

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

Date: 14<sup>th</sup> January 2025

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

## Brief summary

- This report provides an overview of outcomes and service performance related to the Council and city priorities within the remit of the Adults, Health and Active Lifestyles Scrutiny Board, reflecting delivery of Best City Ambition and the Council's performance management framework relevant to this Scrutiny Board.
- This report focuses on the most recently available data locally and nationally at the end of the 2023/24 financial year and 2024/25 in year data where available. The report is for information, providing assurance that current performance is visible, understood and informs our priorities and our areas for development. 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.

## What is this report about?

- 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 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 City Ambition. 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.

### *Public Health*

- 4 Appendix 1a is a public health performance report providing an update on indicators that describe population health outcomes for Leeds and operational indicators, including the performance of Public Health services commissioned by the Leeds City Council Public Health team. It provides an explanatory narrative for those indicators that have been updated since the last report in June 2024. The information that is included is being reviewed alongside the Marmot City programme. This will ensure that this report complements and aligns with Marmot indicators. Appendix 1b sets out the data for the indicators and highlights those that have been updated since the last report. Where possible, the rate is also shown for the most and least deprived areas of Leeds (i.e. those in the 10% most/least deprived neighbourhoods in England) to be able to monitor health inequalities.
- 5 Overall position
  - In line with the national picture, overall life expectancy in Leeds remained largely unchanged between 2011/13 and 2018/20. From this point onwards, life expectancy in the city declined slightly. However, the most recently available data (reported in June 2024) shows a slight increase in overall life expectancy for both men and women. This will be monitored closely to assess whether this is the start of an upward trend. A significant gap in life expectancy remains between the poorest and wealthiest parts of the city.
  - There have been notable improvements in key operational indicators in the latest period. These include reduced admissions for alcohol specific conditions and reduced emergency admissions for intentional self-harm. The uptake of NHS Health Checks has shown a decline in the most recent quarter – however this is in line with seasonal fluctuations and the service continues to perform well across the year and when compared with both regional and England rates.
  - Persistent inequalities remain between the most and least deprived parts of the city across many indicators, including child and adult rates of obesity, physical inactivity in adults, recorded diabetes prevalence and prevalence of serious mental illness.

## 6 Improvements

- Rates of admission episodes for alcohol specific conditions have decreased. This decline is being driven by the continued downward trend in admission rates in the most deprived parts of Leeds.
- Rates of emergency admissions for intentional self-harm have declined for Leeds overall and for both least and most deprived parts of the city.
- There has been an increase in breastfeeding rates at 6 – 8 weeks.

## 7 Continued challenges

- The overall rate of recorded serious mental illness has increased. This may be due to increased need in the population or increased case-finding and improved recording in Primary Care.
- The rate of new HIV diagnosis has increased and is higher than both regional and England rates. This is mainly attributable to people entering the country who have already acquired HIV.

### *Adult Social Care*

- 8 The national framework within which adult social care data is collected and reported nationally is set out within the Adult Social Care Outcomes Framework (ASCOF). The ASCOF measures are informed by the results of mandatory national data collections and surveys.
- 9 This is supplemented nationally by the CQC Assurance Framework which includes data as a key evidence source and the Adult Social Care measures that have been included by the Office for Local Government (OFLOG) in their Local Authority Data Explorer. In addition locally the Leeds approach is informed by the Best City Ambition, Better Lives Strategy and CQC Assurance Framework.
- 10 Appendix 2a presents the Adult Social Care Annual Performance Report. This report is informed by the Leeds results for 2023/24 year end and 2024/25 in year and where available comparative data. The final ASCOF results are not available at the time of writing and as such the data contained within this report may be subject to change.
- 11 To contextualise the performance position in relation to capacity and demand - There remains high volumes of referrals for support into the system. The needs of those individuals supported are increasingly complex and require higher levels of support. This is illustrated through the make-up of people in receipt of long term care in the community.
- 12 Capacity to meet demand has improved with positive movement over recent months in staffing levels and a reduction in the number of vacancies within Adult Social Care. Paying retention payments to wellbeing workers and social workers has significantly reduced turnover, enabling the council to retain experienced and valued colleagues. In addition, we have 14 experienced internationally recruited senior social workers who will be joining the team between late 2024 and early 2025.
- 13 National staffing data for 2023/24 shows Leeds has a lower rate of Social Worker FTEs per head of population (38.2) compared to regional, peer and national averages. It has a noticeably lower rate than neighbouring authorities of Wakefield (61.2) and Bradford (53.7).
- 14 Activity – As at 31st October 2024 Adult Social Care provided long term support to 8,811 people (3,847 aged 18-64, 4,964 aged 65 or over). These figures represent a continued increase in the number of people supported, whilst the number of people supported in the community has fallen

slightly the number of people supported in permanent care home placements which has increased for both age groups from 2,368 in March 2023 to 2,579 in March 2024 and 2,676 in October 2024 which is an overall increase of 13%.

15 The overall picture in relation to ACOF measures compared to the last available result is mixed as nine measures have improved whilst 12 have declined, with one result remaining the same and no previous result for comparison available for the remaining measure. Our 2023/24 results compared to comparator groups overall show a mixed picture in relation to our peer authorities whilst performance is typically lower than others in the region. Further details on each of these measures are contained within the appendices but areas of note are:

## 16 Improvements

- Older People Care Home Admissions – The number of older people admitted to a permanent nursing or residential placement in 2023/24 reduced to 519.0 per 100,000 population, which is 666 people. The latest rolling 12 month figure is broadly similar. These results are lower than all comparator group averages and Leeds had the second lowest rate in the region.
- Assessment waits – Whilst there remains a considerable number of people waiting and long waiting times for Care Act Assessments performance has improved significantly over the last year with a reduction in waiting list size between April 2023 and October 2024 of 24% (approximately 300 people) and a reduction in the median wait time to 24 days. Processes are in place and are fully embedded to ensure that people are ‘waiting safely’ through the screening of referrals, contacting people and families to manage risk and prioritise workloads.
- Review Waits – Although challenges remain in the area of reviewing the care packages of long term service users with 43.2% of eligible people receiving a review in 2023/24 this has improved in 2024/25 with the number of people with an outstanding review falling and the average wait for a review reducing month on month. This is due to the work of the new Integrated Reviewing Teams and the Reassessment Team in operation across Specialist Services. This additional review activity has also delivered savings by ensuring that services provided to individuals are appropriate and meet their needs. This work continues with the targeting of specific cohorts for review.
- Safety / Safeguarding – The publication of national datasets confirms that 2023/24 saw a good an improving picture in this area. The result for the national survey measure of the proportion of people who feel safe improved 70.4% to 71.5% placing Leeds in the top quartile of peer local authorities. Data from the Safeguarding Adults Collection (SAC) shows an increase in the percentage of safeguarding concerns that resulted in an enquiry to a level more in line with comparator averages. This is in part due to working in partnership with other agencies to reduce levels of inappropriate referrals outcome as ‘not safeguarding’. Measures on the proportion of safeguarding enquiries where the risk was reduced or removed and the proportion of people who had their desired outcomes fully or partially met both improved compared to the previous year and continue to do so in 2024/25.

## 17 Challenges

Challenges remain in terms of performance against several key measures and plans are in place to improve against these. These include:

- Direct Payments – Publication of 2023/24 national data has confirmed that the percentage of service users receiving a direct payment remains relatively consistent at a level that is low compared to other Local Authorities with Leeds in the bottom quartile in the region, peer group and nationally.
- Permanent Care Home Placement Numbers – Nursing and residential placements has increased for both age groups from 2,368 in March 2023 to 2,579 in March 2024 and 2,676 in October 2024 which is an overall increase of 13%. This increase is broadly consistent for

both age groups, however whilst driven by admissions for working age adults for older people it is due to an increasing length of stay and therefore less placements ending in the period.

### *Active lifestyles*

- 18 Appendix 3 is an update on Active Lifestyles. This associated measure of 'Percentage of physically active adults', based on the national Active Lives Survey (ALS), carried out by Sport England. There has been no update on figures since those provided in June 2024 as the data for 2024/25 is not yet available from Sport England. The latest published data showed the Inactive rate for Leeds has fallen from 24.3% (Nov 2021 to Nov 2022) to 23.9% for the period Nov 2022 to Nov 2023. This is lower than the National (25.7%), regional (27.7%) and core cities (25%) averages.
- 19 The levels of inactivity remain highest in the most deprived areas of the city and whilst there is an improvement in people moving from inactive to active or fairly active, this shift has been greater in the least deprived areas (1.8% change) compared with most deprived (0.7% change). This indicates the continued need to focus work with these communities to better understand the barriers to physical activity including environmental factors and identify the preferred type of activity.
- 20 Sport England have released information on the social value of sport and physical activity which powerfully illustrates the indispensable role the sector plays in improving the health and wellbeing of our nation including in the the prevention of diseases in adults (including type 2 diabetes, cancer and prevention of other non-communicable diseases), reduced GP visits and reduced mental health service usage and overall wellbeing improvements.
- 21 The appendix provides further details on current work taking place in this area.

### **What impact will this proposal have?**

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

### **How does this proposal impact the three pillars of the Best City Ambition?**

Health and Wellbeing       Inclusive Growth       Zero Carbon

- 23 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.
- 24 The report provides an update on current progress against elements of the Best City Ambition pillar of Health and Wellbeing as relevant to the board. Where measures are included, they are highlighted as linked to the Best Council Ambition within the relevant update.
- 25 There are no specific inclusive growth or zero carbon implications from this report. However, in broad terms the promotion of healthy lifestyles and the maintenance of good health and

independence is supportive of these ambitions for example through the promotion of walking and cycling as means of travel.

### **What consultation and engagement has taken place?**

Wards affected:

Have ward members been consulted?       Yes                       No

26 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?**

27 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.

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

28 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.

### **What are the legal implications?**

29 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.

## **Options, timescales and measuring success**

### **What other options were considered?**

30 Not applicable

### **How will success be measured?**

31 Not applicable

### **What is the timetable and who will be responsible for implementation?**

32 Not applicable

## **Appendices**

- Appendix 1a: Public Health update paper (summary of key issues)
- Appendix 1b: Public Health Performance Report
- Appendix 2a: Adults Social Care update paper (summary of key issues)
- Appendix 2b: Adult Social Care Datasets
- Appendix 3 More Adults are Active

## **Background papers**

- None.

## Appendix 1a: Public Health Bi-Annual Performance Report, Date: October 2024

### Summary/Purpose

This report provides an update on:

- indicators that describe population health outcomes for Leeds
- operational indicators, including the performance of Public Health services commissioned by the Leeds City Council Public Health team.

It provides an overview and explanatory narrative only for those indicators that have been updated since the last report.

The information that is included is being reviewed alongside the Marmot City programme. This will ensure that this report complements and aligns with Marmot indicators.

### Overview

In line with the national picture, overall life expectancy in Leeds remained largely unchanged between 2011/13 and 2018/20. From this point onwards, life expectancy in the city declined slightly. However, the most recently available data (reported in June 2024) shows a slight increase in overall life expectancy for both men and women. This will be monitored closely to assess whether this is the start of an upward trend. A significant gap in life expectancy remains between the poorest and wealthiest parts of the city.

There have been notable improvements in key operational indicators in the latest period. These include reduced admissions for alcohol specific conditions and reduced emergency admissions for intentional self-harm. The uptake of NHS Health Checks has shown a decline in the most recent quarter – however this is in line with seasonal fluctuations and the service continues to perform well across the year and when compared with both regional and England rates.

Persistent inequalities remain between the most and least deprived parts of the city across many indicators, including child and adult rates of obesity, physical inactivity in adults, recorded diabetes prevalence and prevalence of serious mental illness.

### Improvements

- Rates of admission episodes for alcohol specific conditions have decreased. This decline is being driven by the continued downward trend in admission rates in the most deprived parts of Leeds.
- Rates of emergency admissions for intentional self-harm have declined for Leeds overall and for both least and most deprived parts of the city.
- There has been an increase in breastfeeding rates at 6 – 8 weeks.

### Challenges

- The overall rate of recorded serious mental illness has increased. This may be due to increased need in the population or increased case-finding and improved recording in Primary Care.

- The rate of new HIV diagnosis has increased and is higher than both regional and England rates. This is mainly attributable to people entering the country who have already acquired HIV.

## **Commentary on indicators updated in this report.**

Only indicators that have been refreshed are included in the commentary below.

### **Technical Background**

A full set of indicators is available in Appendix 1b. This includes a dashboard and charts. This report was prepared using the latest available data at the time of writing. Updated indicators are highlighted in bold in these documents. Statistical significance is highlighted in the dashboard.

Trends over time between Leeds most and least deprived populations are provided where possible.

The charts in appendix 1b include longer term trend data that uses 'Most' and 'Least deprived' as comparison groups. Most deprived refers to neighbourhoods in Leeds which are in the 10% most deprived Lower Super Output Areas (LSOAs) in England. This equates to around 24.3% of the Leeds population (n=199,594 people) based on ONS 2022 mid-year estimates<sup>1</sup>. Least deprived refers to neighbourhoods in the 10% least deprived LSOA's in England, this equates to around 6.7% (n=55,435 people) of the Leeds population<sup>2</sup>.

LSOA level data is required to calculate inequalities (deprived Leeds vs least deprived), and this level of data is not available for some indicators. Indicators without deprivation data are marked with a hashtag (#) in the Dashboard (Appendix 1b).

## **Commentary on indicators updated in this report:**

### **Infant mortality rate per 1000 births**

The infant mortality rate for Leeds in the most recent period (2021-2023) was 5.4 per 1,000, increasing from 5.0 per 1,000 (2020-22). This was not a statistically significant change, but it is a significant increase compared to 2012-2014 (3.6 per 1,000). In the most deprived areas, the rate increased from 5.7 per 1,000 in the previous period to 6.6 per 1,000 (2021-23). In the least deprived areas, the rate decreased from 5.8 per 1,000 to 4.3 per 1,000 (2021-23). Due to the very small number of infant deaths (a count of less than 10 over 3 years) and lower birth rates in least deprived areas, these figures are vulnerable to random fluctuations skewing the overall trend.

### **Reception (4-5 years): Prevalence of obesity (including severe obesity)**

The prevalence of obesity in reception age children was 9.4% in 2022-23. This has decreased slightly from 9.9 % in 2021-22 but was not statistically significant. In the most deprived areas the rate was 11.8%, a decrease from the previous period (12.6%). In the least deprived areas the rate was 5.3%, also a decrease from the previous period (7.4%). Rates of obesity have declined at a faster rate in the least deprived areas of the city than in the most deprived, suggesting a widening of inequalities.

