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Community Committee

Leeds City Council

Inner North West Community Committee

Headingley, Hyde Park & Woodhouse, Weetwood

Meeting to be held in Welcome In Community Centre, Bedford Drive, Tinshill, LS16 6DJ
Thursday, 23rd March, 2017 at 7.00 pm

Councillors:

A Garthwaite	Headingley;
J Pryor	Headingley;
N Walshaw	Headingley;
J Akhtar	Hyde Park and Woodhouse;
G Harper	Hyde Park and Woodhouse;
C Towler	Hyde Park and Woodhouse;
J Bentley	Weetwood;
S Bentley	Weetwood;
J Chapman	Weetwood;

Agenda compiled by: Andy Booth 0113 247 4325
Governance Services Unit, Civic Hall, LEEDS LS1 1UR
West North West Area Leader: Bash Uppal 0113 33 67858

Images on cover from left to right:
Headingley – Carnegie Pavilion; Bin yard at 'the Harolds'
Hyde Park & Woodhouse - Hyde Park cinema; Makkah Masjid Mosque
Weetwood - Beckett Park campus; St Chad's Church

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rules 15.2 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting).	
2			**OPEN FORUM** In accordance with paragraphs 4.16 and 4.17 of the Community Committee Procedure Rules, at the discretion of the Chair a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Community Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	
4			**LATE ITEMS** To identify items which have been admitted ti the agenda by the Chair for consideration. (the special circumstances shall be specified in the minutes)	
5			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct	
6			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
7			**MINUTES - 15 DECEMBER 2016** To confirm as a correct record, the minutes of the meeting held on 15 December 2016	1 - 6
8			**OVERVIEW ON THE DEVELOPMENT OF THE LEEDS PLAN AND WEST YORKSHIRE AND HARROGATE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)** To receive and consider the attached report of the Interim Chief Officer, Leeds Health Partnerships.	7 - 30
9			**LEEDS BEST START PLAN 2015-2019** To receive and consider the attached report of the Director of Public Health	31 - 40
10			**INNER NORTH WEST CHILDREN'S ENGAGEMENT EVENT** To receive and consider the attached report of the West North West Area Leader	41 - 54
11			**WELLBEING FUND AND YOUTH ACTIVITIES FUND ALLOCATION REPORT** To receive and consider the attached report of the West North West Area Leader	55 - 72
12			**AREA UPDATE REPORT** To receive and consider the attached report of the West North West Area Leader	73 - 82
13			**DATES, TIMES AND VENUES OF COMMUNITY COMMITTEE MEETINGS 2017/2018** To receive and consider the attached report of the City Solicitor	83 - 86
			MAP OF TODAY'S VENUE	87 - 88

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INNER NORTH WEST COMMUNITY COMMITTEE

THURSDAY, 15TH DECEMBER, 2016

PRESENT: Councillor J Akhtar in the Chair

Councillors J Bentley, S Bentley, J Chapman, A Garthwaite, J Pryor, C Towler and N Walshaw

23 Open Forum

In accordance with the Community Committee Procedure Rules, the Chair allowed a period of up to 10 minutes for members of the public to make representations or ask questions within the terms of reference of the Community Committee. The following was discussed:

- Planning inquiry regarding the proposals for student flats at Chestnut Avenue. Thanks were expressed to Councillor Walshaw and planning officers for their work.
- Thanks were expressed to the Anti-Social Behaviour and Noise Nuisance teams in the Hyde Park Area.
- Parking issues in Lovell Park – these included a request to remove double yellow lines and introduce permits to prevent residents from being penalised and problems with commuters parking. It was reported that a representative from Car Parking would attend the next TARA meeting and Local Ward Members would also meet with local residents to re-visit parking issues.
- Headingley Post Office – a retail partner was being sought for dual premises and community spaces had also been considered.
- Proposals for development at the Hume House site – concerns were expressed regarding the size of the building and comparisons with Bridgewater Place and impact from wind. It was reported that when a full application was made that wind modelling would be carried out.
- Traffic problems in Headingley and concerns regarding parking at junctions. This had also been raised by Triangle residents and the possibility of having double yellow lines at problem junctions would be pursued.
- Hobby Horse pub site – concern regarding anti-social behaviour outside times of car parking use and concern regarding the poor state of the building.

24 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

25 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor G Harper.

26 Minutes - 22nd September 2016

RESOLVED – That the Minutes of the meeting held on 22 September 2016 be confirmed as a correct record.

27 Environmental Service Level Agreement 2016/17

The report of the Chief Officer, Environmental Action Service confirmed the continuation of the current Service Level Agreement (SLA) between the Committee and the Environmental Action Service as overseen by the Environmental Sub Group. It also provided the opportunity for the Committee to refer related issues to the Sub Group to look at on its behalf including potential changes in local priorities, service development requests for 2017/18 and any performance issues.

John Woolmer, Locality Manager presented the report.

The Community Committee was informed that there would be a city wide budget reduction for 2017/18 but there was a priority to maintain frontline staff.

In response to Members comments and questions, the following was discussed:

- With regard to the enhanced leaf clearance, it was reported that there had still been problems with leaves in Weetwood this year. Members were asked to inform of any problem areas so that clearing programs could be reviewed and revised. In addition it was reported that there had been increased problems this year due to late and heavy leaf falls.
- Support from local community groups and local residents.
- Increased problems during term time and how to raise issues with students.
- It was suggested that any community groups wishing to be involved should contact the locality team for any support that could be given.

RESOLVED – That the report be noted.

28 Tackling Noise Nuisance from Student Properties in Headingley & Hyde Park wards - Update on Wellbeing Funded Project 2016/17

The report of the Director of Environment and Housing updated Members on the wellbeing funded noise nuisance project in the LS6 area of Leeds.

Angela Mawdsley, LASBT Team Manager presented the report.

Issues highlighted included the following:

- The additional funding allowed for an additional six out of hours patrols primarily in Headingley and Hyde Park.
- There had been complaints received about 265 properties since September 2016 and 50 noise abatement notices had been served.
- Reference was made to problems with organised house parties. Noise equipment had been seized from one property.
- The service had developed good relations with letting agents and universities. There was a challenge to work with some landlords.

In response to Members comments and questions, the following was discussed:

- The LASBT Team were thanked for their work in the area.
- Weetwood and Beckett Park areas did not receive as many complaints but incidents reported were attended to.
- There were still people who did not know who to contact regarding noise nuisance.
- Not all complaints related to student properties.

RESOLVED – That the report be noted.

29 Wellbeing Fund update

The report of the West North West Area Leader provided the Community Committee with an update on the budget position for the Wellbeing Fund and Youth Activity Fund for 2016/17 and the current position of the small grants and skips pot.

Nicole Darbyshire, Area Officer presented the report.

The following was discussed:

- An application for a Diwali Event at The Hindu Temple had been approved since the last meeting.
- There had been an application for £6,500 for the cleaning of Headingley War Memorial. Members discussed the application and some concern was expressed that money could be obtained from elsewhere and that funding should be reserved for other wellbeing activities. As all Members agreed the application in principle it was agreed to approve the funding.
- Members agreed for the transfer of £2,000 from the small grants and skips pot back into the Wellbeing Budget. This left a remainder of £9,110.
- Youth Activities Funds – it was reported the Children's Sub Group would be meeting in January to discuss the next round of applications that had been received.
- A request had been made from Weetwood Ward Members to divide wellbeing funds between the three Inner North West wards so money could be allocated on a ward by ward basis. This was to enable more

local decision making and is also an approach used by other Community Committees. Concerns were expressed by other Members as to how this would operate; that applications often benefitted all three wards and that current arrangements did not prevent any applications or funding that were specific to Weetwood.

RESOLVED –

(1) That the current budget position for the Wellbeing Fund for 2016/17 be noted.
(2) That the application for £6,500 for the cleaning of Headingley War Memorial be approved.
(3) That £2,000 be transferred from the small grants and skip pots back into the Wellbeing budget for large grants.
(4) That the current position of the small grants and skip pots and those small grants and skips that had been approved since the last meeting be noted.
(5) That the current position of the Youth Activity Fund and those projects supported to date through this be noted.
(6) That the project monitoring document be noted.
(7) That the request to allocate Wellbeing funding on a ward basis be refused.

30 Area Update Report

The report of the West North West Area Leader provided Members with a summary of recent sub group work and forum business as well as a general update on other project activity.

Juliet Bennett, Keepmoat Community Liaison Officer was in attendance to give an update on the Little London PFI Project. Issues highlighted included the following:

- Capital works had now been completed and this had included the building of 113 new homes and the refurbishment of over 800 others.
- There was still 16 and a half years of the maintenance contract which also included environmental areas.
- There was a project liaison group which had local resident representatives.
- Provision of the new play area.
- 52 apprentices had been employed during the scheme with a 71% retention rate. There had also been opportunities for work placements with local students and careers assemblies in local schools.

In response to questions from Members, the following was discussed:

- Problems with derelict areas, the Hobby Horse site and parking – not all these fell within the PFI scheme but an Improvement Plan would be drafted which would tackle some of these issues. It was recognised that there were problems with parking in the area.

- HAP funding towards environmental improvements.
- Development of an Intensive Neighbourhood Management Plan which would include pre tenancy packages and tenancy training.

Further issues highlighted from the report included the following:

- Sub group key messages
- Community Centre free lets
- Housing Advisory Panel update
- Area Update newsletter

Members were also reminded of their role as ‘Corporate Parents’ and it was reported that any Member was welcome to attend meetings of the Corporate Parenting Board.

31 Date and Time of Next Meeting

Thursday, 23 March 2017 at 7.00 p.m.

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Community Committee

Leeds City Council

Report of: Paul Bollom (Interim Chief Officer, Leeds Health Partnerships)

Report to: Inner North West Community Committee

Report author: Manraj Singh Khela (Programme Manager, Leeds Health Partnerships Team)

Date: 23 March 2017

Title: Overview on the Development of the Leeds Plan and West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)

Summary of main issues

In October 2014, the NHS published the Five Year Forward View, a wide-ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On December 22nd, NHS England (NHSE) published 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' which described the requirement for identified planning 'footprints' to produce a Sustainability and Transformation Plan (STP) as well as linking into appropriate regional footprint STPs (at a West Yorkshire level).

The planning guidance asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View. STPs are 'place-based', multi-year plans built around the needs of local populations and should set out a genuine and sustainable transformation in service user experience and health outcomes over the longer-term.

Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust, has been appointed by NHSE as the lead for the West Yorkshire & Harrogate STP, with Tom Riordan, Chief Executive of Leeds City Council, as the Senior Responsible Officer for the Leeds Plan.

NHSE requested that regional STP footprints deliver their initial STPs at the end of June 2016. An initial STP for West Yorkshire & Harrogate was duly submitted. However, NHSE has recognised that further work is required for all STPs and that the development phase of STPs will take much longer to ensure that appropriate consultation and engagement can take place which allows citizens and staff to properly shape services, develop solutions and inform plans.

This paper provides an overview of the STP development in Leeds and at a West Yorkshire level so far, and highlights some of the areas of opportunity.

The paper also makes reference to the Local Digital Roadmaps (LDR) which, alongside the development of the STPs, are a national requirement. The LDR is a key priority within the NHS Five Year Forward View and an initial submission for Leeds was provided to NHSE at the end of June. This outlines how, as a city, we plan to achieve the ambition of being "paper-free at the point of care" by 2020 and demonstrates how digital technology will underpin the ambitions and plans for transformation and sustainability.

Recommendations

Inner North West Community Committee is asked to:

1. Note the key areas of focus for the Leeds Plan described in this report and how they will contribute to the delivery of the Leeds Health and Wellbeing Strategy;

2. Identify needs and opportunities within their area that will inform and shape the development of the Leeds Plan;

3. Recommend the most effective ways/opportunities the Leeds Plan development and delivery team can engage with citizens, groups and other stakeholders within their area to shape and support delivery of the Leeds Plan.

1 Purpose of this report

1.1 The purpose of this paper is to provide Inner North West Community Committee with an overview of the emerging Leeds Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plans (STPs).

1.2 It sets out the background, context and the relationship between the Leeds and West Yorkshire plans. It also highlights some of the key areas that will be addressed within the Leeds Plan which will add further detail to the strategic priorities set out in the recently refreshed Leeds Health and Wellbeing Strategy 2016 – 2021.

2 Background information

Leeds picture

2.1 Leeds has an ambition to be the Best City in the UK by 2030. A key part of this is being the Best City for Health and Wellbeing and Leeds has the people, partnerships and placed-based values to succeed. The vision of the Leeds Health and Wellbeing Strategy is: 'Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'. A strong economy is also key: Leeds will be the place of choice in the UK to live, for people to study, for businesses to invest in, for people to come and work in and the regional hub for specialist health care. Services will provide a minimum universal offer but will tailor specific offers to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory.

2.2 Since the first Leeds Health and Wellbeing Strategy in 2013, there have been many positive changes in Leeds and the health and wellbeing of local people continues to improve. Health and care partners have been working collectively

towards an integrated system that seeks to wrap care and support around the needs of the individual, their family and carers, and helps to deliver the Leeds vision for health and wellbeing. Leeds has seen a reduction in infant mortality as a result of a more preventative approach; it has been recognised for improvements in services for children; it became the first major city to successfully roll out an integrated, electronic patient care record, and early deaths from avoidable causes have decreased at the fastest rate in the most deprived wards.

2.3 These are achievements of which to be proud, but they are only the start. The health and care system in Leeds continues to face significant challenges: the ongoing impact of the global recession and national austerity measures, together with significant increases in demand for services brought about by both an ageing population and the increased longevity of people living with one or more long term conditions. Leeds also has a key strategic role to play at West Yorkshire level, with the sustainability of the local system intrinsically linked to the sustainability of other areas in the region.

2.4 Leeds needs to do more to change conversations across the city and to develop the necessary infrastructure and workforce to respond to the challenges ahead. As a city, we will only meet the needs of individuals and communities if health and care workers and their organisations work together in partnership. The needs of patients and citizens are changing; the way in which people want to receive care is changing, and people expect more flexible approaches which fit in with their lives and families.

2.5 Further, Leeds will continue to change the way it works, becoming more enterprising, bringing in new service delivery models and working more closely with partners, public and the workforce locally and across the region to deliver shared priorities. However, this will not be enough to address the sustainability challenge. Future years are likely to see a reduction in provision with regard to services which provide fewer outcomes for local people and offer less value for the 'Leeds £'.

2.6 Much will depend on changing the relationship between the public, workforce and services. There is a need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help to prioritise resources to support those most at need. The views of people in Leeds are continuously sought through public consultation and engagement, and prioritisation of essential services will continue, especially those that support vulnerable adults, children and young people.

National picture

2.7 In October 2014, the NHS published the Five Year Forward View, a wide-ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On December 22nd, NHS England (NHSE) published the 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21', which is accessible at the following link:

https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

2.8 The planning guidance asked every health and care system to come together to create their own ambitious local blueprint – Sustainability and Transformation Plan (STP) - for accelerating implementation of the Five Year Forward View and for addressing the challenges within their areas. STPs are place-based, multi-year plans built around the needs of local populations ('footprints') and should set out a genuine and sustainable transformation in service user experience and health outcomes over the longer term. The key points in the guidance were:

- The requirement for 'footprints' to develop a STP;
- A strong emphasis on system leadership;
- The need to have 'placed based' (as opposed to organisation-based) planning;
- STPs must cover all areas of Clinical Commissioning Group (CCG) and NHS England commissioned activity;
- STPs must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies;
- The need to have an open, engaging and iterative process clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards;
- That STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.

2.9 The national guidance is largely structured around asking areas to identify what action will take place to address the following three questions:

- *How will you close your health and wellbeing gap?*
- *How will you drive transformation to close your care and quality gap?*
- *How will you close your finance and efficiency gap?*

2.10 NHSE recognises 44 regional 'footprints' in England. This includes West Yorkshire. The West Yorkshire footprint in turn comprises 6 'local footprints', including Leeds (the others being Bradford and Craven, Calderdale, Kirklees, Harrogate & Rural District and Wakefield). There is an expectation that the regional STPs will focus on those services which will benefit from planning and delivery on a regional scale while local STPs (Leeds Plan) will focus on transformative change and sustainability in their respective local geographies. Local STPs will also need to underpin the regional STP and be synchronised and coordinated with it.

