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

Date: 11 January 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 2021-22 quarter 2 and nationally published year-end performance information for 2020-21. Where quarter 2 data is not available latest information is provided. 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.

4 Appendix 1a is a public health performance report providing a narrative update on population health outcome indicators and the use of services commissioned by local authority public health teams in Leeds. Appendix 1b includes a dashboard, and time series charts of these outcomes to provide further detail. These documents support the monitoring of health inequalities in Leeds and public health service outcomes.

Where indicators include data from during the COVID pandemic, the emerging impact of COVID on health outcomes can be seen. The trend of increasing life expectancy overall is stalling (at 78.1 years for males and 81,9 years for females compared to 78.3 and 82.1 years for the previous data) and the gap in life expectancy for women between most and least affluent areas of Leeds has become wider. The gap in premature mortality from leading causes of death (cancer, circulatory disease, respiratory conditions, alcohol related and preventable) are either stagnating or starting to show signs of increase.

Some indicators of ill-health (childhood obesity, adult obesity, physical activity and smoking) show signs of a widening inequality gap between the Leeds average and most deprived areas. For instance, the proportion of Year 6 children who are obese has not changed significantly for Leeds overall (21.0% compared to 20.8%), but for the most deprived areas of Leeds it has increased (from 26.2% to 27.0%) increasing the gap.

5 Appendix 2a provides a detailed update on Adult Social Care using the final confirmed Adult Social Care Outcomes Framework (ASCOF) measures for 2020/21 with comparator information and the most recent position as at the end of Quarter 2 2021/22 in terms of demand and activity. Appendix 2b provides the data used to inform this update. The main highlights are:

ASCOF - The 2020/21 national results for the ASCOF measures were published in October. These confirmed the previously reported position that compared to 2019/20 Leeds' results had improved for 5 measures and had decreased for 8 measures. When compared to the Yorkshire and Humber region Leeds performs better than average on 7 measures and below average for 6 measures whilst for our comparator group of authorities Leeds performs better than average for 8 measures and below average on 5 measures.

Due to Covid, national surveys of service users and carers were not undertaken. This has reduced the number of ASCOF measures available. Both surveys will take place in 2021/22. It should be noted that the COVID pandemic has also had a significant impact upon the ASCOF results for 2020/21 across the country.

Demand - Adult Social Care is facing a high level of demand for its services. The overall picture for October 2021 shows that demand for services remains high compared to the 2020/21 averages. However, whilst in part it may be due to delays in recording it appears that the position may be improving overall compared to the peaks of the summer months of June-August as October results show lower demand/shorter waits compared to September. This position will continue to be monitored to see if it forms part of a longer trend as the typically busier winter months approach.

Activity – The Short and Long Term service users (SALT) national data return is completed at the end of each financial year. A mid-year version was completed at the end of September 2021 This showed that as at 30th September 2021 Adult Social Care provided long term support to 8,499 people (3,792 aged 18-64, 4,707 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. The May 2020 – 2021 results showed that 25.5% of people in Leeds were inactive equating to 164,000 people, this is in line with previously reported November 2019 – 2020. There are positives to take as it was feared that inactivity levels would increase during this time with the winter lockdown and tiered system in place the whole period of the survey. Interestingly, the 2021 winter lockdown (mid-Jan to mid-March 2021) didn’t have as negative an impact on activity levels as the first national lockdown – helped by the fact restrictions weren’t as tight – with activity down 5% between mid-January and mid-March 2021, compared to a fall of 7.1% between mid-March and mid-May 2020. This also suggests people had learned to adapt in the later lockdown by turning to walking, cycling and at-home activity, while resources produced by Active Leeds and other providers in the sport and physical activity sector helped support the continuation of habits.

An active travel update is not provided in this report due to the impact of the pandemic, including data capture.

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.

Appendices

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

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

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

17 Appendix 2b: Adult Social Care Datasets

18 Appendix 3 More Adults are Active

Background papers

19 None.

Appendix 1a: Public Health Performance Report Q2 2021-22

Summary/Purpose:

This report provides an update on population health outcomes and the use of services commissioned by local authority public health in Leeds.

Where there has been a recent update to an indicator, these are marked with an asterisk (*) in the report (Appendix 1b).

Prior to this report, the GP registered population was used as a denominator for certain indicators. These indicators have now been updated using ONS 2020 mid-year estimates as the denominator (which is the methodology used nationally), this enables us to compare Leeds performance against the core cities and highlights inequalities.

Time series comparisons between Leeds, deprived Leeds and least deprived are provided where possible, deprived Leeds refers to neighbourhoods in the 10% most deprived LSOAs in England. This equates to around 24% of Leeds population (n=194,307 people) based on ONS 2020 mid-year estimates and 24% of Leeds LSOAs (114 out of 482 LSOAs). Least deprived refers to neighbourhoods in the 10% least deprived LSOA's in England. This equates to around 6% (n=51,242 people) of the Leeds population and 7% of Leeds LSOAs (33 out of 482 LSOAs). Indicators without deprivation data are marked with a hashtag (**#**) in the Dashboard. LSOA level data is required to calculate inequalities (deprived Leeds vs least deprived), and this level of data is not available for some indicators.

Where data has changed from one period to the next, if this change is not statistically significant, it is described as similar or no change in the report.

Key issues or outcomes:

<u>Population indicators</u>

***Life expectancy at birth – overall summary**
Overall, life expectancy at birth in 2018 to 2020 has declined for both males and females in Leeds, this change is not statistically significant. This period includes the higher mortality observed during the coronavirus (COVID-19) pandemic. Similar trends were seen for England, ONS estimated life expectancy at birth to be 79.3 years for males (down from 79.7 years in 2017 to 2019) and 83.1 years for females (almost no change from 83.3 years in 2017 to 2019)[1].

Further details for life expectancy at birth for males and females in Leeds are provided below.

***Life expectancy at birth – (Males)**
If a baby boy is born in Leeds between the period 2018 to 2020, his average life expectancy is estimated to be 78.1 years. If the same boy is born in the least deprived areas of Leeds, he is likely to live 4.8 years longer (to 82.9 years), whereas the same boy born in deprived Leeds, is likely to live 4.7 years less (to 73.4 years) than the Leeds average. These gaps between Leeds and most deprived and Leeds and least deprived

[1] ONS (2021) National life tables – life expectancy in the UK: 2018 to 2020. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2018to2020

are statistically significant. The life expectancy gap between Leeds average and most deprived has increased by 0.1 years since the previous period 2017 to 2019 (from 4.6 years to 4.7 years). The gap between Leeds average and least deprived has decreased by 0.4 years (from 5.2 years to 4.8 years). The life expectancy gap between least deprived and most deprived has decreased by 0.3 years (from 9.8 years to 9.5 years).

***Life expectancy at birth – (Females)**
If a baby girl is born in Leeds between the period 2018 to 2020, her average life expectancy is estimated to be 81.9 years. If the same girl is born in the least deprived areas of Leeds, she is likely to live 5.5 years longer (to 87.4 years), whereas the same girl born in deprived Leeds is likely to live 4.2 years less (to 77.7 years) than the Leeds average. These gaps between Leeds and most deprived and Leeds and least deprived are statistically significant. The life expectancy gap between Leeds average and most deprived has marginally increased by 0.1 years since the previous period 2017 to 2019 (from 4.1 years to 4.2 years). The gap between Leeds average and least deprived has not changed from the previous period. The gap between least deprived and most deprived has increased by 0.1 years (from 9.6 years to 9.7 years).

***Infant mortality rate per 1000 births**
The infant mortality rate has increased in Leeds during the latest period (2018 to 2020), all changes seen are not statistically significant. The rate for Leeds average is 4.8 per 1,000 live births, which has increased by 0.8 per 1,000 live births. The rate for deprived Leeds (6.6 per 1,000) and least deprived (4.2 per 1,000), are not statistically different to Leeds average. The greatest year on year increase is in the most deprived areas, which has increased by 1.3 per 1,000.

Reception: Prevalence of obesity (including severe obesity)
The annual National Child Measurement Programme data[2] shows obesity rates among Reception children for Leeds average in 2019/20 is 10.1%, which is similar to the previous period (9.8% in 2018/19) and to the England rate (9.9% in 2019/20). The rate for deprived Leeds is 12.5% and least deprived is 6.0%, both are similar to the rates in the previous period (12.4% and 5.3% respectively). All changes are not statistically significant. The prevalence of obesity is 2.4% higher amongst reception children for deprived Leeds, compared to Leeds average and 6.5% higher compared to least deprived. The inequality gaps are statistically significant.

Year 6: Prevalence of Obesity (including severe obesity)
Rates are relatively stable among Year 6 groups. The prevalence of obesity amongst Year 6 children is 20.8% in 2019/20, similar to the previous period (21.0% in 2018/19) and to the England rate (21.0%). For deprived Leeds it is 27.0% and least deprived 11.8%, these are similar to the rates in the previous period (26.2% and 11.1% respectively). These changes are not statistically significant. The prevalence of obesity in deprived Leeds is 6.2% higher than Leeds average, and 15.2% higher compared to least deprived. The gaps between Leeds average, deprived Leeds and least deprived are statistically significant.

NCMP data for 2020 / 21 were published on 17th November, with a national and regional analysis. These data have not yet been published for local authority areas, however, there has been an increase of approximately 4.5 percentage points in obesity for both reception and year 6 aged children. Nationally obesity rates are more than double in deprived areas compared to the least deprived.

[2] The latest reception data were classified as fit for publication but interpret with caution given a smaller sample size due to COVID-19.

Under 18 conception rate/1,000
The conception rate for under 18 in 2019 is 22.8 per 1,000 females aged 15 to 17 years, which is similar to the previous period, 23.8 per 1,000 in 2018. The rate is statistically significantly higher than Yorkshire and the Humber (19.3 per 1,000) and the England average (15.7 per 1,000) but overall, rates have been on a downward trend since 2010.

Smoking prevalence in adults (18+) – current smokers (APS) (Proportion %)
The data for this indicator is sourced from PHE Fingertips[3], deprivation data is therefore unavailable. Smoking prevalence continues a downward trend, the proportion of smokers in Leeds is 15.3% in 2019, the proportion was 18.2% in 2018, however this change is not statistically significant. The latest rate for Leeds is similar to Yorkshire and the Humber (15.7%) and England (13.9%).

Smoking prevalence in adults (18-64) – socio-economic gap in current smokers (APS) (Ratio)
The data for this indicator is sourced from PHE Fingertips, deprivation data is therefore unavailable. The value presented as an odds ratio, representing the likelihood of those working in routine and manual occupations being current smokers compared with those working in professional or intermediate occupations in any given geographical area. An odds ratio of 1 represents no difference between smoking prevalence rates in routine and manual occupations and other occupations. An odds ratio higher than 1 signifies the routine and manual group are more likely to smoke than their counterparts.
The socio-economic gap is worsening in Leeds, the ratio in 2019 is 3.8 up from 1.9 in 2018. This means those working in routine and manual occupations are 3.8 times as likely to smoke than their counterparts. The value for Leeds remains higher/worse than Yorkshire and the Humber which is 2.8 and England, which is 2.5.

Smoking Cessation Support is provided by One You Leeds. The service is commissioned to focus service delivery and engagement in the most deprived areas of the city. In the year 2020-2021 71% of people who accessed the service for smoking cessation support lived in deprivation quintiles 1 (57%) and 2 (14%).

***Excess weight (obesity) in adults % of Adults who have a BMI of over 30**
The percentage of adults with a BMI over 30 in Q2 2021/22 is 23.7%, this is similar to the previous quarter (23.8%) and similar to the same period in the previous year (23.5% in Q2 2020/21). For deprived Leeds it is 28.5 %, similar to the previous quarter (28.3%) but statistically higher than the same period in the previous year (28.0%) The lowest rate is in the least deprived areas (19.1%), which has seen no significant changes from the previous quarter or previous year. The percentage of adults with a BMI over 30 is 9.4% higher in deprived Leeds compared to least deprived.

The COVID 19 pandemic has had a major impact on people with obesity living in areas of higher deprivation which is likely to cause a further widening gap in health inequality. Reductions in health professional referrals and community outreach also affected access to weight management services for people living in deprived areas. With the new government strategy to address obesity, GP and pharmacists are being incentivised to refer into weight management services and capacity has also been increased through additional funding. The adult weight management pathway is also now operational working with the CCG. A local campaign to encourage self-referrals into services has launched called 'Everybody Can' which also supports adults to access weight management services. Additional areas of work include developing local policy for restricting advertising of HFSS

[3] Fingertips is a web-based platform that provides access to indicators across a range of health and wellbeing topics: https://fingertips.phe.org.uk/

foods with support from Sustain and work with planning to monitor effectiveness of the current supplementary planning document.

***Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)**
The percentage of inactive adults in Q2 2021/22 is 35.8%, this is similar to the previous quarter (35.7%) but higher than the same period in the previous year (35.4% in Q2 2020/21). Inactivity levels are worse for deprived Leeds at 41.3%, similar to the previous quarter (41.2%) but statistically significantly higher than the same period in the previous year (40.4% in Q2 2020/21). Least deprived is 29.0%, no significant changes from the previous quarter or previous year. Despite efforts by activity providers to adapt throughout the year, the pandemic has had an unprecedented impact on the population's ability to take part in sport and physical activity. Activity fell sharply by people living in deprivation, with mental health conditions and those shielding.

The impact of the COVID-19 pandemic on physical activity and in highlighting and widening existing inequalities in activity levels is reflected in the development of the Physical Activity Ambition for the city. The next phase of activity will prioritise key issues such as deconditioning amongst older adults, inactivity in children and active environments with a focus on reducing inequalities.

***Prevalence of severe mental health 18+ (per 100,000)**
The overall rates remain steady with no significant changes from the previous quarter to the latest quarter. The rate in Q1 2021/22 for Leeds average is 1,309.8 per 100,000, for deprived Leeds it is 2,035.7 per 100,000 and least deprived is 679.7 per 100,000. Since Q1 2019/20 the rates have been steady with very minor fluctuations. For deprived Leeds, the rate is higher than least deprived by 1356.0 per 100,000 (679.7 per 100k). The inequality gaps are statistically significant.

ESA claimants for mental and behavioural disorders: rate per 1,000 working age population
The latest available figure is for the year 2018, the rate for Leeds is 33.4 per 1,000, whilst this has increased from the previously available rate 32.8 per 1,000 (2016[4]), it remains statistically significantly higher than the Yorkshire and Humber rate of 31.4 per 1,000 and the England rate of 27.3 per 1,000.

Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (gap - percentage points)
Leeds was on an upward trend until 2017/18 when it reached similar figures to England. Since 2017/18, the rate has declined to 63.7 (2019/20) which is similar to Yorkshire and the Humber (63.0) and statistically significantly, better than England (67.2).
***Gap in the employment rate between those with a learning disability and the overall employment rate (gap - percentage points)**
Leeds was on an upwards/worsening trend until 2017/18 when the gap started decreasing. The latest figure in 2019/20 is 67.6 which is similar to Yorkshire and the Humber (67.7) and statistically significantly, better than England (70.6).

***Circulatory disease mortality, all ages, DSR per 100,000**
The rates continue to improve on a downward trend. The rate for Leeds average in 2018 to 2020 is 245.1 per 100,000, down from 264.8 per 100,000 in 2017 to 2019, this is a statistically significant improvement. The rate for deprived is 321.9 per 100,000 (this is

[4] From August 2017 DWP discontinued this dataset when they changed the way they publish their benefit statistics. The last period of data for these datasets is the November 2016 data published in May 2017. Awaiting response from DWP regarding alternative dataset.

higher/worse than Leeds average by an additional 76.8 per 100,000). The rate for least deprived is 183.7 per 100,000 (lower/better than Leeds average by 54.4 per 100,000), deprived Leeds compared to least deprived is higher by an additional 138.2 per 100,000. These inequality gaps are statistically significant, however, the gap between deprived and least deprived has been narrowing/improving since the period 2014 to 2016.

***Circulatory disease mortality, under 75, DSR per 100,000**
The rates for Leeds, deprived Leeds and least deprived are showing slight increases, however all changes are from the previous period to the latest period are not statistically significant. The average rate for Leeds for the period 2018 to 2020 is 82.7 per 100,000, similar to the previous period, 82.2 per 100,000 in 2017 to 2019. The rate for deprived Leeds is 134.0 per 100,000, (this is higher/worse than Leeds average by an additional 51.3 per 100,000). Least deprived is 46.1 per 100,000 (this is lower/better than Leeds average by 36.6 per 100,000). For deprived Leeds compared to least deprived, the rate is higher by an additional 32.3 per 100,000. These inequality gaps are statistically significant. The gap between deprived and least deprived had been narrowing/improving since the period 2014-2016 to 2017-2019. The latest period however shows no change.

***Respiratory mortality, all ages, DSR per 100,000**
The rates remain stable with no statistically significant changes from the previous period to the latest period. The rate for Leeds average in 2018 to 2020 is 89.7 per 100,000, similar to the previous period, 91.5 per 100,000 in 2017 to 2019. The rate for deprived Leeds is 152.5 per 100,000 (this is higher/worse than Leeds average by an additional 62.8 per 100,000), the rate for least deprived is 35.6 per 100,000 (lower/better than Leeds average by 54.1 per 100,000). For deprived Leeds compared to least deprived, the rate is higher by an additional 116.9 per 100,000. The inequality gaps are statistically significant.