<sup>1</sup> 24% of Leeds LSOAs (114 out of 482 LSOAs)

<sup>2</sup> 7% of Leeds LSOAs (33 out of 482 LSOAs)



### **Year 6 (10-11 years): Prevalence of obesity (including severe obesity)**

The prevalence of obesity in Year 6 children was 23.3% in 2022-23. This has decreased slightly from 25% in 2021/22 but is not a statistically significant change. In the most deprived areas the rate was 29.6%, a decrease from the previous period (31.0%). In the least deprived areas the rate was 11.9%, also a decrease from the previous period (15.2%). Over the last 10 years there is an upward trend in the most deprived areas, with the prevalence increasing significantly compared to 2013/14.

### **Excess weight (obesity) in adults % of adults who have a BMI of over 30**

Over the last 10 years, there has been an upward trend in the percentage of adults who are living with obesity and obesity is highest in the most deprived areas. The percentage of adults in Leeds with a BMI over 30 in Quarter 2 2024-25 was 24.8%. This is not a statistically significant change from the previous quarter (24.7%) but the overall trend is increasing, and the most recent data is statistically significantly higher than it was five years ago (23.4% in Quarter 2 2019-20). For people living in the most deprived areas the rate was 29.3% and for the least deprived 19.8%.

### **Percentage of physically inactive adults**

Rates of physical activity in adults continue to gradually recover following the impact of the Covid-19 pandemic. The percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week) in Quarter 2 2024-25 was 34.2%. This is not a statistically significant change from the previous quarter (34.0%), but the overall trend shows a decrease and is significantly lower than it was 5 years ago (35.4% in Q3 2019/20). For people living in the most deprived areas the percentage was 40.4% and for the least deprived 26.4%.

### **Prevalence of severe mental illness (SMI) 18+ (per 100,000)**

The rate for Leeds in Quarter 2 2024-25 was 1,373 per 100,000. This is a significant increase compared to the last period. Over the last five years, however, the rate has remained broadly stable. The difference between people living in the most deprived areas is 2,056 per 100,000 compared to 731 per 100,000 for the least deprived areas.

### **Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate**

The gap in the employment rate for people with a learning disability was 70.9% in 2022-23, an increase from the previous period (67.5%) but not a statistically significant change. The Leeds figure is not significantly different from the figures for England (70.9%) or Yorkshire and Humber (69.6%), and the trend is also similar.

### **Excess under 75 mortality rate in adults with severe mental illness (SMI)**

Excess mortality for adults with a severe mental illness was 324.5% in 2020-2022, down from the previous period (331.5%). This is lower than both England (385.9%) and Yorkshire and Humber (334.7%). This decrease reflects a downward trend in Leeds since 2015-17 (379.2%), reflecting a similar trend for England.

## **Operational indicators**

### **Breastfeeding maintenance at 6-8 weeks (%)**

The percentage of women breastfeeding in Leeds in 2023-24 was 48.6%, this is a statistically significant increase on the previous period (46.0%). The percentage of women breastfeeding in the most deprived areas of Leeds was 43.1%, an increase on the previous period (41.7%). In the least deprived areas it was 63.7%, also an increase on the previous period (59.5%).

### **Best Start – Number of children under 2 years of age taken into care**

There were 100 children aged under 2 taken into care across Leeds in 2023-24, a slight decrease from the previous period (103). In the most deprived areas 65 children were taken into care, an increase on the previous period (59)

### **Recorded diabetes type 1 and 2, all ages (age standardised per 100,000)**

The rate of recorded diabetes (type 1 and 2) in Leeds for Quarter 2 in 2024-25 was 6,995 per 100,000. This has slightly increased from 6,938 in Quarter 3 but this is not a statistically significant change. For people living in the most deprived areas the rate was 10,001 per 100,000 and 4,371 per 100,000 for people living in the least deprived areas in 2024/5.

### **Percentage of NHS Health Checks offered which were taken up in the quarter**

The percentage of NHS Health Checks offered which were taken up in Quarter 1 (2024-25) was 64.1%. NHS Health Checks have a seasonal pattern, with highest uptake in the fourth quarter of each year. Comparing Quarter 1 2024-25 (64.1%) to Quarter 1 2023-24 (62.4%) indicates that there was no statistically significant change. Leeds is performing better than Yorkshire and the Humber (33.1%) and the England average (36.5%).

### **Admission episodes for alcohol-specific conditions – All Ages (DSR per 100,000)**

The rate of hospital admissions for a primary or secondary diagnosis of an alcohol-specific condition was 557.2 per 100,000 population (all ages) in 2022-23. There has been a significant decrease in admissions for alcohol-specific conditions since the previous reporting period and over the last 10 years in Leeds. The inequality in admissions has decreased over the last 10 years due to a significant reduction in admission in the most deprived areas. However, there remains a large inequality between the rate in the most deprived areas (899.1/100,000) and the least deprived areas (200.9/100,000) in 2022/23.

### **Admission episodes for alcohol-specific conditions – Under 18s (Crude rate per 100,000)**

The rate of hospital admissions with a primary or secondary diagnosis of an alcohol-specific condition was 13.6 per 100,000 population (under 18s) for 2020/21 - 2022/23. There has been a significant decrease in admissions for alcohol-specific conditions among under 18s over the last 7 years in Leeds. The inequality in admissions has decreased over the last 10 years due to a significant reduction in admission in the most deprived areas. However, there remains a large inequality between the rate in the most deprived areas (17.8/100,000) and the least deprived areas (5.8/100,000) in 2022/23.

### **Emergency admissions from intentional self-harm (DSR per 100,000)**

The rate of hospital admissions for intentional self-harm was 80.5 per 100,000 for the period 2022-2023, a statistically significant decrease from the previous period (121.3). The overall trend has shown a decline since 2012-2013. In the most deprived areas, the rate was 107.8 and in the least deprived areas the rate was 30.0. On review of the Mid-Year populations used in HES calculations these rates have been recalculated and may vary slightly from what has previously been reported.

### **Emergency admissions due to falls for aged 65 and over (DSR per 100,000)**

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes. Admissions to Leeds hospitals for falls injuries in persons aged 65 and over was 1,709 per 100,000 in 2022-2023, this was a decrease from the previous period (1,791) but not statistically significant. In the most deprived areas the rate was 2550.4, an increase on the previous period (2450). In the least deprived areas

the rate was 1483, an increase on the previous period (1348) On review of the Mid-Year populations used in HES calculations these rates have been recalculated and may vary slightly from what has previously been reported.

**New HIV diagnosis rate per 100,000 (All ages) (Crude rate)**

New HIV diagnoses in Leeds indicate an increasing, worsening trend. The new HIV diagnosis rate in 2023 was 16.2 per 100,000. This was a statistically significant increase from the previous period and significantly higher than regional and England rates. This increase can be mainly attributed to those entering the country who have already acquired HIV overseas. The rates of new diagnoses among those first diagnosed in the UK, (reported elsewhere) shows no significant change in trend.

These figures have been revised significantly due to updated population estimates affecting the denominator and a combination of clinical updates and improved data cleaning affecting the numerator.

**To Identified risks or opportunities:**

This update does not suggest new risks to performance.

**Actions or recommendations:**

It is recommended that the board accept this report, as a key part of surveillance to monitor health inequalities in Leeds and public health service outcomes.

# Appendix 1b - Public Health Performance Report Dashboard Q4 2023/24

For the majority of these indicators a reduction represents an improvement. Notable exceptions are Life Expectancy at Birth, service / health intervention uptake and successful completion / continuation. Indicators marked with an asterisk \* and shown in bold have been updated. Where deprived Leeds data is unavailable, this is marked with a hastag #

Due to a delay in the release of ONS mid-year population estimates for 2021 for lower super output areas, deprivation data is not available for the mortality indicators when ordinarily it would be.

### Legend

#### Significance of change since previous period:

- Statistically significant, direction is positive
- Statistically significant, direction is negative
- Not statistically significant, direction is positive
- Not statistically significant, direction is negative
- Unable to test, direction is positive
- Unable to test, direction is negative
- Unable to test, data unavailable

↑	↓
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## Population Indicators

Updated April 2024

### Overarching Indicator

	Leeds	Most Deprived	Least Deprived
Life Expectancy at Birth - Males	↑ 77.8	↑ 73.0	↑ 83.0
Life Expectancy at Birth - Females	↑ 82.0	↑ 77.6	↓ 86.9

### 1. Improving the health and wellbeing of children and young people:

* Infant mortality rate per 1000 births	↑ 5.4	↑ 6.6	↓ 4.3
* Reception: Prevalence of obesity (including severe obesity)	↓ 9.4%	↓ 11.8%	↓ 5.3%
* Year 6: Prevalence of obesity (including severe obesity)	↓ 23.3%	↓ 29.6%	↓ 11.9%
Under 18 conception rate/1,000	↓ 19.2	→ #	→ #

#### 5. Developing community health capacity and the wider public health workforce:

- Training and development programmes
- Local community health development
- City wide health determinants

### 2. Improving the health and wellbeing of adults and preventing early death:

Smoking Prevalence in adults (18+) - current smokers (APS)	↑ 12.4%	→ #	→ #
Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)	↓ 1.8	→ #	→ #
* Excess weight in adults % of Adults who have a BMI of over 30	↑ 24.8%	↑ 29.3%	↑ 19.8%
* Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	↑ 34.2%	↑ 40.4%	↑ 26.4%
* Prevalence of severe mental illness 18+	↑ 1,373.3	↑ 2055.8	↑ 731.4
Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)	↑ 69.2	→ #	→ #
* Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)	↑ 70.9	→ #	→ #
Circulatory disease mortality, all ages, DSR per 100,000	↓ 235.7	↑ 344.9	↓ 156.6
Circulatory disease mortality, under 75, DSR per 100,000	↓ 77.2	↑ 132.8	↓ 40.2
Respiratory mortality, all ages, DSR per 100,000	↓ 78.0	↓ 145.3	↓ 32.5
Respiratory mortality, under 75, DSR per 100,000	↓ 28.2	↓ 58.4	↑ 5.9
Cancer mortality, all ages, DSR per 100,000	↓ 270.0	↓ 374.9	↑ 221.7
Cancer mortality, under 75, DSR per 100,000	↓ 132.6	↓ 190.2	↑ 97.4
Alcoholic liver disease mortality, under 75, DSR per 100,000	↑ 12.9	↓ 17.6	↑ 5.7
* Excess under 75 mortality rate in adults with severe mental illness (SMI)	↓ 324.5%	→ #	→ #
Under 75 mortality rate from causes considered preventable	↓ 193.3	↓ 340.0	↑ 82.4

#### 6. Improving the use of Public Health Intelligence in decision making by organisations and the public:

- Health profiling
- Needs assessment
- Social marketing and insight

### 3. Protecting health and wellbeing (\*protect the health of the local population):

Suicide Rate (persons) (DSR per 100,000)	↓ 12.1	↓ 14.1	↓ 6.4
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**1 Improving the health and wellbeing of children and young people:**

\* Breastfeeding maintenance at 6-8 weeks (%)

\* Best start - number of under 2s taken into care

	Leeds		Most Deprived		Least Deprived
↑	48.6%	↑	43.1%	↑	63.7%
↓	100	↑	65	→	<6

**5. Developing community health capacity and the wider public health workforce:**

- Training and development programmes
- Local community health development
- City wide health determinants

**2 Improving the health and wellbeing of adults and preventing early death:**

\* Recorded diabetes type 1 and 2 (per 100,000)

\* Percentage of NHS Health Checks offered which were taken up in the quarter

Successful completion of drug treatment - opiate users (%)

Successful completion of alcohol treatment (%)

\* Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)

\* Admission episodes for alcohol-specific conditions - Under 18s (Persons)

\* Emergency Admissions from Intentional Self-Harm (DSR per 100,000)

\* Emergency admissions due to falls for aged 65 and over

↑	6,995.1	↑	10,001.2	↑	4,371.7
↓	64.1%	→	#	→	#
↓	7.3%	→	#	→	#
↑	45.8%	→	#	→	#
↓	557.2	↓	899.1	↓	200.9
↓	13.6	↓	17.8	↓	5.8
↓	80.5	↓	107.8	↓	30.0
↓	1,709.0	↑	2,550.4	↑	1,483.1

**6. Improving the use of Public Health Intelligence in decision making by organisations and the public:**

- Health profiling
- Needs assessment
- Social marketing and insight

**3 Protecting health and wellbeing (\*protect the health of the local population):**

\* New HIV diagnosis rate per 100,000 (All ages)