2.11 The following describes the emerging West Yorkshire & Harrogate STP as well as the Leeds Plan which will allow Leeds to be the best city for health and wellbeing

and help deliver significant parts of the new Leeds Health and Wellbeing Strategy. Both Plans should be viewed as evolving plans which be significantly developed through 2017.

2.12 Key milestones

- December 2015 – planning guidance published
- 15th April 2016 - Short return to NHSE, including priorities, gap analysis and governance arrangements
- May-June 2016 - Development of initial STPs
- End June 2016 - Each regional footprint (including West Yorkshire) submitted its emerging STP for a checkpoint review
- July -October 2016 - further development of the STPs, at both Leeds and West Yorkshire levels
- 21st October 2016 - further submission to NHSE of developing regional STPs
- November 2016 to August 2017 - Further development of STPs through active engagement, consultation and conversations with citizens, service users, carers, staff and elected members

3 Main issues

'Geography' of the STP

3.1 NHSE has developed the concept of a 'footprint' which is a geographic area that the STP will cover and have identified 44 'footprints' nationally.

3.2 Leeds, as have other areas within West Yorkshire, made representation regionally and nationally that each area within West Yorkshire should be recognised as its own footprint. However, since April 2016, it was clear that STP submissions to NHS England will be made only at the regional level ie, for us, a West Yorkshire & Harrogate STP which is supported by 6 "local" STPs, including the Leeds Plan.

3.3 The emerging plans for Leeds and West Yorkshire are therefore multi-tiered. The primary focus for Leeds is a plan covering the Leeds city footprint which focuses on citywide change and delivery. It sits under the refreshed Leeds Health and Wellbeing Strategy and encompasses all key health and care organisations in the city. When developing the Leeds Plan, consideration is being given to appropriate links / impacts at a West Yorkshire level.

Approach to developing the West Yorkshire & Harrogate STP

3.4 Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust, has been appointed by NHSE as the lead for the West Yorkshire & Harrogate STP and the Healthy Futures Programme Management Office (hosted by Wakefield CCG) is providing support for its development.

3.5 West Yorkshire Collaboration of Chief Executives meeting held on 8th April agreed that 'primacy' should be retained at a local level and any further West Yorkshire priorities will be determined by collective leadership using the following criteria:

- *Does the need require a critical mass beyond a local level to deliver the best outcomes?*
- *Do we need to share best practice across the region to achieve the best outcomes?*
- *Will working at a West Yorkshire level give us more leverage to achieve the best outcomes?*

3.6 The following guiding principles underpin the West Yorkshire approach to working together:

- *We will be ambitious for the populations we serve and the staff we employ*
- *The West Yorkshire & Harrogate STP belongs to commissioners, providers, local government and NHS*
- *We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict*
- *We will undertake shared analysis of problems and issues as the basis of taking action*
- *We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.*

3.7 Priority areas currently being considered at a West Yorkshire & Harrogate STP level include:

3.8 These areas will be supported by enabling workstreams covering: digital, workforce, leadership and organisational development, communications & engagement and finance & business intelligence.

3.9 Leeds is well represented within the development of the West Yorkshire & Harrogate STP with Nigel Gray (Chief Executive, Leeds North CCG) leading on

Urgent and Emergency Care, Phil Corrigan (Chief Executive, Leeds West CCG) leading on Specialising Commissioning, Dr Ian Cameron (Director of Public Health, Leeds City Council) leading Prevention at Scale, Jason Broch (Chair of Leeds North CCG) leading on Digital, and Dr Andy Harris (Clinical Chief Officer Leeds South and East CCG) leading on Finance and Business Intelligence. In addition, Julian Hartley (Chief Executive, Leeds Teaching Hospitals NHS Trust) is chair of the West Yorkshire Association of Acute Trusts (WYAAT) and Thea Stein (Chief Executive of Leeds Community Healthcare NHS Trust) is the co-chair of a new West Yorkshire Primary Care and Community Steering Group.

3.10 A series of workshops have been arranged focusing on the different priority areas for West Yorkshire with representatives from across the CCGs, NHS providers and local authorities in attendance.

3.11 It is important to recognise that at the time of writing this paper the West Yorkshire & Harrogate STP is still in its development stage and the links between this and the six local STPs are still being worked through. The emerging West Yorkshire & Harrogate STP can be read at this link:

http://www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/

3.12 Leeds is also taking a lead role in bringing together Chairs of the Health and Wellbeing Boards across West Yorkshire to provide strategic leadership to partnership working around health and wellbeing and the STPs across the region.

Approach taken in Leeds

3.13 The refreshed Joint Strategic Needs Assessment (JSNA), the development of our second Leeds Health and Wellbeing Strategy and discussions / workshops at the Health and Wellbeing Boards in January, March, April, June, July and September 2016 have been used to help identify the challenges and gaps that Leeds needs to address and the priorities within our Leeds Plan. The Health and Wellbeing Board has also provided strategic steer to the shaping of solutions to address these challenges.

3.14 Any plans described within the final Leeds Plan will directly link back to the refreshed Leeds Health and Wellbeing Strategy under the strategic leadership of the Health and Wellbeing Board.

3.15 The Leeds Health and Care Partnership Executive Group (PEG) has been meeting monthly to provide oversight of the development of the Leeds Plan. This group, chaired by the Chief Executive of Leeds City Council, comprises of the Chief Executives / Accountable Officers of the statutory providers and commissioners, the Director of Adult Social Care, the Director of Children's Services and the Director of Public Health, Chair of the Leeds Clinical Senate, and Chair of the Leeds GP Provider Forum.

3.16 A joint team with representatives from across the statutory partners is driving the development of the Leeds Plan while ensuring appropriate linkages with the West Yorkshire & Harrogate STP. This team is being led by the Chief Operating Officer, Leeds South and East CCG. It comprises:

- A Central Team, providing oversight, programme management, coordination, financial and other impact analysis functions;
- Senior Managers and Directors across key elements of health and social care, who are responsible for identifying the major services changes we need to address the gaps;
- Experts from the "enabling" parts of the system such as informatics, workforce and estates, who need to address the implications of, and opportunities arising from, the proposed service changes;
- Individual members of the PEG, who act as Senior Responsible Owners and champion specific aspects of the Plan;
- A City-wide Planning Group now renamed the Leeds Plan Delivery Group, with representation from across the city, which provides assurance to the PEG on Leeds Plan development.

3.17 The development of the Leeds Plan has initially identified 5 primary 'Elements'. These are the areas of health and care services where we expect most transformational change to occur:

- Rebalancing the conversation - Working with staff, service users and the public (sometime referred to as 'the social contract')
- Prevention
- Self-Management, Proactive & Planned Care
- Rapid Response in Time of Crisis
- Optimising the use of Secondary Care Resources & Facilities
- Education, Innovation and Research.

3.18 These are supported by the 'enabling aspects' of services / systems – where change will actually be driven from:

- Workforce
- Digital
- Estates and Procurement
- Communications & Engagement
- Finance & Business Intelligence.

3.19 Over 40 leads (at mainly Senior Manager and Director-level) from across the partnership have been assigned to one or more of the Elements / Enablers to work together to develop the detail. A flexible, responsive and iterative process to

developing the Leeds Plan has been deployed, focussing on the gaps, the solutions to address the gaps, and impact / dependencies across the other areas.

3.20 Sessions have taken place are being arranged with 3rd sector and patient and service user groups to raise awareness of the challenges and opportunities and to help inform and design solutions and shape the Leeds Plan.

3.21 Workshops have taken place with Senior Managers / Directors from across all partners and the 3rd sector to understand what key solutions and plans are being developed across the Elements and Enablers, to develop a 'golden thread' or narrative that describes all of the proposed changes in terms of a whole system, and to provide constructive input into the solutions.

Local Digital Roadmaps

3.22 Alongside the development of the Leeds Plan, there has also been a national requirement to develop and submit a Local Digital Roadmap (LDR). The LDR is a key priority within the NHS Five Year Forward View and an initial submission was made to NHSE at the end of June, after working with the Leeds Informatics Board and other stakeholders. The LDR describes a 5-year digital vision, a 3-year journey towards becoming paper-free-at-the-point-of-care and 2-year plans for progressing a number of predefined 'universal capabilities'. Within this, it demonstrates how digital technology will underpin the ambitions and plans for service transformation and sustainability.

3.23 LDRs are required to identify how local health and care systems will deploy and optimise digitally enabled capabilities to improve and transform practice, workflows and pathways across the local health and care system. Critically, they will be a gateway to funding for the city but they are not intended to be a replacement for individual organisations' information strategies. Over the next 5 years, funding of £1.3bn is to be distributed across local health and social care systems to achieve the paper-free ambition.

3.24 The priority informatics opportunities identified in the LDR are:

- To use technology to support people to maintain their own health and wellbeing;
- To ensure a robust IT infrastructure provision that supports responsive and resilient 24/7 working across all health and care partners;
- To provide workflow and decision support technology across General Practice, Neighbourhood Teams, Hospitals and Social Care;
- To ensure a change management approach that embeds the use of any new technology into everyday working practices.

3.25 It is recognised that resources, both financial and people (capacity and capability), are essential to delivering this roadmap. A city-first approach is critical and seeks to eradicate the multiple and diverse initiatives which come from different parts of the health and care system, which use up resources in an unplanned way and often confuse. The LDR will also ensure that digital programmes and projects are

aligned fully to agreed whole-system outcomes described in the Leeds Health and Wellbeing Strategy and the Leeds Plan.

Key aspects of the emerging Leeds Plan

3.26 The Leeds Health and Wellbeing Board has provided a strong steer to the shaping of the Leeds Plan through discussions at formal Board meetings on 12 January 2016, 21 April 2016 and 06 September 2016 and two STP related workshops held on 21 June 2016 and 28 July 2016. The Board has reinforced the commitment to the Leeds footprint. The Board also supports taking our 'asset-based' approach to the next level. This is enshrined in a set of values and principles and a way of thinking about our city, which identifies and makes visible the health and care-enhancing assets in a community. It sees citizens and communities as the co-producers of health and wellbeing rather than the passive recipients of services. It promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment. It values what works well in an area and identifies what has the potential to improve health and well-being. It supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources. It empowers communities to control their futures and create tangible resources such as services, funds and buildings.

3.27 The members of the Board have also placed the challenge that as a system we need to think and act differently in order to meet the challenges and ensure that "Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest".

Challenges faced by Leeds

3.28 The city faces many significant health and social care challenges commensurate with its size, diversity, urban density and history. We continue to face significant health inequalities between different groups. Over the next 25 years the number of people who live in Leeds is predicted to grow by over 15 per cent. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030.

3.29 We have identified several specific areas where, if we focused our collective efforts, we predict will have the biggest impact in addressing the health and wellbeing gap, care quality gap and finance & efficiency gap.

3.30 The Health and Wellbeing Board has considered these gaps and what could be done to address them, as set out below.

Health and Wellbeing Gaps	Care and Quality Gaps
Life expectancy for men and women remains significantly worse in Leeds than the national average. The gaps that we need to address are: HW1 - Cardiovascular disease (CVD) mortality is significantly worse than for England HW2 - Cancer mortality is significantly worse than the rest of Yorkshire and the Humber HW3 - Deaths from cancer are the single largest cause of avoidable PYLL in the city, accounting for 36.3% of all avoidable PYLL HW4 - PYLL from cancer is twice the level in the deprived Leeds quintile than in Leeds non-deprived HW5 - Suicides have increased	The following NHS Constitutional KPIs have been identified as the areas to focus on to reduce the care and quality gap: CQ1 - Mental Health (including IAPT) CQ2 - Patient Satisfaction CQ3 - Quality of Life CQ4 - A&E and Ambulance Response Times CQ5 - Delayed Transfers of Care (DTOC) CQ6 - Hospital admission rates CQ7 - Capacity gap created by difficulties in recruiting and retaining staff, coupled with a rising demand CQ8 - Difficulties in providing greater access to services in and out of hours
Finance and Efficiency Gaps	
The financial gap facing the city under our 'do nothing' scenario is £723 million. It reflects the forecast level of pressures facing the 4 statutory delivery organisations in the city and assumes that our 3 CCGs continue to support financial pressures in other parts of their portfolio whilst meeting NHS business rules.	

Health and wellbeing gap

3.31 It is recognised that, despite best efforts, health improvement is not progressing fast enough and health inequalities are not currently narrowing. Life expectancy for men and women remains significantly worse in Leeds than the national average (life expectancy by Community Committee area between 2012 and 2014 is included at table 1). The gap between Leeds and England has narrowed for men, whilst the gap between Leeds and England has worsened for women.

	Life Expectancy at Birth - Female	Life Expectancy at Birth - Male	Life Expectancy at Birth - Persons
Inner East	80.2	76.2	78.1
Outer East	83	79.6	81.3
Inner North East	82.5	79.3	80.9
Outer North East	87	83.5	85.4
Inner South	80.3	75.5	77.8
Outer South	83.3	80.5	82
Inner West	81.4	76.7	79
Outer West	82.7	78.8	80.8
Inner North	80.9	79.5	80.3
Outer North	85.1	81.2	83.2
All Leeds	82.8	79.2	81

Table 1

3.32 Cardiovascular disease mortality is significantly worse than for England. However, the gap has narrowed. Cancer mortality is significantly worse than the rest of Yorkshire and the Humber (YH) and England with no narrowing of the gap. There is a statistically significant difference for women whose mortality rates are higher in Leeds than the YH average. The all-ages-all-cancers trend for 1995-2013 is

improving but appears to be falling more slowly than both the YH rate and the England rate, which is of concern.

3.33 Avoidable Potential Years of Life Lost (PYLL) from Cancer for those under 75 years of age is a new measure which takes into account the age of death as well as the cause of death. Deaths from cancer are the single largest cause of avoidable PYLL in the city, accounting for 36.3% of all avoidable PYLL. PYLL from cancer is twice the level in the deprived Leeds quintile than in Leeds non-deprived.

3.34 Infant mortality has significantly reduced from being higher than the England rate to now being below it.

3.35 Suicides have increased, after a decline, and are now above the England rate. Looking at the geographical distribution of suicides (2016 Leeds Suicide Audit), a pattern has emerged that appears to correlate areas of high deprivation to areas with a high number of suicides. It was found that 55% of the audit population lived in the most deprived 40% of the city. This shows a clear relationship between deprivation and suicide risk within the Leeds population. The area with the highest number of suicides is slightly to the west and south of the city centre. These areas make a band across LS13, LS12, LS11, LS10 and LS9 (i.e. Inner West, Inner South and Inner East)

3.36 Within Leeds, for the big killers there has been a significant narrowing in the gap for deprived communities for cardiovascular disease, a narrowing of the gap for respiratory disease but no change for cancer mortality. There are 2,200 deaths per year <75 years. Of these 1,520 are avoidable (preventable and amendable) and, of these, 1,100 are in non-deprived parts of Leeds and 420 in deprived parts of Leeds (the cancer rate per 100,000 of the population for 2010 - 2014 is shown by Community Committee area at table 2).

For further information on Inner North West Community Committee, please see Appendix 1.

Column1	Under 75s Cancer Mortality - Female	Under 75s Cancer Mortality - Male	Under 75s Cancer Mortality - Persons
Inner East	177.7	236.3	206.5
Outer East	134.9	165.9	149.5
Inner North East	114.6	146.9	129.7
Outer North East	106.2	131	118
Inner South	179.3	208.9	193.9
Outer South	127.6	160.8	143.5
Inner West	152.8	228.9	190
Outer West	146.8	161.1	153.3
Inner North West	167.7	133.6	149.3
Outer North West	116.3	153.6	133.9
All Leeds	128.7	156.9	142

Table 2

3.37 The following are opportunities where action to address the gap might be identified:

- Scaling up – Scaling up of targeted prevention to those at high risk of Cardio-vascular disease, diabetes, smoking related respiratory disease and falls. In

addition, scaling up of children and young people initiatives already in existence, such as Best Start and childhood obesity / healthy weight programmes.