***Respiratory mortality, under 75, DSR per 100,000**
Increases are seen for Leeds average and least deprived, and a slight decrease is seen for deprived Leeds, however these changes are not statistically significant. The rate for Leeds average in 2018 to 2020 is 34.0 per 100,000, similar to the previous period, 31.5 per 100,000 in 2017 to 2019. The rate for deprived is 70.0 per 100,00 (higher/worse than Leeds average by 36.0 per 100,000), least deprived is 8.6 per 100,000 (lower/better than Leeds average by 25.4 per 100,000). For deprived Leeds compared to least deprived, the rate is 61.4 per 100,000 higher/worse. If these trends continue, the inequality gap will narrow.

***Cancer mortality, all ages, DSR per 100,000**
Decreasing rates are seen for Leeds average, deprived Leeds and least deprived, these changes are however not statistically significant. The rate for Leeds in 2018 to 2020 is 285.5 per 100,000, similar to the previous period, 289.3 per 100,000 in 2017 to 2019, deprived is 401.4 per 100,000 (higher/worse than Leeds average by 115.9 per 100,000), least deprived is 205.5 per 100,000 (lower/better than Leeds average by 80.0 per 100,000). For deprived Leeds compared to least deprived, the rate is 195.9 per 100,000 higher/worse. The inequality gap has been increasing slightly since the period 2015 to 2017.

***Cancer mortality, under 75, DSR per 100,000**
Increasing rates are seen for Leeds average and deprived Leeds, decreasing rates are seen for least deprived, these changes are however not statistically significant. The Leeds average rate in 2018 to 2020 is 150.8 per 100,000, similar to the previous period, 146.4 per 100,000 in 2017 to 2019, deprived Leeds is 227.3 per 100,000 (higher/worse than Leeds average by 76.5 per 100,000), least deprived is 103.0 per 100,000 (lower/better than Leeds average by 47.8 per 100,000). For deprived Leeds compared to least

deprived, the rate is 124.3 per 100,000 higher/worse. The inequality gap has been increasing slightly since the period 2015 to 2017. Cancer Premature Mortality (under 75s) is higher in deprived Leeds and the inequality gap has been increasing slightly since the period 2015 to 2017. Evidence shows that people living in deprived areas and certain groups are less likely to access cancer screening, have lower awareness of cancer signs, symptoms and risk factors and in turn are more likely to die earlier from cancer than people living in non-deprived areas. This risk has been exacerbated by Covid.

Public Health lead the Cancer Prevention, Awareness and Increasing Screening Uptake workstream of the Leeds Cancer Programme. A targeted approach is integral to all work developed through the workstream with the aim of addressing these inequalities.

***Alcoholic liver disease mortality, under 75, DSR per 100,000**
Increasing rates are seen from the previous period to the latest period for Leeds average, deprived Leeds and least deprived, these changes are however not statistically significant. The rate in 2018 to 2020 is 13.0 per 100,000, similar to the previous period, 11.3 per 100,000 in 2017 to 2019, deprived Leeds is 22.1 per 100,000 (higher/worse than Leeds average by 9.1 per 100,000). Least deprived is 6.5 per 100,000 (similar to the Leeds average rate because the change is not statistically significant). For deprived Leeds compared to least deprived, the rate is 15.6 per 100,000 higher/worse. If the trends seen continue, the inequality gap will widen. In response, following the pausing of Fibro Scanning during Covid, scanning has recommenced in the Forward Leeds hubs (where an additional Fibro Scanner is due to be deployed), and the hospital (with those identified in GP practices currently being referred). In addition, a campaign has launched entitled Healthy Livers Leeds in addition to other responsible drinking campaigns, such as No Regrets and Decide the Night. During Alcohol Awareness Week, (15-21 Nov). there will be a focus upon the impact of alcohol (particularly on relationships – the national theme).

Excess under 75 mortality rates in adults with severe mental illness (SMI) (Excess risk %)
This indicator is sourced from PHE Fingertips, deprived data is therefore not available. The rate for Leeds is 380.9%, this is for the period 2016/18, which is the latest available[5]. The rate for Leeds is statistically significantly higher than Yorkshire and the Humber (336.7%) but 'similar' to England (365.2%). The Office for Health Improvement and Disparities ((OHID) formerly Public Health England), confirmed that 2017/19 data will be released by the end of this calendar year, but were unable to confirm the release of 2018/20 data.

***Under 75 mortality rates from causes considered preventable (2019 definition)**
Increasing rates are seen for Leeds average and deprived Leeds, and a decreasing rate for least deprived, these changes are however not statistically significant. The Leeds average rate in 2018 to 2020 is 200.9 per 100,000, similar to the previous period, 195.3 per 100,000 in 2017 to 2019. The rate for deprived Leeds is 328.4 per 100,000 (higher/worse than Leeds average by 127.5 per 100,000), least deprived is 109.9 per 100,000 (lower/'worse' than Leeds average by 91.0 per 100,000). For deprived Leeds compared to least deprived, the rate is 218.5 per 100,000 higher/worse. If the trends seen continue, the inequality gap will widen.

***Suicide Rate (persons) (DSR per 100,000)**
The suicide rate includes the number of deaths from suicide and injury of undetermined intent. An increasing rate is seen in Leeds average and least deprived, a decreasing

rate is seen in deprived Leeds, these changes are however not statistically significant. The suicide rate for Leeds average is 13.4 per 100,000 (in 2018-20) similar to the previous period (12.6 per 100,000 in 2017-19). For deprived Leeds it is 18.0 per 100,000, similar to the previous period (18.3 per 100,000), least deprived is 6.6 per 100,000, similar to the previous period (4.3 per 100,000). The inequality gap between Leeds average and deprived Leeds is not statistically significant, the gap between least deprived and most deprived is however statistically significant.

<u>Operational indicators</u>

Breast feeding % maintenance at 6-8 weeks
There has been a decrease from 49.1% in 2019/20 to 39.2% in 2020/21. The reduction is a data entry issue due to the pandemic and not an impact on actual breastfeeding figures.

Best Start – Number of under 2s taken into care
There were 94 care starts in 2020/21, this is a reduction from the previous period 2019/20 which saw 123 care starts. For the latest period, 55 of the care starts were in the deprived areas. There were 0 care starts in the least deprived areas during the latest period, prior to this, care starts have remained under 5. Overall, during the pandemic there was a decrease of up to 30% in safeguarding referrals.

***Recorded diabetes type 1 and 2 (per 100,000)**
This indicator is a measure of recorded prevalence and not actual prevalence and therefore under-reports groups who are less likely to be registered with a GP. An increase in rates therefore indicates detection is better. The rate of recorded diabetes type 1 and 2 in Leeds for Q2 2021/21 is 6500.4 per 100,000, this is similar to the previous quarter which recorded 6538.7 per 100,000, deprived Leeds is 9,639.7 per 100,000, similar to the previous period (9336.4 per 100,000) and significantly higher than Leeds average. Least deprived is 4,195.7 per 100,000, similar to the previous period (4204.0 per 100,000) and significantly lower than Leeds average.

***Completed NHS Health Checks from PHE eligible invites and Conversion of PHE invites into complete Health Checks**

This is a newly created indicator, which rather than calculating completion rate from overall invites, it looks only at PHE invites.

"PHE invite" is defined as either:

- a completely new invite (never invited before)
- an invite where the last invite for that patient was 5 or more years ago, or
- a completed health check with no invite ever recorded.

Non-PHE invite is defined as total number of invites from which is deducted the PHE invites where an invite code has been recorded (so those who had a health check but did not receive an invite are not subtracted).

This approach helps us to understand how effective NHS health check invites are, how many patients are receiving health check immediately after being invited. Going forward data should be available for deprived Leeds.

***Completed NHS Health Checks from PHE eligible invites**

1,156 people from PHE eligible invites received an NHS Health check in Q2 2021/22.

***Conversion of PHE invites into complete Health Checks**

9.9% (n=1,156) of PHE invited people completed their NHS Health Check in Q2 2021/22. National target for this indicator is 20% of eligible population (n=11,678) per quarter. Completed NHS health checks includes eligible population aged 40-74 that received PHE invite (Q2 n=2,417), or 5 or more years ago, or did not received recorded invite.

The number of NHS Health Checks being delivered remains significantly reduced across the City as a result of the pandemic and the ongoing pressures in primary care. Quarter 2 data shows the total number of NHS Health Checks delivered was just over a quarter of what was delivered in the same quarter during 2019/20. The low activity during this quarter has also been confounded by the recent national blood bottle shortage, which resulted in a pause in delivery of NHS Health Checks.

The provider (Leeds GP Confederation) is currently in the process of developing a restart and recovery plan, as part of a strategy to increase the number of NHS Health Checks being delivered and to help catch up on the backlog. The Leeds GP Confederation are currently engaging with GP Practices to inform this plan.

*** Successful completion of drug treatment - opiate users (%)**
The rate for Leeds average in 2019 is 7.3%, this is similar to the previous period which was 6.3% in 2018. The rate is statistically significantly higher/better than both Yorkshire and the Humber (5.1%) and England (5.6%).

*** Successful completion of alcohol treatment (%)**
The rate for Leeds average in 2019 is 43.5%, this is similar to the previous period which was 41.1% in 2018. The rate is statistically significantly higher/better than Yorkshire and the Humber (36.3%) and England (37.8%).

***Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)**
The rate for Leeds average in 2020 to 2021 is 639.0 per 100,000, which has improved from the previous period (710.0 per 100,000). Least deprived has also improved, the rate is 202.4 per 100,000 (the previous period was 383.4 per 100,000). Both of these results are statistically significant. The rate for deprived Leeds is 1,200.1 per 100,000, similar to the previous period (1,296.2 per 100,000). The inequality gaps are statistically significant.

A key part of work to reduce alcohol admissions is through the Forward Leeds hospital in-reach team. The service assesses patients and make referrals, where needed into alcohol treatment service and other services. The team also work closely with the liver unit.

A Violence Reduction Unit funded pilot is due to commence in Leeds City Centre for St Johns Ambulance to provide a mobile treatment centre over 8 weekends. Although focused around violence reduction it is expected that this will contribute to preventing alcohol admissions.

In addition, various campaigns are run throughout the year to promote responsible drinking and raise awareness of the harms of alcohol e.g. No Regrets, Decide the Night, Healthy Livers Leeds, Alcohol Awareness Week.

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

The rates for 2018/19 to 2020/21 are similar to the previous period with no statistically significant changes. The rate for Leeds average is 18.9 per 100,000 (21.6 per 100,000 in 2017/18 to 2019/20) for deprived Leeds it is 22.9 per 100,000 (18.4 per 100,000 in 2019 to 2020) and least deprived 6.2 per 100,000 (15.7 per 100,000 in 2019 to 2020).

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

The rates for Leeds average and least deprived have seen statistically significant improvements. Leeds average has reduced from 194.6 per 100,000 in 2019/20 to 164.8 per 100,000 in 2020/21. Leeds deprived has seen the smallest change, the rate is 250.3 per 100,000 in 2020/21, which is similar to the previous period (285.4 per 100,000 in 2019/20). The rate for least deprived has the highest reduction from 148.5 per 100,000 in 2019/20 to 79.2 per 100,000 in 2020/21.

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

The rate for Leeds average in 2020/21 is 1,697.9 per 100,000, a significant improvement from 2,019.3 per 100,000 in 2019/20. The rate for deprived Leeds is 2,290.9 per 100,000 and least deprived is 1,215.6 per 100,000, both are similar to the previous period (2,598.7 per 100,000 and 1,371.6 per 100,000 respectively). The inequality gaps are statistically significant; however, the overall trend shows rates are on a downward trend and improving.

New HIV diagnosis rate / 100,000 aged 15+

The rate for Leeds average in 2019 is 11.4 per 100,000, this is similar to the previous period (14.0 per 100,000 in 2018). The rate for Leeds is statistically significantly, worse than Yorkshire and the Humber (5.3 per 100,000) and England (8.1 per 100,000) but the overall trend shows the rate is improving.

***New STI diagnosis (excl. chlamydia aged <25) / 100,000**

The rate for Leeds average in 2020 is 576.5 per 100,000 which is statistically significantly better than the previous period (904.4 per 100,000 (2019). The rate is significantly worse than Yorkshire and the Humber (419 per 100,000) but significantly better than England (619 per 100,000). The sharp decline during 2019 to 2020 has been seen across the majority of local authorities in England.

Appendix 1:

Indicator	Source
Life Expectancy at Birth – Males	Local
Life Expectancy at Birth – Females	Local
Infant mortality rate per 1000 births	Local
Reception: Prevalence of obesity (including severe obesity)	Local
Year 6: Prevalence of obesity (including severe obesity)	Local
Under 18 conception rate/1,000	PHOF 20401
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	PHOF 92621
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	PHOF 90635
Smoking Prevalence in adults (18+) - current smokers (APS)	PHOF 92443
Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS)	PHOF 93382
Excess weight in adults % of Adults who have a BMI of over 30	Local
Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week).	PHOF 93015
Severe mental health 18+	Local
Circulatory disease mortality, all ages, DSR per 100,000	Local
Circulatory disease mortality, under 75 per 100,000	Local
Respiratory mortality, all ages, DSR per 100,000	Local
Respiratory mortality, under 75, DSR per 100,000	Local
Cancer mortality, all ages, DSR per 100,000	Local
Cancer mortality, under 75, DSR per 100,000	Local
Alcoholic liver disease mortality, under 75, DSR per 100,000	Local
Excess under 75 mortality rate in adults with severe mental illness (SMI)	PHOF 93582
Under 75 mortality rate from causes considered preventable (2019 definition)	Local
Excess winter deaths	Local
Suicide Rate (persons)	Local
Breast feeding % maintenance at 6-8 weeks	LCH
Best start - number of under 2s taken into care	Local
Recorded diabetes type 1 and 2 (per 100,000)	Local
Completed NHS Health Checks from PHE eligible invites	Local
Conversion of PHE invites into complete Health Checks	Local
Successful completion of drug treatment - opiate users (%)	PHOF 90244
Successful completion of alcohol treatment (%)	PHOF 92447
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	Local
Emergency admissions from intentional self-harm (DSR per 100,000)	Local
Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)	Local
Emergency admissions due to falls for aged 65 and over	Local
New HIV diagnosis rate / 100,000 aged 15+	PHOF 91818
New STI diagnosis (exc chlamydia aged <25) / 100,000	PHOF 91306

Appendix 1b

Public Health Performance report Q2 2021/22

Population Indicators **Updated November 2021**

	Overarching Indicator	Leeds	Most Deprived	Least Deprived
*	Life Expectancy at Birth - Males	78.1	73.4	82.9
*	Life Expectancy at Birth - Females	81.9	77.7	87.4
	1. Improving the health and wellbeing of children and young people:			
*	Infant mortality rate per 1000 births	4.8	6.6	4.2
	Reception: Prevalence of obesity (including severe obesity)	10.1%	12.5%	6.0%
	Year 6: Prevalence of obesity (including severe obesity)	20.8%	27.0%	11.8%
*	Under 18 conception rate/1,000	22.8	#	#
	2. Improving the health and wellbeing of adults and preventing early death:			
	Smoking Prevalence in adults (18+) - current smokers (APS)	15.3%	#	#
	Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS)	1.9	#	#
*	Excess weight in adults % of Adults who have a BMI of over 30	23.7%	28.5%	19.1%
*	Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	35.8%	41.3%	29.0%
*	Prevalence of severe mental health 18+	1,309.8	2,035.7	679.7
*	ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	33.4	#	#
	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)	63.7	#	#
*	Gap in the employment rate between those with a learning disability and the overall employment rate (gap - percentage points)	67.6	#	#
*	Circulatory disease mortality, all ages, DSR per 100,000	245.1	321.9	183.7
*	Respiratory mortality, all ages, DSR per 100,000	89.7	152.5	35.6
*	Respiratory mortality, under 75, DSR per 100,000	34.0	70.0	8.6
*	Cancer mortality, all ages, DSR per 100,000	285.5	401.4	205.5
*	Cancer mortality, under 75, DSR per 100,000	150.8	227.3	103.0
*	Alcoholic liver disease mortality, under 75, DSR per 100,000	13.0	22.1	6.5
*	Excess under 75 mortality rate in adults with severe mental illness (SMI)	380.9	#	#
	3. Protecting health and wellbeing (*protect the health of the local population):			
*	Suicide Rate (persons)	13.4	18.0	6.6
	4. Support NHS to provide effective and equitable health care service:			
	Public Health advice to NHS Commissioners			

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

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

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

- Health profiling
- Needs assessment
- Social marketing and insight

Operational Indicators

Updated November 2021

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

	Indicator	Leeds	Most Deprived	Least Deprived
	Breast feeding % maintenance at 6-8 weeks	39.2%	33.7%	#
	Best start - number of under 2s taken into care	94.0	55.0	0.0

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

	Indicator	Leeds	Most Deprived	Least Deprived
*	Recorded diabetes type 1 and 2 (per 100,000)	6,500.4	9,639.7	4,195.7
*	Completed NHS Health Checks from PHE eligible invites	1156.0	#	#
*	Conversion of PHE invites into complete Health Checks	9.9%	#	#
*	Successful completion of drug treatment - opiate users (%)	7.3%	#	#
*	Successful completion of alcohol treatment (%)	43.5%	#	#
*	Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)	639.0	1,200.1	202.4
*	Admission episodes for alcohol-specific conditions - Under 18s (Persons)	18.9	22.9	6.2
*	Emergency Admissions from Intentional Self-Harm (DSR per 100,000)	164.8	250.3	79.2
*	Emergency admissions due to falls for aged 65 and over	1,697.9	2,290.9	1,215.6