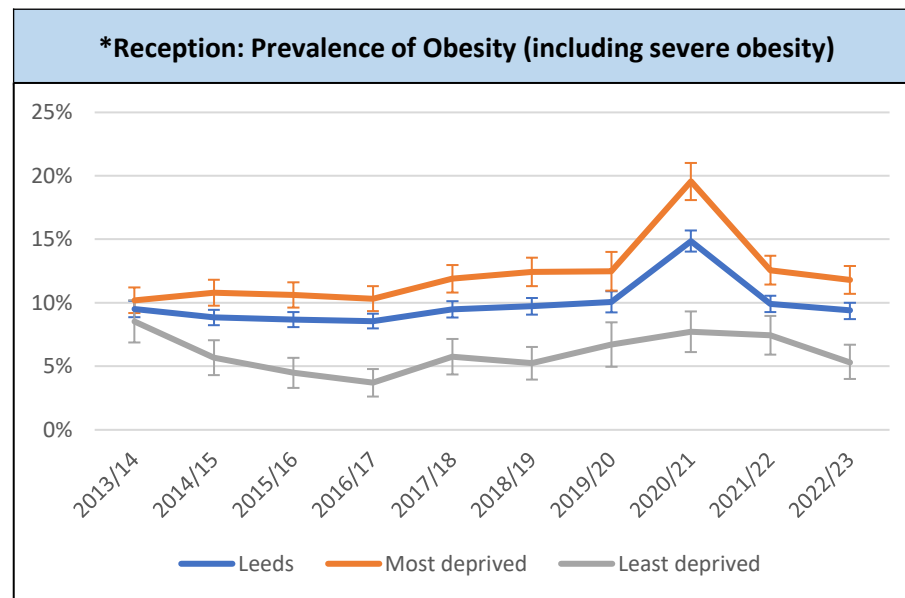
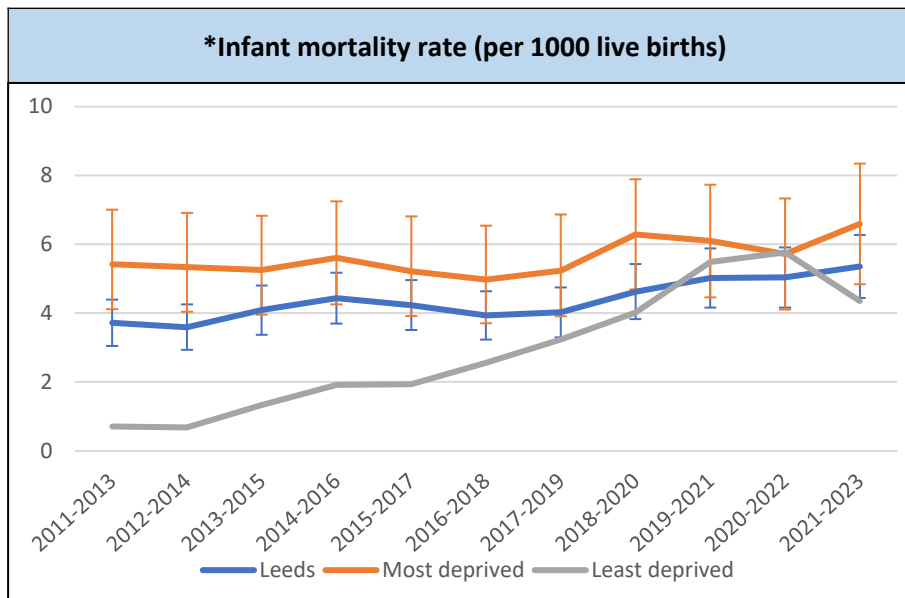
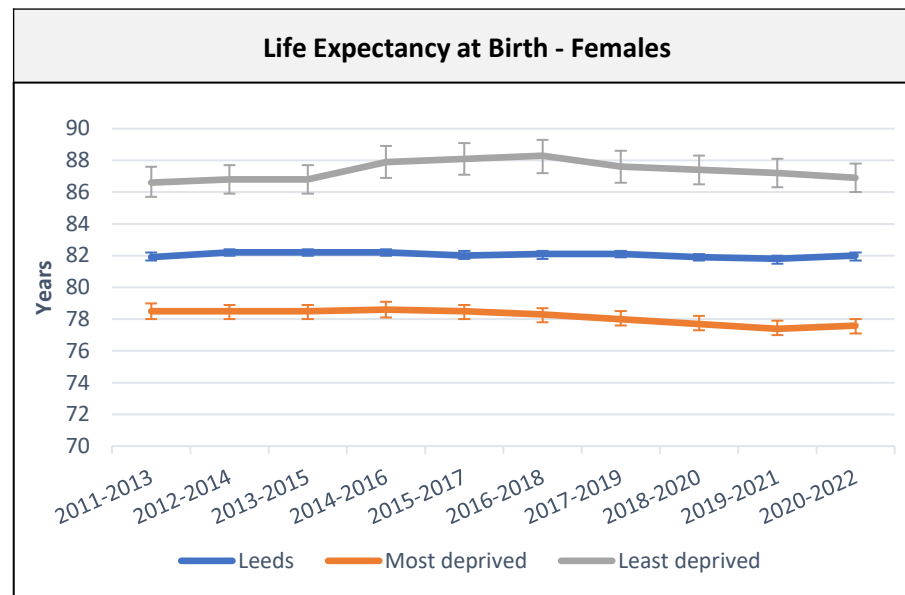
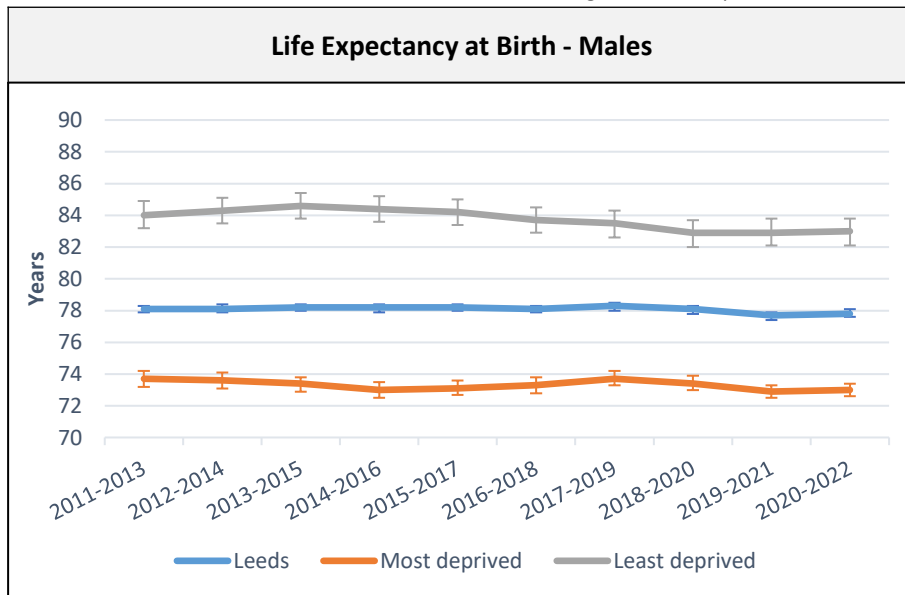
New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)

↑	16.2	→	#	→	#
↑	437.0	→	#	→	#

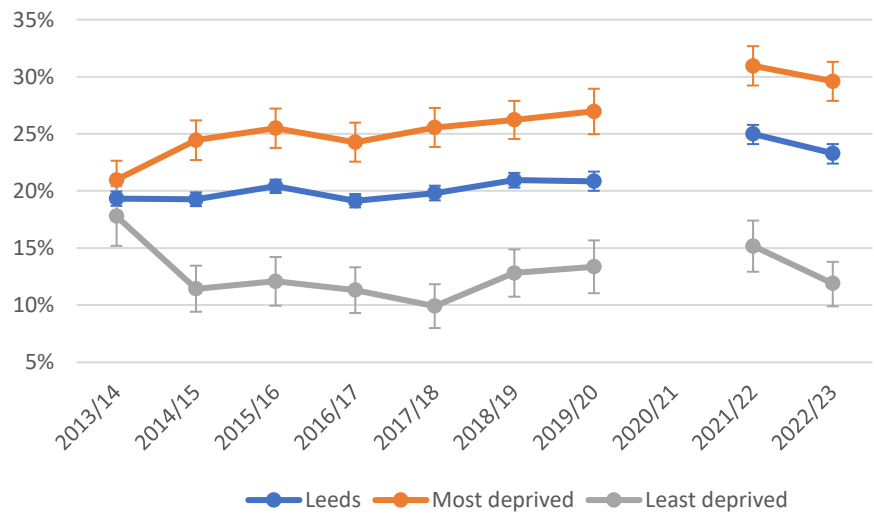
**4 Support NHS to provide effective and equitable health care service:**

Public Health advice to NHS Commissioners

Indicators marked with an asterisk \* and with a blue heading have been updated in October 2024

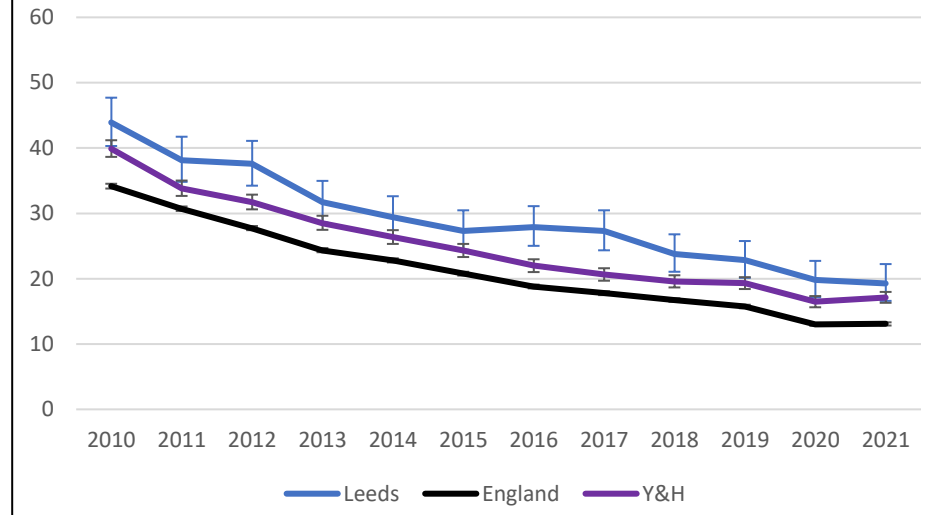


**\*Year 6: Prevalence of Obesity (including severe obesity)**



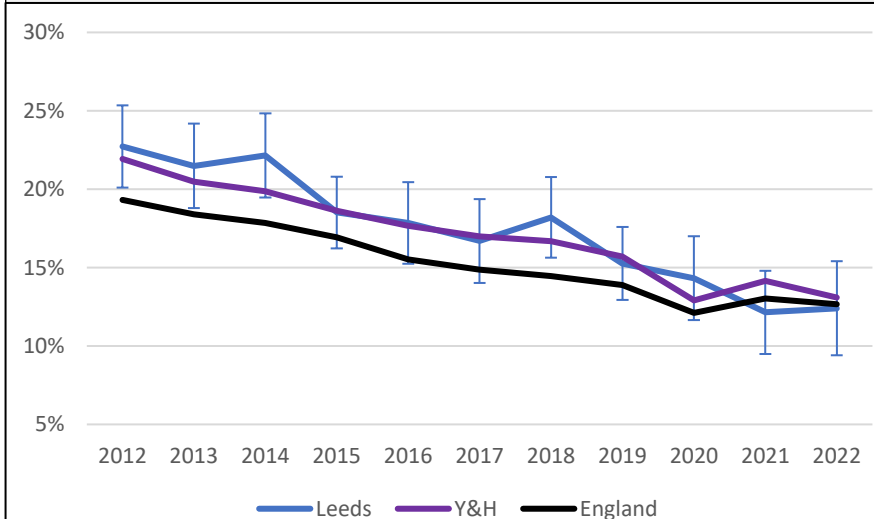
Data unavailable in 2020/21 due to school closures

**Under 18 conception rate (per 1,000)**

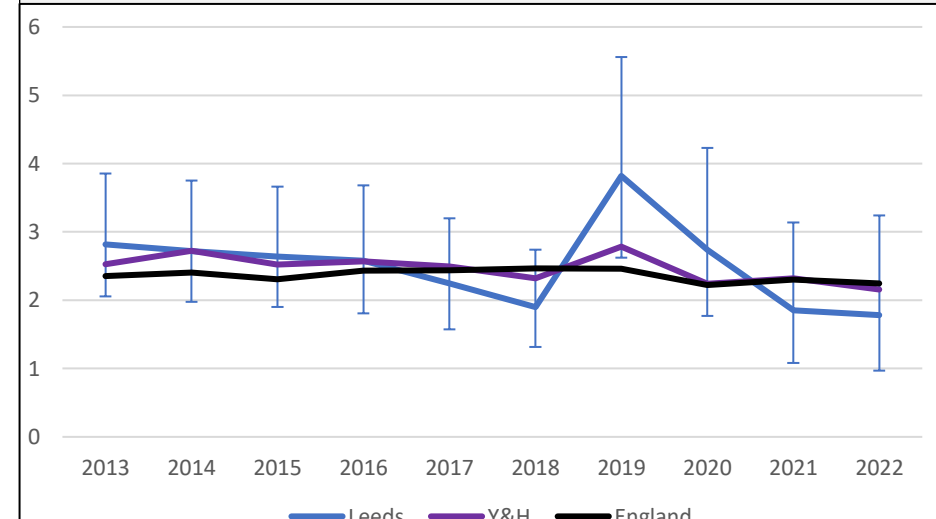


Where Leeds inequalities data not available, regional and national comparators presented.

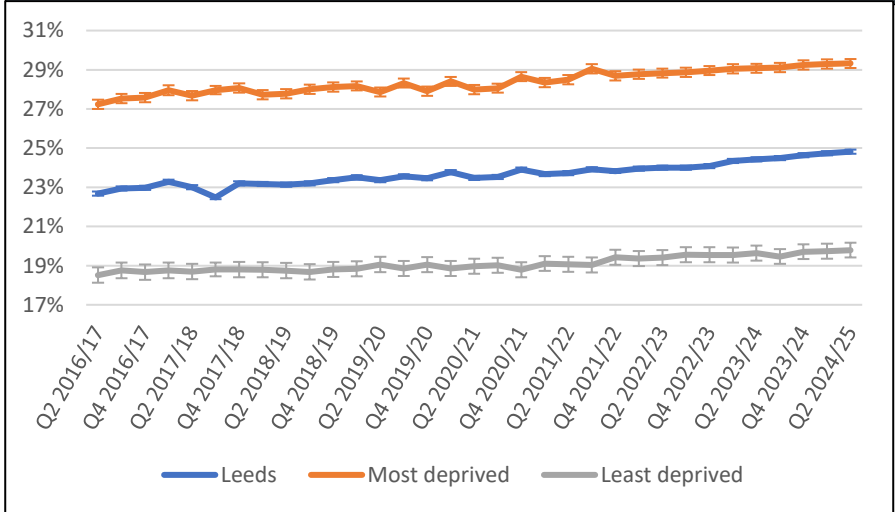
**Smoking Prevalence in adults (18+) - current smokers (APS) (Proportion%)**



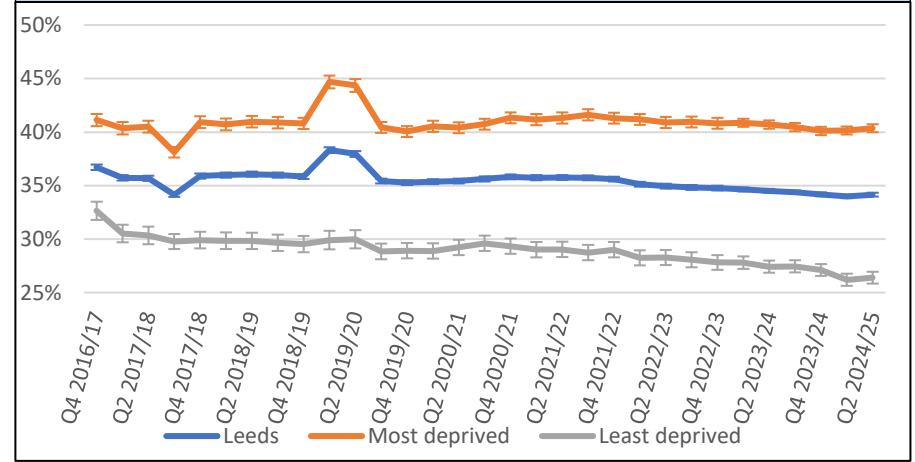
**Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)**



