (Nov 2018-Nov 2019)	<b>22.7% of people are inactive</b> (145,300 people) (May 2019-May 2020)	
	<b>Supplementary -</b> Percentage of active travel city centre journeys (walking and cycling)	N/A	7% (2019)	N/A

#### Percentage of Physically Active Adults

3.3.1 The national Active Lives Survey (ALS), carried out by Sport England, is used to provide the data for this indicator. The Best Council Plan indicator uses the “percentage of people who are inactive”. 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.

3.3.2 The Active Lives Interim Survey result (May 2019 – May 2020) shows that 22.7% of people in Leeds were inactive i.e. 145,300 people. An increase of 1.8% compared to the full year result but only a 0.9% increase compared with the previous year’s interim Survey result of 21.8%. Leeds compares well, the Yorkshire & Humber rate of inactive people was 26.9% and England had an inactive rate of 25.5%. Compared to the other Core Cities after Bristol Leeds has the lowest percentage of inactive people.



3.3.3 The survey results include the first nine weeks of Covid lockdown restrictions. The survey shows significant drops in activity levels during this lockdown period, despite an increase in cycling for leisure, running outside and exercising at home as people took up the opportunity to adapt their activity habits during the pandemic. Nationally more than 3 million people were less active between mid-March and mid-May compared to the same period a year before, and this demonstrates the extent to which people’s lives were disrupted.



3.3.4 Activity choice was severely restricted during the initial phase of lockdown, with some groups finding it more difficult to adapt to the new regulations than others. Active Leeds tried to combat some of this by delivering a physical activity toolkit to deprived areas in Leeds, providing activities for children to do at home, offering outdoor classes and activities. Over 90,000 calls were carried out to members in all programmes to provide exercise advice and support with calls especially concentrated on the older aged groups...

3.3.5 Appendix 1 provides more national insight to the impact of the initial lockdown on physical activity. Key points were:

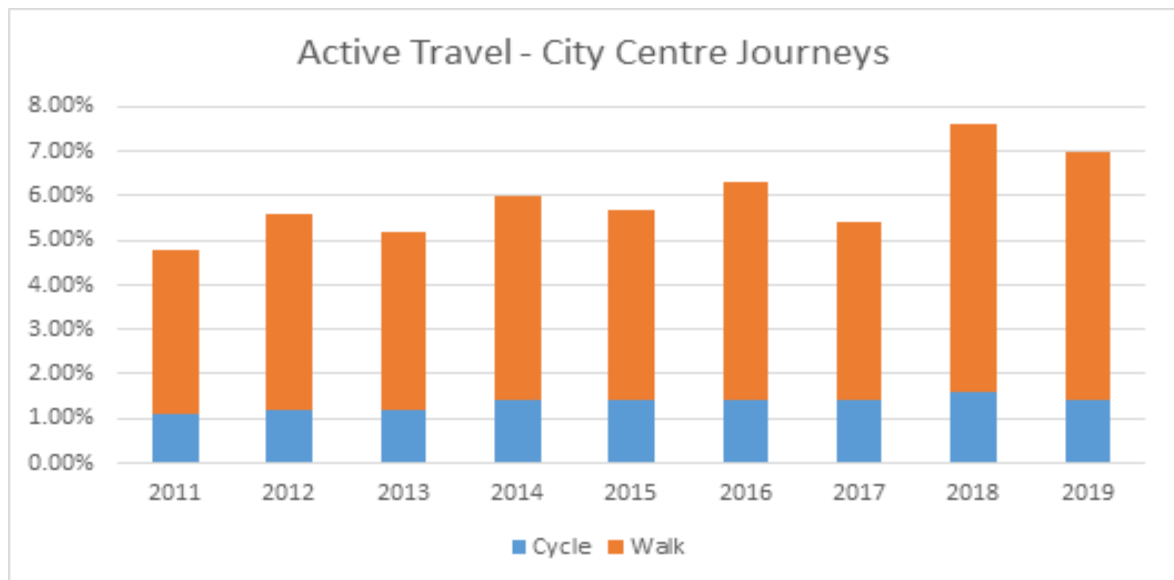
- Nationally walking was the most popular overall activity in the early weeks from mid-March, with more than 21 million adults walking at moderate intensity.
- Declines in walking and cycling for travel were mitigated by increases in these activities for leisure.
- There was an increase in home exercise largely driven by women.
- Men suffered a greater drop in activity levels (-1.8m), compared to women (-1.2m) in the early weeks.
- The 16-34 age group were particularly impacted while the 35-54 age group showed more resilience than other age groups. The activity drop for the 75+ age group was proportionately greater than all other age groups, connected to the guidance to shield.
- Activity levels fell for all socio-economic groups, the decline in activity was larger amongst lower social groups.
- With disabled adults and those with a long-term health condition asked to shield, their activity levels decreased. The impact was mitigated to a certain extent by activity providers in Leeds and online fitness activities creating more content especially for disabled people and those with long-term health conditions.
- Drops in activity levels were larger amongst BAME communities. Drops were larger for men from both Asian (excluding Chinese) and Black background, acknowledging gender inequalities slightly reduced.
- The report also highlighted at the initial phase of the pandemic a decrease in happiness and an increase in anxiety, relating this fewer people enjoying the wellbeing benefits associated with being active.,