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

	Indicator	Leeds	Most Deprived	Least Deprived
*	New HIV diagnosis rate / 100,000 aged 15+	11.4	#	#
	New STI diagnosis (exc chlamydia aged <25) / 100,000	576.5	#	#

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

Public Health advice to NHS Commissioners

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

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

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

- Health profiling
- Needs assessment
- Social marketing and insight

Notes

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 have been updated**

 # Deprived Leeds data unavailable due to no access to latest data / data quality issue

Significance of change since previous period:

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

	Population Indicators	Leeds	Deprived Leeds	Least Deprived	Latest period	Previous period Leeds	Previous period Deprived	Previous period Least Deprived	Previous period	An improving direction is an
	Overarching Indicator									
*	Life Expectancy at Birth - Males	78.1	73.4	82.9	2018-2020	78.3	73.7	83.5	2017-2019	increase
*	Life Expectancy at Birth - Females	81.9	77.7	87.4	2018-2020	82.1	78.0	87.6	2017-2019	increase
1	**Improving the health and wellbeing of children and young people:**									
*	Infant mortality rate per 1000 births	4.8	6.6	4.2	2018-2020	4.0	5.2	3.2	2017-2019	decrease
	Reception: Prevalence of Obesity (including severe obesity)	10.1%	12.5%	6.0%	2019/20	9.8%	12.4%	5.3%	2018/19	decrease
	Year 6: Prevalence of Obesity (including severe obesity)	20.8%	27.0%	11.8%	2019/20	21.0%	26.2%	11.1%	2018/19	decrease
*	Under 18 conception rate/1,000	22.8	#	#	2019	23.8	#	#	2018	decrease
2	**Improving the health and wellbeing of adults and preventing early death:**									
	Smoking Prevalence in adults (18+) - current smokers (APS)	15.3%	#	#	2019	18.2%	#	#	2018	decrease
	Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS)	1.9	#	#	2018	2.2	#	#	2017	decrease
*	Excess weight in adults % of Adults who have a BMI of over 30	23.7%	28.5%	19.1%	Q2 2021/22	23.8%	28.3%	19.1%	Q1 2021/22	decrease
*	Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)	35.8%	41.3%	29.0%	Q2 2021/22	35.7%	41.2%	29.0%	Q1 2021/22	decrease
*	Prevalence of severe mental health 18+	1,309.8	2,035.7	679.7	Q2 2021/22	1,306.2	2,030.6	684.9	Q1 2021/22	decrease
	ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	33.4	#	#	2018	32.8	#	#	2016	decrease
	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)	63.7	#	#	2019/20	63.5	#	#	2018/19	decrease
*	Gap in the employment rate between those with a learning disability and the overall employment rate (gap - percentage points)	67.6	#	#	2019/20	67.8	#	#	2018/19	decrease
*	Circulatory disease mortality, all ages, DSR per 100,000	245.1	321.9	183.7	2018 - 2020	264.8	349.5	190.3	2017 - 2019	decrease
*	Circulatory disease mortality, under 75, DSR per 100,000	82.7	134.0	46.1	2018-2020	82.2	133.0	43.7	2017-2019	decrease
*	Respiratory mortality, all ages, DSR per 100,000	89.7	152.5	35.6	2018-2020	91.5	154.9	34.7	2017-2019	decrease
*	Respiratory mortality, under 75, DSR per 100,000	34.0	70.0	8.6	2018-2020	31.5	70.5	7.5	2017-2019	decrease
*	Cancer mortality, all ages, DSR per 100,000	285.5	401.4	205.5	2018-2020	289.3	401.6	216.4	2017-2019	decrease
*	Cancer mortality, under 75, DSR per 100,000	150.8	227.3	103.0	2018-2020	146.4	219.1	106.1	2017-2019	decrease
*	Alcoholic liver disease mortality, under 75, DSR per 100,000	13.0	22.1	6.5	2018-2020	11.3	20.0	6.0	2017-2019	decrease
*	Excess under 75 mortality rate in adults with severe mental illness (SMI)	380.9	#	#	2016 - 18	374.4	#	#	2015 - 17	decrease
*	Under 75 mortality rate from causes considered preventable (2019 definition)	200.9	328.4	109.9	2018-2020	195.3	315.5	111.8	2017-2019	decrease
3	**Protecting health and wellbeing (*protect the health of the local population):**									
*	Suicide Rate (persons)	13.4	18.0	6.6	2018-20	12.6	18.3	4.3	2017-19	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
1	**Improving the health and wellbeing of children and young people:**									
	Breast feeding % maintenance at 6-8 weeks	39.2%	33.7%	#	2020/21	49.1%	33.7%	#	2019/20	increase
	Best start - number of under 2s taken into care	94.0	55.0	0.0	2020/21	123.0	60.0	1.0	2019/20	decrease
2	**Improving the health and wellbeing of adults and preventing early death:**									
*	Recorded diabetes type 1 and 2 (per 100,000)	6,500.4	9,639.7	4,195.7	Q2 2021/22	6,538.7	9,336.4	4,204.0	Q1 2021/22	increase
*	Completed NHS Health Checks from PHE eligible invites	1,156.0	#	#	Q2 2021/22	#	#	#	#	increase
*	Conversion of PHE invites into complete Health Checks	9.9%	#	#	Q2 2021/22	#	#	#	#	increase
*	Successful completion of drug treatment - opiate users (%)	7.3%	#	#	2019	6.3%	#	#	2018	increase
*	Successful completion of alcohol treatment (%)	43.5%	#	#	2019	41.1%	#	#	2018	increase
*	Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)	639.0	1,200.1	202.4	2020-2021	710.0	1296.2	383.4	2019-2020	decrease
*	Admission episodes for alcohol-specific conditions - Under 18s (Persons)	18.9	22.9	6.2	2018/19-20/21	21.6	18.4	15.7	2017/18-19/20	decrease
*	Emergency Admissions from Intentional Self-Harm (DSR per 100,000)	164.8	250.3	79.2	2020/21	194.6	285.4	148.5	2019/20	decrease
*	Emergency admissions due to falls for aged 65 and over	1,697.9	2,290.9	1,215.6	2020/21	2,019.3	2598.7	1,371.6	2019/20	decrease
3	**Protecting health and wellbeing (*protect the health of the local population):**									
	New HIV diagnosis rate / 100,000 aged 15+	11.4	#	#	2019	14.0	#	#	2018	decrease
*	New STI diagnosis (exc chlamydia aged <25) / 100,000	576.5	#	#	2020	908.8	#	#	2019	decrease

Notes

* **Indicators marked with an asterisk have been updated November 2021.**

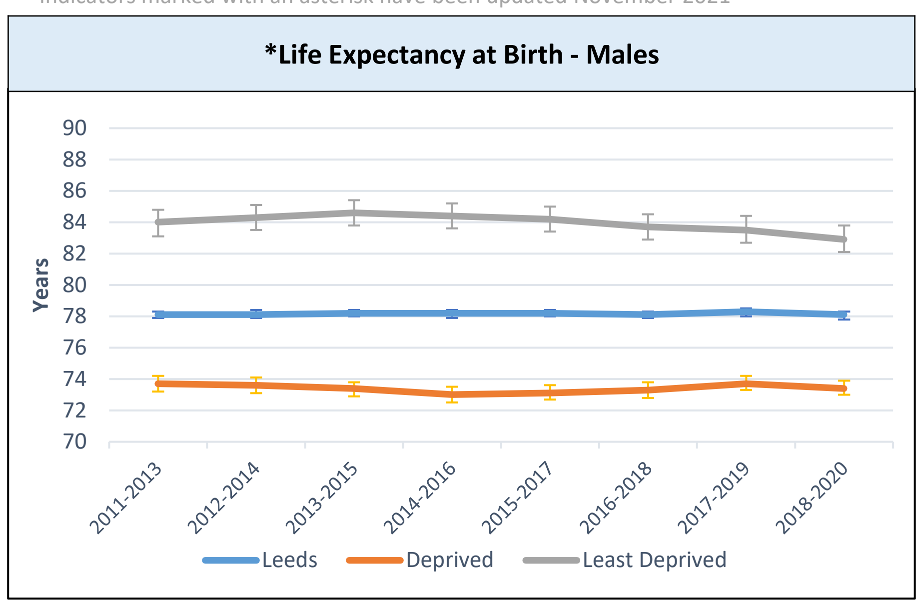
Data at LSOA level is unavailable, Deprived data cannot be calculated.

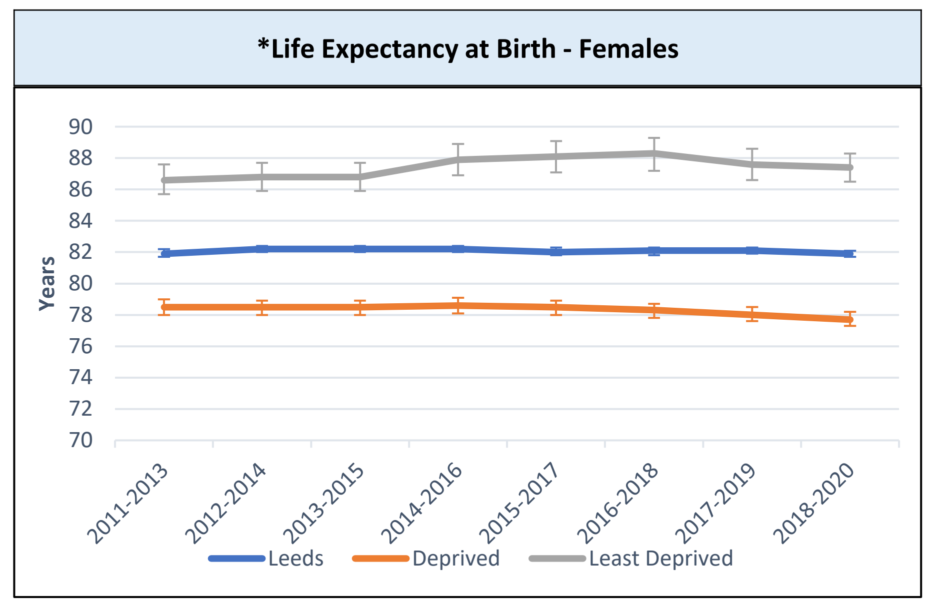
"Most Deprived" is the population of Leeds living in an area ranking in the 10% most deprived nationally, "Least Deprived" is the 10% least deprived nationally. There is an exception for child obesity indicators which use 20% most deprived and 20% least deprived to align with the ntaional Child Measurement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

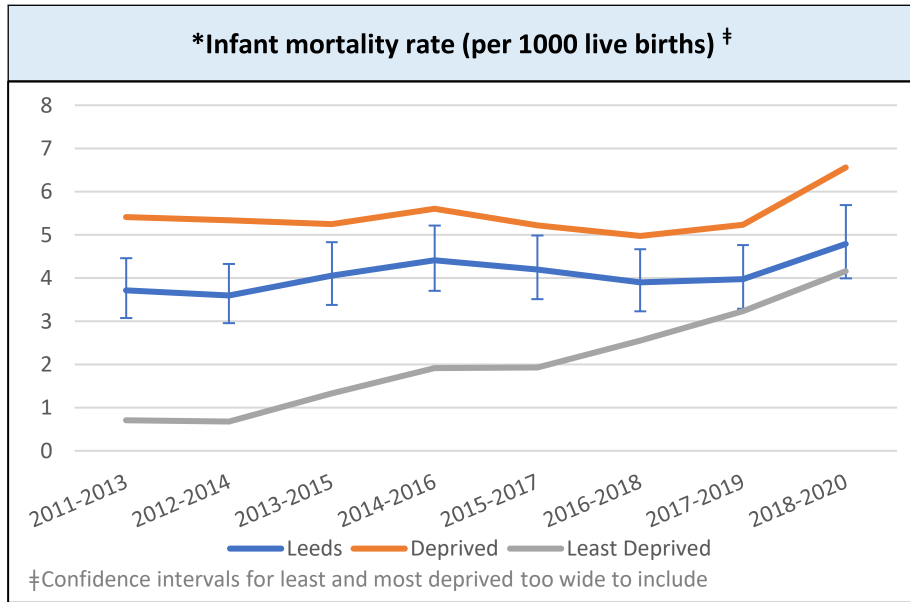
Population' and 'Operational' indicators are defined as follows. Population level indicators are health outcomes (i.e. Increased life expectancy, Reduced premature mortality, People living healthier lifestyles). Operational indicators are measures of service delivery or health intervention, and the outcome 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.

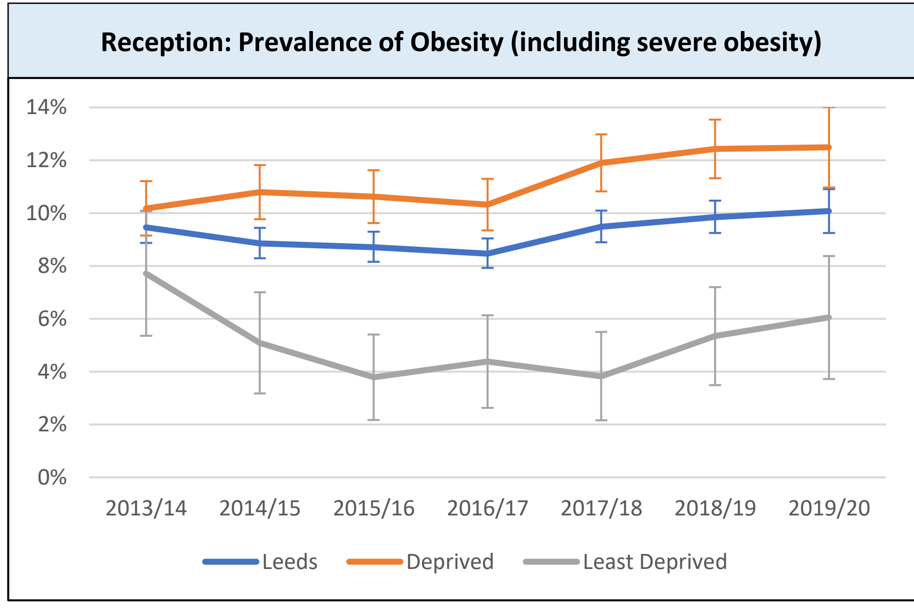
Public Health Performance Report Q2 2021/22 Population Indicators

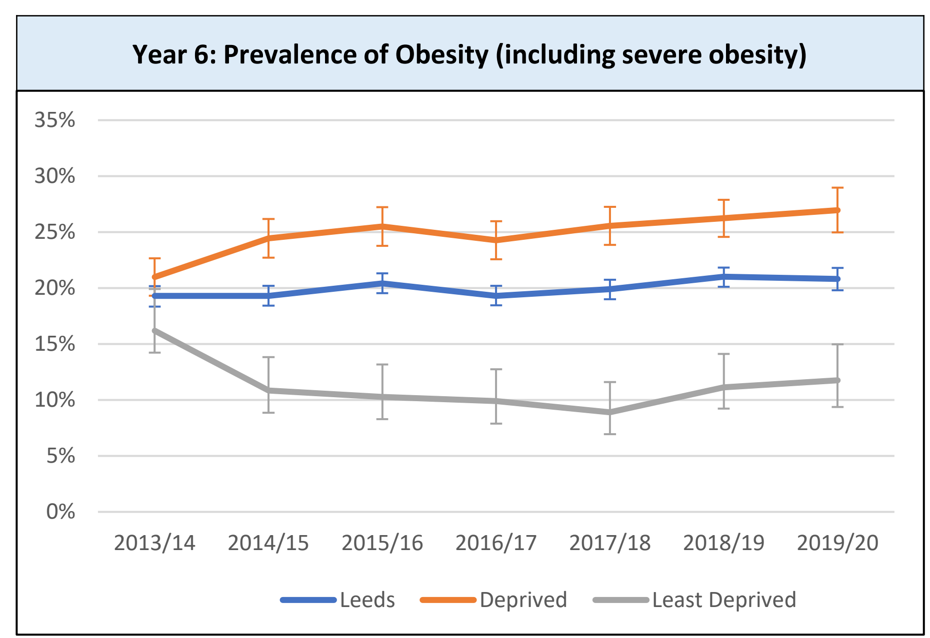
*Indicators marked with an asterisk have been updated November 2021