- Look at options to move to a community-based approach to health beyond personal / self-care. Scale up the Leeds Integrated Healthy Living Service; aligning partner Commissioning and provision, inspiring communities and partners to work differently – including physical activity/active travel, digital, business sector, developing capacity and capability.

- Increased focus on prevention - for short term and longer term benefits.

Care and quality gap

3.38 The following gaps have been identified:

- There are a number of aspects to the Care and Quality gap. In terms of our NHS Constitutional Key Performance Indicators (KPIs) the areas where significant gaps have been identified include: Mental Health (including Improving Access to Psychological Therapies), Patient Satisfaction, Quality of Life, Urgent Care Standards, Ambulance Response Times and Delayed Transfers of Care (DTOC*).*

- Whilst performance on the Urgent Care Standard is below the required level, performance in Leeds is better than most parts of the country. There is a need to ensure that a greater level of regional data is used to reflect the places where Leeds residents receive care.

- There are 4 significant challenges facing General Practice across the city: the need to align and integrate working practices with our 13 Neighbourhood Teams; the need to provide patients with greater access to their services (this applies to both extended hours during the 'working week', and also at weekends); the severe difficulties they are experiencing in recruiting and retaining GPs and practice nurses; and the significant quality differential between the best and worst primary care estate across the city.

- There is a need to ensure that there is a wider context of Primary Care, outside of general practices that must be considered.

3.39 The following are opportunities where action to address the gap might be identified:

- More self-management of health and wellbeing.

- Development of a workforce strategy for the city which considers: increasing the 'transferability' of staff between the partner organisations; widespread up-skilling of staff to embed an asset-based approach to the relationship between professionals and service users; attracting, recruiting and retaining staff to address key shortages (nurses and GPs); improved integration and multi-skilling of the unregistered workforce and opportunities around apprenticeships; workforce planning and expanding the content and use of the citywide Health and Care workforce database.

- Partnerships with university and business sectors to create an environment for solutions to be created and implemented through collaboration across education, innovation and research.

- Maternity services - Key areas requiring development include the increased personalisation of the maternity offer, better continuity of care, increased integration of maternity care with other services within communities, and the further development of choice.

- Children's services - In a similar way, for children's services the key area requiring development is that of emotional and mental health support to children and younger people. Key components being the creation of a single point of access; a community based eating disorder service; and primary prevention in children's centres and schools both through the curriculum and anti-stigma campaigns.

Finance and efficiency gap

3.40 The following gaps have been identified:

- The projected collective financial gap facing the Leeds health and care system (if we did nothing about it) is £723 million by 2021. It reflects the forecast level of pressures facing the four statutory delivery organisations (Leeds City Council, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust) in the city and assumes that our three CCGs continue to support financial pressures in other parts of their portfolio whilst meeting NHS business rules. This is driven by inflation, volume demand, lost funding and other local cost pressures.

3.41 The following opportunities were discussed as some of the areas where action to address the gap might be identified:

- Citywide savings will need to be delivered through more effective collaboration on infrastructure and support services. To explore opportunities to turn the 'demand curve' on clinical and care pathways through: investment in prevention activities; focusing on the activities that provide the biggest return and in the parts of the city that will have the greatest impact; maximising the use of community assets; removing duplication and waste in cross-organisation pathways; ensuring that the skill-mix of staff appropriately and efficiently matches need across the whole health and care workforce e.g. nursing across secondary care and social care as well as primary care; and by identifying services which provide fewer outcomes for local people and offer less value to the 'Leeds £'.

- Capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and build on being the centre for specialist care for the region.

Emerging Leeds Plan – supporting the Leeds Health and Wellbeing Strategy

3.42 The Leeds Plan will have specific themes which will look at what action the health and care system needs to take to help fulfil the priorities identified within the Leeds Health and Wellbeing Strategy. Currently these emerging themes include:

- **Rebalancing the conversation - Working with staff, service users and the public** - which supports the ethos of the Leeds Health and Wellbeing Strategy and sees citizens and communities as the co-producers of health and wellbeing rather than the passive recipients of services. It also emphasises individuals' health and wellbeing through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources. This will also support Leeds Health and Wellbeing Strategy Priority 3 – 'Strong, engaged and well connected communities' and Priority 9 'Support self-care, with more people managing their own conditions' - using and building on the assets in communities. We must focus on supporting people to maintain independence and wellbeing within local communities for as long as possible. People need to be more involved in decision making and their own care planning by setting goals, monitoring symptoms and solving problems. To do this, care must be person-centred, coordinated around all of an individual's needs through networks of care rather than single organisations treating single conditions.

- **Prevention, Proactive Care, Self-management and Rapid Response in Time of Crisis** – which directly relates to the Priority 8 - 'A stronger focus on prevention' - the role that people play in delivering the necessary focus on prevention and what action the system needs to take to improve prevention, and Leeds Health and Wellbeing Strategy Priority 12 'The best care, in the right place, at the right time'. Services closer to home will be provided by integrated multidisciplinary teams working proactively to reduce unplanned care and avoidable hospital admissions. They will improve coordination for getting people back home after a hospital stay. These teams will be rooted in neighbourhoods and communities, with co-ordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.

- **Optimising the use of Secondary Care Resources & Facilities –** which also contributes to Leeds Health and Wellbeing Strategy Priority 12 'The best care, in the right place, at the right time'. This is ensuring that we have streamlined processes and only admitting those people who need to be admitted. As described above this needs population–based, integrated models of care, sensitive to the needs of local communities. This must be supported by better integration between physical and mental health and care provided in and out of hospital. Where a citizen has to use secondary care we will be putting ourselves in the shoes of the citizen and asking if the STP answers, 'Can I get effective testing and treatment as efficiently as possible?

- **Innovation, Education, Research -** which relates to Leeds Health and Wellbeing Strategy Priority 7 – 'Maximise the benefits from information and technology' – how technology can give people more control of their health and care and enable more coordinated working between organisations. We want to make better use of technological innovations in patient care, particularly for long term conditions management. This will support people to more effectively manage their own conditions in ways which suit them. Leeds Health and Wellbeing Strategy Priority 11 – 'A valued, well-trained and supported workforce', and priority 5 – 'A strong economy with quality local jobs' – through things such as the development of a the Leeds Academic Health Partnership and the Leeds Health and Care Skills Academy and better workforce planning ensuring the workforce is the right size and has the right knowledge and skills needed to meet the future demographic challenges.

- Mental health and physical health will be considered in all aspects of the STP within the Leeds Plan but also there will be specific focus on Mental Health within the West Yorkshire & Harrogate STP, directly relating to Leeds Health and Wellbeing Strategy Priority 10 – 'Promote mental and physical health equally'.

3.43 When developing the Leeds Plan, the citizen is at the forefront and the following questions identified in the Leeds Health and Wellbeing Strategy are continually asked:

- *Can I get the right care quickly at times of crisis or emergency?*

- *Can I live well in my community because the people and places close by enable me to?*

- *Can I get effective testing and treatment as efficiently as possible?*

4 Corporate considerations

4.1 Consultation and engagement

4.1.11 The purpose of this report is to share information about the progress of development of the Leeds Plan. A primary guiding source for the Leeds Plan has been the Leeds Health and Wellbeing Strategy 2016-2021 which was been widely engaged on through its development.

4.1.12 The Leeds Plan will include a clear roadmap for delivery of the service changes over the next 4-5 years. This will also identify how and when engagement, consultation and co-production activities will take place with the public, service users and staff.

4.1.13 In relation to the West Yorkshire & Harrogate STP, this engagement is being planned and managed through the West Yorkshire Healthy Futures Programme Management Office.

4.2 Equality and diversity / cohesion and integration

4.2.1 Any future changes in service provision arising from this work will be subject to equality impact assessment.

4.3 Council policies and best council plan

4.3.2 The refreshed Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy have been used to inform the development of the Leeds Plan. Section 3.42 of this paper outlines how the emerging Leeds Plan will deliver significant part of the Leeds Health and Wellbeing Strategy.

4.3.3 The Leeds Plan will directly contribute towards the achieving the breakthrough projects: Early intervention and reducing health inequalities and 'Making Leeds the best place to grow old in'.

4.3.4 The Leeds Plan will also contribute to achieving the following Best Council Plan Priorities: Supporting children to have the best start in life; preventing people dying early; promoting physical activity; building capacity for individuals to withstand or recover from illness; and supporting healthy ageing.

4.4 Resources and value for money

4.4.1 The Leeds Plan will have to describe the financial and sustainability gap in Leeds, the plan Leeds will be undertaking to address this and demonstrate that the proposed changes will ensure that we are operating within our likely resources. In order to make these changes, we will require national support in terms of local flexibility around the setting of targets, financial flows and non-recurrent investment.

4.4.2 As part of the development of the West Yorkshire & Harrogate STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered and analysis is currently underway to delineate this.

4.4.3 It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and to grow our offer for specialist care for the region.

4.5 Risk management

4.5.1 Failure to have robust plans in place to address the gaps identified as part of the plan development will impact the sustainability of the health and care in the city.

4.5.2 Two key overarching risks present themselves, given the scale and proximity of the challenge and the size and complexity of both the West Yorkshire footprint and Leeds itself:

- Potential unintended and negative consequences of any proposals as a result of the complex nature of the local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.

- Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.

4.5.3 The challenge also remains to develop a cohesive narrative between technology plans and how they support the plans for the city. Leeds already has a defined blueprint for informatics, strong cross organisational leadership and capability working together with the leads of each STP area to ensure a quality LDR is developed and implemented.

4.5.4 Whilst the Leeds the health and care partnership has undertaken a review of non-statutory governance to ensure it is efficient and effective, the bigger West Yorkshire footprint upon which we have been asked to develop an STP will present much more of a challenge.

4.5.5 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on the developing a robust STP and Leeds Plan and then delivering the plans within an effective governance framework.

5 Conclusions

5.1 As statutory organisations across the city working with our thriving volunteer and third sectors and academic partners, we have come together to develop, for the first time, a system-wide plan for a sustainable, high-quality health and social care system. We want to ensure that services in Leeds can continue to provide high-quality support that meets, or exceeds, the expectations of adults, children and young people across the city: the patients and carers of today and tomorrow.

5.2 Our Leeds Plan will be built on taking our asset-based approach to the next level to help deliver the health and care aspects of the Leeds Health and Wellbeing Strategy. This is enshrined in a set of values and principles and a way of thinking about our city, which:

- Identifies and makes visible the health and care-enhancing assets in a community;
- Sees citizens and communities as the co-producers of health and wellbeing rather than the passive recipients of services;
- Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment;
- Values what works well in an area;
- Identifies what has the potential to improve health and wellbeing the fastest;
- Supports individuals' health and wellbeing through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources;

- Empowers communities to control their futures and create tangible resources such as services, funds and buildings;

- Values and empowers the workforce and involves them in the co-production of any changes.

5.3 The following table summarises, at a high-level, the key changes that we expect to take place over the next five-plus years and which will provide the greatest leverage.

Key solutions to address our gaps and create a sustainable health and care for the future...	
Changing the conversation and **working with** the public, service users and our workforce	Investing more in **prevention**, targeting in those areas that will reap the greatest impact.
Increasing and integrating our community offer for out of hospital health and social care, providing proactive care and rapid response in a time of crisis.	Capitalising on the regional role of our hospitals using **capacity released** by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire

Supported by...		
Working with people at every stage of change through clear **comms and engagement**	Having a national pioneering **integrated digital infrastructure** being used by a **digital literate workforce**	Creating an environment for solutions to be produced, **economic investment through collaboration and partnerships**
Using existing **estate** more effectively ensuring that they are fit for the purpose and disposing of surplus estate	Reviewing our **procurement** practices and top 100 supplier/organisation spends to ensure that we are getting best value in spending our Leeds £ and economies of scale	Creating **'one' workforce** supported by leading education, training and technology

5.4 Our plan is based on the following imperatives:

- the four statutory delivery organisations will be efficient and effective within their own 'boundaries' by reducing waste and duplication generally
- all partners will collaborate more effectively on infrastructure and support services
- we will turn the 'demand curve' through:
  - investment in prevention activities, focusing on those that provide the biggest return and in the parts of the city that will have greatest impact
  - re-balancing the social contract between our citizens and the statutory bodies, transferring some activities currently undertaken by employees in the statutory sector to individuals, and maximising the use of community assets
  - reducing waste and duplication in cross-organisational pathways;
  - ensuring that the skill-mix of staff appropriately and efficiently matches need - movement from specialist to generalist, from qualified professional to assistant practitioner, and from assistant practitioner to care support worker

5.5 There is significant work still to do to develop the Leeds Plan to the required level of detail. Colleagues from across the health and social care system will need to

commit substantial resource to its development and to ensure that citizens are appropriately engaged and consulted with. Additionally, senior leaders from Leeds will continue to take a prominent role in shaping the West Yorkshire & Harrogate STP.

5.6 It is important to recognise that the West Yorkshire & Harrogate STP is still in its development and the links between this and the six local Plans are still being developed. Getting the right read-across between plans to ensure a coherent and robust STP at regional level which meets the requirements of national transformation funding needs to be an ongoing process and Leeds will need to be mindful of this whilst developing local action.

5.7 Over the coming months, Leeds will continue to prioritise local ambitions and outcomes through the development of its primary Leeds Plan as a vehicle for delivering aspects of the Leeds Health and Wellbeing Strategy.

6 Recommendations

Inner North West Community Committee is asked to:

6.1 Note the key areas of focus for the Leeds Plan described in this report and how they will contribute to the delivery of the Leeds Health and Wellbeing Strategy;

6.2 Identify needs and opportunities within their area that will inform and shape the development of the Leeds Plan;

6.3 Recommend the most effective ways/opportunities the Leeds Plan development and delivery team can engage with citizens, groups and other stakeholders within their area to shape and support delivery of the Leeds Plan.

7 Background information

7.1 West Yorkshire and Harrogate emerging STP: (http://www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/)

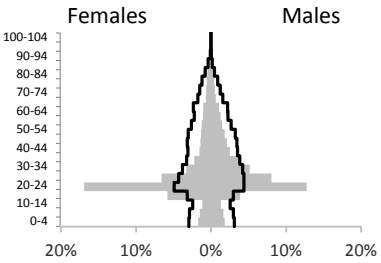
Area overview profile for Inner North West Community Committee

This profile presents a high level summary of data sets for the Inner North West Community Committee, using closest match Middle Super Output Areas (MSOAs) to calculate the area.

All ten Community Committees are ranked to display variation across Leeds and this one is outlined in red.

If a Community Committee is significantly above or below the Leeds rate then it is coloured as a dark grey bar, otherwise it is shown as white. Leeds overall is shown as a horizontal black line, Deprived Leeds* (or the deprived fifth**) is a dashed horizontal. The MSOAs that make up this area are shown as red circles and often range widely.

Population: 82,907 41,024 41,883



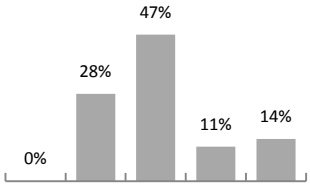
Comparison of Community Committee and Leeds age structures in October 2015. Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	2,272	41%	67%
Pakistani	690	13%	6%
Black - African	492	9%	5%
Any other Asian background	425	8%	2%
Any other ethnic group	307	6%	2%

(January 2016, top 5 in Community committee, corresponding Leeds value)

Deprivation distribution

Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), October 2015.



