

Performance Update - Adult Social Care, Public Health and Active Lifestyles

Date: 21st June 2022

Report of: Directors of Adults and Health, Public Health, City Development

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

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

- This report provides an overview of outcomes and service performance related to the Council and city priorities within the remit of the Adults and Health and Active Lifestyles Scrutiny Board. Reflecting delivery of Best Council Plan priorities and the Council's performance management framework relevant to this Scrutiny Board.
- This report focuses on the most recently available data locally and nationally as at the end of 2021-22 financial year. The report is for information, providing assurance that current performance is visible, understood and responded to. It also serves as information to the Board when considering areas to undertake further scrutiny work.

Recommendations

- a) It is recommended that the Board consider and comment on the performance information contained in the report and appendices, noting the assurance provided and considering if any additional information or further scrutiny work would be of benefit.

Why is the proposal being put forward?

- 1 This report provides an overview of outcomes and service performance related to the Council priorities and services within the remit of the Adults and Health and Active Lifestyles Scrutiny Board. It is intended as a succinct overview ensuring visibility, providing assurance and informing ongoing scrutiny work.
- 2 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 city and Council strategies including the Health and Well Being Strategy, the Leeds Health and Care Plan and the Better Lives Strategy.
- 3 Updates against city and Council priorities are brought to the Board to inform the start of the scrutiny year and the annual budget setting cycle. The report is presented in three distinct sections reflective of Council accountabilities. These are Public Health, Adult Social Care and Active Lifestyles - with the majority of the updates in the respective appendices. While there are commonalities in how these relate to the citizens of Leeds, the appendices are in effect distinct reports, with the covering report offering an introduction. However it is clear that Covid 19 has had a particularly adverse impact on health and care services.
- 4 Appendix 1a is a public health performance report providing an update on population health outcome indicators and the use of services commissioned by Leeds City Council Public Health team. Appendix 1b includes a dashboard, and time series charts of these outcomes to provide further detail. These documents support the monitoring of changes of health and health inequalities in Leeds and public health service delivery.

The emerging impact of COVID on health outcomes can be seen. Life expectancy for Leeds is below the England average and the trend of improving life expectancy remains stalled. There are small decreases in life expectancy across all groups, which is not yet showing as a significant change in life expectancy compared to the previous period. If this trend continues, we will see a significant decrease, so we will continue to track these changes carefully.

In this report across 37 indicators, 15 indicators were available for update with the latest data. Nine were population health outcomes; of these there were no statistically significant changes for most, although the gap between Leeds and Deprived Leeds remains a major challenge across all. From this latest data, the main area of change is widening inequality in the proportion of reception age group children who are obese. This has seen a significant increase for Leeds overall (14.9% compared to 10.1%), but for the most deprived areas of Leeds there has been a larger proportionate increase from 12.5% to 19.5%.

Six were operational indicators. This reflects national trends as we emerge from the pandemic and requires both a local and national response. In relation to operational indicators, key headlines include an increase in the number of NHS health checks carried out and improved uptake rates for those invited for NHS Health Checks. Leeds continues to perform well in relation to drug and alcohol treatment, with completion rates higher in Leeds compared to Yorkshire and Humber, England, and the other Core Cities.

Overall public health services are performing well, but we need to respond to the emerging needs of our population; particularly around the persistent gaps in health inequality and the new emerging challenges including addressing children's healthy weight to support families

now and prevent further implications for the public's health and sustainable services in the future.

- 5 Appendices 2a provides a detailed update on Adult Social Care using the provisional Adult Social Care Outcomes Framework (ASCOF) measures for 2021/22 with comparator information and the most recent position as at the end of 2021/22 in terms of demand and activity. Appendix 2b provides the data used to inform this update. The main highlights are:

ASCOF - Following the completion of the Short & Long Term services (SALT) return, Personal Social Services (PSS) Survey and Carers Survey, the draft results for the ASCOF measures for 2021/22 are now available. Comparator data will not be available until October 2022. Overall, compared to the last available result, six measures have improved whilst sixteen have declined compared to the previous result. The measures can be broken down into three distinct groups:

- Ten ASCOF measures are obtained from the SALT return. Of these five have improved whilst five have declined compared to 2020/21, however some of these results were impacted upon by COVID. When compared to 2019/20 a similar picture is seen with five having improved and five declined.
- The PSS survey provides the basis for eight measures within the ASCOF. The provisional results show that performance has dropped for six out of the seven available measures compared to the last survey in 2019/20.
- The Carers survey provides the basis for five measures within the ASCOF. The provisional results show that performance has dropped for all five measures compared to the last survey in 2018/19.