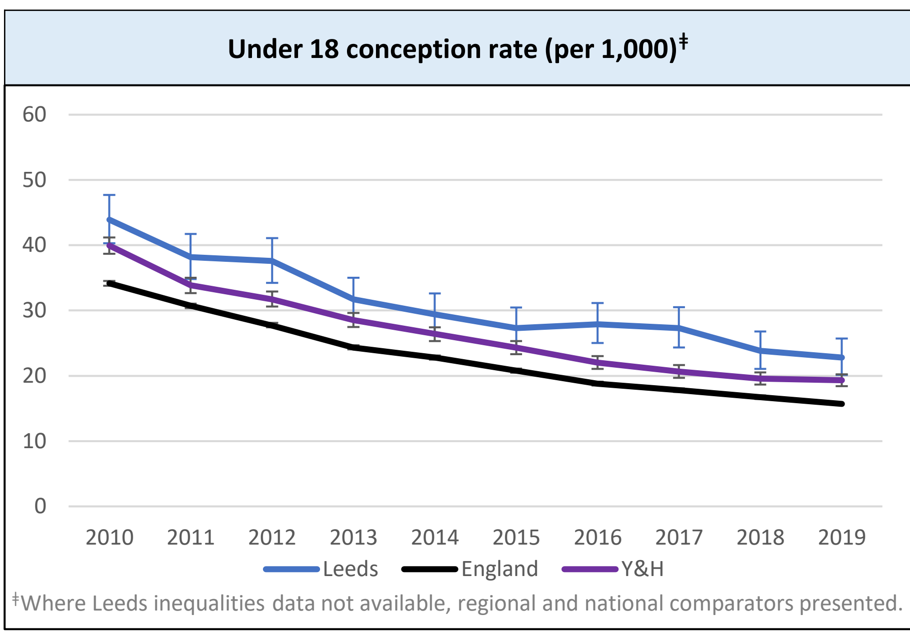


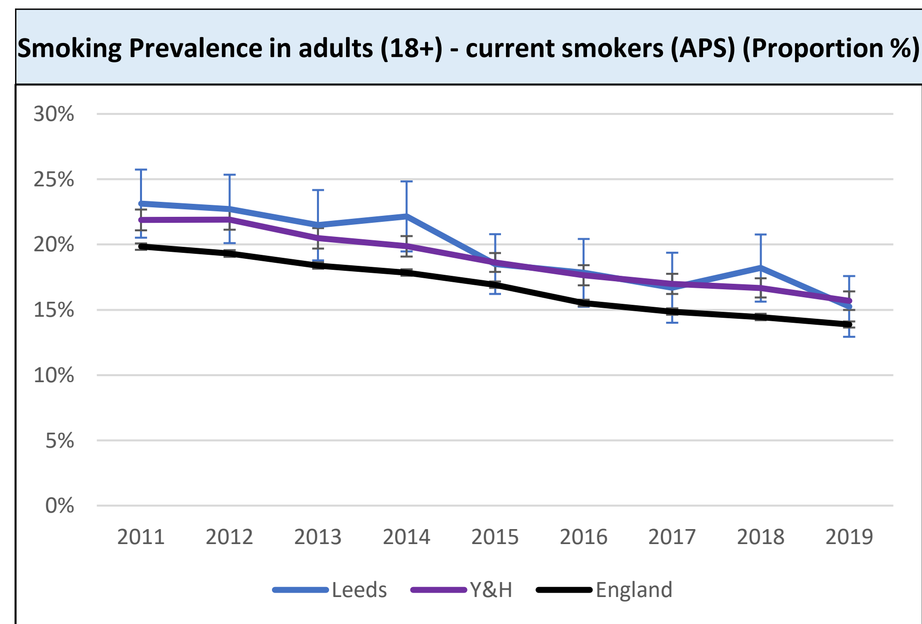


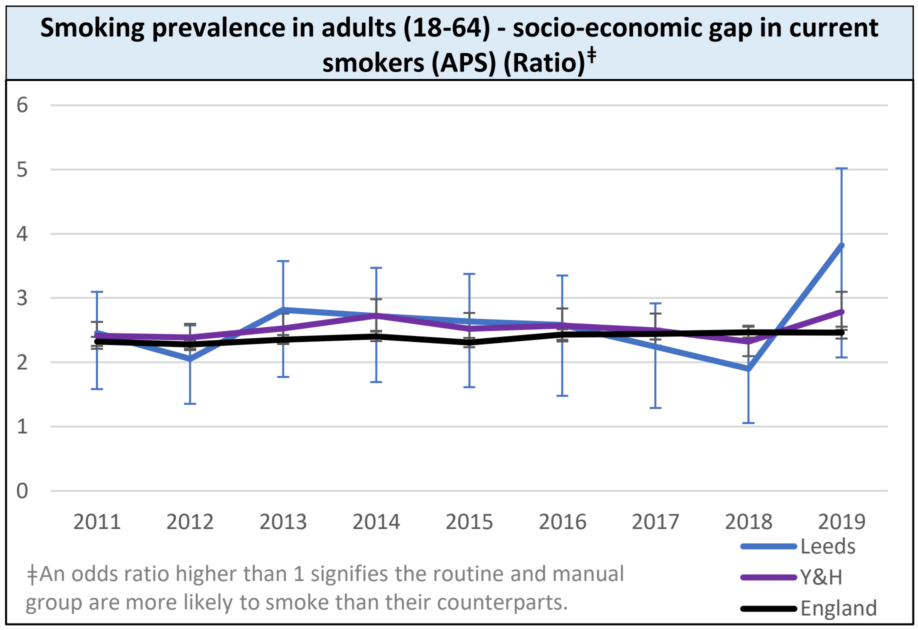


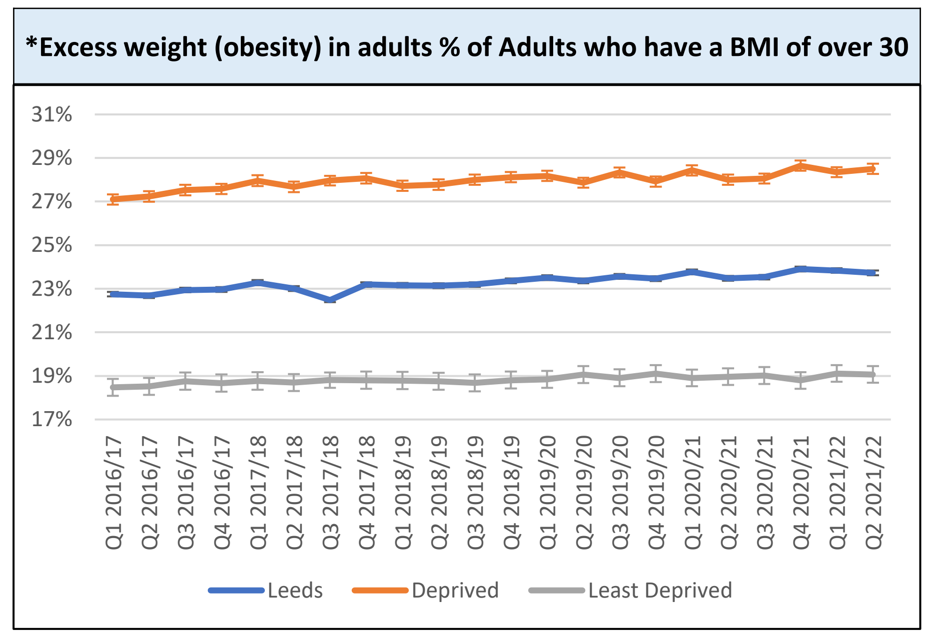


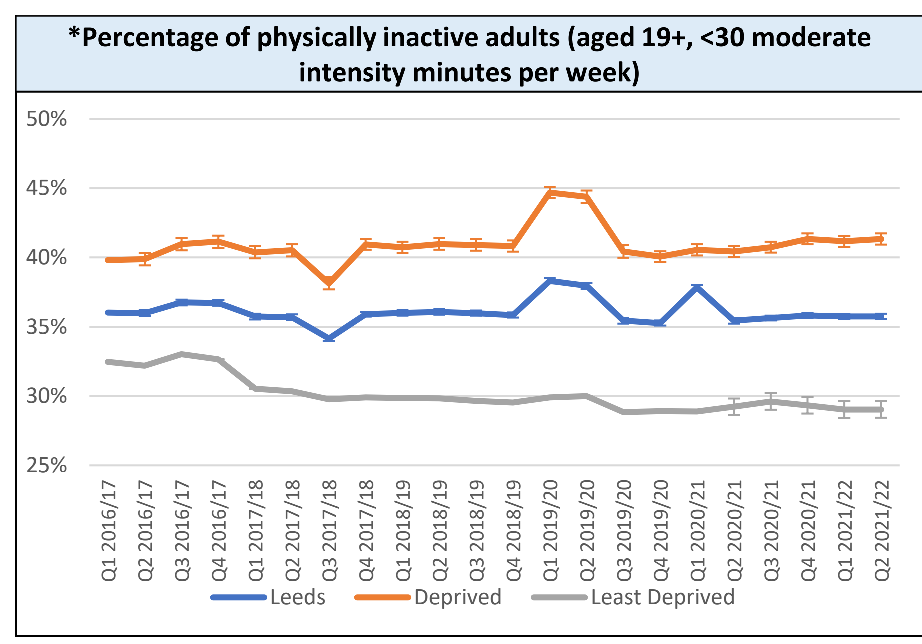

Year 6: Prevalence of Obesity (including severe obesity)
35%
30%
25%
20%
15%
10%
5%
0%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
Leeds
Deprived
Least Deprived

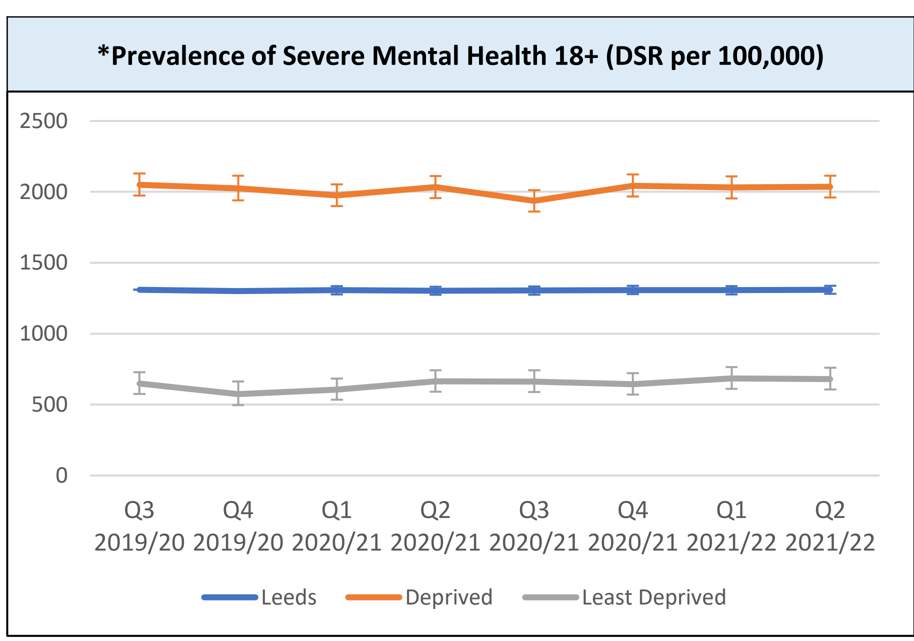

Under 18 conception rate (per 1,000)‡
60
50
40
30
20
10
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
Leeds
England
Y&H
‡Where Leeds inequalities data not available, regional and national comparators presented.

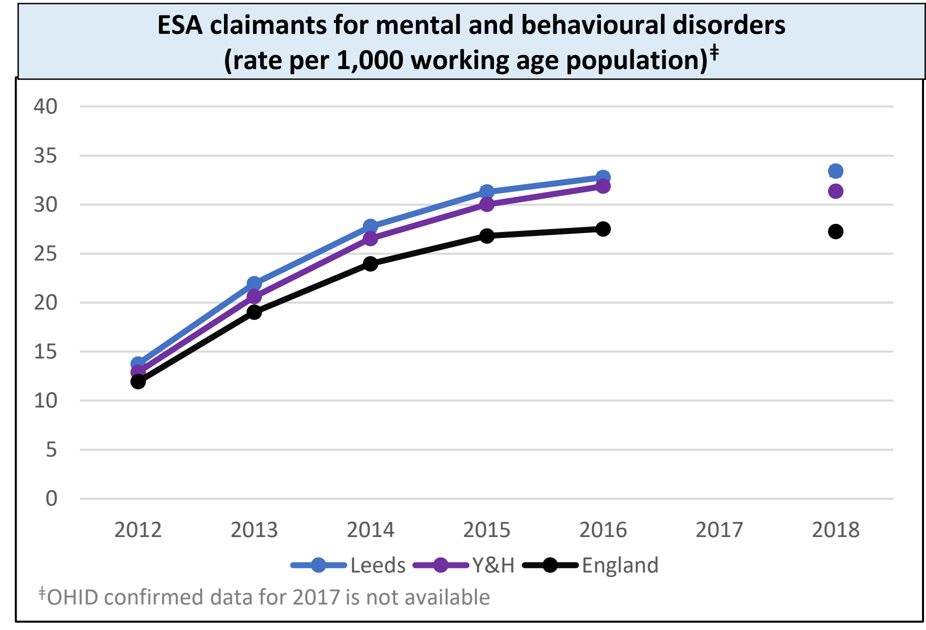

Smoking Prevalence in adults (18+) - current smokers (APS) (Proportion %)
30%
25%
20%
15%
10%
5%
0%
2011
2012
2013
2014
2015
2016
2017
2018
2019
Leeds
Y&H
England

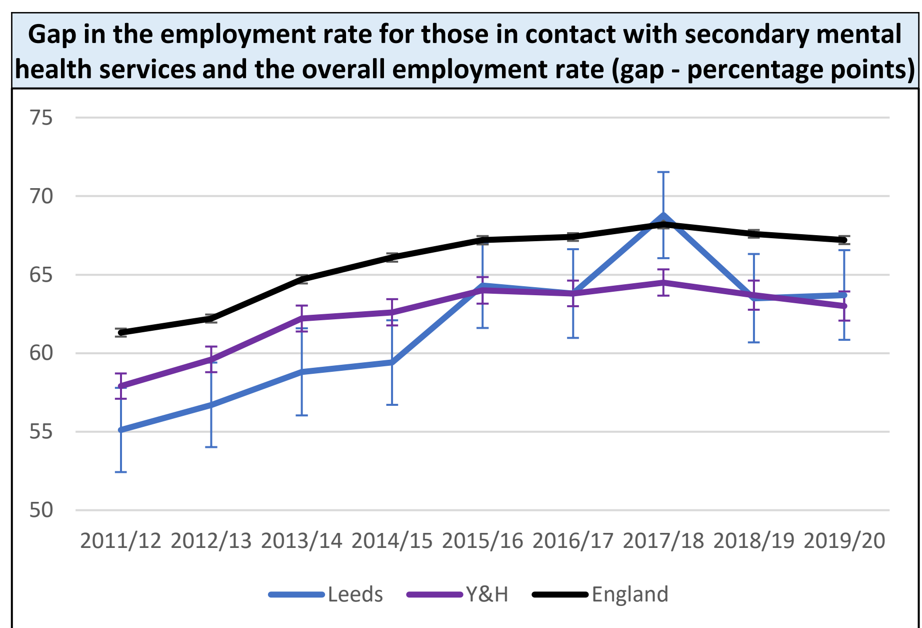

Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS) (Ratio)‡
6
5
4
3
2
1
0
2011
2012
2013
2014
2015
2016
2017
2018
2019
Leeds
Y&H
England
‡An odds ratio higher than 1 signifies the routine and manual group are more likely to smoke than their counterparts.