**\*Excess weight (obesity) in adults % of Adults who have a BMI of over 30**

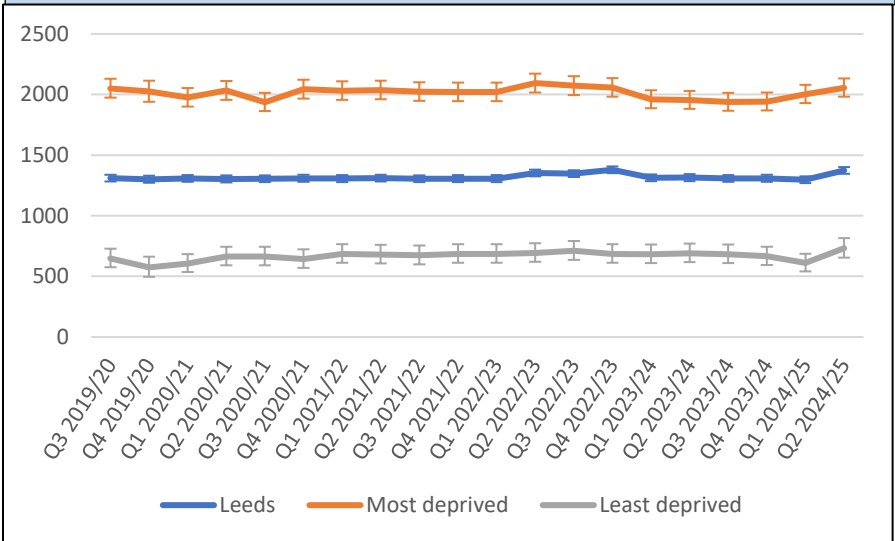


**\* Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)**

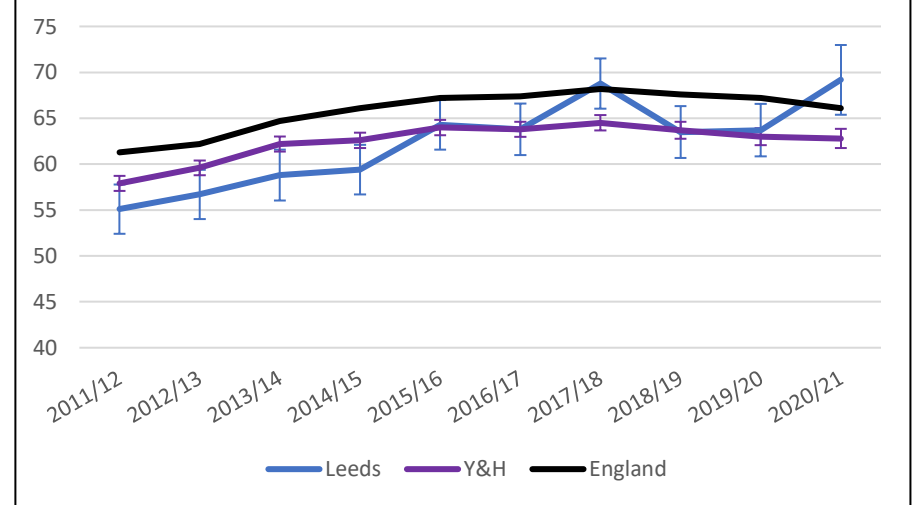


Error bars are included on the Leeds data series, due to the narrow confidence interval this may not be clearly visible

**\*Prevalence of Severe Mental Illness 18+ (DSR per 100,000)**

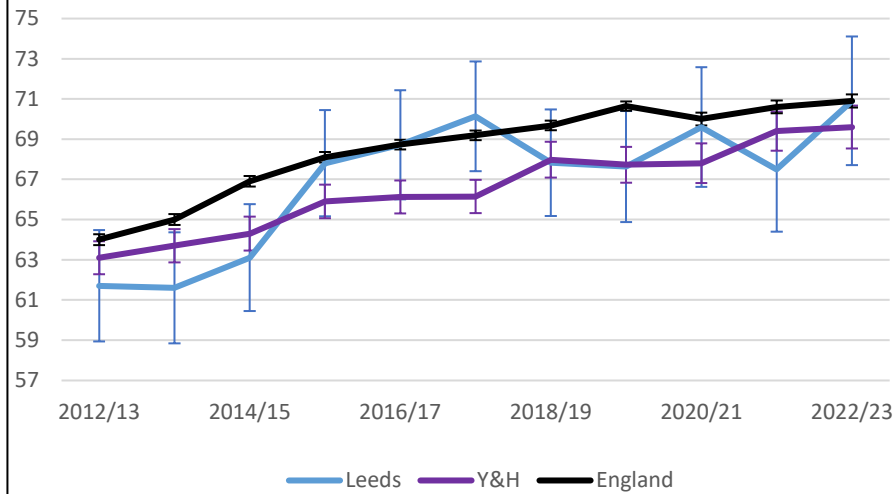


**Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)**

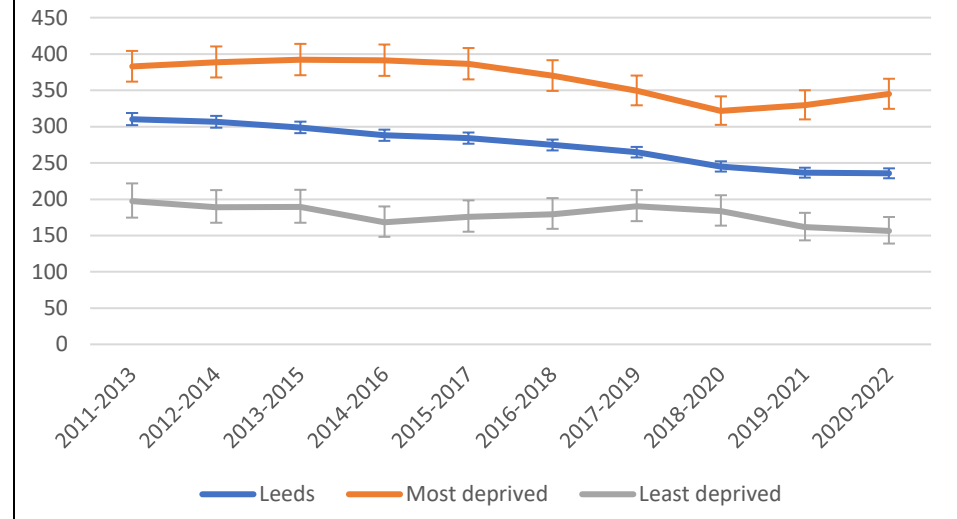




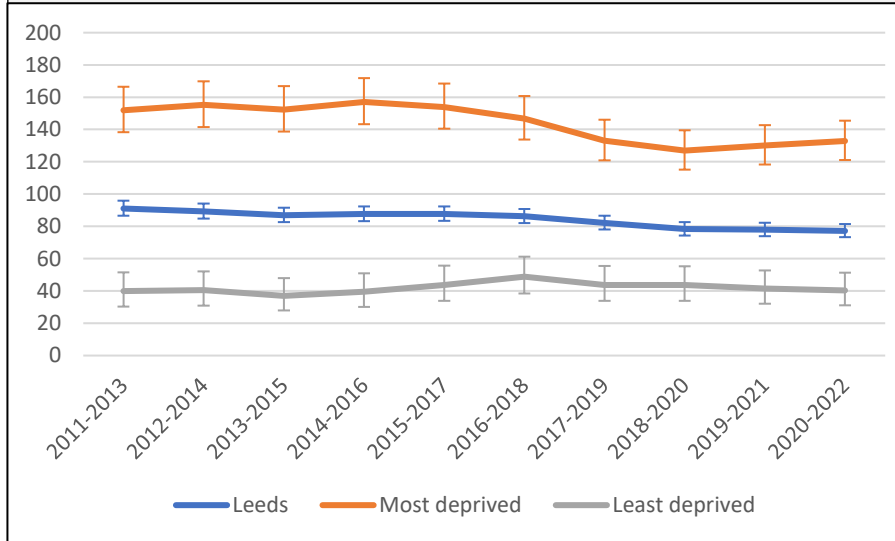
**\*Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)**



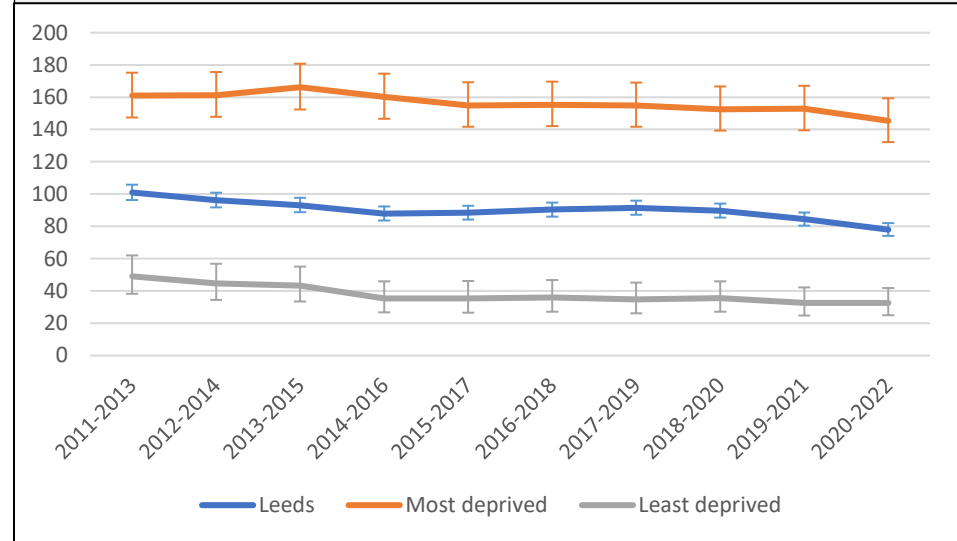
**Circulatory disease mortality, all ages (DSR per 100,000)**



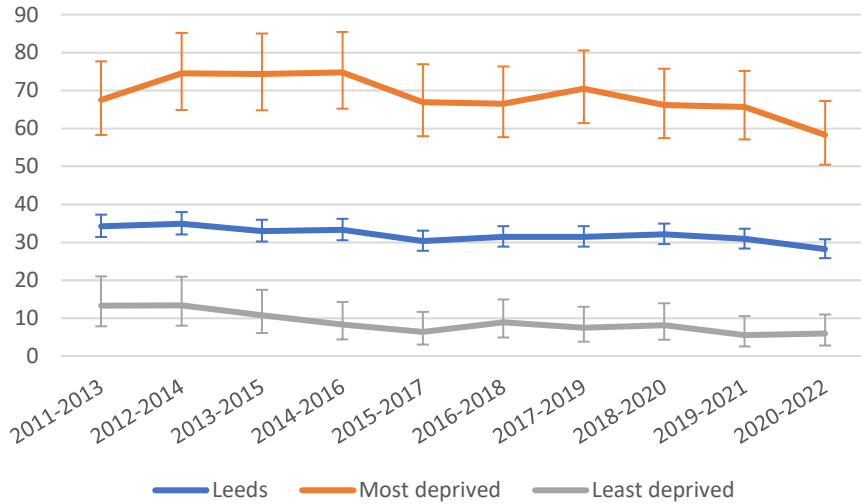
**Circulatory disease mortality, under 75 (DSR per 100,000)**



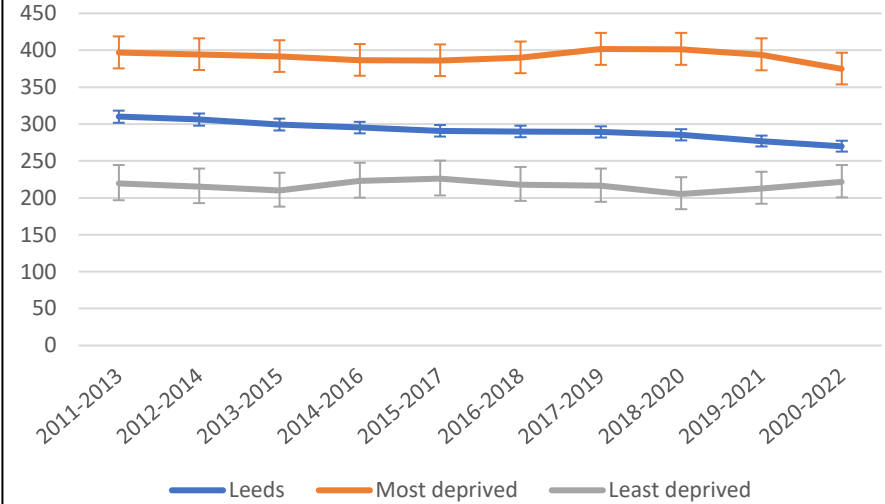
**Respiratory mortality, all ages (DSR per 100,000)**



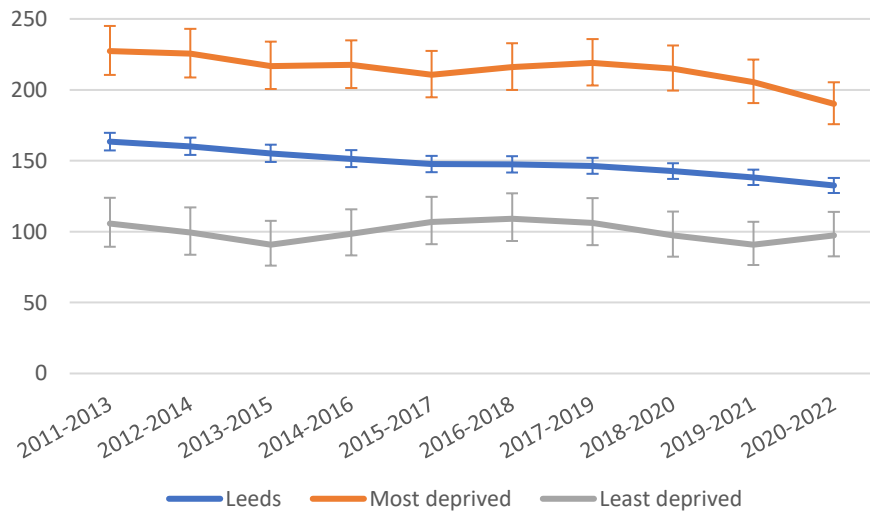
**Respiratory mortality, under 75 (DSR per 100,000)**