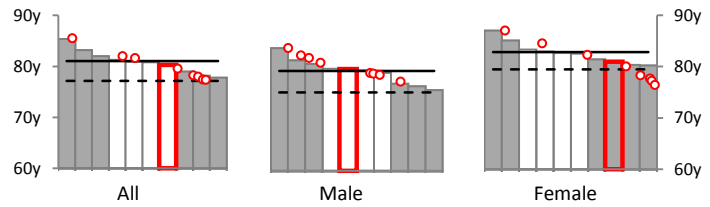
Pupil language, top 5	Area	% Area	% Leeds
English	3,310	62%	81%
Arabic	352	7%	1%
Urdu	314	6%	3%
Panjabi	216	4%	1%
Kurdish	138	3%	1%

(January 2016, top 5 in Community committee, corresponding Leeds value)

GP recorded ethnicity, top 5	% Area	% Leeds
White British	54%	71%
Other White Background	13%	10%
Other Asian Background	5%	2%
Chinese	5%	1%
Pakistani or British Pakistani	4%	3%

(October 2015, top 5 in Community committee, corresponding Leeds values)

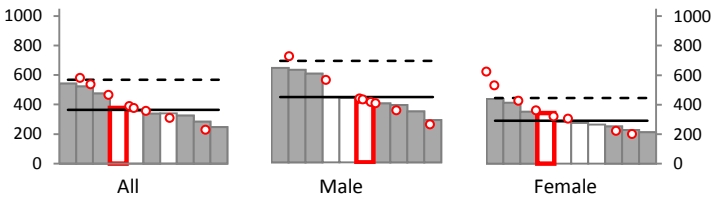
Life expectancy at birth, 2012-14 ranked Community Committees *ONS and GP registered populations*



(years)	All	Males	Females
Inner North West CC	80.3	79.5	80.9
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

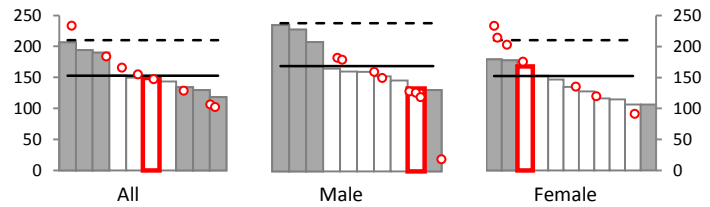
Slope index of inequality (see commentary) = 2.6

All cause mortality - under 75s, 2010-14 ranked. Directly age Standardised Rates (DSRs)



(DSR per 100,000)	All	Males	Females
Inner North West CC	378	413	342
Highest MSOAs in area	578	717	622
Lowest MSOAs in area	225	253	198
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

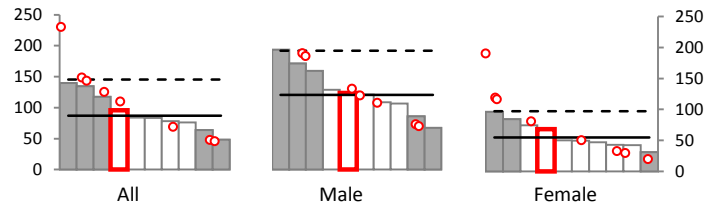


(DSR per 100,000)	All	Males	Females
Inner North West CC	149	134	168
Highest MSOAs in area	233	183	291
Lowest MSOAs in area	102	19	91
Leeds resident	153	170	137
Deprived fifth	210	239	182

DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

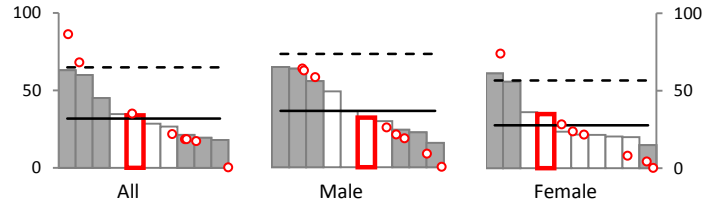
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Inner North West CC	96	124	68
Highest MSOAs in area	230	310	190
Lowest MSOAs in area	45	70	20
Leeds resident	87	121	55
Deprived fifth**	145	192	97

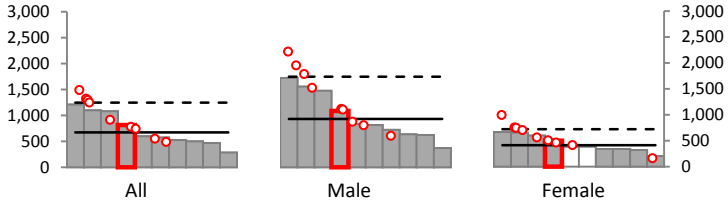
Respiratory disease mortality - under 75s, 2010-14 ranked



(DSR per 100,000)	All	Males	Females
Inner North West CC	34	32	35
Highest MSOAs in area	86	64	105
Lowest MSOAs in area	0	0	0
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

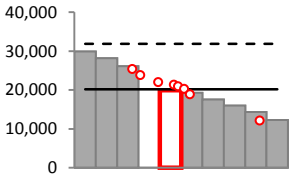
HES



(DSR per 100,000)	All	Males	Females
Inner North West AC	817	1,091	500
Highest MSOAs in area	1,487	2,225	992
Lowest MSOAs in area	488	603	157
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

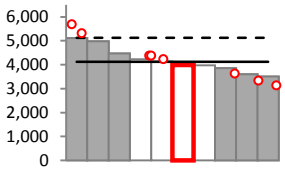
GP recorded conditions, persons, October 2015 (DSR per 100,000)

GP data



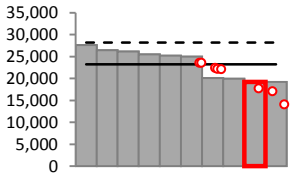
Smoking (16y+)

Inner NW CC	19,958
Leeds	20,165
Deprived Leeds *	31,829



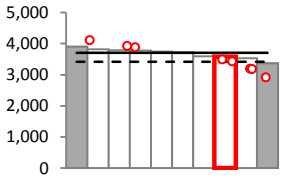
CHD

Inner NW CC	3,994
Leeds	4,126
Deprived Leeds *	5,122



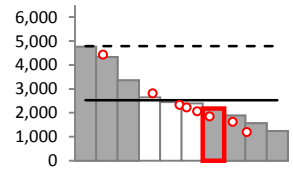
Obesity (16y+ and BMI>30)

Inner NW CC	19,227
Leeds	23,226
Deprived Leeds *	28,196



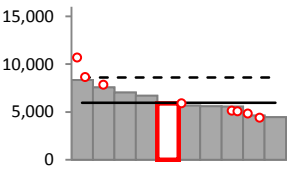
Cancer

Inner NW CC	3,579
Leeds	3,703
Deprived Leeds *	3,419



COPD

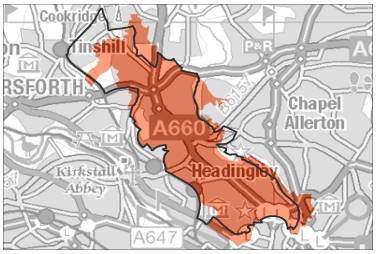
Inner NW CC	2,175
Leeds	2,532
Deprived Leeds *	4,792



Diabetes

Inner NW CC	5,902
Leeds	5,977
Deprived Leeds *	8,603

The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within the population are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture. This data includes all Leeds GP registered patients who live within the Community Committee. However, some areas of Leeds have low numbers of patients registered at Leeds practices; if too few then their data is excluded from the data here. Obesity here is the rate within the population who have a recorded BMI.



Map *shows this Community Committee as a black outline, the combined best match MSOAs used in this report are the shaded area.* ****Deprived Leeds:*** *areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation.* *****Most deprived fifth (quintile) of Leeds*** *- Leeds split into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas.* ***Ordnance Survey*** *PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved.* ***GP data*** *courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.* ***Admissions data*** *Copyright © 2016, re-used with the permission of the Health and Social Care Information Centre (HSCIC) / NHS Digital. All rights reserved.*

Inner North West Community Committee

The health and wellbeing of the Inner North West Community Committee contains very wide variation across the full range of Leeds, overall sitting somewhere in the middle of Leeds. Less than 1% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 8 MSOA** areas making up the Community Committee are widely spread, however, comparing single MSOA level life expectancies is not always suitable***.

Instead the Slope Index of Inequality (Sii****) is used as a measure of health inequalities in life expectancy at birth within a local area taking into account the whole population experience, not simply the difference between the highest and lowest MSOAs. The Sii for this Community Committee is 2.6 years and can be interpreted as the difference in life expectancy between the most and least deprived people in the Community Committee. Life expectancy was also calculated for the Community Committee (at which level it becomes more reliable), and is very close to Leeds for men and overall, but with significantly lower life expectancy for women.

The age structure is very different to that of Leeds overall because of the student population. GP recorded ethnicity shows the Community Committee to have smaller proportions of "White background" than Leeds. However around a fifth of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a picture with smaller 'White British' proportions, and larger 'Pakistani', 'Black African' and 'other' groups than Leeds.

All-cause mortality for under 75s is not significantly different to the Community Committee. Cancer mortality rates are very widely spread at MSOA level but the Community Committee rates are mid-range. Circulatory disease mortality shows a wide MSOA pattern with *Little Woodhouse and Burley* and *Headingley Central* the highest in Leeds for men and women respectively. In terms of respiratory mortality, the Community Committee is not significantly different to Leeds, but the MSOAs are very widely spread.

Alcohol specific admissions are significantly above Leeds rates but overall still mid range for the city. Female admissions at MSOA level are almost all above Leeds rates.

GP recorded obesity in the MSOAs is mostly well below the Leeds average, with an overall rate significantly lower than Leeds. Smoking is recorded to be around the Leeds rate. COPD is significantly lower than Leeds but the MSOA *Little London, Sheepscar* stands out as much higher than other parts of the Community Committee. CHD is virtually the same as Leeds, but at MSOA level is extremely widely distributed - *HydePark, Burley*, and *West Park and Weetwood* are 3rd highest and 8th highest in Leeds overall.

Diabetes has some MSOA in higher ranks, including *Hyde Park, Burley* which is third highest in the city. Cancer recording in *West Park and Weetwood* is 12th highest in the city.

***Deprived fifth of Leeds:** The fifth of Leeds which are most deprived according to the 2015 Index of Multiple Deprivation, using MSOAs.*
***MSOA:** Middle Super Output Area, small areas of England to enable data processing at consistent and relatively fine level of detail. MSOAs each have a code number such as E02002300, and locally they are named, in this sheet their names are in italics. MSOAs used in this report are the post 2011 updated versions; 107 in Leeds.* ******Life expectancy:** Life expectancy calculations are most accurate where the age structure of, and deaths within, of the subject area are regular. At MSOA level there are some extreme cases where low numbers of deaths and age structures very different to normal produce inconsistent LE estimates. So while a collection of MSOA life expectancy figures show us information on the city when they are brought together, as single items they are not suitable for comparison to another. This report displays Community Committee level life expectancy instead, and uses the MSOA calculations to produce the Slope Index of Inequality.* ****Slope Index of Inequality:** more details here http://www.instituteofhealthequity.org/projects/the-slope-index-of-inequality-sii-in-life-expectancy-interpreting-it-and-comparisons-across-london. For this profile, MSOA level deprivation was calculated with July 2013 population weighted 2015IMD LSOA deprivation scores and MSOA level life expectancy in order to create the Sii.*

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Community Committee

Leeds CITY COUNCIL

Report of: The Office of the Director of Public Health

Leeds Best Start Plan 2015-2019

Report to: Inner North West Community Committee

Report author: Dr Sharon Yellin Tel: 01133786072 for further information please contact Jon Hindley-Public Health West Tel: 07712214813

Date: 03rd March 2017 **To note**

Leeds Best Start Plan 2015-2019

Purpose of report

1. To describe the broad preventative agenda of Best Start.

Main issues

1. Please see full report Appendix 1

Options

n/a

Corporate considerations

n/a

Conclusion

Please see full report Appendix 1

Recommendations

Please see full report Appendix 1

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Leeds Best Start Plan

2015-2019

FINAL VERSION

1. **Summary**

The Leeds Best Start Plan describes a broad preventative programme from conception to age 2 years which aims to ensure a good start for *every* baby, with early identification and targeted support for vulnerable families early in the life of the child. This is a progressive universal approach. In the longer term, this will promote social and emotional capacity and cognitive growth, and will aim to break inter-generational cycles of neglect, abuse and violence.

The overall outcomes for the programme will be:

- Healthy mothers and healthy babies at population and individual level
- Parents experiencing stress will be identified early and supported
- Well prepared parents
- Good attachment and bonding
- Development of early language and communication

The over-arching indicator for the programme is reduced rate of deaths in babies aged under one year (infant mortality rate).

2. **Why Best Start?**

The aim to give every child the best possible start in life is a top commitment of the Leeds Health and Wellbeing Strategy. This aligns closely with the Leeds Children & Young People's Plan which focuses on those at most risk of a poor start through its priority to reduce the number of children looked after. The Best Start programme will be a broad preventative programme, taking a progressive universal approach to promote a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. Local statistics show that the biggest proportion of children coming into care in Leeds is aged under 1 year old, and recent local research shows that the common factors associated with these families are: parental use of drugs and alcohol; domestic violence; maternal depression; maternal learning disabilities; and a parental history of having been in care.

Developments in neuroscience show that the development of the baby's brain occurs most rapidly during pregnancy and the first 2 years of life. During this vital period, connections in the baby's brain can develop at the rate of 1 million connections per second, and new circuits are developed or pruned according the baby's earliest experiences. The baby's relationship with the primary care giver, and early attachment and bonding, are key components of the way the baby's brain is "programmed" and have a profound influence of the development of a child's emotional and social capacity and cognitive growth.

Leeds has made a strategic commitment to focus onto this earliest period in a child's life, from pre-conception to age 2 years, in order to maximise the potential of every child. This will incorporate the existing successful infant mortality programme, utilising infant mortality as the key indicator for Best Start in the Health and Wellbeing Strategy. Analysis shows that economic investment into the early years gives the greatest return[i], and this shift in investment will impact on key outcomes such as emotional wellbeing, improved behaviour, school readiness and educational attainment and fulfilment of

potential. Leeds is a city characterised by a wide gap between the more affluent communities and those with greater deprivation and vulnerability. In order to achieve the best start for every child, the Best Start programme will need to focus on 'narrowing the gap' through universal progressive approaches, engagement at local level, and the delivery of early help.

3. **What should we be doing? Using the evidence base**

The Best Start approach in Leeds is underpinned by a range of key national documents including: the Marmot report into health inequalities[ii]; the Graham Allen independent reports into early intervention[iii]; the Frank Field independent report into child poverty; the WAVE report "Conception to 2 years: The Age of Opportunity"[iv]; "The 1001 Critical Days" Cross Party Manifesto[v]; and the recent Chief Medical Officer's annual report 2012 "Our Children Deserve Better: Prevention Pays"[vi].These documents present a wealth of evidence about the factors which impair optimal health and development in early life and about the types of intervention which can promote better outcomes. They also refer to social return on investment studies which suggest high rates of return for well designed interventions.

Positive development during pregnancy is essential for the best start. This incorporates factors including: a well balanced diet; not experiencing stress or anxiety; being in a supportive relationship without domestic violence; not smoking, using alcohol or drugs; not in poor physical or emotional health; not socio-economically disadvantaged; at least 20 years old; and having a supportive birthing assistant. Negative factors during pregnancy include smoking, using drugs or alcohol, and maternal stress (which may result from domestic violence) and depression. These negative factors are associated with low birthweight, stillbirths and early deaths, and poorer behavioural and educational outcomes (including foetal alcohol syndrome disorder spectrum). Low birthweight itself is associated with poorer longterm health and educational outcomes. The Barker Theory indicates that poor fetal nutrition "programmes" physiological changes which lead to illness in later life such as coronary heart disease, stroke, hypertension and diabetes[vii].

Reducing infant mortality (deaths of babies aged under one year) has been a priority for Leeds for several years, and significant progress has been achieved especially in narrowing the inequalities gap. The evidence that underpinned the Leeds action plan was drawn from the national plan[viii] and included: reducing teenage pregnancies; targeted actions to reduce sudden unexpected deaths in infancy including action to reduce over-crowding; reducing smoking during pregnancy; addressing maternal obesity; addressing child poverty; and increasing breastfeeding rates. Local investigations into the causes of child deaths in Leeds carried out by the Leeds Child Death Overview Panel[ix] also highlights the importance of smoking in pregnancy and the need to reduce sudden unexpected infant deaths through the promotion of safe sleeping arrangements. It also draws attention to the need to raise awareness of the potential risks of cousin marriage and how such risks can be managed.