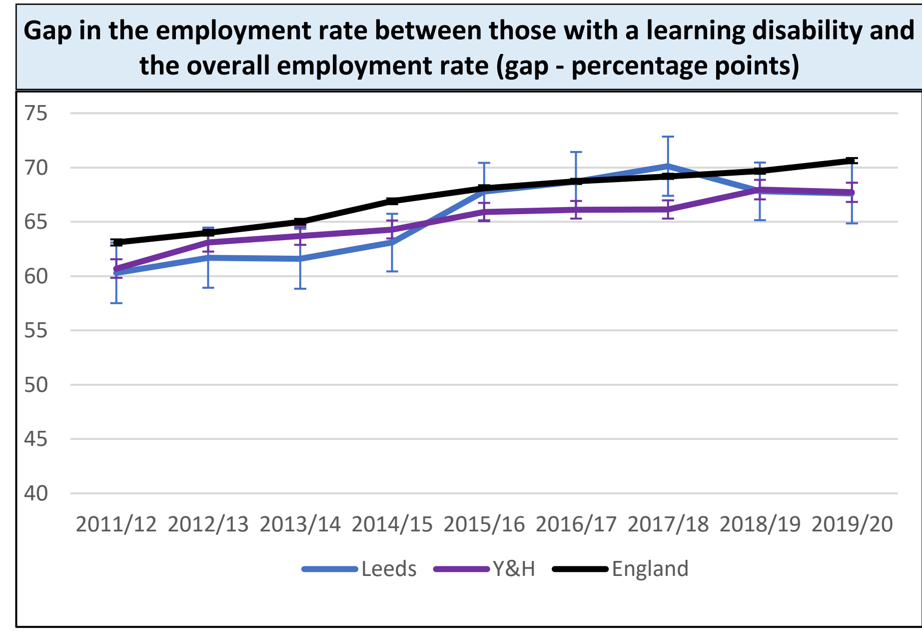

*Excess weight (obesity) in adults % of Adults who have a BMI of over 30
31%
29%
27%
25%
23%
21%
19%
17%
Q1 2016/17
Q2 2016/17
Q3 2016/17
Q4 2016/17
Q1 2017/18
Q2 2017/18
Q3 2017/18
Q4 2017/18
Q1 2018/19
Q2 2018/19
Q3 2018/19
Q4 2018/19
Q1 2019/20
Q2 2019/20
Q3 2019/20
Q4 2019/20
Q1 2020/21
Q2 2020/21
Q3 2020/21
Q4 2020/21
Q1 2021/22
Q2 2021/22
Leeds
Deprived
Least Deprived

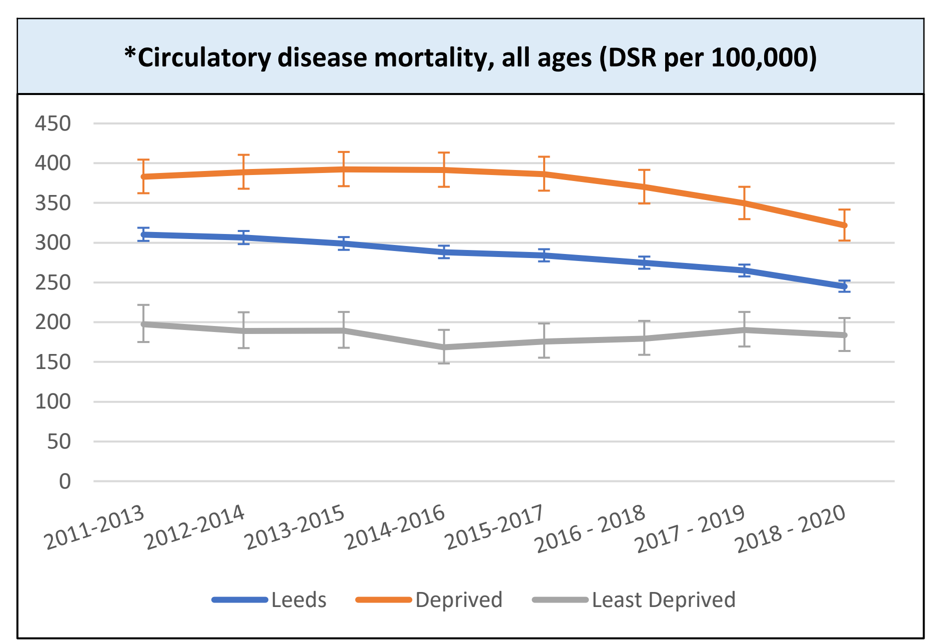

*Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)
50%
45%
40%
35%
30%
25%
Q1 2016/17
Q2 2016/17
Q3 2016/17
Q4 2016/17
Q1 2017/18
Q2 2017/18
Q3 2017/18
Q4 2017/18
Q1 2018/19
Q2 2018/19
Q3 2018/19
Q4 2018/19
Q1 2019/20
Q2 2019/20
Q3 2019/20
Q4 2019/20
Q1 2020/21
Q2 2020/21
Q3 2020/21
Q4 2020/21
Q1 2021/22
Q2 2021/22
Leeds
Deprived
Least Deprived

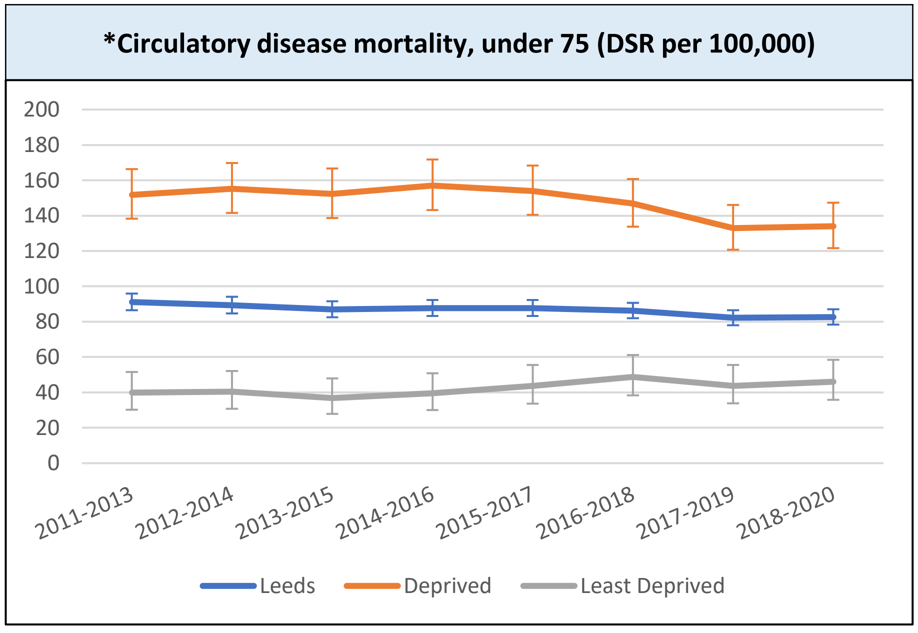

*Prevalence of Severe Mental Health 18+ (DSR per 100,000)
2500
2000
1500
1000
500
0
Q3 2019/20
Q4 2019/20
Q1 2020/21
Q2 2020/21
Q3 2020/21
Q4 2020/21
Q1 2021/22
Q2 2021/22
Leeds
Deprived
Least Deprived

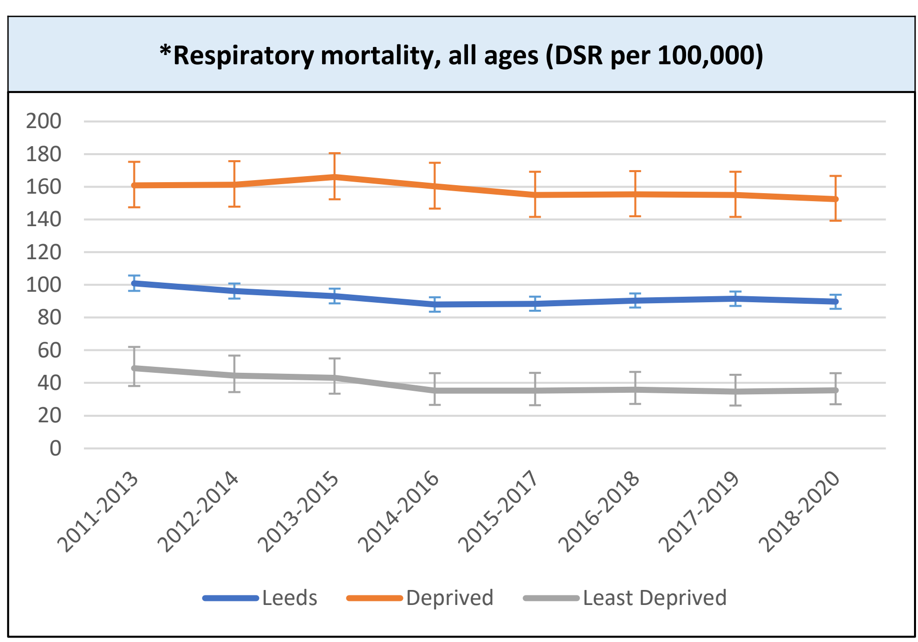

ESA claimants for mental and behavioural disorders
(rate per 1,000 working age population)‡
40
35
30
25
20
15
10
5
0
2012
2013
2014
2015
2016
2017
2018
Leeds
Y&H
England
‡OHID confirmed data for 2017 is not available

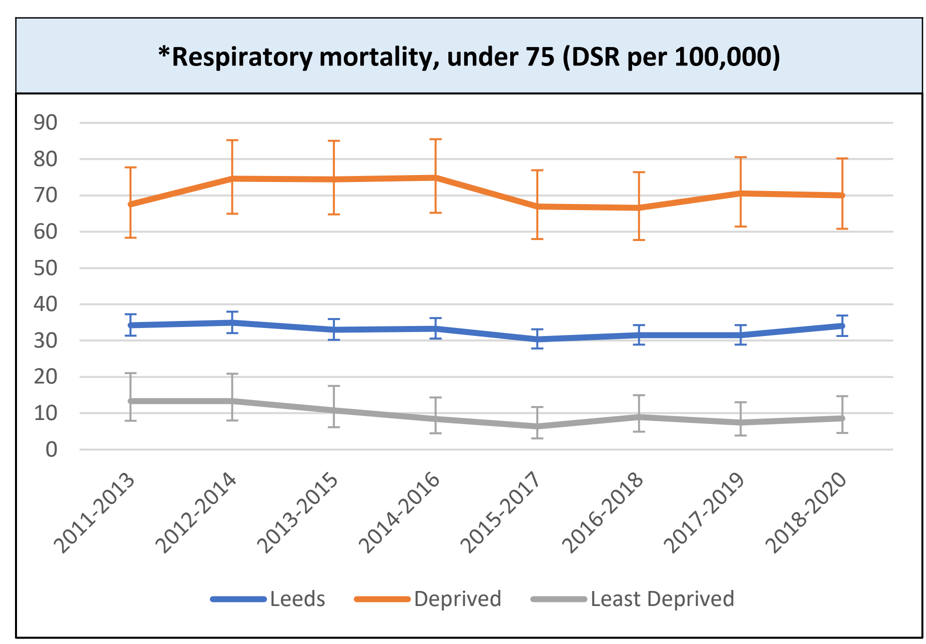

Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (gap - percentage points)
75
70
65
60
55
50
2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20
Leeds
Y&H
England

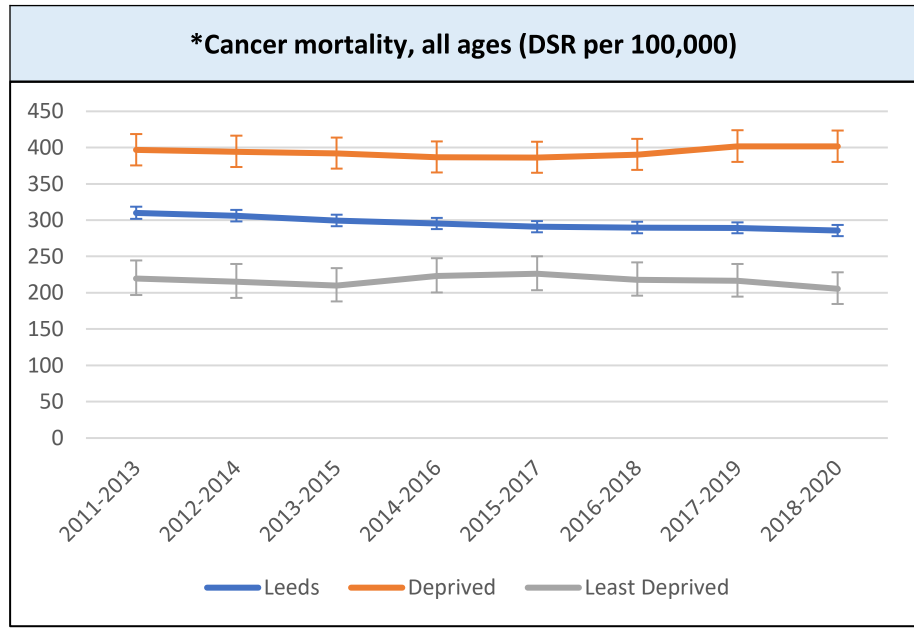

Gap in the employment rate between those with a learning disability and the overall employment rate (gap - percentage points)
75
70
65
60
55
50
45
40
2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20
Leeds
Y&H
England

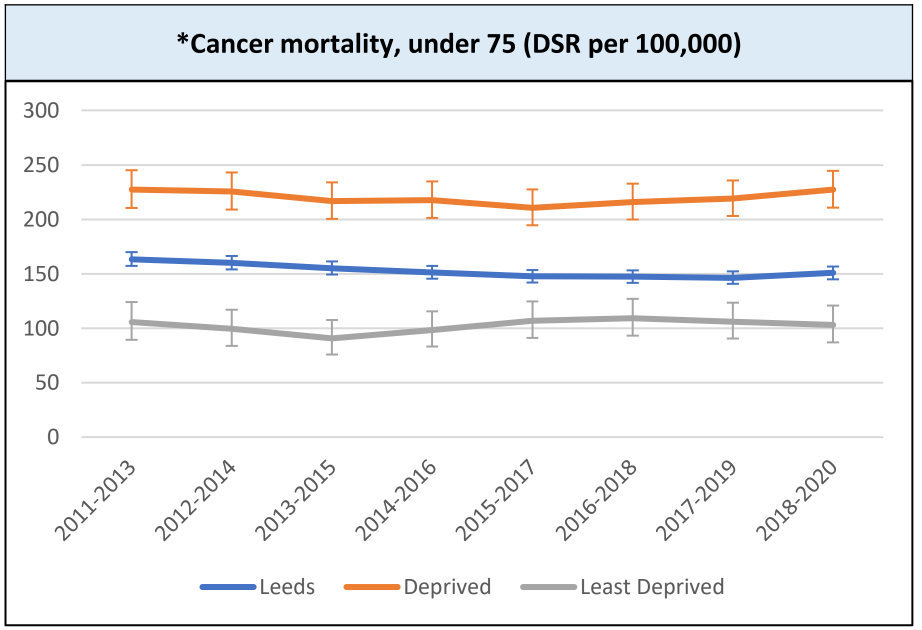

*Circulatory disease mortality, all ages (DSR per 100,000)
450
400
350
300
250
200
150
100
50
0
2011-2013 2012-2014 2013-2015 2014-2016 2015-2017 2016 - 2018 2017 - 2019 2018 - 2020
Leeds
Deprived
Least Deprived

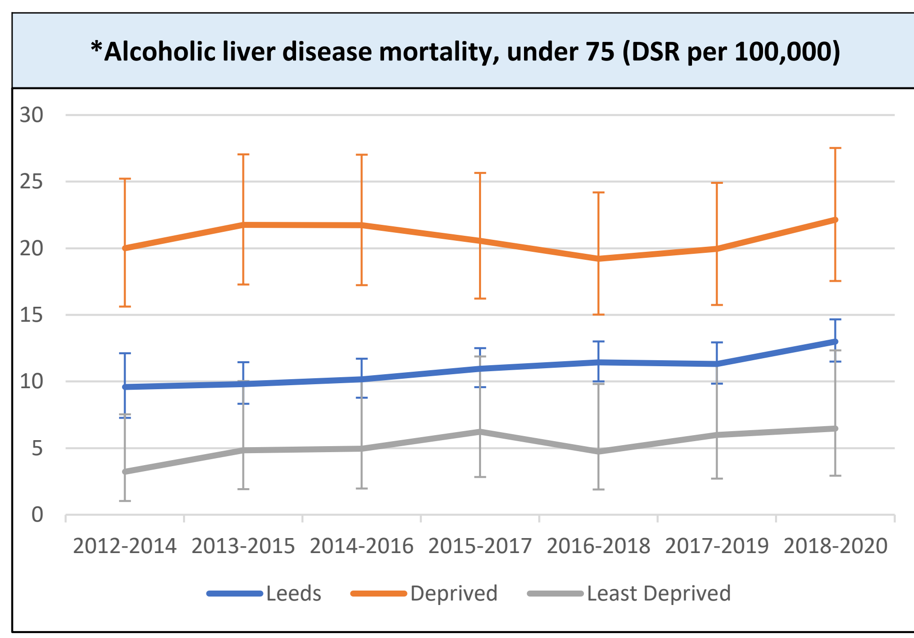

*Circulatory disease mortality, under 75 (DSR per 100,000)
200
180
160
140
120
100
80
60
40
20
0
2011-2013 2012-2014 2013-2015 2014-2016 2015-2017 2016-2018 2017-2019 2018-2020
Leeds
Deprived
Least Deprived

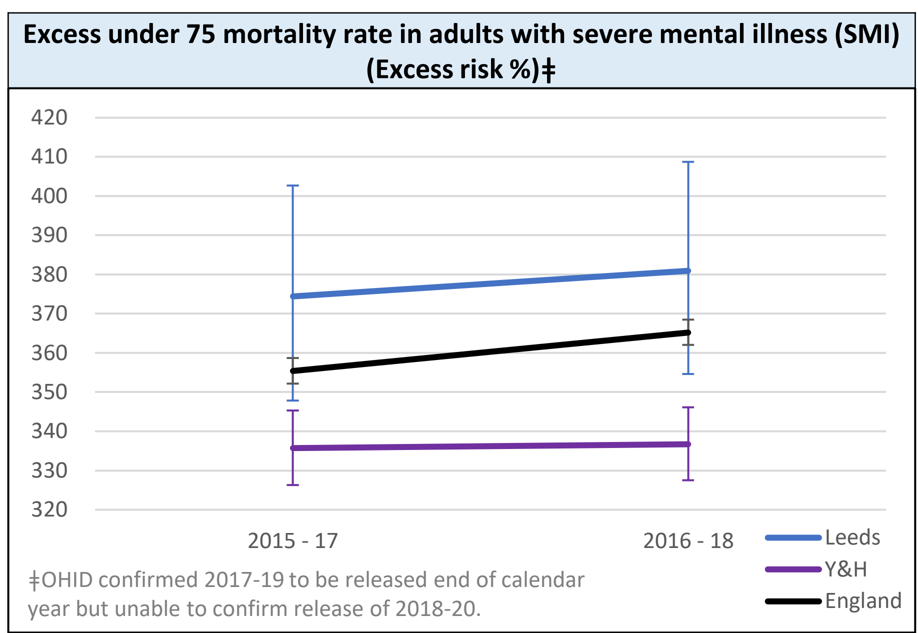

*Respiratory mortality, all ages (DSR per 100,000)
200
180
160
140
120
100
80
60
40
20
0
2011-2013
2012-2014
2013-2015
2014-2016
2015-2017
2016-2018
2017-2019
2018-2020
Leeds
Deprived
Least Deprived