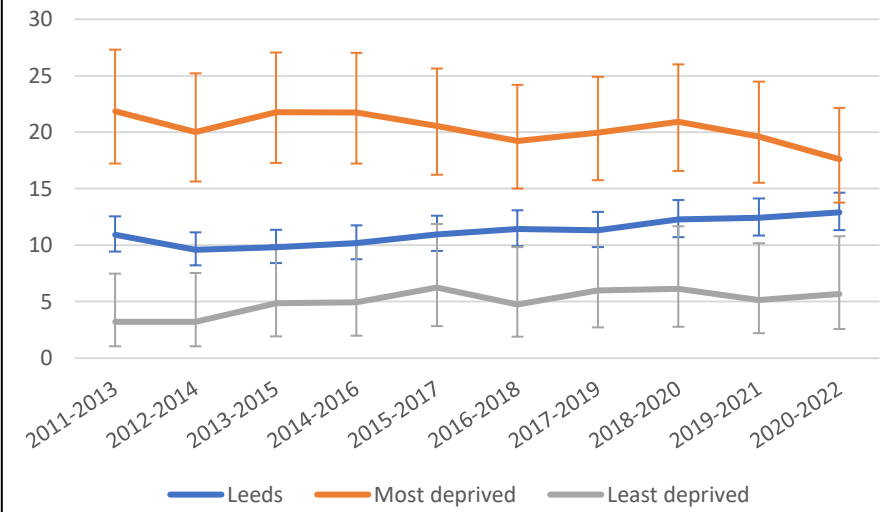
**Cancer mortality, all ages (DSR per 100,000)**



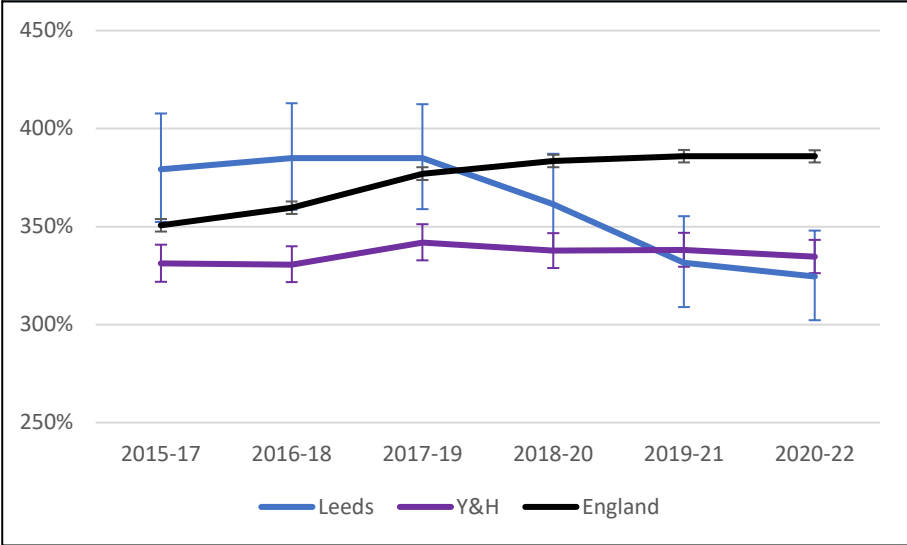
**Cancer mortality, under 75 (DSR per 100,000)**



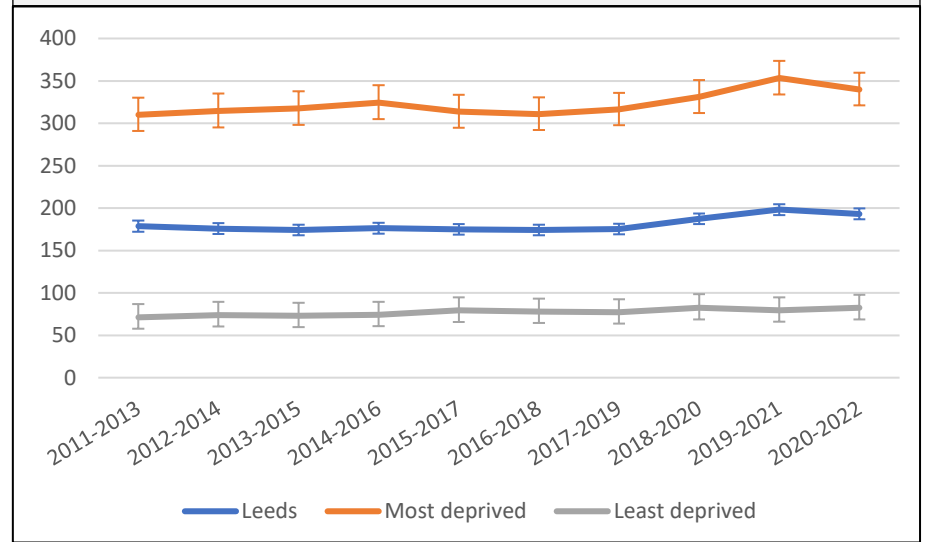
**Alcoholic liver disease mortality, under 75 (DSR per 100,000)**



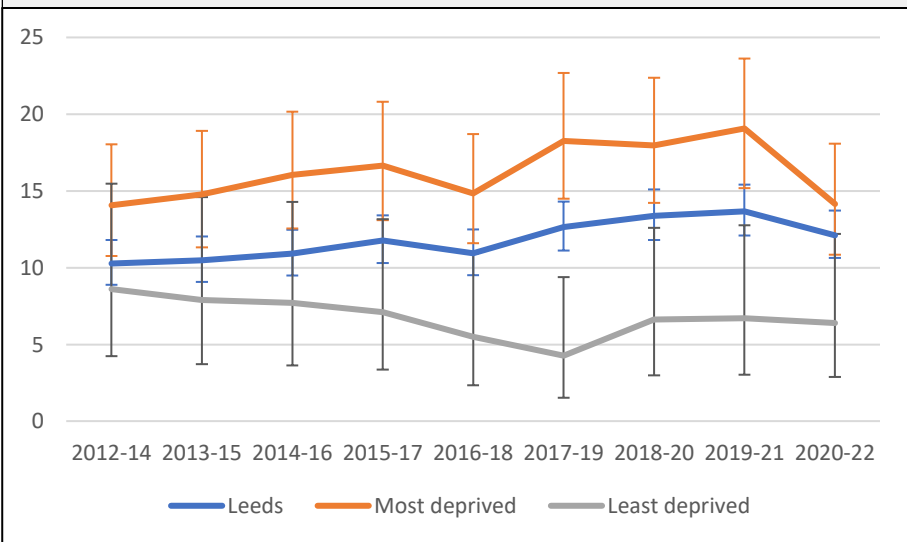
**\*Excess under 75 mortality rate in adults with severe mental illness (SMI)  
(Excess risk %)**



**Under 75 mortality rate (DSR per 100,000) from causes considered preventable**

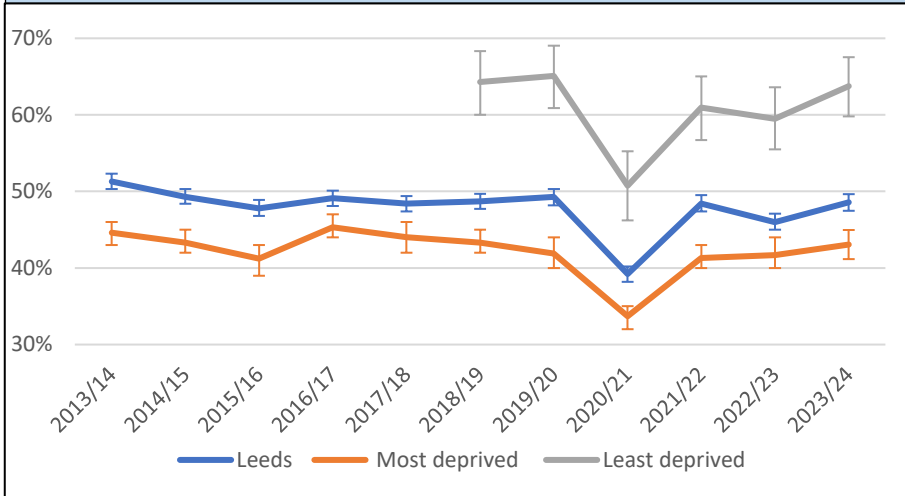


**Suicide, 3 year average rate (DSR per 100,000)**



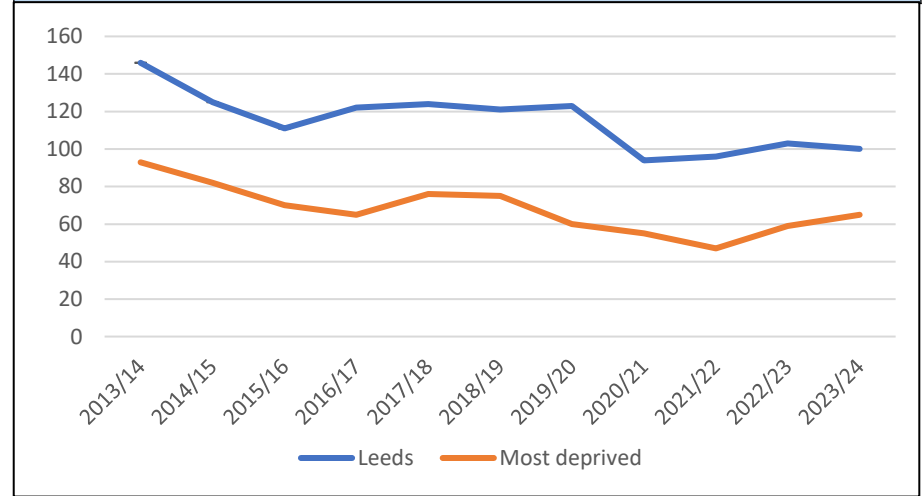
## Operational Indicators

**\*Breastfeeding maintenance at 6-8 weeks (%)**



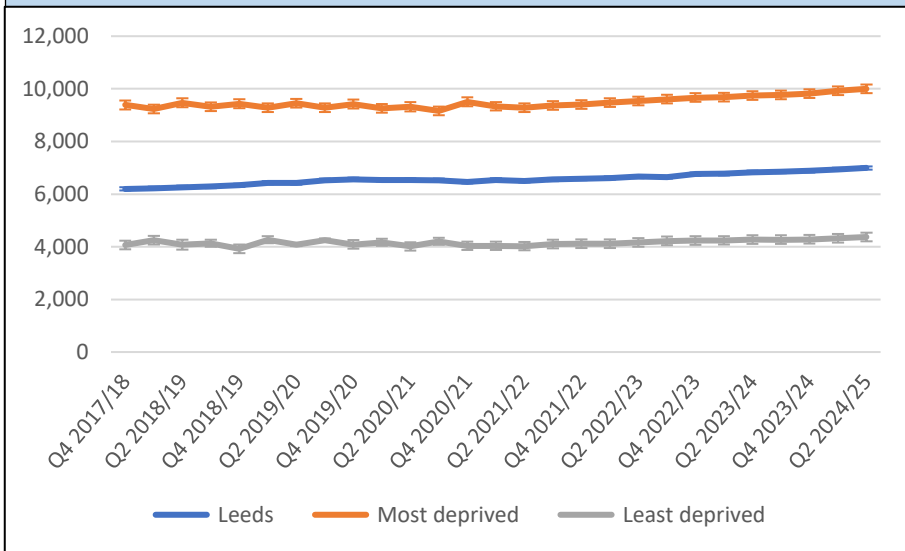
†Data sourced from LCH and unavailable prior to 2018/19

**\*Best start - number of under 2s taken into care†**

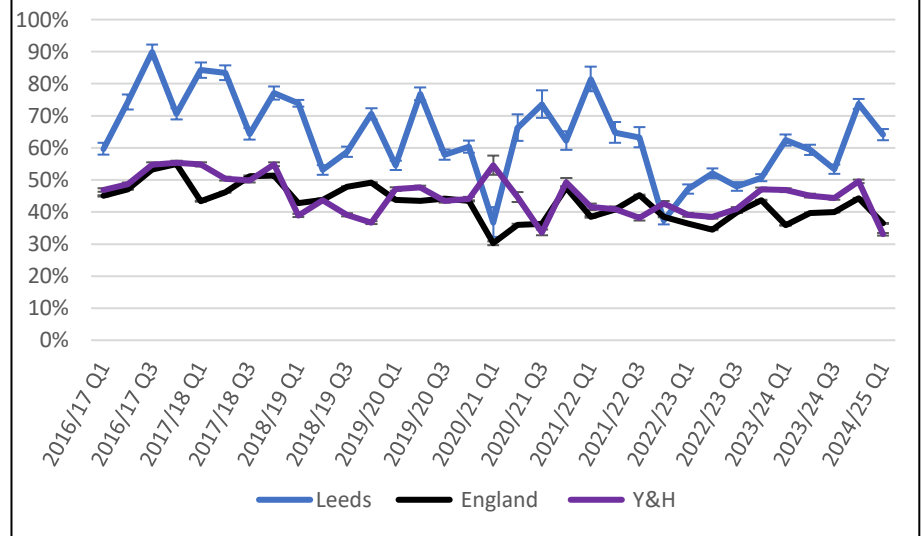


†Care starts in the least deprived has remained under 5

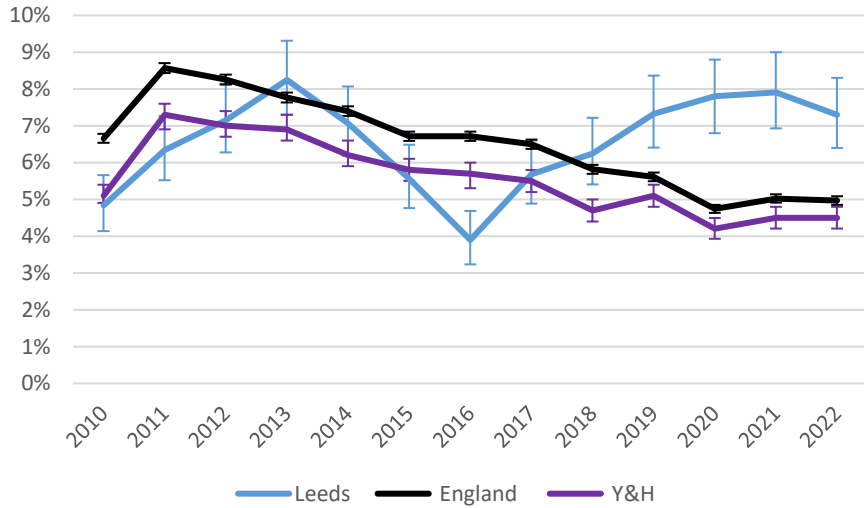
**\*Recorded diabetes type 1 and 2 (per 100,000)**