Demand - Adult Social Care continues to face high level of demand for its services though following highs over the summer month they now appear to have reduced to more in line with levels seen over the past two year. However, this has yet to fully work its way through the process. This high demand coupled with capacity issues such as recruitment continue to put pressure on the service. The social work and occupational therapy service has yet to clear all of the backlog of cases that have accrued because of Covid 19.

Activity – The Short and Long Term service users (SALT) national data return is completed at the end of each financial year. The first submission of the 2021/22 return was completed in May. This showed that as at 31st March 2022 Adult Social Care provided long term support to 8,518 people (3,843 aged 18-64, 4,675 aged 65 or over). This is broadly in line with the numbers at the end of 2020/21 financial year.

- 6 Appendices 3 is an update on More Adults are Active. This is based on the national Active Lives Survey (ALS), carried out by Sport England. This provides the data for the “percentage of people who are inactive” Best Council Plan 2020-2025 performance indicator. The Survey samples around 2,000 Leeds’ residents on a rolling basis; with “inactive” defined as undertaking less than 30 minutes of moderate activity per week.

Activity levels are starting to recover following large drops caused by coronavirus (Covid-19) pandemic restrictions. Our latest Active Lives Adult Survey report shows that Leeds inactivity rate has significantly fallen since this sharp rise due to previous lockdown periods. The Inactive rate has fallen from last year (25.6%) to 23.3% for the period Nov 2020 to Nov 2021 which equates to 150,000 people. This highlights that an extra 14,000 people have moved from being inactive to active this year. Leeds now has one of the lowest inactive rates in North Yorkshire with only Craven and Harrogate recording lower rates of inactivity. Leeds is only 2nd compared to all Core Cities, only behind Bristol which records an

inactivity rating of 20.7% and is substantially lower than the National (27.2%), regional (28.4%) and core cities (26.6%) averages

What impact will this proposal have?

Wards Affected: All

Have ward members been consulted? Yes No

- 7 This is an update paper on city outcomes and service performance there are no specific proposals.

What consultation and engagement has taken place?

- 8 This is an information report and as such does not need to be consulted on with the public. However performance information is published on the council's website and is available to the public, locally and often through national publications and websites.

What are the resource implications?

- 9 There are no direct resource decisions involved in this report. 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 are relevant in considering performance.

What are the legal implications?

- 10 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.

What are the key risks and how are they being managed?

- 11 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. The council's most significant risks are available and can be accessed via the council's website.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth Health and Wellbeing Climate Emergency

- 12 Equality issues are implicit in the priorities presented in this report. As a broad headline report the detail is not necessarily provided, accepting that some of the outcomes and services included directly relate to user groups that match protected characteristics. The adult social care and many of the health outcomes relate to vulnerable adults and reflect how well their needs are being met and their 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 at both individual and community levels. Protected equalities characteristics such as race and sexuality are considered in the design and operation of services.
- 13 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 addressing the impact on the climate emergency, an example being walking and cycling as means of travel.

Options, timescales and measuring success

a) What other options were considered?

14 Not applicable

b) How will success be measured?

15 Not applicable

c) What is the timetable for implementation?

16 Not applicable

Appendices

17 Appendix 1a: Public Health update paper (summary of key issues)

18 Appendix 1b: Public Health Performance Report Q2 2021/22

19 Appendix 2a: Adults Social Care update paper (summary of key issues)

20 Appendix 2b: Adult Social Care Datasets

21 Appendix 3 More Adults are Active

Background papers

22 None.