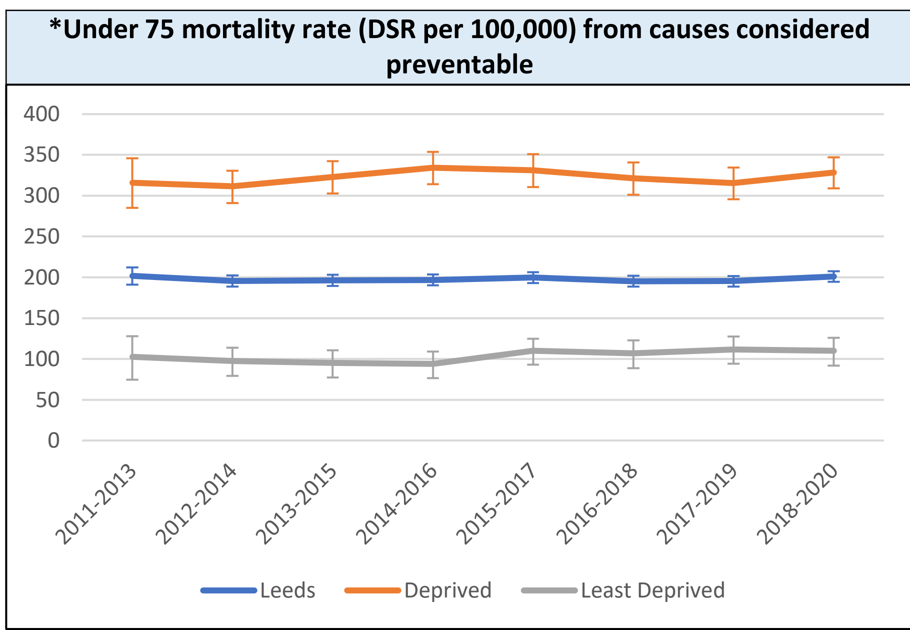

*Respiratory mortality, under 75 (DSR per 100,000)
90
80
70
60
50
40
30
20
10
0
2011-2013
2012-2014
2013-2015
2014-2016
2015-2017
2016-2018
2017-2019
2018-2020
Leeds
Deprived
Least Deprived

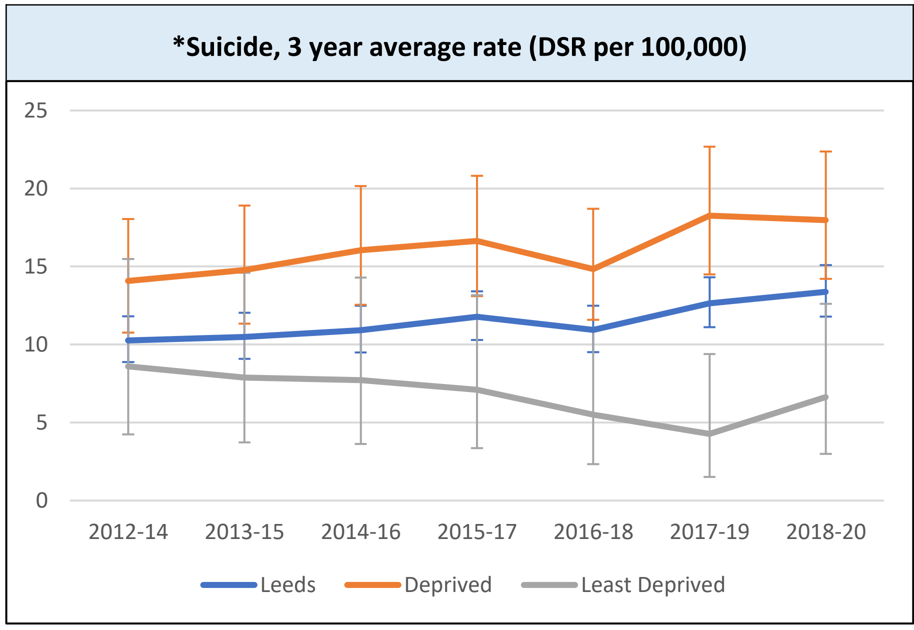

*Cancer mortality, all ages (DSR per 100,000)
450
400
350
300
250
200
150
100
50
0
2011-2013
2012-2014
2013-2015
2014-2016
2015-2017
2016-2018
2017-2019
2018-2020
Leeds
Deprived
Least Deprived


*Cancer mortality, under 75 (DSR per 100,000)
300
250
200
150
100
50
0
2011-2013
2012-2014
2013-2015
2014-2016
2015-2017
2016-2018
2017-2019
2018-2020
Leeds
Deprived
Least Deprived

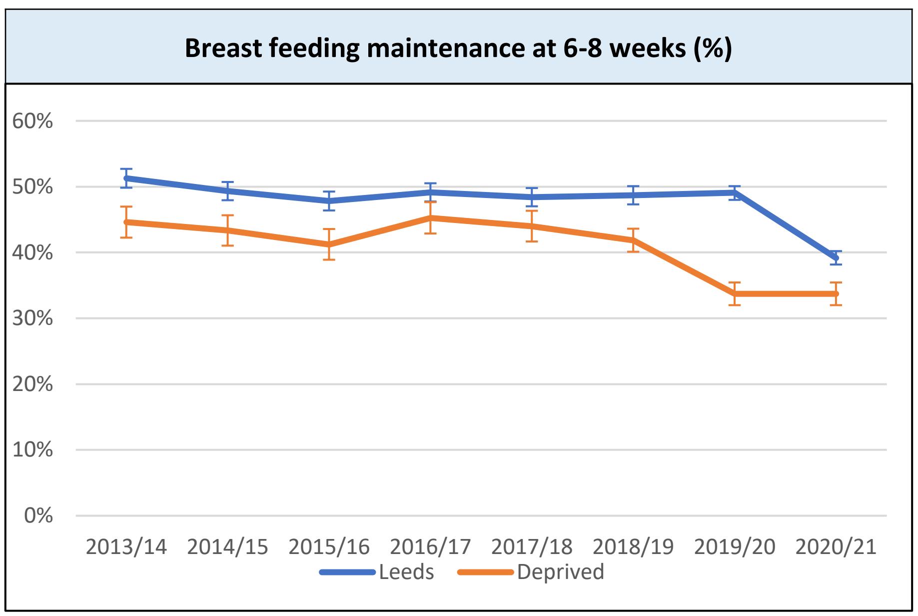

*Alcoholic liver disease mortality, under 75 (DSR per 100,000)
30
25
20
15
10
5
0
2012-2014
2013-2015
2014-2016
2015-2017
2016-2018
2017-2019
2018-2020
Leeds
Deprived
Least Deprived

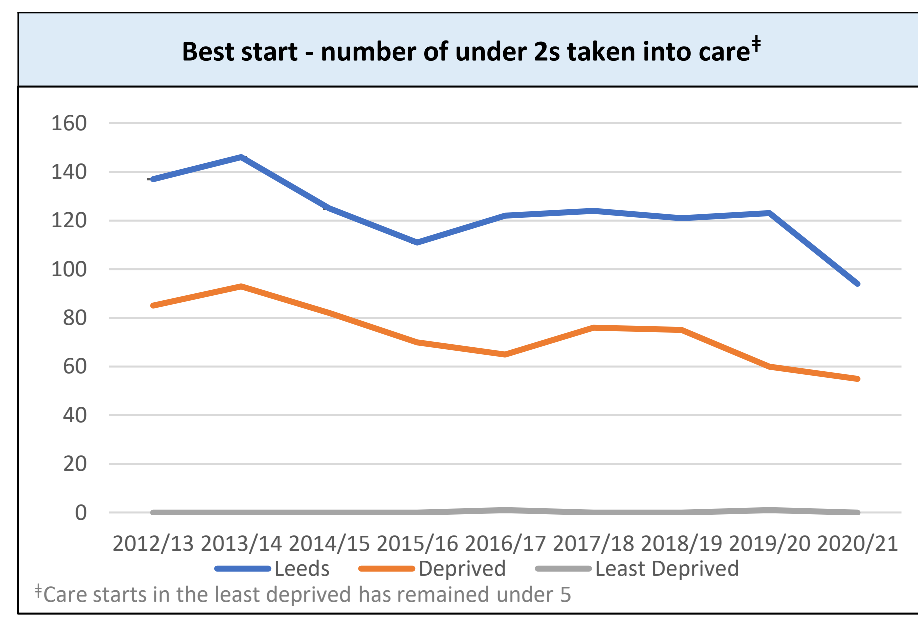

Excess under 75 mortality rate in adults with severe mental illness (SMI) (Excess risk %)‡
420
410
400
390
380
370
360
350
340
330
320
2015 - 17
2016 - 18
Leeds
Y&H
England
‡OHID confirmed 2017-19 to be released end of calendar year but unable to confirm release of 2018-20.

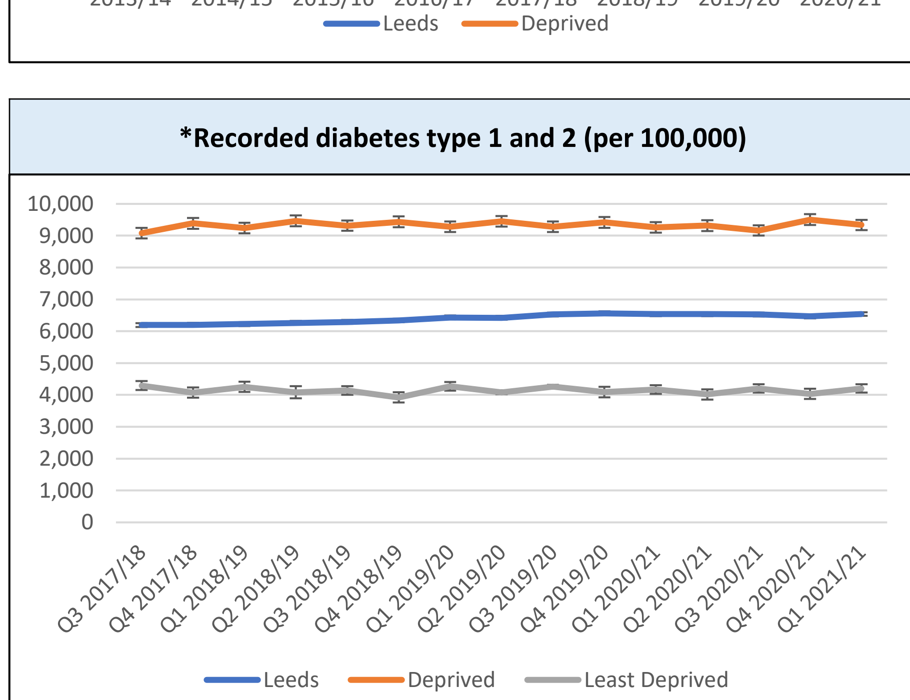

*Under 75 mortality rate (DSR per 100,000) from causes considered preventable
400
350
300
250
200
150
100
50
0
2011-2013
2012-2014
2013-2015
2014-2016
2015-2017
2016-2018
2017-2019
2018-2020
Leeds
Deprived
Least Deprived

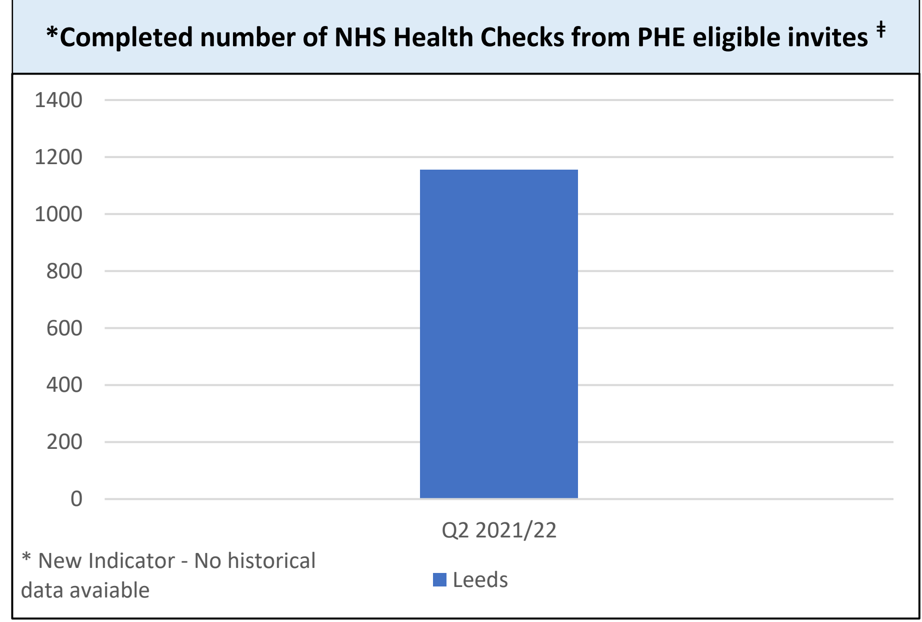

*Suicide, 3 year average rate (DSR per 100,000)
25
20
15
10
5
0
2012-14
2013-15
2014-16
2015-17
2016-18
2017-19
2018-20
Leeds
Deprived
Least Deprived