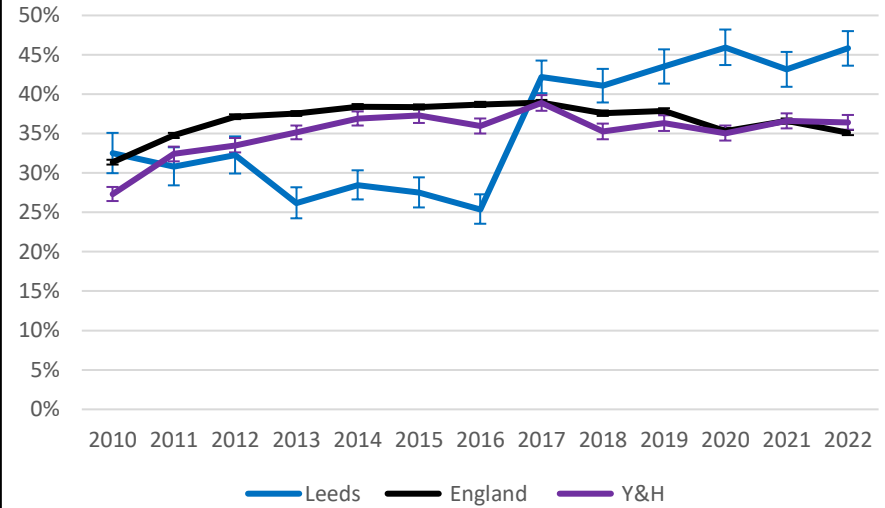
**\*Percentage of NHS Health Checks offered which were taken up in the quarter (%)**



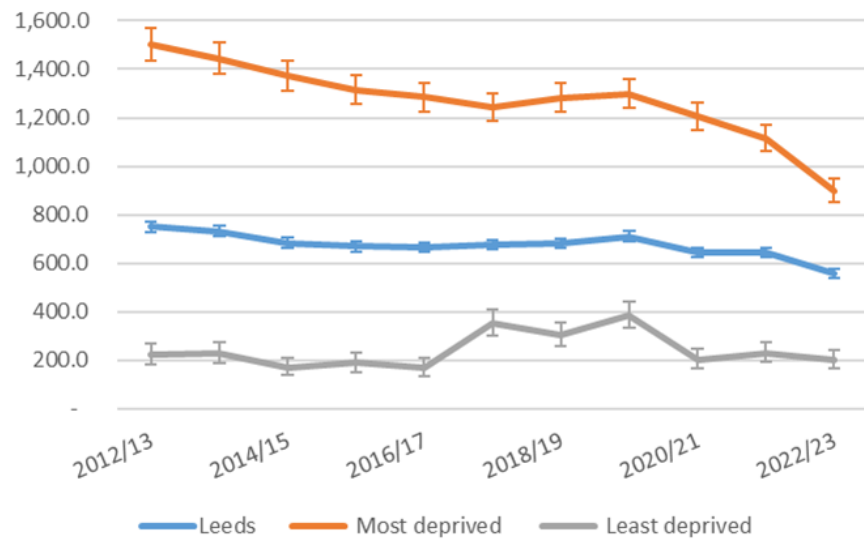
### Successful completion of drug treatment - opiate users (%)



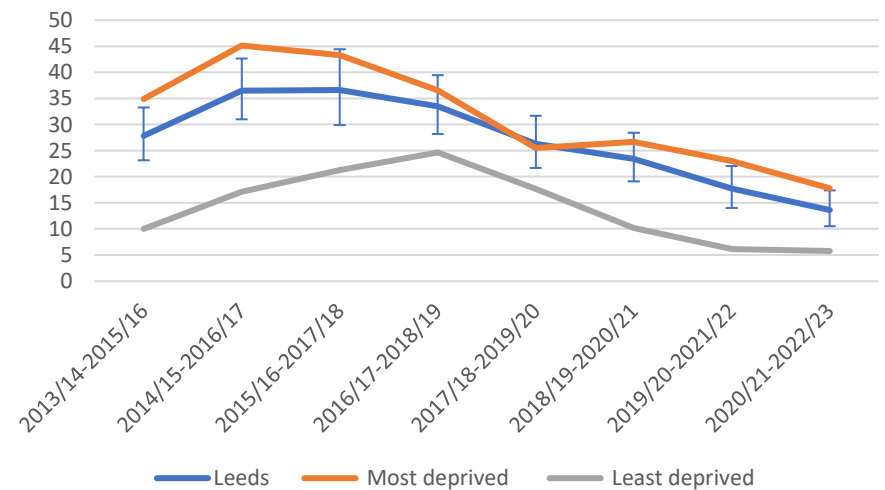
### Successful completion of alcohol treatment (%)



### \*Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)

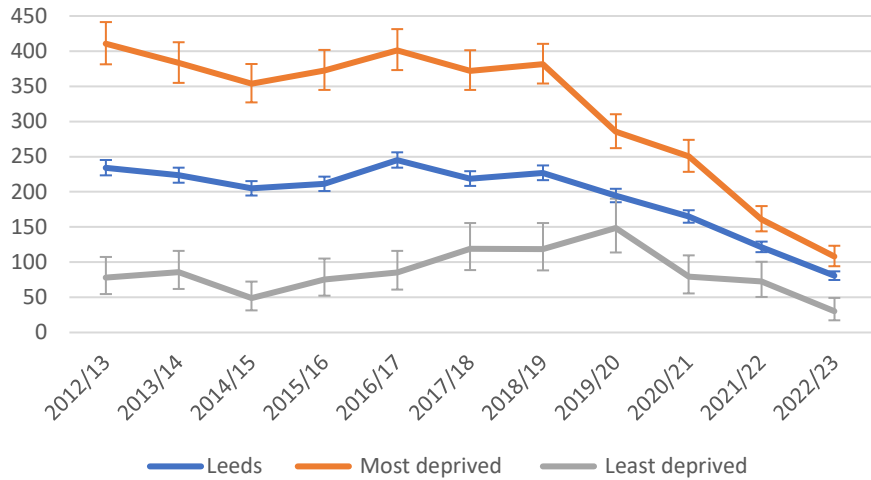


### \*Admission episodes for alcohol-specific conditions - Under 18s (Persons)

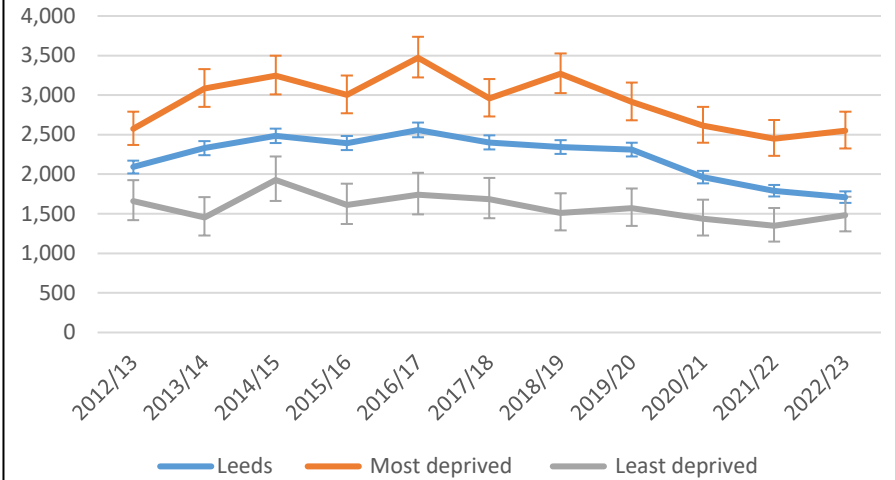


Presented as a 3-year average to illustrate trend

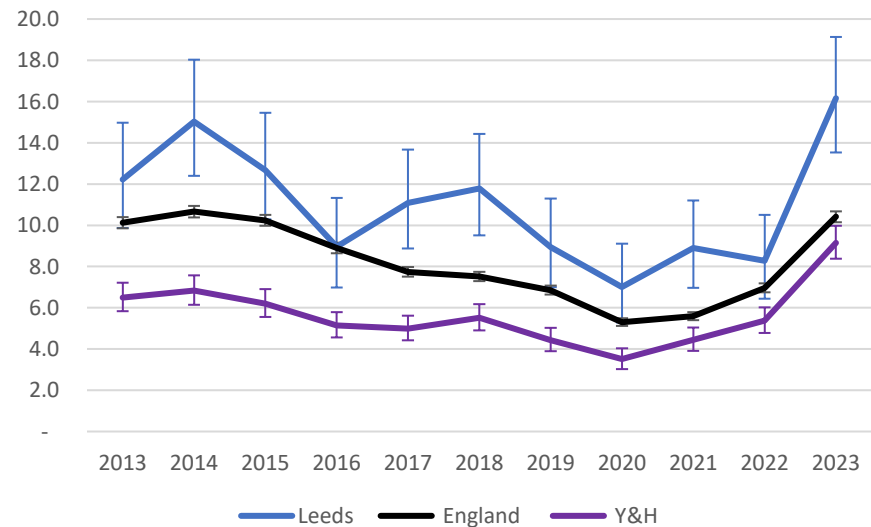
**\*Emergency Admissions from Intentional Self-Harm (DSR per 100,000)**



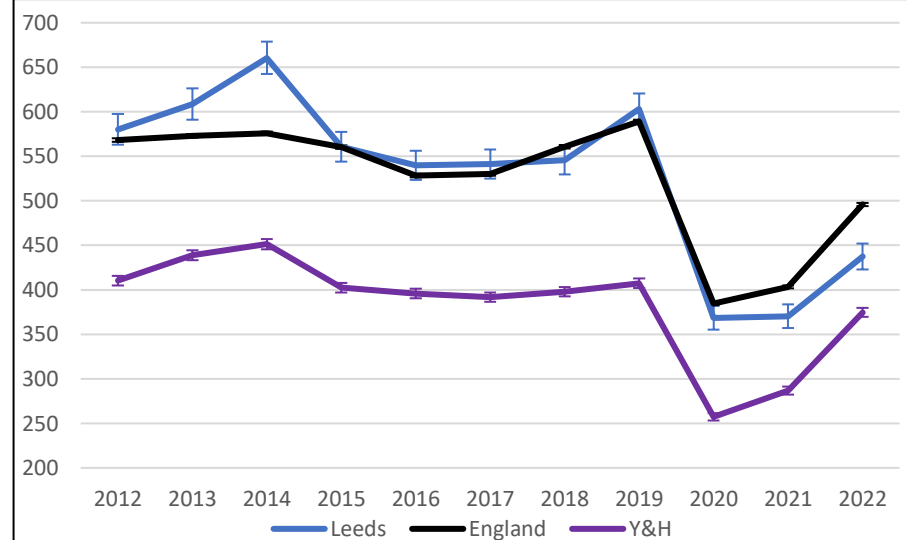
**\*Emergency admissions due to falls for aged 65 and over (DSR per 100,000)**



**\*New HIV diagnosis (Crude rate per 100,000) (All ages)**



**New STI diagnoses (excluding chlamydia aged under 25) Crude rate per 100,000 (All ages)**



Population Indicators		Leeds		Most Deprived		Least Deprived	Latest period	Previous period Leeds	Previous period Most Deprived	Previous period Least Deprived	Previous period	An improving direction is an
<b>Overarching Indicator</b>												
Life Expectancy at Birth - Males	↑	77.8	↑	73.0	↑	83.0	2020-2022	77.7	72.9	82.9	2019-2021	increase
Life Expectancy at Birth - Females	↑	82.0	↑	77.6	↓	86.9	2020-2022	81.8	77.4	87.2	2019-2021	increase
<b>1 Improving the health and wellbeing of children and young people:</b>												
* Infant mortality rate per 1000 births	↑	5.4	↑	6.6	↓	4.3	2021-2023	5.0	5.7	5.8	2020-2022	decrease
* Reception: Prevalence of Obesity (including severe obesity)	↓	9.4%	↓	11.8%	↓	5.3%	2022/23	9.9%	12.6%	7.4%	2021/22	decrease
* Year 6: Prevalence of Obesity (including severe obesity)	↓	23.3%	↓	29.6%	↓	11.9%	2022/23	25.0%	31.0%	15.2%	2021/22	decrease
Under 18 conception rate/1,000	↓	19.2	→	#	→	#	2021	19.3	#	#	2020	decrease
<b>2 Improving the health and wellbeing of adults and preventing early death:</b>												
Smoking Prevalence in adults (18+) - current smokers (APS)	↑	12.4%	→	#	→	#	2022	12.1%	#	#	2021	decrease
Likelihood of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)	↓	1.8	→	#	→	#	2022	1.9	#	#	2021	decrease
* Excess weight in adults % of Adults who have a BMI of over 30	↑	24.8%	↑	29.3%	↑	19.8%	Q2 2024/25	24.7%	29.3%	19.7%	Q1 2024/25	decrease
* Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	↑	34.2%	↑	40.4%	↑	26.4%	Q2 2024/25	34.0%	40.2%	26.2%	Q1 2024/25	decrease
* Prevalence of severe mental illness 18+	↑	1,373.3	↑	2055.8	↑	731.4	Q2 2024/25	1,296.0	2002.9	609.6	Q1 2024/25	decrease
Gap in the employment rate for those in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (gap - percentage points)	↑	69.2	→	#	→	#	2020/21	63.7	#	#	2019/20	decrease
* Gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points)	↑	70.9	→	#	→	#	2022/23	67.5	#	#	2021/22	decrease
Circulatory disease mortality, all ages, DSR per 100,000	↓	235.7	↑	344.9	↓	156.6	2020-2022	236.6	329.6	161.6	2019-2021	decrease
Circulatory disease mortality, under 75, DSR per 100,000	↓	77.2	↑	132.8	↓	40.2	2020-2022	77.9	130.0	41.4	2019-2021	decrease
Respiratory mortality, all ages, DSR per 100,000	↓	78.0	↓	145.3	↓	32.5	2020-2022	84.4	152.9	32.6	2019-2021	decrease
Respiratory mortality, under 75, DSR per 100,000	↓	28.2	↓	58.4	↑	5.9	2020-2022	30.9	65.7	5.6	2019-2021	decrease
Cancer mortality, all ages, DSR per 100,000	↓	270.0	↓	374.9	↑	221.73	2020-2022	277.0	394.0	212.8	2019-2021	decrease
Cancer mortality, under 75, DSR per 100,000	↓	132.6	↓	190.2	↑	97.35	2020-2022	138.2	205.6	90.8	2019-2021	decrease
Alcoholic liver disease mortality, under 75, DSR per 100,000	↑	12.9	↓	17.6	↑	5.7	2020-2022	12.4	19.6	5.2	2019-2021	decrease
* Excess under 75 mortality rate in adults with severe mental illness (SMI)	↓	325%	→	#	→	#	2020-22	332%	#	#	2019-21	decrease
Under 75 mortality rate from causes considered preventable	↓	193.3	↓	340.0	↑	82.4	2020-2022	198.2	353.5	79.6	2019-2021	decrease
<b>3 Protecting health and wellbeing (*protect the health of the local population):</b>												
Suicide Rate (persons) (DSR per 100,000)	↓	12.1	↓	14.1	↓	6.4	2020-22	13.7	19.1	6.7	2019-21	decrease