Parenting and the parent-child relationship are key aspects of a best start. Effective, loving, authoritative parenting builds resilience and prevents behaviour problems. Harsh, negative, inconsistent discipline, lack of emotional warmth, parental conflict and lack of supervision are linked to anti-social behaviour, substance misuse and crime. Results of

the Millenium Cohort Study indicate that poor parenting has double the impact of persistent poverty on a child's Foundation level development. Strong parent-infant attachment is critical. The quality of early attachment and attunement is a key predictor of adult emotional health and resilience, and ultimately impacts on the quality of parenting across generations. It is estimated that around a third of all parent-infant attachments are sub-optimal. Insecure and disorganised attachment is linked with aggression, behaviour problems and mental disorders. Disorganised attachment is more likely when there is maternal depression, maltreatment, domestic violence, and drug and alcohol use. Universal services are well positioned to identify sub-optimal attachment relationships at an early stage and to provide support with the assistance of more specialist infant mental health services.

Language development at age 2 is strongly associated with school readiness. Early communication environment in the home provides the strongest influence on language at age 2, even stronger than social background. This can include factors like: availability of books; number of visits to libraries; being read to by a parent; number of toys; parents teaching a range of activities; and attendance at pre-school.

The WAVE report "Conception to 2 years: The Age of Opportunity" helpfully describes ways in which resources may be best used to ensure the best start for every child. A proportionate universal approach is recommended alongside full implementation of the Healthy Child Pathway. It is vital to make the best use of Children's Centres, where possible adopting models of integrated delivery with Health. Leeds has already made significant progress on this through the implementation of the integrated Early Start Service which brings together Health Visiting and Children's Centre services, and there is scope for this model to be further consolidated and embedded. Early intervention by midwives and children's centre teams with health engagement can contribute to reduced levels of low birthweight, reduced risk of poor bonding, reduced neglect and abuse, and higher uptake of preventive health care. Optimal use should be made of the programme of social and emotional assessments including those during pregnancy and those during early childhood. Assessment during early childhood should be used to assess the parent-infant attachment relationship. Parenting classes are also an important element of delivery.

Workforce development is also recommended as a key method for delivery the best start programme. Health Visitors need to be competent to assess risk and resilience, and being able to assess parent-infant interaction is one of the Health Visitor's most important skills. For early years professionals, four priorities are identified: understanding attachment; supporting effective parenting; understanding the importance of speech and language development; and developing practitioners who are emotionally competent.

The WAVE report makes ten top recommendations for taking forward the best start agenda. These are shown in the box below. These recommendations have been incorporated into Leeds strategic action plan. Promoting awareness about the importance of the 1001 critical days will be an essential pre-requisite to driving this programme forward and successfully implementing the local plan.

WAVE TOP TEN RECOMMENDATIONS

1. Increase breastfeeding and good antenatal nutrition
2. Promote language development
3. Reduce domestic violence and stress in pregnancy
4. Achieve a major reduction in abuse and neglect
5. Set up an effective and comprehensive perinatal mental health service
6. Assess and identify where help is needed
7. Focus on improving attunement
8. Promote secure attachment
9. Ensure good health-led multi-agency work
10. Ensure early years workforce has requisite skills

4. How was the Plan developed?

The Leeds Best Start Plan is a partnership plan, developed by Leeds City Council alongside partners from the Health Service and the third sector. The plan draws on the wide range of evidence and policy available. In particular, a major conference was held in Leeds in October 2013 at which some of the foremost experts in the country came to Leeds and presented to over 250 delegates. The plan has been informed by data analysis including the Joint Strategic Needs Assessment. A World Café event was held for professionals in the statutory and third sector in June 2014 which provided a wealth of information about what is already happening in the city, and about how the priorities should be taken forward. A Best Start Strategy Group, incorporating partners, has overseen development of the plan. A consultation phase took place during Winter 2014-5 to allow discussion and consultation by a range of groups and engagement of parents through guided discussions at antenatal and postnatal groups and Children's Centre Advisory Boards.

5. What will we do next?

We will draw up a detailed implementation plan. This will take account of where we are now, and will build on existing activities across partner agencies. The implementation plan will take account of other related plans and strategies in the city which contribute to the breadth of the agenda. In particular, there will be close links to the ongoing development of a Maternity Strategy for the city led by Leeds South and East Clinical Commissioning Group.

6. How will we measure progress?

Progress will be measured by focusing on the impact that the plan has on parents and young children. These are the outcomes that we want to achieve. A number of indicators have been chosen to support each outcome and these will help us to measure progress. During the first year of the plan we will develop these indicators into

a performance dashboard which we will use on a regular basis to assess progress towards our strategic outcomes.

Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2

Vision: Every baby in Leeds will get the best start in life.

Principles:

- All babies will be nurtured and all care givers will feel confident to give sensitive responsive care
- Well prepared parents will make choices with their baby in mind
- Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce
- Inter-generational cycles of neglect, abuse and violence will be broken

Indicator: Reduce the rate of deaths in babies aged under one year

Outcomes	Priorities	Indicators
Healthy mothers, healthy babies – at a population and individual level	1. Promote awareness of importance of first 2 years 2. Improve mother and baby nutrition 3. Deliver high quality maternity and neonatal and child health services 4. Reduce unplanned teenage pregnancies and support teenage parents	1. Proportion low birth weight babies 2. Breastfeeding initiation and maintenance rates 3. Proportion pregnant women with BMI >30 4. Proportion of women booking before 12th completed week of pregnancy 5. Teenage pregnancy rate 6. Rate of immunisation with 3rd DTP
Parents experiencing stress are identified early and supported	5. Further develop integrated health-led services 6. Support parents to reduce use of alcohol, drugs and tobacco 7. Support parents to reduce levels of domestic violence 8. Identify and support mothers experiencing poor perinatal mental health 9. Address child poverty 10. Develop agreed frameworks and pathways for support	7. Health visiting caseload 8. Proportion of children receiving an integrated 2½ year check by Early Start teams 9. Proportion of children receiving Early Start core offer 10. Number of early help assessments initiated by Early Start Service 11. Percentage of women smoking at end of pregnancy 12. Number of parents in treatment with children aged under 2 13. Child poverty rate 14. Maternal mental health placeholder
Well prepared parents	11. Promote high quality education on sex and relationships 12. Provide high quality antenatal and postnatal programmes 13. Provide evidence based parenting programmes for parents of under 2s 14. Promote awareness of specific risks such as safe sleeping, cousin marriage and accidents	15. Number of mothers and number of fathers accessing Preparation for Birth and Beyond 16. Number of mothers and number of fathers accessing Baby Steps
Good attachment and bonding	15. Promote positive infant mental health by supporting responsive parenting 16. Identify parents and babies with attachment difficulties early and offer support	17. Number of babies under two years old taken into care 18. Assessment of early attachment placeholder
Development of early language and communication	17. Raise awareness of parents about importance of early communication and interaction 18. Promote early play and reading opportunities	19. Percentage of children reaching a good level of development at end of Reception 20. Percentage of children in lowest % achievement band for LA

Note: *A number of city-wide cross cutting strategies will contribute to the Best Start priority and the new Maternity Strategy will be a component of the Best Start programme*.

References

[i] J Heckman & D Masterov (2005) Ch 6, *New Wealth for Old Nations: Scotland's Economic Prospects*

[ii] Fair Society Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England post-2010. (February 2010)

[iii] Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. Graham Allen MP. (January 2011)

[iv] Conception to Age 2: The Age of Opportunity. WAVE Trust. (March 2013)

[v] 1001 Critical Days. The Importance of the Conception to Age 2 Periods. A Cross Party Manifesto. Andrea Leadsom MP. Frank Field MP. Paul Burstow MP. Caroline Lucas MP. (September 2013)

[vi] Chief Medical Officer's Annual Report 2012. Prevention Pays: Our Children Deserve Better. (October 2013)

[vii] http://www.thebarkertheory.org/science.php

[viii] Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide (DH 2007 and National Support Team update 2009)

[ix] http://www.leedslscb.org.uk/LSCB/media/Images/pdfs/CDOP-Annual-Report-2013-14.pdf

Community Committee

Leeds CITY COUNCIL

Report of: The West North West Area Leader

Report to: The Inner North West Community Committee – Headingley; Hyde Park & Woodhouse; Weetwood

Report author: Nicole Darbyshire 3367859

Date: 23 March 2017 **For information**

Inner North West Children's Engagement Event

Purpose of report

- To update the Inner North West Community Committee on the engagement event that took place with children and young people at the University of Leeds on Thursday 2 March 2017.
- To update the Committee on how the children and young people at the event told us that they would like to see Youth Activities Fund monies spent in the area.

Recommendations

The Community Committee is asked to:

- Note the report and the findings from the engagement event, which will feed into the allocation of Youth Activities Fund monies for the 2017/18 financial year.

Main issues

1. On 2 March 2017 22 children, from 6 different schools within the Inner North West wards, came to a children and young people's engagement event at the University of Leeds.

2. The event was organised by the Communities Team West North West, with support from Children's Services, the University of Leeds and Inner North West Councillors. The purpose of the event was to engage with young people and learn what activities they would like to see being delivered in their local area. These findings will in turn help shape the priorities for youth activities fund spend in the 2017/18 financial year.

3. On the day, young people were able to experience some example activities that are currently funded with youth activities monies including Minecraft and Lego animation workshops. The young people were asked to tell us what they liked and disliked about where they live, there was a presentation and Who Wants to be a Millionaire quiz on local democracy, lunch in the University's Student's Union followed by a tour.

4. The afternoon workshop was designated as time to carry out an exercise whereby the young people were given monopoly money amounting to £19,000 per group. They were asked to allocate the monies to various activities that they would like to see put on in their area. The results of this and full feedback can be found in the attached report at **Appendix 1**. It is these results that will help shape the priorities for the 2017/18 financial year.

5. Overall the feedback from the event was very positive. The event was supported with approximately £200 of funds from the Inner North West Community Committee's communications wellbeing budget.

Corporate considerations

6. **Consultation and engagement**
   Elected members have been consulted on the content of this report.

7. **Equality and diversity / cohesion and integration**
   There are no equality and diversity issues in relation to this report.

8. **Resources and value for money**
   There are no resource implications as a result of this report.

9. **Legal implications, access to information and call in**
   There are no legal implications or access to information issues. This report is not subject to call in.

10. **Risk management**
    There are no risk management issues relating to this report.

11. **Recommendations**

Members are asked to note the contents of the report and attached appendix, which will help shape the priorities for Youth Activities Fund spend in the 2017/18 financial year.

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Your Community

Inner North West Children's Engagement Event on 2 March 2017

On Thursday 2nd March 2017, 22 young people were consulted from across 6 different schools in the Inner North West area of Leeds. The event was on World Book Day, so we did get some children attending in fancy dress too!

The young people acted as representatives on behalf of other young people living in their area deciding what activities they think should be funded; they also told us where and when these activities should be. In addition to the above, young people learnt about how democracy works and voted individually on what they would like to see as activities in the local area.

All young people attending the event were given a goodie bag and the opportunity to join a Lego and Minecraft activity workshop on the day.

Richard Cracknell from Leeds City Council ‘s Voice and Influence Team and Kim Bright from the Communities Team led on a presentation on local democracy and young people carried out an exercise to tell us what they liked and disliked about the area that they live in.

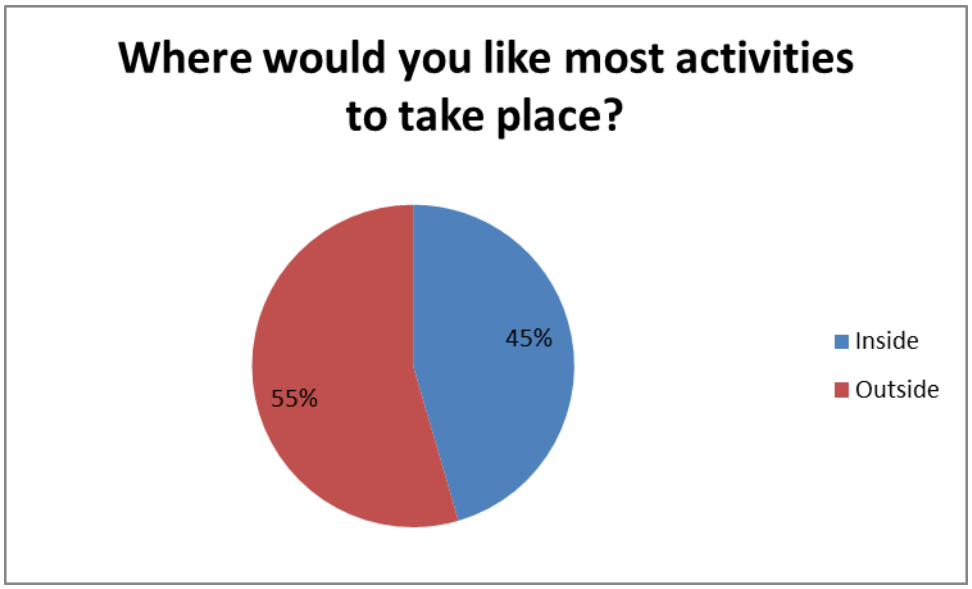
The University of Leeds was our host site for the day, with use of a lecture theatre and lunch in the Student Union Refectory. Student volunteers also joined the group after lunch for a University tour.

The afternoon session saw young people and Councillors sitting down together to talk about how to spend £19,000 of Youth Activity Fund (the approximate budget for 2017/18). A menu of projects was available for the 4 different groups to talk about and decide which represented value for money and looked fun.

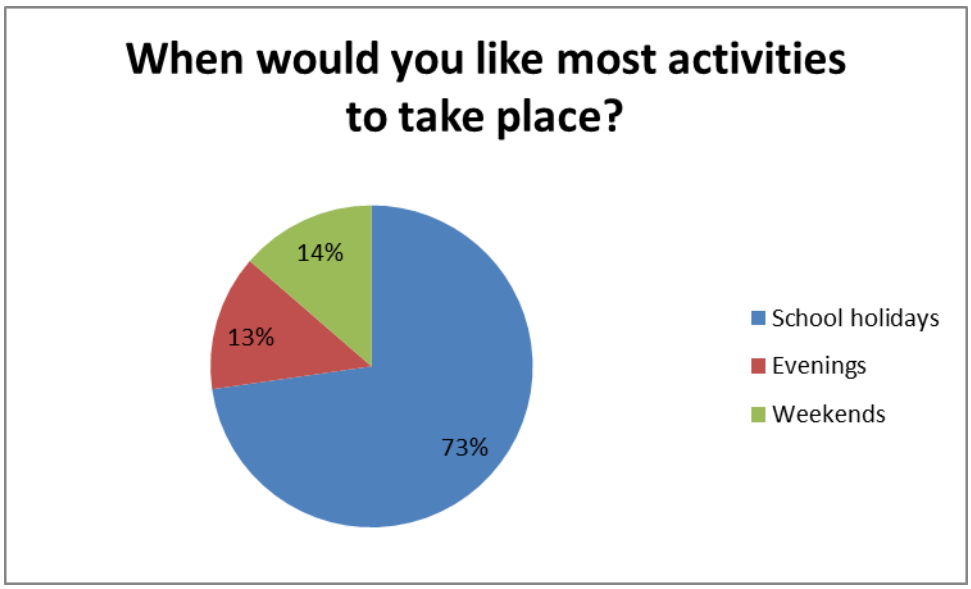
The group results are below in their order of preference:

Youth Club	1st
Lets get Cooking	2nd
Skateboarding	3rd
Drama Workshop	3rd
Adventures in Minecraft	4th
Playscheme	5th
DJ Workshop	6th
Multi Sports	6th
Play in the Park	7th
Movie Making	8th
Radio Festival	9th
Fun day with Inflatables	10th
Lego Workshop	11th
Walk on the wild side	12th
Dance	12th
Bicycle Building	12th
Knitting and Yarn	12th
Do you dare	12th
Making Music	12th

Young people also told us they would rather activities took place outside:

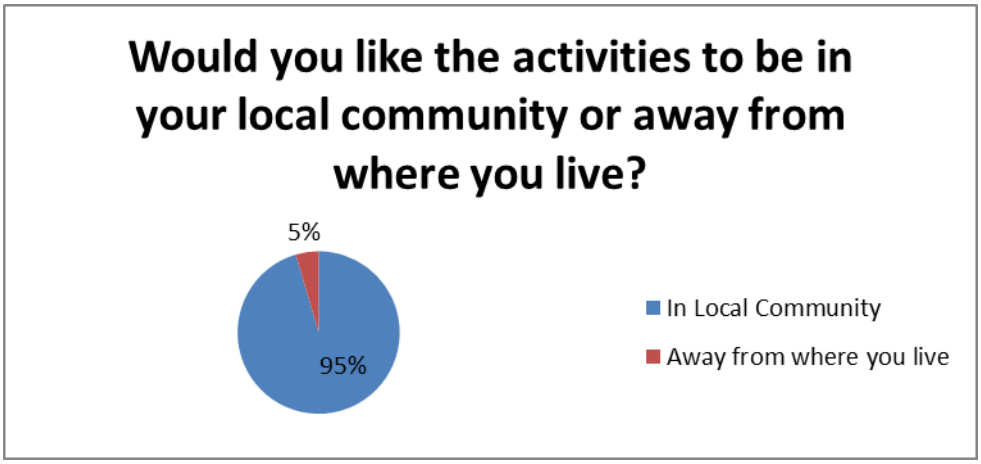


That they would like most activities to be provided during school holidays:

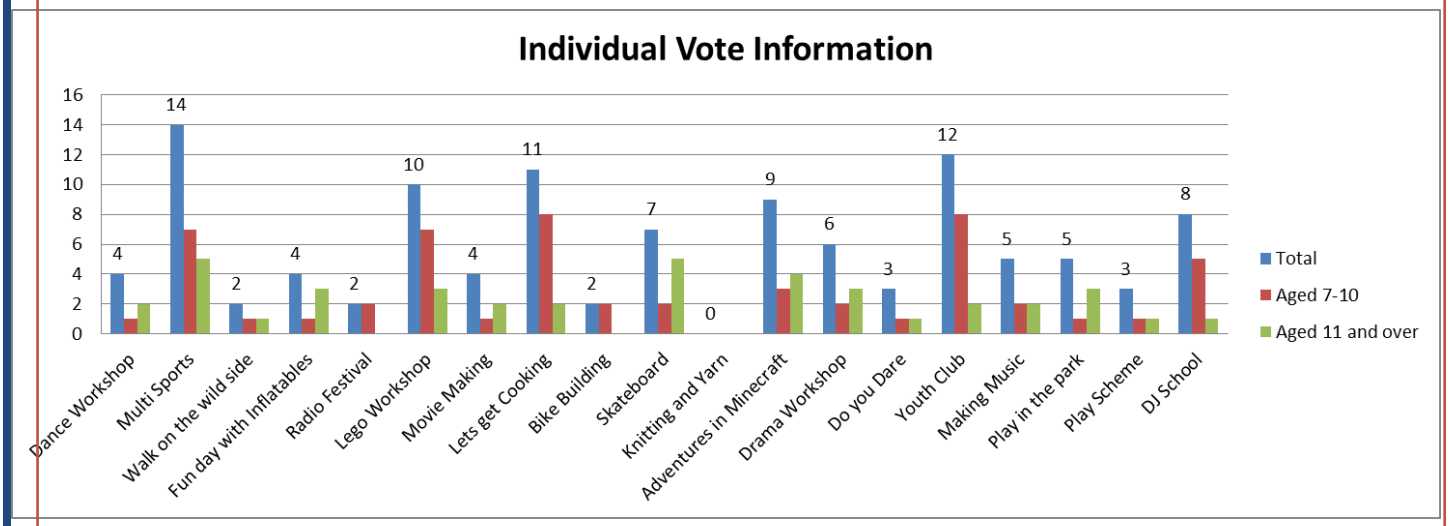


What would make an activity good for you?	
Fun and local	2
Sporty / Active	4
Challenging variety of activities	4
Cooking activity	2
Meeting New People and doing it with friends	4
Variety of ages so family can take part	4
After school club	1
lots of people and cheap	1

Young people also expressed that they are comfortable in their own locality and would be happy to undertake activities locally:



Young people's individual choices of activities based on their age range are set out below:

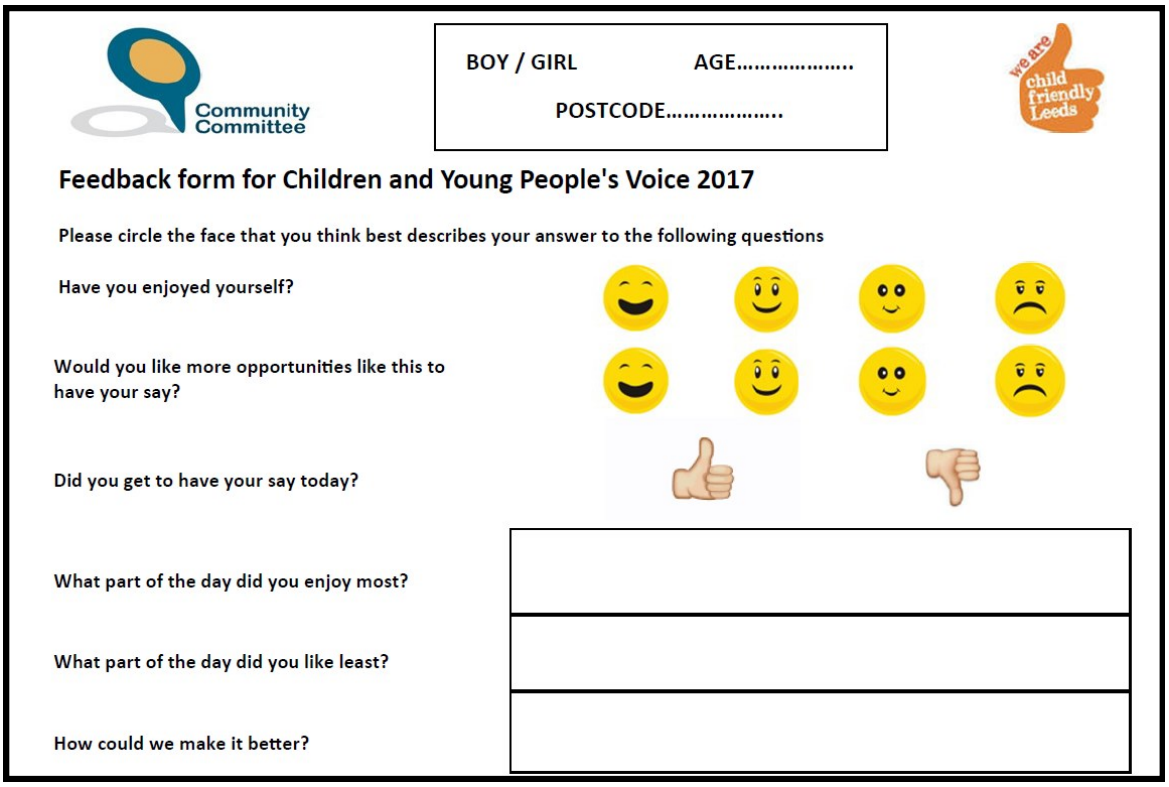


Other activities that young people told us that they would like to see:

- Park Sports (Like Rugby and Football) aged 8-12
- Cheerleading
- Rugby in the community hall, aged 8-13 years in school holidays
- Book club
- Art Clubs, ages 7-
- Football league / club – 5 a side local team on Saturdays or Sundays aged 5-16
- Women's basketball team
- Ice Cream Club aged 6-15
- Vlogging
- Gymnastics
- Community centre to play games

22 young people attended from 6 different schools

We received a total of 22 completed feedback forms



Community Committee

BOY / GIRL AGE.....

POSTCODE.....

we are child friendly Leeds

Feedback form for Children and Young People's Voice 2017

Please circle the face that you think best describes your answer to the following questions

Have you enjoyed yourself?

Would you like more opportunities like this to have your say?

Did you get to have your say today?

What part of the day did you enjoy most?

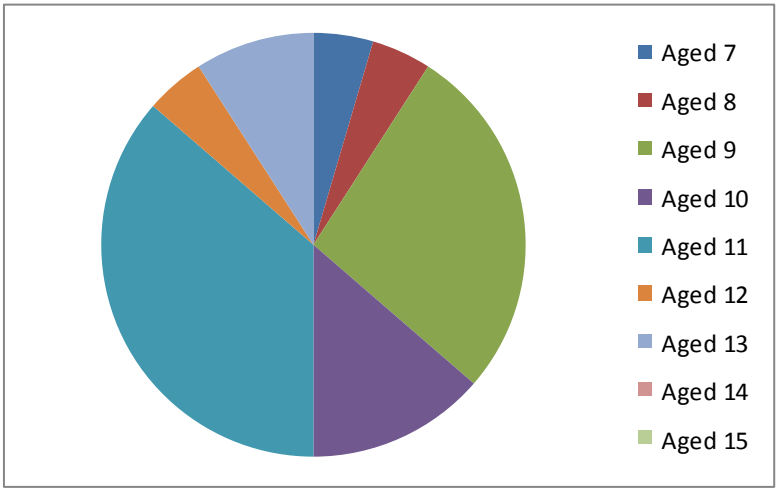
What part of the day did you like least?

How could we make it better?

Ages and genders of the young people attending

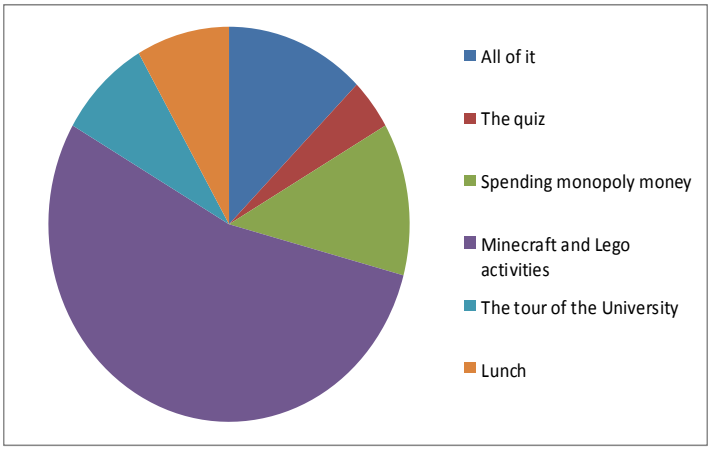
Boy	Girl	No response
9	12	1

Aged 7	1
Aged 8	1
Aged 9	6
Aged 10	3
Aged 11	8
Aged 12	1
Aged 13	2
Aged 14	0
Aged 15	0
Aged 16	0
Aged 17	0

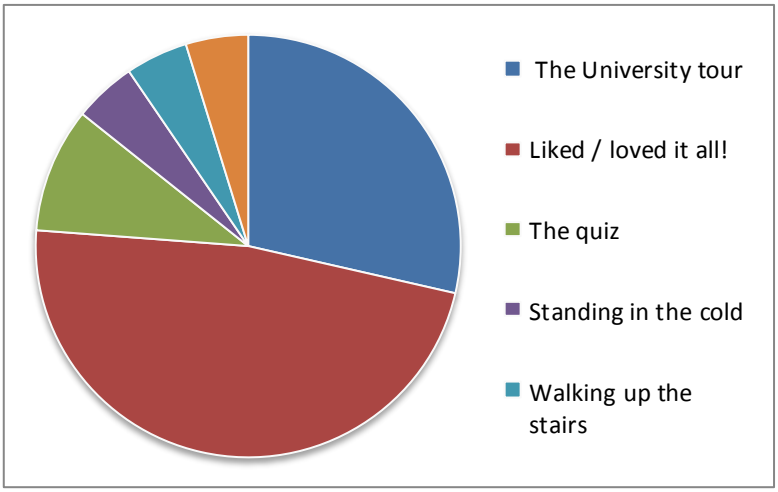


What did you enjoy most today?

What did you like the most	
All of it	3
The quiz	1
Spending monopoly money	3
Minecraft and Lego activities	13
The tour of the University	2
Lunch	2



What part of the day did you like the least ?

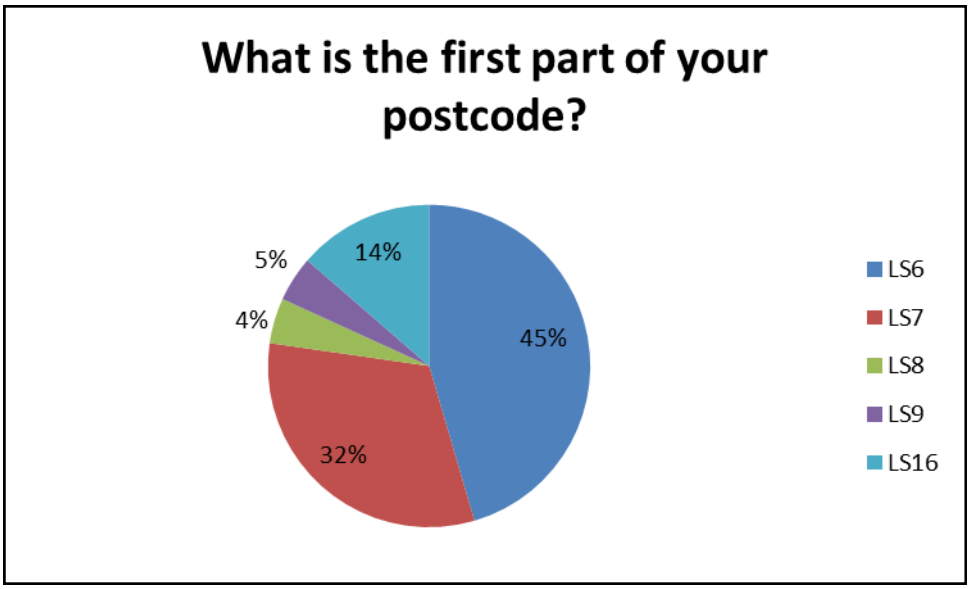


What did you like the least?	
The University tour	6
Liked / loved it all!	10
The quiz	2
Standing in the cold	1
Walking up the stairs	1
Discussing problems in communities	1

List of participating schools and numbers of pupils attending the engagement day.

No of children	School
3	Blenheim Primary
4	Leeds City Academy
4	Little London Primary
6	Brudenell Primary
2	Quarry Mount Primary
5	Iveson Primary

The young people came from across the Inner North West area and due to the nature of catchment areas of schools some also came from just outside this area but would attend activities with their friends in the area:



All the young people received a certificate to thank them for attending and representing the Inner North West at the engagement event. Their contributions are valued and will form part of decision making for allocating funding for future children's activities in the Inner North West. We will keep everyone updated on outcomes from the day.