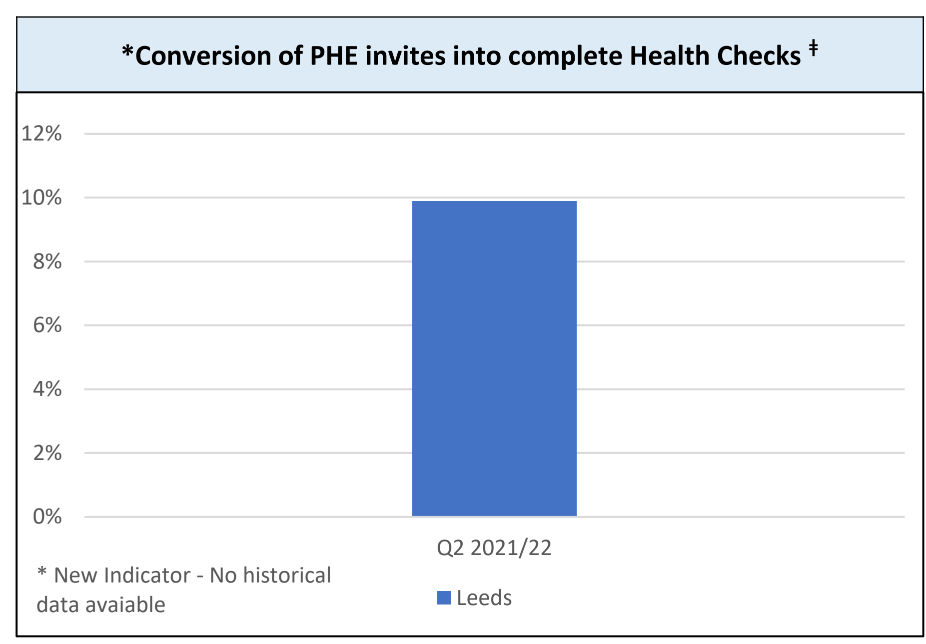
Operational Indicators

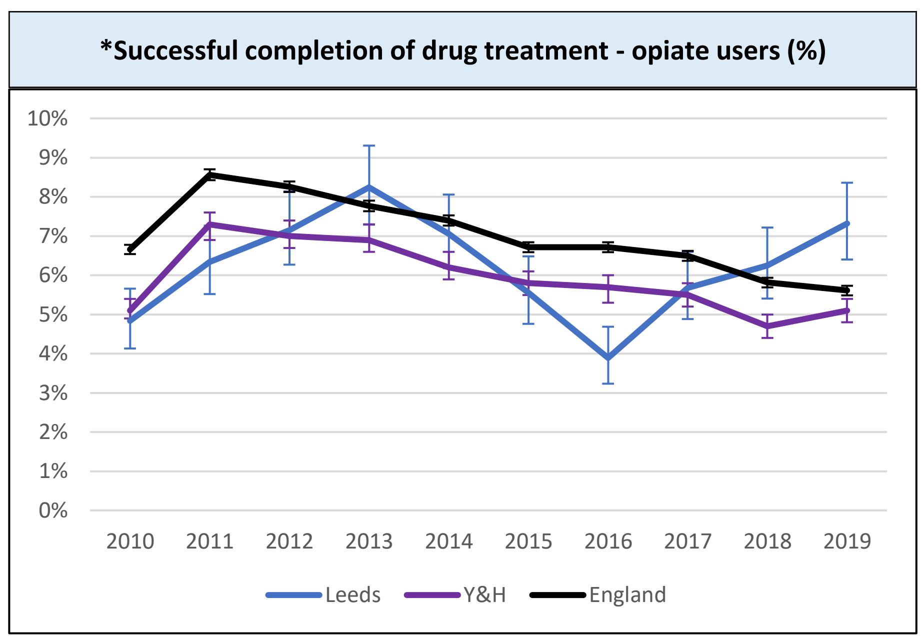


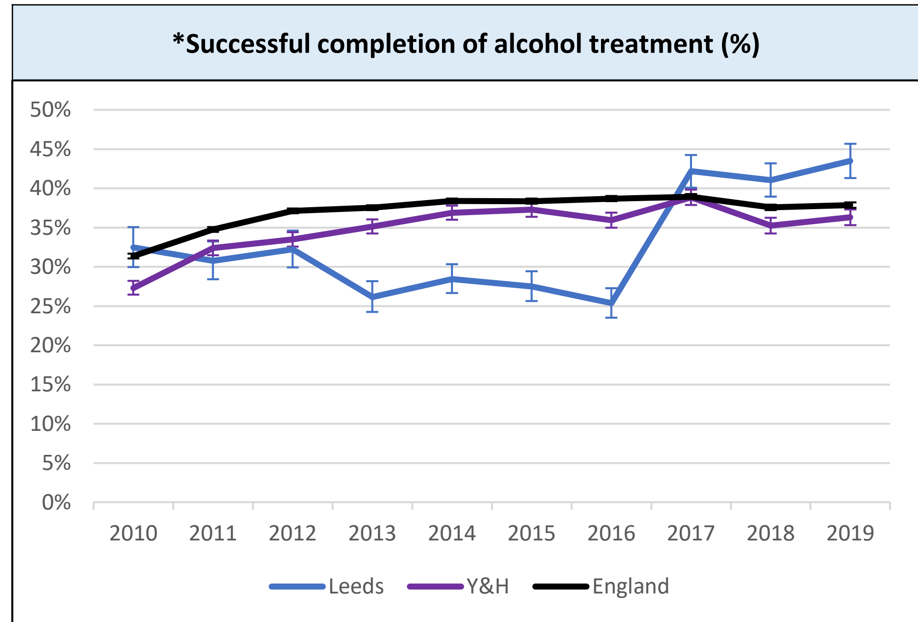


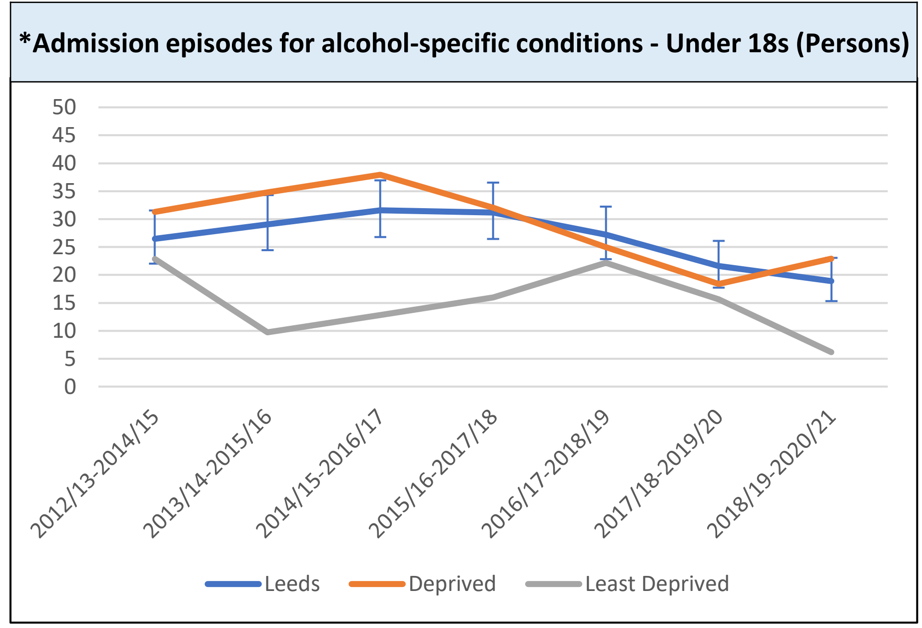


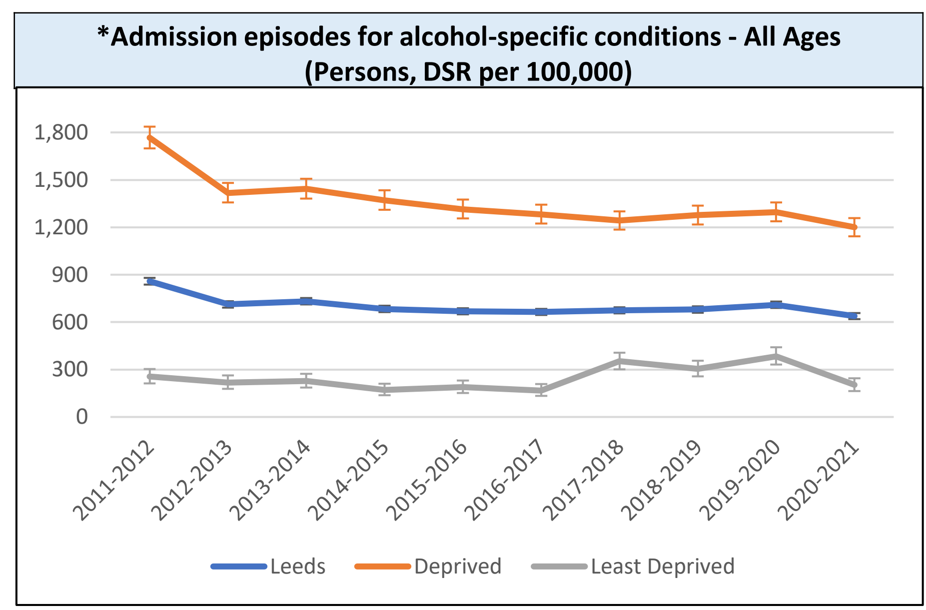


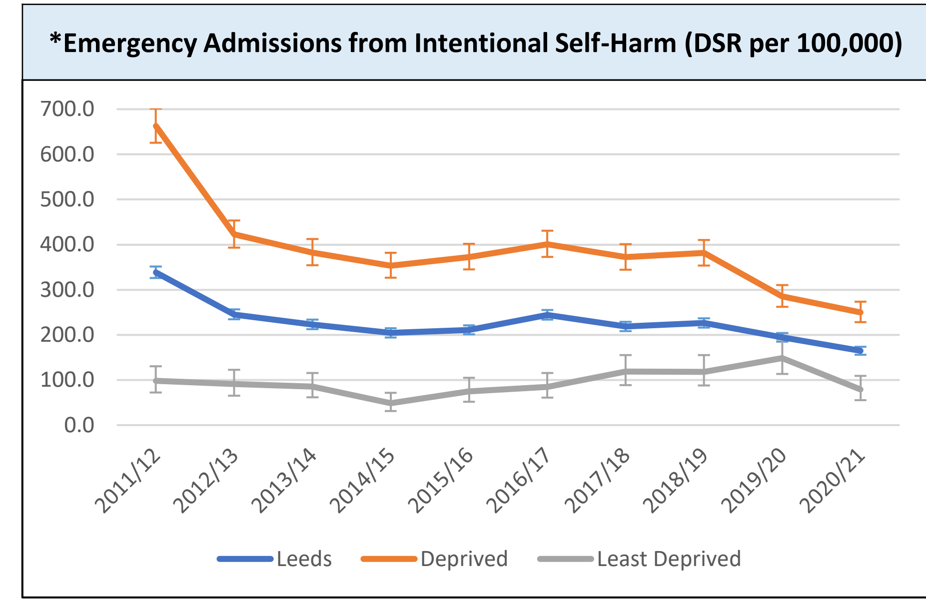

*Conversion of PHE invites into complete Health Checks ‡
12%
10%
8%
6%
4%
2%
0%
Q2 2021/22
* New Indicator - No historical data avaiable
Leeds

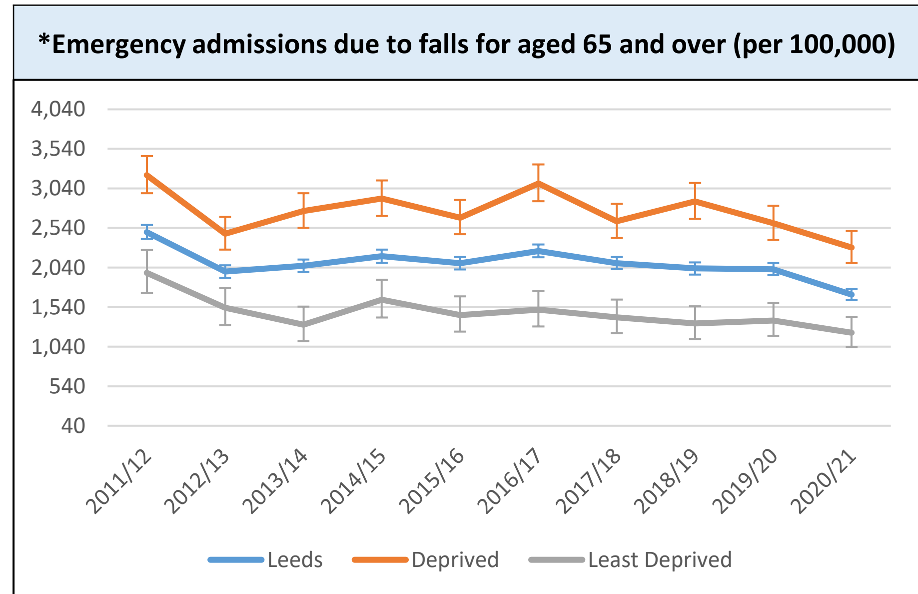

*Successful completion of drug treatment - opiate users (%)
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
Leeds
Y&H
England

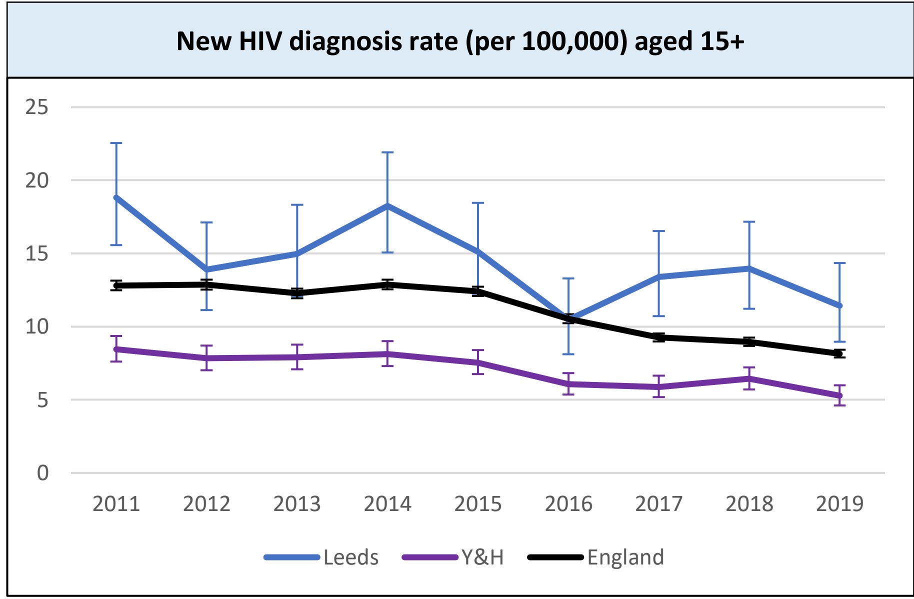

*Successful completion of alcohol treatment (%)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
Leeds
Y&H
England

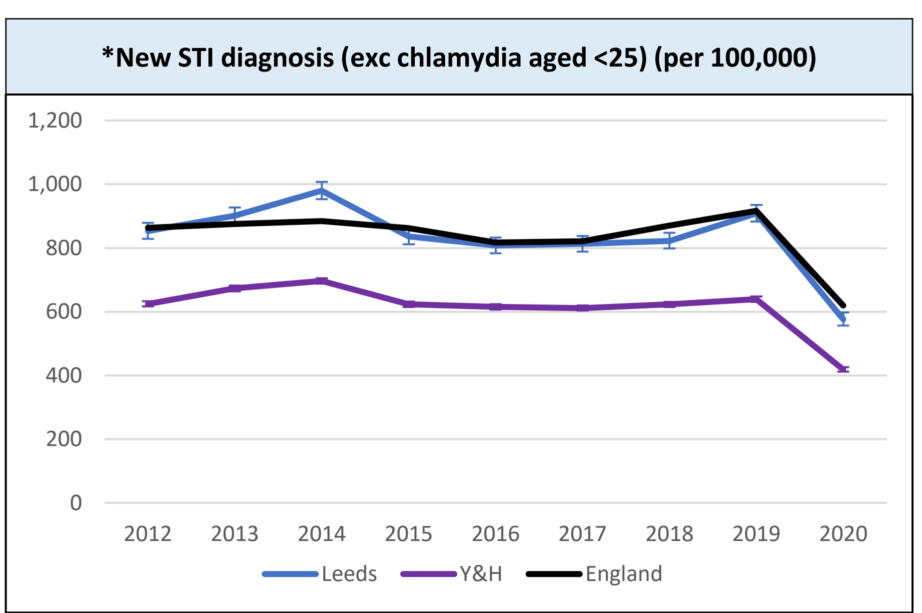

*Admission episodes for alcohol-specific conditions - Under 18s (Persons)
50
45
40
35
30
25
20
15
10
5
0
2012/13-2014/15
2013/14-2015/16
2014/15-2016/17
2015/16-2017/18
2016/17-2018/19
2017/18-2019/20
2018/19-2020/21
Leeds
Deprived
Least Deprived


*Admission episodes for alcohol-specific conditions - All Ages (Persons, DSR per 100,000)
1,800
1,500
1,200
900
600
300
0
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
Leeds
Deprived
Least Deprived


*Emergency Admissions from Intentional Self-Harm (DSR per 100,000)
700.0
600.0
500.0
400.0
300.0
200.0
100.0
0.0
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
Leeds
Deprived
Least Deprived


*Emergency admissions due to falls for aged 65 and over (per 100,000)
4,040
3,540
3,040
2,540
2,040
1,540
1,040
540
40
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
Leeds
Deprived
Least Deprived


New HIV diagnosis rate (per 100,000) aged 15+
25
20
15
10
5
0
2011
2012
2013
2014
2015
2016
2017
2018
2019
Leeds
Y&H
England


*New STI diagnosis (exc chlamydia aged <25) (per 100,000)
1,200
1,000
800
600
400
200
0
2012
2013
2014
2015
2016
2017
2018
2019
2020
Leeds
Y&H
England

Appendix 2a: Adult Social Care Update

Background

1. Social Care in Leeds provides a range of care and support services to help meet the needs of older people, people with a learning disability, those with mental health issues and people with a physical or sensory impairment.

2. 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.

3. As at 30th September 2021 Adult Social Care provided long term support to 8,499 people (3,792 aged 18-64, 4,707 aged 65 or over).

4. The Leeds approach to Adult Social Care is informed by the Better Lives Strategy and its themes of better conversations, better living and better connections. This strategy is currently being renewed.

5. The Adult Social Care Outcomes Framework (ASCOF) provides an outcomes based national framework for measuring performance of all local authorities. Metrics are organised under four key aims or domains:

   - Domain 1: Enhance quality of life for people with care and support needs.
   - Domain 2: Delay and reduce the need for care and support.
   - Domain 3: Ensure that people have a positive experience of care and support.
   - Domain 4: Safeguarding adults whose circumstances amen them vulnerable and protecting them from harm.

6. The metrics within the ASCOF are informed by the results of mandatory national data collections and surveys. This report presents 2020/21 results, alongside the comparative data and includes local metrics where relevant to the Better Lives Strategy.

7. The impact of Covid-19, meant that national surveys were not undertaken so we do not have outcomes results for ASCOF metrics based upon the survey results. Both the service user and carers surveys will take place in 2021/22. In addition, it is clear that the COVID pandemic had an impact upon patterns of demand and operation of services which have impacted upon results for 2020/21. We will continue monitoring closely how this has continued into 2021/22 to ensure we understand need and are informing service delivery.

8. The annual Short and Long Term servicer users (SALT) data collection return for 2020/21 was submitted in May 2021 and as expected this also reflected the impact of COVID-19 on social care demand. A mid-year version of the SALT collection based on data for the first six months of 2021/22 appears to show a return to pre pandemic activity in many areas and therefore further illustrate the impact of the COVID pandemic on the 2020/21 return.

ASCOF framework

9. The 2020/21 national results for the ASCOF measures were published in October. These confirmed the previously reported position that compared to 2019/20 Leeds' results had improved for 5 measures and had decreased for 8 measures. When compared to the Yorkshire and Humber region Leeds performs better than average on 7 measures and below average for 6 measures whilst for our comparator group of authorities Leeds performs better than average for 8 measures and below average on 5 measures.

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

- The measures looking at the overall proportion of service users and carers receiving self-directed support (SDS) as well as those looking at the proportion receiving a direct payment (DP) all declined in 2021/22. SDS performance was above the average for comparators and the region whilst DP performance was below. 2021/22 mid-year figures suggest that DP performance is improving.

- Results for adults in contact with secondary mental health services in paid employment fell compared to last year potentially as a result of COVID-19 with Leeds above the regional average but below that for similar authorities, whilst the proportion living independently has fallen significantly due to data recording issues at LYPFT rather than an actual change in performance. These issues have been reported to NHS Digital.

- Both the employment and settled accommodation metrics for people with learning disabilities improved in 2020/21 with Leeds' result being above the regional and comparator averages for employment and at similar levels for accommodation. Although the current mid-year 2021/22 figures are lower this is due to the nature of the measure and performance will improve over the next 6 months as data is collected.