Operational Indicators	Leeds	Most Deprived	Least Deprived	Latest period	Previous period Leeds	Previous period Deprived	Previous period Least Deprived	Previous period	An improving direction is an
<b>1 Improving the health and wellbeing of children and young people:</b>									
* Breastfeeding maintenance at 6-8 weeks (%)	↑ 48.6%	↑ 43.1%	↑ 63.7%	2023/24	46.0%	41.7%	59.5%	2022/23	increase
* Best start - number of under 2s taken into care	↓ 100	↑ 65	→ <6	2023/24	103	59	<6	2022/23	decrease
<b>2 Improving the health and wellbeing of adults and preventing early death:</b>									
* Recorded diabetes type 1 and 2 (per 100,000)	↑ 6,995.1	↑ 10,001.2	↑ 4,371.7	Q2 2024/25	6,937.6	9927.2	4,322.9	Q1 2024/25	increase
* Percentage of NHS Health Checks offered which were taken up in the quarter	↓ 64.1%	→ #	→ #	2024/25 Q1	73.7%	#	#	2023/24 Q4	increase
Successful completion of drug treatment - opiate users (%)	↓ 7.3%	→ #	→ #	2022	7.9%	#	#	2021	increase
Successful completion of alcohol treatment (%)	↑ 45.8%	→ #	→ #	2022	43.1%	#	#	2021	increase
* Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)	↓ 557.2	↓ 899.1	↓ 200.9	2022/23	642.0	1114.3	230.5	2021/22	decrease
* Admission episodes for alcohol-specific conditions - Under 18s (Persons)	↓ 13.6	↓ 17.8	↓ 5.8	2020/21-2022/23	17.7	23.0	6.2	2019/20-2021/22	decrease
* Emergency Admissions from Intentional Self-Harm (DSR per 100,000)	↓ 80.5	↓ 107.8	↓ 30.0	2022/23	121.3	161.0	72.3	2021/22	decrease
* Emergency admissions due to falls for aged 65 and over	↓ 1,709.0	↑ 2,550.4	↑ 1,483.1	2022/23	1,790.5	2449.5	1,348.4	2021/22	decrease
<b>3 Protecting health and wellbeing (*protect the health of the local population):</b>									
* New HIV diagnosis rate per 100,000 (All ages)	↑ 16.2	→ #	→ #	2023	8.3	#	#	2022	decrease
New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)	↑ 437.0	→ #	→ #	2022	370.0	#	#	2021	decrease

## Notes

\* Indicators marked with an asterisk have been updated October 2024.

# Data at LSOA level is unavailable, Deprived data cannot be calculated.

"Most Deprived" is the population of Leeds living in an area ranking in the 10% most deprived nationally, "Least Deprived" is the 10% least deprived nationally. There is an exception for child obesity indicators which use 20% most deprived and 20% least deprived to align with the national Child Measurement Programme.

Population' and 'Operational' indicators are defined as follows. Population level indicators are health outcomes (i.e. Increased life expectancy, Reduced premature mortality, People living healthier lifestyles). Operational indicators are measures of service delivery or health intervention, and the outcome of that service delivery or health intervention (i.e. breast feeding initiation, and continuation at 6-8 wks, health checks and numbers on diabetes register, completion of alcohol dependency treatment and admission to hospital for alcohol harm). Please note that providing a Leeds Deprived split is not possible for all indicators.



## Appendix 2a: ASC Annual Performance Report including national comparators.

### Summary/Purpose

This report presents an update on the Adult Social Care Outcomes Framework (ASCOF) measures. This is supplemented with additional information linked to the Best City Ambition, Better Lives Strategy and Care Quality Commission (CQC) Assurance Framework. This includes seven Adult Social Care measures that have been included by the Office for Local Government (OFLOG) in their Local Authority Data Explorer.

The content of this report has been revised and updated compared to the version provided in June 2024 to reflect nationally published datasets and include comparator data for 2023/24 and the latest position at Quarter 2 2024/25 where possible.

### Background

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 or sensory 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.

The ASCOF provides an outcomes-based national framework for measuring performance of all local authorities. The framework is now divided into six objectives:

- Objective 1 - Quality of life: people's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently.
- Objective 2 - Independence: people are enabled by adult social care to maintain their independence and, where appropriate, regain it.
- Objective 3 – Empowerment, information and advice: individuals, their families and unpaid carers are empowered by access to good quality information and advice to have choice and control over the care they access.
- Objective 4 - Safety: people have access to care and support that is safe, and which is appropriate to their needs.
- Objective 5 - Social connections: people are enabled by adult social care to maintain and, where appropriate, regain their connections to their own home, family and community.
- Objective 6 - Continuity and quality of care: people receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff.

The metrics within the ASCOF are informed by the results of mandatory national data collections and surveys. This report presents 2023/24 provisional results alongside comparator results obtained from nationally published raw datasets. The final ASCOF results are not available at the time of writing and as such the data contained within this report may be subject to change.

The CQC framework for local authority assurance sets out nine quality statements across four themes of:

- How the local authority works with people.
- How the local authority provides support.
- How the local authority ensures safety within the system.
- Leadership.

The framework includes several process and outcome based performance measures. The latest results for these are included within this report.

The Leeds approach to Adult Social Care is informed by the Better Lives Strategy and Best City Ambitions which include a range of performance measures. The latest results for these are included within this report.

Activity – As at 31st October 2024 Adult Social Care provided long term support to 8,811 people (3,847 aged 18-64, 4,964 aged 65 or over). These figures represent a continued increase in the number of people supported, whilst the number of people supported in the community has fallen slightly the number of people supported in permanent care home placements which has increased for both age groups from 2,368 in March 2023 to 2,579 in March 2024 and 2,676 in October 2024 which is an overall increase of 13%. This increase is broadly consistent for both age groups, however whilst driven by admissions for working age adults for older people it is due to an increasing length of stay and therefore less placements ending in the period.

The performance position should be viewed in the context of continued levels of high demand upon the service and capacity pressures. There remains high volumes of referrals for support into the system. The needs of those individuals supported are increasingly complex and require higher levels of support. This is illustrated through the make-up of people in receipt of long-term care in the community.

Capacity to meet demand has improved with positive movement over recent months in staffing levels and a reduction in the number of vacancies within Adult Social Care. Paying retention payments to wellbeing workers and social workers has significantly reduced turnover, enabling the council to retain experienced and valued colleagues. In addition, we have 14 experienced internationally recruited senior social workers who will be joining the team between late 2024 and early 2025.

National staffing data for 2023/24 shows Leeds has a lower rate of Social Worker FTEs per head of population (38.2) compared to regional, peer and national averages. It has a noticeably lower rate than neighbouring authorities of Wakefield (61.2) and Bradford (53.7).

Combined, these capacity and demand forces continue to impact the ability to respond to the numbers of new referrals in a timely way, illustrated through continued high numbers of people waiting for assessment and long waiting times for services although there have been significant improvements on these measures over the last year.

### **ASCOF framework**

Following the publication of national datasets obtained via the Short and Long Term Return (SALT) return, Personal Social Services (PSS) Survey and Carers Survey the provisional ASCOF results can now be calculated allowing the Leeds result to be put in the context of comparisons to other local authorities. Comparisons are made to the Yorkshire and Humber Region, Peer Local Authorities (A NHS England defined group of Local Authorities that have similar socio-economic and geographic factors) and the All England position.

Looking at the ASCOF suite of measures as a whole:

- Compared to the last available result there is a mixed trend as nine measures have improved whilst 12 have declined, with one result remaining the same and no previous result for comparison available for the remaining measure.

- Compared to our group of peer authorities again the picture is mixed. Leeds performs better than average for eight measures and is in the top quartile for four whilst results are below average on 10 measures and in the bottom quartile of for three. One result is the same as the peer average.
- Compared to the Yorkshire and Humber region Leeds performance overall is lower than others. Leeds performs better than the regional average on six measures and is in the top quartile for one whilst results are below average for 19 measures and in the bottom quartile for six.
- Compared to the All England averages Leeds performs above on seven measures and in the top quartile for two whilst it is below average on 12 and in the bottom quartile for four.

The measures can be broken down into five distinct groups by their source:

- Eight measures are obtained from SALT/CLD and are based on social care activity. Of these three improved whilst three declined in 2023/24 compared to 2022/23 with the result remaining the same for one measure and previous data not available for the final measure. It should be noted that although these are existing measures as part of the move to the Client Level Return (CLD) which succeeds the SALT in 2024/25 both returns dual ran in 2023/24 and as part of the preparations for CLD the same data source and methodology was used for both. Whilst largely aligned there are minor differences which mean comparisons to previous year's results and other LAs should be treated with caution.
- Seven measures are obtained from the PSS survey. Performance has improved for two measures whilst it has declined for five measures compared to 2022/23.
- Five measures are obtained from the Carers survey. Three have improved and two declined compared to the last survey conducted in 2021/22.
- One measure is obtained from the Safeguarding Adults Collection (SAC) which has improved compared to 2022/23.
- Two further measures are obtained from external data. Performance on both has declined in 2023/24.

#### Objective 1 - Quality of life

- This objective contains five measures obtained from the PSS and Carers surveys.
- The reported quality of life scores remains broadly consistent to previous survey with the service user score 19 (out of 24) compared to 19.5 last year. National data for this measure has yet to be published at the time of writing. The carers score was 7.1 (out of 12) compared to 7.4 in 2021/22 which is broadly in line with comparator averages.
- The second set of measures look at service users and carers satisfaction with the services they receive. The picture is mixed, the score for service users declined from 64.4% to 62.0% which compares unfavourably with comparators whilst that for carers improved from 32.5% to 39.7% which is above comparator averages and places Leeds second amongst peers.

#### Objective 2 – Independence

- This objective contains five activity based measures obtained from the SALT/CLD return.
- In relation to reablement activity, the percentage of people being independent following reablement remained broadly consistent at 69.9% in 2023/24. This has improved in the first half of 2024/25 to 73.2%. The second national measure on the percentage of older people at home 91 days after discharge into reablement continues on an upward trajectory at 84.9% in 2023/24 and further improving to 87.6% this year. In addition, the local measure on the volume of people completing a reablement service shows that flows through the service

continue to increase with a monthly average of 160 in the first half of 2024/25 compared to 127 last year. These improvements are reflective of both the HomeFirst Programme and wider changes made within the service to increase capacity and improve outcomes for individuals.

- In 2023/24 the rate of care home admissions for people aged 18-64 increased significantly to 18.2 per 100,000 population, which is 93 people. This result was above all comparator averages and placed Leeds in the bottom quartile nationally. Analysis found that this increase was not linked to one particular route of access or group of service users in particular, Linked to these increases the number of working age adults in a care home placement has also increased over the past 12 months. The latest rolling 12 month admissions figures show a reduction with the rate falling to 17.5 per 100,000. Working age admissions to care home placements continue to be closely monitored.
- In 2023/24 the rate of care home admissions for people aged 65+ reduced to 519.0 per 100,000 population, which is 666 people. The latest rolling 12 month figure is broadly similar. These results are lower than comparator averages and Leeds had the second lowest rate in the region. However, it is important to note that despite this the number of older people in a permanent care home placement has increased over the last 12 months. This is due to the average length of stay increasing and therefore less placements ending in the period.
- The measure on the percentage of long term social care users who live in settled accommodation which previously focused on working age adults with learning disabilities is to be broadened in scope to cover all long term service users. Results for both measures are provided. The latest Leeds result for the previous limited cohort of 81.7% continues the improvements seen over recent years though still places Leeds below averages for comparator groups. Results for new wider measure are influenced by the fact that this data was not previously captured for all clients. Where an individual's accommodation status is 'not known' they are recorded as 'not settled'. System development and training have taken place to and as such the result is improving as more records are being captured via assessments and reviews. The latest result is 55.7% compared to 52.6% at the end of 2023/24. Comparator data is not yet available for this measure.
- Leeds Indicators – The ratio of people who receive community-based support vs people who are supported in care homes fell from 2.4 to 2.3 in 2023/24 and remains the same in 2024/25. This means that 2.3 people are receiving community based care for every one person in a care home. This change is reflective of the increase in numbers in care home placements linked to longer lengths of stay. The number of telecare installations increased in 2023/24 and is broadly in line with pre-covid activity levels. There has been a reduction in the number of installations in the first half of this year.

#### Objective 3 – Empowerment, information and advice

- This objective contains six measures. Four are obtained from the PSS and Carers surveys and two are based on activity data from the SALT/CLD.
- Service Users: Performance on these measures for Leeds largely compares unfavourably compared to comparator groups. The result for service users feeling of control over their lives continues to fall for the third consecutive survey and is 70.9%. This result places Leeds in the bottom quartile compared to the region, peers and all England. In 2023/24, 14.9% of service users received a direct payment which was the same as 2022/23. The latest in year

result for 2024/25 has shown an improvement to 15.7% although this result would still place Leeds in the bottom quartile in the region, peer group and nationally. This is recognised as an improvement area and work continues to increase the take up of direct payments through their promotion as an option and simplification of the process. On a positive note, the proportion of service users who find it easy to find information and advice is broadly similar to the last survey result and is above all comparator averages and Leeds is ranked third amongst its peers.

- Carers: The picture for carers is more positive. The proportion of carers who report that they have been involved in discussions about the person they care for has increased compared to the last survey. However, Leeds is in the bottom quartile regionally and nationally and below the peer average. The proportion of carers who use services who have found it easy to find information about services and/or support increased and is broadly comparable with comparator averages. The service delivery measure for carers receiving direct payments fell slightly from 80.5% to 79.9% and is in line with similar local authorities.
- Leeds indicators – Latest data shows 97.9% of service users have a record of if they have accessible information needs which is an increase compared to previous years and reflects a push to capture this data. The usage of the Leeds Directory continues to grow with on average over 13,000 unique users each quarter in 2023/24 an increase of 28% on 2022/23. Numbers have increase further in 2024/25 largely due to the addition of Leeds Accredited Waste Carriers to the site and the promotion of this development.

#### Objective 4 – Safety

- This objective contains two measures. One is from the PSS survey and the second from the SAC return.
- The proportion of people who feel safe improved in 2023/24 from 70.4% to 71.5%. This result places us in the top quartile of peer local authorities and broadly in line with the national average but below the regions average.
- A new ASCOF measure for 2023/24 is obtained from the SAC return and relates to the proportion of safeguarding enquiries where the risk was reduced or removed. The result for 2023/24 is 88.7% which is an improvement compared to 2022/23 which is below comparator average figures. The latest current in year result is broadly similar at 89.0%.
- Leeds indicators: Whilst still high compared to historical levels and comparator averages 2023/24 saw a small fall in safeguarding concerns compared to 2022/23, this trend has continued into the first half of 2024/25. This was alongside a noticeable rise in the number of safeguarding enquiries. As a result of this the percentage of concerns that resulted in an enquiry increased from 24.1% to 31.1% in 2023/24, this has increased further in the first half of 2024/25 to 38.6%, although this remains below the average results for comparator groups. This is in part due to working in partnership with other agencies including West Yorkshire Police to reduce levels of inappropriate referrals. The proportion of people who had their desired outcomes fully or partially met when the subject of a safeguarding enquiry being improved slightly in 2023/24 to 94.4% compared to last year and continues to rise to a figure of 96.3% at Quarter 2 2024/25. This brings Leeds more closely in line with comparator averages. The percentage of those individuals who were determined to lack capacity who were provided support by an advocate, family or friend remained broadly consistent at 92.6% and is significantly higher than comparator averages.