Certificate of Participation

This certificate is awarded to:-

In recognition of your attendance at the
Inner North West Community Committee Children & Young Peoples Event
at the University of Leeds on 2nd March 2017

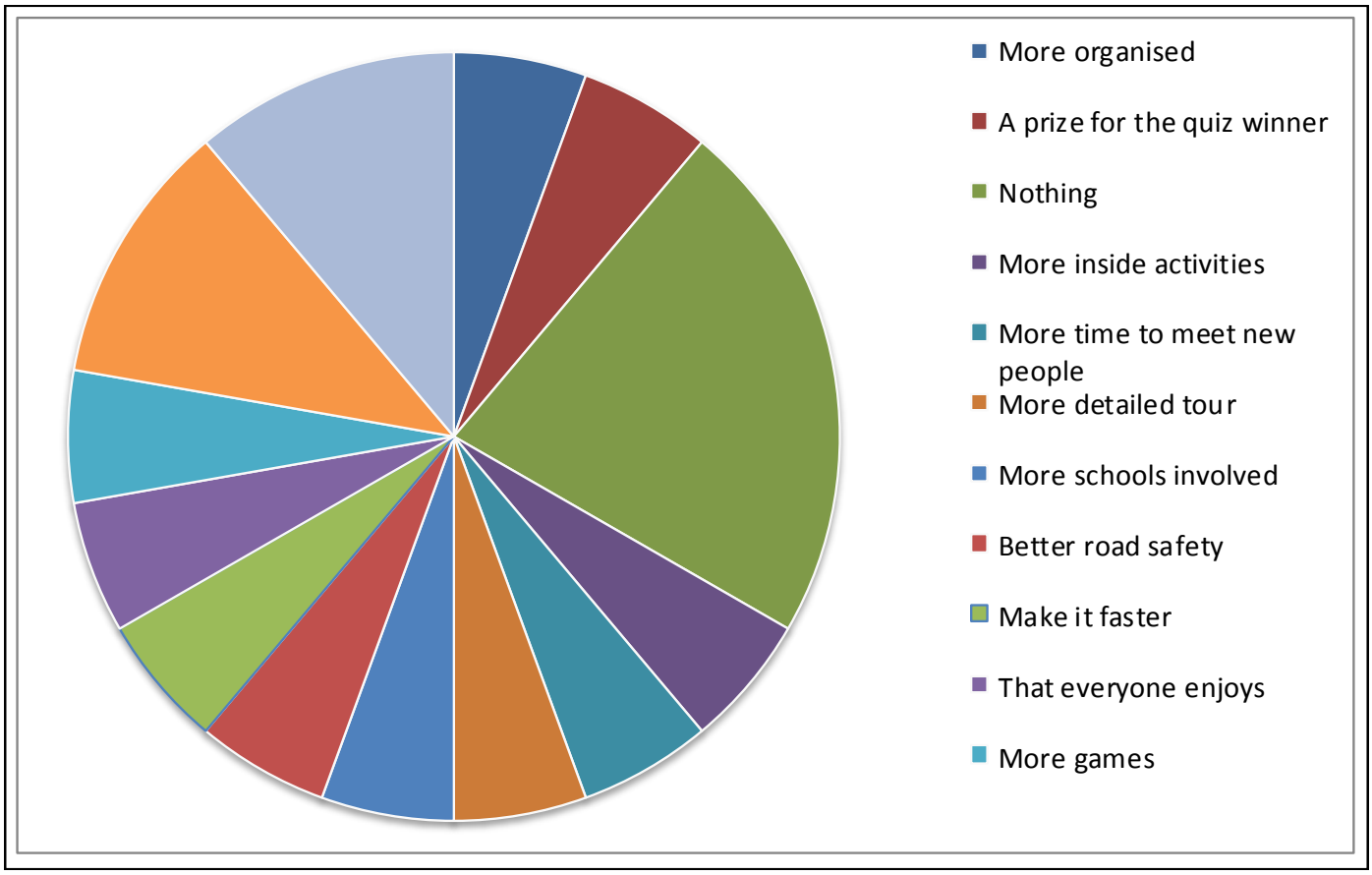
2017 Inner North West
Children & Young People's Voice

2nd March 2017

Signature

Date

How could we make the event better?



N.B Information was missing from some of the feedback forms, so totals may vary.

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Community Committee

Leeds CITY COUNCIL

Report of: The West North West Area Leader

Report to: The Inner North West Community Committee – Headingley; Hyde Park & Woodhouse; Weetwood

Report author: Nicole Darbyshire

Date: 23 March 2017 **For decision**

Wellbeing Fund and Youth Activities Fund Allocation Report

Purpose of report

1. The purpose of this report is to advise the Inner North West Community Committee of:
    - The current position of the Wellbeing budget and Youth Activities Fund budget.
    - The Wellbeing budget available for allocation in 2017/18.
    - The Youth Activities Fund budget available for allocation in 2017/18.
    - Those projects for consideration and approval from the Wellbeing Budget allocation for 2017/18.
    - Those projects for consideration and approval from the Youth Activities Fund allocation for 2017/18.

Recommendations

2. The Community Committee is asked to:

- Note the projects that have been approved since the last Community Committee meeting on 15 December 2016, as contained in **Table 1**.

- Note the current budget position of the Wellbeing Fund and Youth Activities Fund at **Appendix 1.**

- Note the available Wellbeing Budget and Youth Activities Fund for allocation in 2017/18.

- Consider the projects listed at **Table 2** for approval from the Wellbeing Budget allocation for 2017/18.

- Consider the projects listed in **Table 3** for approval from the Capital Fund allocation for 2017/18.

- Consider the projects listed in **Table 4** for approval from the Youth Activities Fund allocation for 2017/18.

Main issues

1. Community Committees have a delegated responsibility for the allocation of Wellbeing Funding. The amount of Wellbeing funding provided to each committee is calculated using a formula agreed by Council, taking into consideration both population and deprivation of an area.

2. The Inner North West Community Committee seeks to ensure that Wellbeing funding is allocated in a fair and transparent way and that recipients are able to commence delivery of their projects as early as possible in the financial year. To facilitate this process, an application round is held which requires organisations to submit proposals for projects. Once the annual Wellbeing budgets are set by Executive Board and ratified by Full Council, the Community Committee meets to agree which projects will be supported in the year ahead. These projects are then monitored and assessed by the Community Committee throughout the year to ensure they are fully meeting their objectives.

3. The 2017/18 Wellbeing allocation for the Inner North West Community Committee has now been approved by Full Council and, as such, the meeting of the Inner North West Community Committee on 23 March 2017 will consider revenue applications for 2017/18 and provide notification for successful projects to proceed with delivery.

4. In addition, the Inner North West Community Committee receives a sum of Youth Activity Fund monies. This fund is to deliver sports and cultural activity for young people aged 8-17. This should be allocated with the involvement and participation of children and young people in the decision making process.

5. <u>Youth Activities Funding approved since the last Community Committee meeting</u>
Members from the Children and Young People's sub group met on 4 January 2017 to consider Youth Activities Fund applications that had been received as part of the December application round. The projects detailed in **Table 1** were recommended for approval by the Sub Group and subsequently approved by the Inner North West Community Committee Councillors:

Table 1

Project	Project Applicant	Amount

Weetwood youth activities pot		£5,500
Meanwood Friday Night Club and Activity Weeks	Meanwood Junior Playscheme	£2,394
Urban Arts Holiday Programme	DJ School UK	£4,744
City Varieties Music Hall	City Varieties	£5,670
	TOTAL	**£18,308**

£12,946.71 was transferred from the Wellbeing budget to the YAF budget to cover the cost of some of the above projects.

6. Wellbeing 2017/18

Community Committees have received a reduced allocation to their Wellbeing Revenue Budgets for 2017/18 compared with that given in 2016/17. This gives the Inner North West Community Committee an allocation of **£96,720.** At the time of writing, there are no project underspends from 2016/17 to carry forward.

7. 2017/18 Wellbeing Revenue Projects For Consideration

The Wellbeing commissioning round for 2017/18 received 24 applications for funding totalling £127,470. (For a full list of these projects, please see **Appendix 2**). These applications have been assessed against the funding criteria for the Inner North West Wellbeing Fund. Members have reviewed the applications in detail and have agreed that the 16 projects listed in **Table 2** below, valued at a total of **£75,995,** should go forward for consideration by the Community Committee on 23 March 2017. Should all of the following projects be approved, this will leave **£20,725** of Wellbeing revenue funding available for allocation in 2017/18.

Table 2

Project	Project Applicant	Amount
Small grants and skips	Communities Team – WNW	£7,000
Communications budget	Communities Team – WNW	£1,500
INW Festive Lights	Leeds Lights	£12,618
Aireborough Supported Activities Scheme 2016	Aireborough Supported Activities Scheme (ASAS)	£1,814
Tackling noise nuisance out of hours service- ring-fenced LS6	Leeds anti-social behaviour team	£1,000
Headingley LitFest 2017	Headingley LitFest	£2,100
Hyde Park Unity Day	Hyde Park Unity Day	£5,000
Woodhouse Ridge Festival	Hyde Park Source	£2,621
Little London Community Fun Day	Housing Leeds	£1,000
Leave Leeds Tidy	Leeds University Union	£6,172
Keep Fit and Healthy for Women	Behno	£6,000
Community Volunteering Project	Caring Together in Woodhouse & Little London	£6,000
Additional enforcement staff – Woodhouse Moor	Safer Leeds	£10,000
Craft fair and empowering women	Vandan Group	£1,500
Little London Community Eatwell Café	CALLS	£5,889

Stepping up to be employable	Right Choices project	£5,781
	TOTAL	**£75,995**

8. 2017/18 Wellbeing Capital Projects For Consideration

The Wellbeing application round for 2017/18 received 2 applications for capital funding. There is currently £14,200 available in Wellbeing capital monies. The applications were assessed against the funding criteria for the Inner North West Wellbeing fund and Members have decided that the two applications listed in **Table 3** below be put forward for consideration for approval by the Community Committee on 23 March 2017.

Table 3

Project	Project Applicant	Amount
Welcome In Community Centre –roof repair	OPAL	£5,000
Ash Road area street planters	ARARA	£1,342

9. Youth Activities Fund 2017/18 Projects for Consideration

For 2017/18, the Inner North West Community Committee has received a sum of **£20,670** Youth Activity Fund monies. At the time of writing, there are no project underspends from 2016/17 to carry forward.

The Youth Activities Fund application round for 2017/18 received 6 applications for funding totalling £25,759 (For a full list of these projects, please see **Appendix 2**). The applications were assessed against the funding criteria for the Inner North West Youth Activities fund, and due consideration given to the consultation event results from the children's engagement event at the University of Leeds on 2 March 2017.

Members have reviewed the applications in detail and have agreed that the 4 projects listed in **Table 4** below, valued at a total of **£17,575,** should go forward for consideration by the Community Committee on 23 March 2017. Should all of the following projects be approved, this will leave **£3,095** of YAF funding available for allocation in 2017/18.

Table 4

Project	Project Applicant	Amount
Holiday Activity Sessions	Groundwork Leeds	£2,825
Urban Art Workshops	DJ School UK	£940
Carnival Mash-up	Geraldine Connor Foundation	£6,110
Mini Breeze	Breeze Leeds	£7,700
	TOTAL	**£17,575**

Corporate considerations

a. Consultation and Engagement

10. Local priorities were set at the December Community Committee meeting and the 2017/18 Wellbeing application round was advertised to all Community Committee contacts. The Youth Activity Fund application rounds are promoted through the Breeze Culture Network and local providers, with consultation from children and young people also being taken into account.

b. Equality and Diversity / Cohesion and Integration

11. All Wellbeing funded projects are assessed in relation to Equality, Diversity, Cohesion and Integration. In addition, the Wellbeing process is currently being reviewed citywide, which will include undertaking a new Equality Impact Assessment to ensure the Wellbeing process continues to comply with all relevant policies and legislation.

c. Council policies and City Priorities

12. Projects submitted to the Community Committee for Wellbeing funding are assessed to ensure that they are in line with Council and City priorities as set out in the following documents:

- Vision for Leeds
- Leeds Strategic Plan
- Health and Wellbeing City Priorities Plan
- Children and Young People's Plan
- Safer and Stronger Communities Plan
- Regeneration City Priority Plan

d. Resources and value for money

13. Aligning the distribution of Community Committee Wellbeing funding to local priorities will help to ensure that the maximum benefit can be provided.

e. Legal Implications, Access to Information and Call In

14. There are no legal implications or access to information issues. This report is not subject to call in.

f. Risk Management

15. Risk implications and mitigation are considered on all Wellbeing applications. Projects are assessed to ensure that applicants are able to deliver the intended benefits.

Conclusion

16. Wellbeing funding provides an important opportunity to support local organisations and drive forward improvements to services.

17. All applications received by the Inner North West in respect of funding via the Wellbeing fund and Youth Activities Fund are presented in the attached **Appendix 2**.

Recommendations

18. The Committee is asked to:

- Note the available Wellbeing Budget and Youth Activities Fund for allocation in 2017/18.
- Consider the projects listed in **Table 2,** a total of £75,995 for approval from the Wellbeing Budget allocation for 2017/18.
- Consider the projects listed in **Table 3,** a total of £6,342 for approval from the Wellbeing Capital budget.
- Consider the projects listed in **Table 4,** a total of £17,575 for approval from the Youth Activities Fund budget.

Background information

- **None**

INNER NORTH WEST COMMUNITY COMMITTEE
2016-17 Wellbeing Statement

1.0 **Revenue**

1.1 **Revenue Budget Calculation**

The table below describes the revenue budget calculation for the 2016-17 financial yea
from 2015-16.

2016/17 INW Revenue Budget
Balance Brought Forward from 15/16
INW Revenue Allocation for 2016/17
Total
Schemes Approved from 2015-16 budget to be paid in 2016-17
Projects approved in 16/17
Total Commitments
Remaining to Allocate (Wellbeing)

1.2 **Revenue Project Statement**

The table below provides a current revenue project statement; most grants are paid re

	Project Name
INW/16/01/LG	Small Grants & Skips
INW/16/02/LG	Communications Budget
INW/16/03/LG	World Triathlon Series Pot
INW/16/04/LG	INW Festive Lights
INW/16/05/LG	Aireborough Supported Activities Scheme 2016
INW/16/06/LG	Out of Hours Noise Nuisance
INW/16/07/LG	Improving Women's Health
INW/16/08/LG	Headingley Litfest
INW/16/09/LG	Fit Kids
INW/16/10/LG	Leave Leeds Tidy
INW/16/11/LG	Hyde Park Unity Day
INW/16/12/LG	Community Volunteering Project
INW/16/13/LG	Additional Enforcement Staff - Woodhouse Moor
INW/16/14/LG	Keeping It Safe
INW/16/15/LG	Promoting Headingley
INW/16/16/LG	Employ-abled Project
INW/16/17/LG	Little London Community Fun Day
INW/16/18/LG	Community Secret Garden
INW/16/19/LG	Diwali Fesitval 2016
INW/16/20/LG	Clean up of Headingley war memorial

1.3 **Revenue Projects Live from Previous Years**

The table below provides a revenue project statement of grants funded in previous yea

	Project Name
INW/14/15/R	INW Mini Youth Projects
INW/15/11/LG	Tuesday Gentle Exercise Class
INW/15/12/LG	Drop In Café
INW/15/15/LG	Additional Officer Deployment

INW/15/18/LG	Keep Fit, Keep Well, Be Happy
INW/15/19/LG	Every Women Health Group
INW/15/24/LG	Open XS Volunteer Programme
INW/15/26/LG	Weetwood Youth project
INW/15/27/LG	SIDS
INW/PH/15/01	Health Together

1.4 **Youth Activity Budget Breakdown**

The table below provides a breakdown of the wellbeing funding allocated to projects ai

INW Youth Activity Funding 20	
YAF Balance brought forward	
YAF Allocation for Year 2016-17	
YAF Total Allocation (inc b/f)	
YAF Earmarked 15/16	
Current YAF Figures	
Budget for Year:	
Total Approved 16/17	
Available Left to Allocate:	

1.5 **Youth Activity Fund 2015/16 Carry Forwards**

The table below lists those Youth Activity projects supported in 2015-16 and provides a necessarily reflect any potential underspend.

	Project Name
INWYAF/14/09	Lazer Activities
INWYAF/14/12	ESNW universal activities
INW/15/03/YF	ESNW Summer Activities
INW/15/10/YF	British military martial arts
INW/15/11/YF	Adventures with minecraft
INW/15/12/YF	RJC Dance Camp
INW/15/13/YF	Lazer winter activity programme
INW/15/14/YF	Give It a Go Hockey
INW/15/15/YF	Hyde Park & Woodhouse FC - Junior team

1.6 **Youth Activity Fund 2016/17**

The table below lists Youth Activity projects supported this year and provides a current necessarily reflect any potential underspend.

	Project Name
INW/16/01/YF	INW Hub Cluster School Holiday Activities
INW/16/02/YF	Up To You
INW/16/03/YF	Craft, Create, Animate
INW/16/04/YF	INW Mini Breeze
INW/16/05/YF	Learn to Skateboard
INW/16/06/YF	Play In The Park
INW/16/07/YF	Code Craft Create at Christmas
INW/16/08/YF	A-Camp - Half Term All Sports Camp

INW/16/09/YF	Cardigan Centre Youth Café
INW/16/10/YF	Little London and Rosebank Global Gangs
INW/16/11/YF	Weetwood Pot
INW/16/12/YF	Meanwood Friday Night Club & Activity Weeks
INW/16/13/YF	Urban Arts Holiday Programme
INW/16/14/YF	City Varieties Music Hall

1.7 **Capital Spend**

The table below lists capital projects previously supported and provides a current bala
reflect any potential underspend.