11. **Domain 2: Delay and reduce the need for care and support**

- The Leeds rate of adults over 65 who have their needs met through permanent admission to nursing and care homes fell substantially in 2020/21 although this will have largely been due to the COVID pandemic and similar reductions have been seen nationwide. Current figures for the last 12 months show it returning to pre-pandemic levels. Admissions for adults aged 18-64 2020/21 saw a reduction in the admission rate compared to 2019/20 and is now more in line with previous years and below regional and comparator averages. The most recent 12 monthly figure remain broadly in line.

- Delayed Transfers of Care statistics have not been collated since February 2020 The new metric is referred to as having "No reason to reside". At the time of writing this report the number of people with no reason to reside in Leeds Hospitals was 206.

- Performance in relation to reablement services continue to be positive with the sequel to reablement metric has continuing to improve with 71.9% of people

achieving independence following short term support, 81.4% of older people were at home 91 days after leaving hospital and receiving short term reablement support. Results for both measures are therefore above averages for the region and similar authorities and performance is continuing at a similar level for the 2021/22 year to date. Whilst the overall number of people receiving reablement services in 2020/21 was lower than the previous year, in particular relation to people accessing the service from the community due to the impact of the COVID pandemic this picture is now changing with services progressively returning to more normal activity.

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

- The ASCOF metrics within this domain are based upon surveys which were not carried out in 2020/21.

- Leeds indicators. A Best Council Plan metric not included in ASCOF but relevant to Adult Social Care include the results of Care Quality Commission (CQC) inspections of local provision. This result was 83.5% at the end of March 2021 but has since fallen to 79.4%. This fall is due to not being able to undertake regular inspections apart from when providers are of concern or require immediate support with significant challenges. A small number of inspections have been reported during the period for homes that were subsequently rated as requiring improvement or inadequate, thus impacting upon the overall score.

13. **Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm**

- The ASCOF metrics within this domain are all based upon surveys which were not carried out in 2020/21.

- Leeds indicators. A key local metric relates to meeting the outcomes for people who have been supported with safeguarding. During 2020/21 93.5% of people had their desired outcomes fully or partially met when being the subject of a safeguarding inquiry. This result has since increased and current performance stands at 96%. There continues to be an increase in safeguarding concerns raised however, safeguarding enquiries remain stable. This maybe an impact of COVID-19 and people erring on the side of caution.

2021/22 Year to date activity

14. The Covid period has resulted in increased safeguarding concerns, mental health issues and the impact of social isolation on older people's confidence and mobility and is evidenced through increased demand across quarters 1 and 2. While early autumn saw demand and wait times moderating compared to the peaks of the summer months of June-August they remain high compared to 2020/21 averages and with the onset of winter there is now increasing pressures on a stretched care system. This position continues to be regularly and closely monitored to see if it forms part of a longer trend.

15. This is impacting on such indicators as allocation waiting time, assessment timeliness and in capacity for annual reviews. It can be seen specifically in hospital discharge delays but also in broader delays for people accessing care services.

16. The pandemic has also had an impact on the social care workforce with providers experiencing increasing difficulties in recruiting and retaining staff. This has had an impact on the timeliness of provision of services such as home care and care home placements.

17. For people medically fit for discharge from hospital 61 people are currently awaiting a reablement service. The broader pressures on the system can be seen in homecare with the average number of days for homecare to start for new service users aged 65+ has increased from 14.6 days in December 2020 to 28.8 days in October 2021 and the number of people waiting for a home care package being 167.. Although trends are more difficult to ascertain due to smaller numbers similar less pronounced increases in wait times can be seen in the average days for older people starting nursing and residential services.

18. The impact of this increased level of demand can be further seen through the mid-year position with regards to the data contained within the Short and Long Term service users (SALT) national data return.

   - STS001 – *New Contacts Requests* for support are forecast to be slightly above last year for both working aged adult (5%) and those aged 65 or over (3%). Focusing on the outcome of requests a growth in admissions to residential/nursing provision for both age groups is forecast compared to last year, bringing numbers more in line with 2019/20. This is due to the impact COVID had on admissions in 2020/21.

   - LTS001b Snapshot of *people supported at a point in time*. The current snapshot of service users as at 30th September shows that current number of 18-64 year olds supported is broadly in line with 2020/21 and 2019/20. For older people although the current snapshot is above that for last year, 6% higher for the number in nursing/residential care, it is still below the position at the end of 2019/20. This illustrates that numbers have not yet recovered to pre pandemic levels but are rising and may do so by year end.

   - LTS003 – Carers. Direct payments to carers are largely comprised of Time4Carers one off payments which have been included in the mid-year position. If current levels were maintained for the remainder of the year it can be expected that there will be a significant increase compared to 2020/21 and be more broadly in line with the pre-pandemic level.

Appendix 2b – Supporting Data

ASCOF measures (Adults Social Care Outcomes Framework) 2020/21

	ASCOF Measure							2020-21 Comparison			Leeds LA Rank 2020-21		Leeds
		16-17	17-18	18-19	19-20	20-21	1yr trend	Region	Comp *	Eng	National Rank	Quartile	2021-22 YTD
Domain 1: Enhancing quality of life for people with care and support needs													
1A	Social care-related quality of life score	19.4	19.7	19.6	19.7	**NA**	NA	NA	NA	NA	NA	NA	**NA**
1B	The proportion of people who use services who have control over their daily life	77.6	79.3	75.1	80.2	**NA**	NA	NA	NA	NA	NA	NA	**NA**
1C(1A)	The proportion of people who use services who receive self-directed support	98.3	98.1	98.0	92.7	**90.5**	⇩	89.5	86.0	92.2	118	4	**90.6**
1C(1B)	The proportion of carers who receive self-directed support	95.6	94.6	94.0	93.4	**88.3**	⇩	77.7	84.0	87.1	124	4	**89.3**
1C(2A) BL7	The proportion of people who use services who receive direct payments	21.1	20.1	17.8	16.2	**15.4**	⇩	26.1	26.1	26.6	137	4	**17.2**
1C(2B) BL2	The proportion of carers who receive direct payments	89.2	88.4	87.4	83.7	**65.6**	⇩	70.0	74.8	75.3	108	4	**67.9**
1D**	Carer-reported quality of life	7.4	NA	7.5	NA	**NA**	NA	NA	NA	NA	NA	NA	**NA**
1E	The proportion of adults with a learning disability in paid employment	6.1	6.7	7.7	8.1	**8.6**	⇧	6.0	5.5	5.1	26	1	**5.1**
1F***	The proportion of adults in contact with secondary mental health services in paid employment	NA	8.1	11.7	12.0	**9.0**	⇩	11.0	7.7	9.0	60	3	**NA**
1G	The proportion of adults with a learning disability who live in their own home or with their family	61.9	71.9	73.0	74.8	**80.9**	⇧	81.6	80.6	78.3	75	3	**68.8**
1H***	The proportion of adults in contact with secondary mental health services living independently, with or without support	NA	59.0	71.7	74.0	**15.0**	⇩	65.0	59.7	58.0	145	4	**NA**
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like	45.5	50.8	51.6	49.4	**NA**	NA	NA	NA	NA	NA	NA	**NA**
1I(2)**	The proportion of carers who reported that they had as much social contact as they would like	29.9	NA	32.4	NA	**NA**	NA	NA	NA	NA	NA	NA	**NA**
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.413	0.4	0.4	0.4	**NA**	NA	NA	NA	NA	NA	NA	**NA**

Domain 2: Delaying and reducing the need for care and support													
2A(1) BL 8	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	7.7	11.7	13.5	16.2	**13.3**	⇧	14.1	17.1	13.3	79	3	**13.2**
2A(2) BL 9	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	615.6	594.6	526.2	561.1	**458.1**	⇧	549.8	689.2	498.2	67	2	**533**
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	89.2	85.8	82.2	83.1	**81.4**	⇩	76.4	80.6	79.1	79	2	**81.4**
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2.9	3.3	NA	2.0	**1.1**	⇩	2.5	4.3	3.1	133	4	**NA**
2C(1)	Delayed transfers of care from hospital, per 100,000 population	12.7	16.9	16.4	12.6	**NA**	NA	NA	NA	NA	NA	NA	**NA**
2C(2) BL 5	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	3.8	4.2	1.3	0.7	**NA**	NA	NA	NA	NA	NA	NA	**NA**
2C(3)	Delayed transfers of care from hospital that are attributable to NHS and adult social care, per 100,000 population		1.0	2.8	2.0	**NA**	NA	NA	NA	NA	NA	NA	**NA**
2D	The outcome of short-term services: sequel to service	54.9	59.5	60.0	65.7	**71.9**	⇧	68.3	60.0	74.9	84	2	**71.6**
Domain 3: Ensuring that people have a positive experience of care and support													
3A	Overall satisfaction of people who use services with their care and support	60.9	62.4	63.3	66.7	**NA**	NA	NA	NA	NA	NA	NA	**NA**
3B**	Overall satisfaction of carers with social services	41.6	NA	38.0	NA	**NA**	NA	NA	NA	NA	NA	NA	**NA**
3C**	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	70.2	NA	73.1	NA	**NA**	NA	NA	NA	NA	NA	NA	**NA**
3D(1)	The proportion of people who use services who find it easy to find information about support	75.7	74.1	69.8	71.5	**NA**	NA	NA	NA	NA	NA	NA	**NA**
3D(2)**	The proportion of carers who find it easy to find information about services	64.5	NA	65.4	NA	**NA**	NA	NA	NA	NA	NA	NA	**NA**
Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm													
4A	The proportion of people who use services who feel safe	72.8	72.7	73.0	69.4	**NA**	NA	69.7		70.2	86	NA	**NA**
4B	The proportion of people who use services who say that those services have made them feel safe and secure	86.9	86.9	91.1	87.6	**NA**	NA	86.7		86.8	68	NA	**NA**

Additional Leeds Better Lives Strategy Measures													
BL 1	Percentage of referrals for social care resolved at initial point of contact or through accessing universal services	20.8	24.1	25.5	33.5	**30.3**	⇩	Local Measure					**29.6**
BL 3	Ratio of people who receive community-based support vs people who are supported in care homes	1.9	2.0	2.1	2.2	**2.4**	⇧	Local Measure					**2.4**
BL 4	People completing a re-ablement service (Data is not comparable given service redesign in 2017-18, the figure for that year is for 8 months)	1717.0	1868.0	257 qter avg	231 qter avg			Local Measure					**145 qter avg**
BL 6	Proportion of Care Quality Commission registered care services in Leeds rated overall as good or outstanding	65.2	75.9	82.0	87.8	**83,5**	⇩	Local Measure					**79.4**
BL 10	The percentage of people with a concluded safeguarding enquiry for whom their outcomes were fully or partially met (overall number)	95.1 (2029)	94.8 (2466)	96.5	97.2	**93.5**	⇩	Local Measure					**96**

BL= **Better Lives Strategy Measure**

Notes
*** Comparator Authorities - Nationally agreed group of LA's for comparing outcomes**
**** = Results from Annual survey of ASC service users. No survey in 2020/21 due to COVID**
***** = Carers survey occurs every two years. No survey in 2020/21 due to COVID**
BL=Better Lives

SALT 2021/22 Mid Year Position

Title	Description	2020/21	2021/22 Estimate	Difference	% Difference
STS001 Requests for Service					
Requests for Support Age Group 18-64	Route - hospital discharge	880	890	10	1%
	Route - community	8091	8462	371	5%
	Sequel - reablement	177	180	3	2%
	Sequel - nursing/residential	33	49	16	48%
	Sequel - community	297	302	5	2%
	Sequel - universal/no services	7245	7890	645	9%
	Total	8987	9396	409	5%
Requests for Support Age Group 65+	Route - hospital discharge	3850	3250	-600	-16%
	Route - community	18542	19990	1448	8%
	Sequel - reablement	1705	1634	-71	-4%
	Sequel - nursing/residential	335	390	55	16%
	Sequel - community	1264	1264	0	0%
	Sequel - universal/no services	14091	16763	2672	19%
	Total	22472	23250	778	3%
LTS001 Long Term Service Users					
Long term service users at year end 18-64	Nursing/Residential	540	523	-17	-3%
	All Community	3303	3269	-34	-1%
	Total	3843	3792	-51	-1%
Long term service users at year end 65+	Nursing/Residential	1699	1805	106	6%
	All Community	2880	2902	22	1%
	Total	4579	4707	128	3%
LTS003 Carers					
Carers Support Provided to Carer/SU	Carer DP+PDP	465	870	405	87%
	Carer Other Support	244	320	76	31%
	Carer Supported	709	1190	481	68%
	Info and Advice	5097	4764	-333	-7%
	SU Respite	1811	1765	-46	-3%
	Total	5806	5954	148	3%
Carers Assessments	Total	2843	3355	512	18%

Key
Route = source of request for support
Sequel = outcome of the request

Appendix 3: More Adults are Active

Percentage of Physically Active Adults

	BCP Key Performance Indicators (KPI) (*=cumulative)	2021/22 Target	Q4/ Year-end Result & RAG	Q1 2021/22 Result & RAG	Q2 2021/22 Result & RAG
22	**Annual KPI** Percentage of physically active adults	**<20.9% of people are inactive** (132,900) (Nov 2018- Nov 2019)	**25.6% of people are inactive** (163,900) (Nov 2019-Nov 2020)	**N/A**	**25.5% of people are inactive** (164,100) (May 2020- May 2021)

The national Active Lives Survey (ALS), carried out by Sport England, is used to provide the data for this indicator. The survey produces in depth information about participants' activity and lifestyle. The Best Council Plan 2020-2025 performance indicator uses the "percentage of people who are inactive" in order to determine if more 'inactive' people are becoming 'active', and a reduction in the number of adults who fall into the 'inactive' category is sought. The Survey samples around 2,000 Leeds' residents on a rolling basis; and "inactive" is defined as undertaking less than 30 minutes of moderate activity per week.

The ALS result (May 2020 – May 2021) is reported here and showed that 25.5% of people in Leeds were inactive i.e. 164,000 people. A decrease of 0.1% compared to the full previous year's ALS result of 25.6% of people were inactive, which equated to 163,900, during this time the population of people over the age of 16 has increased which represents the decrease in overall percentage. There has been little change compared to the year prior. However, there are some positives to take from this as it was feared that inactivity levels would increase during this time with the winter lockdown and tiered system in place this whole period of the of the survey. Interestingly, the 2021 winter lockdown (mid-Jan to mid-March 2021) didn't have as negative an impact on activity levels as the first national lockdown – helped by the fact restrictions weren't as tight – with activity down 5% between mid-January and mid-March 2021, compared to a fall of 7.1% between mid-March and mid-May 2020. This also suggests people had learned to adapt in the later lockdown by turning to walking, cycling and at-home activity, while resources produced by Active Leeds and other providers in the sport and physical activity sector helped support the continuation of habits.

The national inactivity rates continued to grow over this period by an average of 2% meaning Leeds fared well during this period. Also compared to other regions including Yorkshire as a whole Leeds rate is still significantly lower (Yorkshire 29%, West Yorkshire 27.8% and Nationally 27.8% are inactive). Similarly compared to the core cities only Bristol 20.9% and Newcastle 24.3% have a lower inactivity rate.

However it is clear that the pandemic led to unprecedented decreases in activity levels and, as a result inactivity rate for Leeds compared to 2 years earlier is 4.6% higher and 2.7% higher compared to the baseline in 2015/16. It has also been most acute across disadvantaged groups and areas of high deprivation. Activity levels throughout the period were consistently lower than pre-pandemic, but the drops were less pronounced as restrictions eased and activity levels started to rise which we

can see from the return of customers to the leisure centres during these periods, especially for swimming activities.

While there are signs of recovery for activity levels as restrictions have eased, not all groups or demographics are affected or recovering at the same rate. Existing inequalities have been widened, with some groups hit much harder by the pandemic than others.

This is the case for women, young people aged 16-34, over 75s, disabled people and people with long-term health conditions, and those from Black, Asian and other minority ethnic backgrounds. Those living in deprived areas and also those in urban areas found it harder to be active.

There's evidence activity levels are starting to go back up (Active Leeds have seen and average of 15% increases month on month in new members joining the leisure centres compared to 2019 figures. But it is certain that not everyone is returning which has been impacted by the nervousness of the population further restrictions being proposed, a perception of lost fitness and conditioning making a return feel difficult, and the extent to which permanent habits have been broken.

Children activities have seen a return to normal quicker than other age groups, as swimming lessons, gymnastic, school swimming numbers will return to pre pandemic levels quicker. Active Leeds have also recorded increases in Junior Memberships compared to pre pandemic levels, showing parents and juniors seeing the importance in health and fitness.

Adults on average are doing fewer activities since the pandemic began and as we recover, giving people choice will be crucial to helping levels rise.

Over the reporting period there were large increases in the numbers of people walking and cycling for leisure but large decreases across fitness, swimming, team sport and active travel. It is clear to maintain these habits a clear strategy for walking and cycling is required with Active Leeds developing this with partners and other departments within the council such as Public Health and the Active Travel team.

Public Health and Active Leeds are also currently working on a physical activity ambition which the research conducted during this period will help inform the future interventions needed to start addressing the health inequalities the pandemic has caused and start to increase activity rates in general.