- This meeting also includes the Leeds Safeguarding Adults Board Progress Report which contains further data on safeguarding activity in the City.

#### Objective 5 – Social connections:

- This objective contains two measures which are obtained from the PSS and Carers surveys. The measures look at the proportion of service user/carers who report they have had as much social contact as they would like.
- The Leeds result for 2024/25 was broadly in line with that from the previous surveys. When compared to other local authorities Leeds compares favourably in relation to service users being in the top quartile nationally and the highest result amongst peers. For carers the Leeds result is more closely aligned with comparator averages.

#### Objective 6 - Continuity and quality of care:

- This objective includes two measures which are obtained from external data from Skills for Care and CQC Provider Data. These are both new additions to the ASCOF framework although both have been previously reported to the board as local measures.
- The proportion of staff in the formal care workforce leaving their role in the past 12 months in 2023/24 is 31.9%. This result is an increase on the previous year result of 28.3% and is also above the average results for the region, peers and all England which are all circa 25%.
- The proportion of CQC registered care services rated good or outstanding continued on a downward trend in 2023/24, this has continued into 2024/25 with the most recent result as at 1<sup>st</sup> October 2024 standing at 67.3% This compares to regional and peer averages of 75%. This reduction in performance should be seen in the context of a reduction in CQC inspection activity over recent months.

#### Other key measures

- There remains a considerable number of people waiting and long waiting times for Care Act Assessments. However, performance has improved significantly over the last year with a reduction in waiting list size between April 2023 and October 2024 of 24% (approximately 300 people) and a reduction in the median wait time to 24 days. Processes are in place and are fully embedded to ensure that people are 'waiting safely' through the screening of referrals, contacting people and families to manage risk and prioritise workloads. Recently resources have been flexed to tackle a backlog in the ENE area to ensure a consistent service is delivered across the city.
- The percentage of referrals for social care resolved at initial point of contact or through accessing universal services increased in 2023/24 to 29.4%. Performance has remained broadly consistent into 2024/25 at 30%.
- The percentage of people receiving long term services who have had a review in the last 12 months has fallen year on year since 2019/20 although the result for 2023/24 of 43.2% was only marginally below the 2022/23 result. Although it is not possible to obtain an accurate in year result available data suggests that performance is improving as the number of outstanding reviews is falling and the average wait for a review reducing month on month in 2024/25 linked to the work of the new Integrated Reviewing Teams and the Reassessment Team in operation across Specialist Services. This additional review activity has also

delivered savings by ensuring that services provided to individuals are appropriate and meet their needs. This work continues with the targeting of specific cohorts for review.

- The number of carers assessments recorded as being completed per month in 2023/24 was 322 which is an increase of over 150% compared to 2022/23, this increased level of activity has continued and stood at 420 for the first two quarters of 2024/25. This is largely due to changes in recording practice and training on the importance of capturing this work.

## **Workforce**

A new national workforce strategy for Adult Social Care has now been launched, and a refresh of our own Leeds Workforce Strategy has also taken in collaboration stakeholders and partners across the city. The strategy has 6 priorities:

- Strategic workforce planning
- Growing and developing the workforce to meet future demand
- Enhancing the use of technology
- Wellbeing of the workforce
- Social justice & Equality, Diversity and Inclusion
- Inclusive and compassionate leadership

The workforce strategy and associated priorities will help us address the key challenges and issues facing Adult Social Care organisations in Leeds, many of which are influenced by demographic changes and national level policy.

Projections show that, nationally, we will need 25% more posts (440,000) by 2035 if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over (Skills for Care 2023).

Difficulties recruiting and retaining staff remain, resulting in staffing shortages and vacant posts. There is a pressing need to improve pay and terms of conditions of employment. There is a need to create more robust career pathways and a focussed learning offer for all parts of the workforce.

Lack of career development is one of the main reasons staff leave adult social care, so national plans for the Care Workforce Pathway and other measures including new qualifications, subsidised training and new apprenticeship opportunities are all positive steps to help make adult social care a real career choice.

Locally work continues to promote social care as a positive, long-term career of choice. Our One Workforce programme brings partners together to make Leeds the best place to train and work at any age. It provides opportunities for skills and jobs, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce to build the highly diverse, skilled workforce needed to work with the people of Leeds. We established the first ever Health and Care Academy in the country, aimed at providing the right development opportunities for our workforce to best support and care for the people of Leeds.

Further to the above, and specifically in relation to the Leeds City Council Adults and Health Workforce we have seen a positive improvement over the last 12 months around workforce capacity. Paying retention payments to wellbeing workers and social workers has significantly reduced turnover, enabling the council to retain experienced and valued colleagues.

In addition, we have 14 experienced internationally recruited senior social workers who will be joining the team between late 2024 and early 2025.

Appendix 2b presents the 2023/24 Leeds results alongside historical data and comparisons to 2023/24 averages for the region, peer authorities and England.





## Appendix 3: Active Lifestyles

### Percentage of Physically Active Adults

Ref.	Key Performance Indicators (KPI) (*=cumulative)	2023/24 Target	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
10	Annual KPI Percentage of physically active adults	<20.9% of people are inactive (132,900) (Nov 2018-Nov 2019)	24.3% (Nov 2021 – Nov 2022)	No update	No update	No update	23.9% (Nov 2022 – Nov 2023)

**NO UPDATE ON FIGURES** – data for 2024/25 is not yet available from Sport England.

The latest published data showed the Inactive rate for Leeds has fallen from 24.3% (Nov 2021 to Nov 2022) to 23.9% for the period Nov 2022 to Nov 2023. This is lower than the National (25.7%), regional (27.7%) and core cities (25%) averages. The levels of inactivity remain highest in the most deprived areas of the city and whilst there is an improvement in people moving from inactive to active or fairly active, this shift has been greater in the least deprived areas (1.8% change) compared with most deprived (0.7% change). This indicates the continued need to focus work with these communities to better understand the barriers to physical activity including environmental factors and identify the preferred type of activity.

Sport England have released information on the social value of sport and physical activity which powerfully illustrates the indispensable role the sector plays in improving the health and wellbeing of our nation. The estimated annual social value of £107.2bn follows the Government's own recent analysis of the economic impact of the sector, measured at £99.6bn. The figures show there is a wellbeing benefit of £8.6bn from children being involved in sport and physical activity, with £9.3bn in savings from the prevention of diseases in adults (including type 2 diabetes, cancer and prevention of other non-communicable diseases) and a further £1.3bn in savings from reduced GP visits and reduced mental health service usage.

#### **Children and Young People:**

We are currently working with children, young people, and young adults across the city and especially in the deprived neighbourhoods to provide positive activities / experiences to increase their resilience to enable them to make better informed choices in their lives.

We work with inactive young people / adults with Protected Characteristics to increase their physical activity levels by offering fun opportunities for engagement - Sports days, consultation workshops and football tournaments working in partnership with adult social care team. These opportunities provide young people / adults with social inclusion and belonging, physical and mental health benefits, skill

development and empowerment, challenging stereotypes, reducing discrimination, policy and community impact.

The Healthy Holiday programme is essential to reducing holiday hunger and to provide safe spaces to access movement opportunities to increase the physical activity levels. We have engaged over 130 children and young people during the summer activities across community hubs and delivered free swimming lesson to over 800 children who are now equipped with this vital life skill! and continue to support families to access additional services within leisure.

### **Ageing Well:**

The action plan is being reviewed and refreshed with Public Health now taking the leading role in this. A new strength programme video has been developed to highlight the importance of strength training which will help to promote the campaign further.

### **Falls Prevention:**

The Falls Prevention Programme has been recommissioned by Leeds Health and Care Partnership for another 12 months. This next 12 months the model of delivery is further evaluated to look at different approaches to support more people into Strength and Balance activities. A recent rapid review of the project found a reduction in health care utilization from participants that have completed the programme. A return-on-investment analysis concluded that for every Leeds £1 spent the programme, it yielded £2.11 to the system.

### **LEAP:**

Funding is currently being sought to continue the LEAP programme into 2025/26. Any future programme will be focused more on populations within the most deprived communities and strengthening collaboration with local providers of activities will be essential. There will be a greater focus on using existing community activities such as the DFT project, Get Set Leeds Local and community anchors to provide activities for referrals.

### **Shape Up for Cancer Surgery:**

This is a Cancer Prehabilitation programme funded by MacMillan Cancer Support and delivered through a collaboration between Leeds Teaching Hospital Trust, Leeds City Council, University of Leeds and Leeds Beckett University. The programme includes support to improve physical and psychological health leading up to Cancer surgery. This includes specialist Cancer, exercise, and dietary support.

### **Active Workplaces:**

Over the summer the 'Active Workplaces Network' invited wellbeing leads from the Leeds City Region to join Active Leeds and the Civic trust on 'Netwalking Tour' of the City – This opportunity was used to showcase the new spaces and places in the City Centre that are being developed. Whilst taking a deeper look at how you can create an Active Environment where people move more everyday. Wellbeing Leads also shared insights and challenges around health and wellbeing and creating a more

active workforce. The network has been strengthened by the addition of 10 new businesses taking its reach to 165 organisations who are now better connected.

### **Get Set Leeds Local (GSSL):**

In April 2024 GSSL appointed a development officer to bring the project into the Gipton and Harehills ward. Over the past 7 months we have taken time to connect, build relationships and deepen our understanding of the needs and wants of the local community. We have awarded 12 community chest pots including support around equipment, group identity and training. Hundreds of items of kit have been distributed within the local community alleviating the barrier of access to kit for many. The GSSL project have worked closely in the area with the Walk it, ride it project and British Triathlon, using a strength based approach to supporting local groups and individuals. We have connected with local partners for the next phase of the Fearnville site development consultation ensuring local peoples voices are heard and at the heart of the development.

Get Set Leeds Local continues to work closely with National Governing Bodies including British Cycling and British Triathlon. These partnerships have been key in supporting to activate local green spaces with fun, safe and accessible activities delivered by community activators. As part of these projects Get Set Leeds Local has also been able to train and upskill local residents to become ride leaders and bike mechanics which has led to an increase in the amount of local employment opportunities and also supported the longer term sustainability of the local physical activity system.

### **Play Sufficiency:**

Active Leeds and Child Friendly Leeds recently led a national webinar for Play England sharing the story of the positive work on play taking place in Leeds. In December 2023 Active Leeds jointly took a paper to Executive Board with Child Friendly Leeds to support and endorse the Play Sufficiency priorities, which directly links to the Physical Activity Ambition, Child Friendly Leeds Wish 2 and the new play priority in the refreshed Children and Young People's Plan; to appoint the Executive Member for Children's Social Care and Health Partnerships as a Play Champion to raise awareness of Play Sufficiency. The play champion supports the work of the newly developed Play Sufficiency Partnership to help drive forward a Play Sufficiency Action Plan based on the nine play sufficiency priorities which emerged out of extensive research which was carried out by members of the Active Leeds team, alongside a representative from the 3rd sector and public health. A number of community initiatives and projects which support children's play have developed through the work within priority neighbourhoods.

### **Leeds Kit, Clothing and Equipment Exchange Partnership:**

This partnership continues to grow with the addition of new partners to the alliance of organisations that are committed to tackling social inequalities and reducing waste in the City. These include Leeds City College, Leeds Rhino's and Run for all. Just this month the Partnership was received a 'Prestigious' Global Award at the Sports Positive Awards. Over the summer the Alliance repurposed and reused around 10,000 extra items which have supported families and groups to become more physically active. In November we are welcoming, Sport England sustainability lead

to talk to the partnership about the future direction and how we can share our learning nationally.

### **DfT Active Travel Social Prescribing Project:**

Initially 3 year, £1.3million revenue project to increase walking, wheeling and cycling within the Burmantofts, Harehills and Richmond Hill PCN area will now be extended until July 2026; the focus remains on building the pathways from social prescribers into more walking, wheeling and cycling opportunities, building community conversations, engagement and activation and influencing and shaping environmental changes within the localities.

The Walk It Ride Officers have now been in role for just over 1 year and have delivered a range of achievements including widening referral routes, delivering training, and delivering a wide offer of opportunities in the community.

### **Fitness:**

In July we started off with 28,288 H&F memberships, a net gain in 3 months of **2434** memberships has brought the latest figures to **30722**. We have circa **34,000** engagements per month on our group ex classes and the usage in the gyms is high, the investments into gyms and product continues to be a huge success and bringing more people through the doors to live more Active Healthier lifestyles. The refurbishment of Rothwell Leisure Centre gym and upgraded the pool tank and pool hall with decoration throughout and energy efficient lighting to further enhance the reduction in carbon across the leisure centres has been completed.

### **Swimming:**

Swimming lessons have increased to 14,271 swimmers. Online joining has revolutionised the programme, meaning we no longer have time between when someone has left and a new person starts which is generating additional income and saving on staff time. Most sites are now at capacity using the current budgeted hours so it is unlikely we will expand much further. Latent demand indicating there is at least another 2500 that could be enrolled into the programme.

### **Civic Reception:**

Active Leeds supported the planning of a Civic Reception to recognise and celebrate individuals associated with the City who represented GB at the Paris 2024 Olympics and Paralympics. Athletes, volunteers and coaches attended with coverage of the event picked up by all main local media outlets.

### **Women and Girls:**

We have over 200 women registered to the "**Bump and Baby fit**" (pre-natal yoga classes) - Gestational prevention initiative funded by the Integrated Care Board. Delivered across targeted Leisure Centres.

Over 100 mother and babies registered to take part in the "**Bump and Baby fit**" (mother and baby yoga classes) funded by the Integrated Care Board. Delivered across two targeted Children's Centres.

Women and Girls in sport National LFX event:

- Women's sports achievements contribute to gender equality and provide role models for young girls.
- Evidencing and discussing how supporting women in sport can lead to stronger economies, communities, and women.
- The barriers that women and girls are still facing in sport and physical activity - Period poverty/ Menopause & sports bras.

The role out of staff training for *Ask for Angela* initiative, to create and promote safer spaces for women/girls/LGBT+ within Active Leeds facilities, to take part in all sport and physical activities. To also include visual, social media, and video promotion (includes staff from 17, sites).