This and ongoing research will help shape future activities and interventions to ensure the benefits of active lifestyles are realised by all Leeds communities.

### **Percentage of active travel city centre journeys (walking and cycling)**

3.3.6 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. 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. Active travel means making journeys, or part of a journey, by physically active means such as walking or cycling instead of using motorised transport.

3.3.7 The annual 2020 result for percentage of active travel city centre journeys will not be available until Spring 2021 so the result shown is for 2019 (which will act as a target for 2020/21) of 7% active travel city centre journeys (walking and cycling), this fell by 0.6% compared with the 2018 result of 7.6%. The graph below shows active travel city centre journeys between 2011 and 2019, and demonstrates the upward trend inactive travel over the nine year period.



3.3.8 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 education, promotional campaigns and travel planning activities to promote walking, cycling and scooting. However, due to Covid-19, the majority of national, regional and local active/sustainable travel events have been cancelled and the education programme has been much reduced in line with social distancing. Further information is available in appendix 1

**3.4 Age Friendly Leeds** Age Friendly Leeds is council priority. Work is ongoing to develop indicators to represent this priority. One proposed new indicator is residential developments built to required Accessible and Adaptable standards. This new indicator is based on Policy H10, Accessible Housing, introduced into the Development Plan when the Core Strategy Selective Review that was adopted in September 2019. It requires all new build housing developments to have 30% accessible and adaptable and 2% wheelchair accessible dwellings, although student and hotel accommodation are exempt. This provision can only be required on sites granted planning permission after Sept 2019. As sites receiving planning permission broadly have up to 3 years to commence development, therefore it is likely that it will take 3 years or more before performance approaches the 30% target. Currently there is no result to report for this indicator, this is to update the board on work to develop age friendly indicators.

### 3.5 Adults & Health DRG: Business Continuity Summary for October 2020

Given current circumstance it is appropriate to update the Board on business continuity arrangements in the Adults and Health directorate. There are 9 services/functions within Adults & Health identified as being most critical i.e. if disrupted may have an impact on human welfare, security, the environment, financial, legal and reputational and would need to be recovered within 24 hours or less. These are:

- Emergency Duty Team
- Social Work & Disability Services Team (DST) ENE/SE/WNW
- Assessment & Provision Management - SKILS Reablement Team

- Assisted Living Leeds (Tele Care Services Leeds Community Equipment Service)
- Blue Badge Assessments Resources Occupational Therapists Equipment Training Services)
- Care Delivery Service (Residential Care Homes & Extra Care Housing, Leeds Shared Lives Team, South Leeds Independence Centre (SLIC))
- Complaints & Compliments Unit
- Care Communication Centre
- Adult Social Care Finance Operation
- Health Protection Inc Infection Prevention

Business continuity plans are monitored to ensure they are up to date and annual reviews are undertaken. All Adult and Health directorate plans are up to date. These plans and reviews address the challenges of Covid-19 pandemic and consider any relevant issues relating to leaving the EU, where relevant.

## **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.
- 4.3.2 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.

### **4.4 Resources, procurement and value for money**

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

## **4.5 Legal implications, access to information, and call-in**

- 4.5.1 All performance information is publicly available. This report is an information update providing Scrutiny with a summary of performance for the strategic priorities within its remit and as such is not subject to call in.

## **4.6 Risk management**

- 4.6.1 In presenting performance against key priorities key risks and challenges are highlighted. This report forms part of a comprehensive risk and performance management process in the council to monitor and manage key risks.

## **5. Conclusions**

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

## **6. Recommendations**

- 6.1.1 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, including in the context of Covid-19.
  - b) How this information informs scrutiny work over the coming year.
  - c) The nature and content of future performance updates, these have previously happened in June/July and December/January, with the exception of 2020.

## **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)

## **8. Appendices**

- 8.1 1 Supporting Healthy Physical Active Lifestyles report  
2 Provisional 2019-20 ASCOF measures  
3 A broader set of population and service measures for Public Health

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<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.