	Project Name
16937\000\000	CRIS AREA WELLBEING INNER NTH WEST
16937\WIC\000	WELCOME IN CENTRE RENOVATION (INW/16/01/C)
16937\HCT\000	STAIRLIFT FOR ALEXANDER ROAD COMMUNITY CENTRE
	LOVELL PARK FLATS

1.8 **Small Grant Budget Breakdown**

The tables below provide a breakdown of the wellbeing funding allocated to small gran

Small Grant & Skip Funding Allocatio
Total approved for spend on small grants & skips 2016/17
Remaining to allocate

1.9 **Small Grant Breakdown of Spends 2016/17**

The table below lists small grant projects supported this year and provides a current b
reflect any potential underspend.

	Project Name
INW/16/01/SG	Hub cluster of schools diversionary project
INW/16/02/SG	PHAB Youth Groups
INW/16/03/SG	Emergency Transport for Local Older People
INW/15/07/SG	Right Choices Community Foodbank
INW/16/04/SG	Parenting Programme & Parents Champion Project
INW/16/05/SG	School Summer Trip
INW/16/06/SG	Sanskar Activity Project

2.0 **Skips Breakdown of Spends 2016/17**

The table below lists skip applications supported this year and provides a current balar
reflect any potential underspend.

	Organisation
INW/15/03/SK	Hollin Lane Allotments
INW/16/01/SK	Cllr Walshaw
INW/16/02/SK	Environment and Housing
INW/16/04/SK	Cardigan Centre
INW/16/06/SK	Hyde Park and Rillbanks
INW/16/07/SK	Cardigan Centre
INW/16/08/SK	Ash Road Allotments
INW/16/09/SK	Better Leeds Communities
INW/16/10/SK	0
INW/16/11/SK	0
INW/16/12/SK	Hollin Lane Allotments

ar. It shows the amount allocated to the Inner North West Community Committee and the details of the carry forward projects

INW Community Committee	
£	44,155.65
£	96,903.29
£	**141,058.94**
£	35,300.68
£	105,758.26
£	141,058.94
£	**-**

trospectively, so grants shown as unpaid at this point in the year do not necessarily reflect any potential underspend.

Lead Organisation	Approved		Paid	
Communities Team WNW	£	5,962.84	£	4,989.18
Communities Team WNW	£	817.91	£	545.00
Communities Team WNW	£	8,264.24	£	-
Leeds Lights	£	12,050.00	£	12,050.00
Aireborough Supported Activities Scheme	£	1,622.00	£	1,622.00
LASBT - LCC	£	5,000.00	£	-
Behno Group	£	6,180.72	£	6,180.72
Headingley Litfest	£	3,800.00	£	-
Young Minds	£	4,585.00	£	4,585.00
Leeds University Union	£	4,423.69	£	4,423.69
Hyde Park Unity Day	£	5,000.00	£	5,000.00
Caring Together in Hyde Park & Woodhouse	£	8,698.00	£	6,709.62
Safer Leeds	£	11,998.00	£	-
Better Leeds Communities	£	1,305.03	£	1,305.03
Headingley Development Trust	£	2,100.00	£	-
Right Choices	£	10,497.83	£	10,497.83
Housing Leeds	£	1,000.00	£	1,000.00
Iveson Primary School	£	2,000.00	£	-
Hindu Charitable Trust	£	3,953.00	£	3,953.00
Parks & Countryside	£	6,500.00	£	-
Totals:	**£**	**105,758.26**	**£**	**62,861.07**

ars that are still live.

Lead Organisation	Approved		Paid	
LCC Youth Service	£	-	£	-
OWLS (Older Wiser Local Seniors)	£	1,366.00	£	1,366.00
STEP (Supporting the Elderly People)	£	226.12	£	226.12
WNW Locality Team	£	943.00	£	943.00

Caring Together	£	1,657.56	£	1,657.56
BEHNO	£	1,513.00	£	1,513.00
Open XS	£	1,453.00	£	1,453.00
Cardigan Centre	£	3,082.00	£	3,082.00
LCC Highways	£	23,060.00	£	23,060.00
Better Leeds Communities	£	2,000.00	£	2,000.00
Totals:	**£**	**35,300.68**	**£**	**35,300.68**

iimed at young people through Youth Activity Grants.

)16-17
£ 27,055.08
£ 34,296.71
£ 61,351.79
£ 14,290.35
£ 47,061.44
£ 47,061.44
£ -

a current balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not

Lead Organisation	Approved		Paid	
Armley Lazer Centre	£	1,272.00	£	1,272.00
ESNW Cluster	£	970.00	£	970.00
ESNW Cluster	£	600.00	£	600.00
British military martial arts	£	-	£	-
Leeds Libraries	£	614.00	£	614.00
RJC Dance	£	4,064.35	£	4,064.35
Lazer Centre - LCC	£	5,970.00	£	-
Leeds Hockey Club	£	-	£	-
Hyde Park & Woodhouse FC	£	800.00	£	-
	£	**14,290.35**	**£**	**7,520.35**

t balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not

Lead Organisation	Approved		Paid	
INW Hub Cluster	£	1,905.00	£	1,905.00
Urban Angels	£	2,437.10	£	2,437.10
Leeds Library & Information Service	£	551.34	£	551.34
Breeze Team	£	9,450.00	£	9,450.00
Sk8Safe	£	1,100.00	£	1,100.00
Better Leeds Communities	£	2,770.00	£	2,700.00
Leeds Libraries	£	986.00	£	986.00
ACES	£	3,665.00	£	-

Cardigan Centre	£	4,146.00	£	-
Leeds DEC	£	1,743.00	£	-
Communities Team	£	5,500.00	£	-
Meanwood Junior Playscheme	£	2,394.00	£	-
DJ School UK	£	4,744.00	£	-
City Varieties	£	5,670.00	£	-
	£	**47,061.44**	**£**	**19,129.44**

ance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily

Lead Organisation	Approved		Paid	
Projects Allocated to Capital scheme				
LEEDS CITY COUNCIL	£	24,200.00	£	-
	£	6,300.00	£	6,300.00
	£	4,400.00	£	-
Projects awaiting capital scheme allocation				
	£	10,000.00		
Total Funding Left to allocate:	**£**	**14,200.00**		

nt projects and skips

n Breakdown
£ **5,962.84**
£ **688.65**

balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily

Lead Organisation	Approved		Paid	
inner north west hub cluster/west yorkshire police	£	585.83	£	585.83
Prince Philip Centre PHAB Leeds	£	371.83	£	371.82
Older Wiser Local Seniors	£	500.00	£	500.00
Right Choices Project	£	32.72	£	32.72
Housing Leeds	£	500.00	£	500.00
Little London Community Primary School	£	350.00	£	350.00
Sanskar Group	£	330.00	£	330.00
	£	**2,604.94**	**£**	**2,604.93**

nce of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily

Skip Location	Approved	Paid
23 Moor Road, LS6 4BG	£ 145.00	£ 145.00
Skip to be left on the hard standing in front of Cardigan Centre Two, 151 -153 Cardigan road. These are two terraced houses adjacent to the Cardingan Centre.	£ 140.00	£ 140.00
1x maxi skip - Autumn Avenue 15-17 Bin Yard & 1x maxi skip – Autumn Terrace 30-32 Bin yard	£ 280.00	£ 280.00
All skips to be delivered to 151-153 Cardigan Road, space in front (size of two parking spaces). The skip can be placed in the space next to the tall hedge	£ 420.00	£ 420.00
Hyde Park Close and Rillbank lane	£ 280.00	£ 280.00
Skip to be delivered to 151-153 Cardigan Road, space in front (size of two parking spaces). The skip can be placed in the space next to the tall hedge	£ 140.00	£ 140.00
Ash Road Allotments, LS6	£ 140.00	£ 140.00
Back autumn road, Burley	£ 140.00	£ -
0	£ 140.00	£ 140.00
0	£ -	£ -
3 Hollin Lane, Weetwood, LS16 5NB	£ 145.00	£ -
	£ 1,970.00	**£ 1,685.00**

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Appendix 2 INW Wellbing Commissioning Report 2017/18

Applications for Inner North West Wellbeing Revenue Fund

Project Name	Applicant Name	Amount requested
Small grants and skips	Communities Team - WNW	£ 7,500.00
Communications budget	Communities Team - WNW	£ 1,500.00
INW Festive Lights	Leeds Lights	£ 12,618.00
Aireborough Supported Activities Scheme 2016	Aireborough Supported Activities Scheme (ASAS)	£ 1,814.00
Tackling noise nuisance out of hours service- ringfenced LS6	Leeds anti-social behaviour team	£ 7,000.00
Headingley LitFest	Headingley LitFest	£ 2,100.00
Hyde Park Unity Day	Hyde Park Unity Day	£ 5,000.00
Woodhouse Ridge Festival	Hyde Park Source	£ 2,621.00
Weetwood ward community projects	TBC	£ 15,000.00
Little London Community Fun Day	Housing Leeds and Communities Team	£ 1,000.00
Leave Leeds Tidy	University of Leeds	£ 6,172.00
Keep fit and healthy project for women	Behno Group	£ 13,353.00
Community volunteering project	Caring Together in Woodhouse & Little London	£ 8,698.00
Additional enforcement staff Woodhouse Moor	Safer Leeds	£ 12,750.00
Creative Studios at Chapel Works	Leeds Music Hub	£ 1,725.00
Ash Road area street planters	ARARA	£ 1,342.00
The Burley Brunch	Better Leeds Communities	£ 3,895.00
Hollybush for enduring wellbeing	The Conservation Volunteers - Hollybush	£ 3,934.00
Craft fair and empowering women	Vandan Group	£ 2,050.00
Little London Community Eatwell Café	Community Action Little London & Servias (CALLS)	£ 5,889.00
Target Hardening	Care & Repair Leeds	£ 4,000.00
Stepping up to be employable	Right Choices Project	£ 5,781.00
Irish Arts, cultural activities and events	Irish Arts Foundation	£ 850.00
Dancing Tots	North Leeds Community Nursery	£ 878.00

Applications for Inner North West Wellbeing Capital Fund

Welcome In Community Centre - roof repair	OPAL	£5,000

Applications for Inner North West Youth Activities Fund

Headingley Play Days 2017	Leeds Play Network	£	2,250.00
Holiday Activity Sessions	Groundwork Leeds	£	2,825.00
Urban Art Workshops	DJ School UK	£	940.00
Carnival Mash Up	Geraldine Connor Foundation (GCF)	£	6,110.00
Mini Breeze	Breeze Leeds	£	7,700.00
West Leeds Activity Centre programme 17/18	West Leeds Activity Centre (WLAC)	£	5,934.00

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Community Committee

Leeds City Council

Report of: The West North West Area Leader

Report to: The Inner North West Community Committee – Headingley; Hyde Park & Woodhouse; Weetwood

Report author: Nicole Darbyshire – 33 67859

Date: 23 March 2017 **To note**

Area Update Report

1. Purpose of report

1.1 This report provides members with a summary of recent sub group business as well as a general update on other project activity.

2. Background information

2.1 An area update report is submitted at every cycle of community committee meetings, unless there is no additional business to report from sub groups or any other project activity to report. Partner organisations and council services may also contribute information to the area update report.

3. Main issues

Forum and Sub Group Key Messages

3.1 **Planning Sub Group**

The Inner North West planning sub group met on 11 January, 8 February, and 8 March 2017.

3.2 The following issues were discussed:

Planning Policy

The Government's Housing White Paper and its implications for the Inner North West are a key concern for the sub group, especially with regard to securing sufficient affordable housing units and financial contributions from development in the area.

Neighbourhood Forums and Plans

In Headingley and Hyde Park neighbourhood plans continue to be developed, but are at different places in that process. It is hoped that both can be brought to a position where they can go for referenda at the May 2018 Local Elections. Discussions have started regarding the possibility of merging the Hyde Park and Little Woodhouse forums together.

Key Messages

The INW Planning Group would like the Council to continue to support neighbourhood forums and planning development, and make use of recent legislation to make producing a Neighbourhood Plan easier.

The sub group also states that enforcement continues to be an ongoing issue across the area. The Group acknowledges the progress made by planning enforcement officers, but that this progress needs to continue, despite the budgetary pressures on the Planning Service and Council as a whole.

3.3 **Environment Sub Group**

The Environment Sub Group met on 10 January 2017. The following key issues were discussed:

- The meeting received an update from the new WNW Locality Team manager. There was a general discussion regarding issues such as problems with leaf collection this year, graffiti issues, and the bonfire strategy for Woodhouse Moor as part of the Council's bonfire night celebration programme.
- There was an update from Parks & Countryside; Leeds Quality Park assessments are coming up in July and volunteers were sought to help with assessments.
- Provisional plans for the Royal Park School site were also brought to the meeting for discussion.

3.4 Key Messages

The Community Committee is asked to note the discussions of the Environment Sub Group.

Children & Young People Sub Group

3.5 Elected Members of the Children and Young people's sub group met on 4 January 2017. The following key issues were discussed:

- The sub group received an update from Children's Services regarding the current dataset. The data provided included information such as NEET numbers, free school meal eligibility numbers, and statistics regarding performance of schools in the area. Members of the group discussed the data and provision given the changes or disbandment of school clusters in the area.
- The Communities Team West North West had held an application round for organisations to apply for Youth Activities Fund monies to encourage activities at February half term and the Easter break 2017. 10 applications were received as part of this process. The following projects were recommended for approval:

- Cardigan Centre Youth Café - £4,146
- Little London and Rosebank Global Gangs - £1,743
- Weetwood Youth Activities pot of funding - £5,500
- Meanwood Friday Night Club and Activity weeks - £2,394
- Urban Arts Holiday Programme - £4,744
- City Varieties Young People's Takeover Festival - £5,670

These applications have now received approval from the Inner North West Community Committee and have been signed off by delegated decision.

3.6 Key Messages

The Community Committee is asked to note the discussions of the Children & Young People's Sub Group.

4. 'Best City To Grow Old In' Workshop

4.1 On 20 Febraury a topic workshop was held at the new OPAL Welcome In Community Centre. The purpose of the workshop was to explore how to make Leeds 'The Best City to Grow Old in for residents in the Headingley, Hyde Park & Woodhouse and Weetwood wards.

A presentation was received on the issue, followed by roundtable discussions with attendees. People were asked to consider:

- What good examples of being age friendly do you know about in your community?
- What is not being done that could be done?
- What can you offer to make your community more age friendly?

People attended from a variety of different organisations including CALLs, OPAL, Better Leeds Communities and Christians Against Poverty.

The event provided an opportunity for people to meet and share ideas. One key idea included exploring the possibility of developing a 'Take a Seat' campaign in the area. This is where local businesses offer a seat for people to use, without any pressure to purchase anything. It is a project that could be promoted by the local community and encouraged amongst local businesses.

5. Free Lets

5.1 Under the pricing policy for community centres, free lets are now agreed on an individual basis. The table below details the free lets that have been agreed in the Inner North West area since the new pricing policy started and the financial value that this represents to the council:

Little London CC	Caring Together	£42.00
Meanwood CC	Playscheme	£55.00

Little London CC	RETAS Leeds	£1,000.00
Little London CC	Caring Together	£9.00
Little London CC	Caring Together	£24.00
Meanwood CC	Leeds Woodcraft Folk	£2,080.00
Meanwood CC	Leeds Youth Service	£1881.60
Little London CC	Caring Together	£312.00
Little London CC	Caring Together	£5:00
Little London CC	Caring Together	£24.00
Little London CC	Little London Art	£1,170.00
Little London CC	NW1 FamilyService Team	£161.25
Meanwood CC	Meanwood Valley Woodcraft	£264.00
Meanwood CC	Royal Voluntary Service	£75.00
Little London CC	Bahar AFG Womens Association	£3,622.50
Meanwood CC	Royal Voluntary Service	£10.00
Little London CC	Community Action LL & Servias	£75.00
Little London CC	Money Buddies	£840.00
Meanwood CC	Royal Voluntary Service	£70.00
Little London CC	Hamara Centre	£195.00
Little London CC	Bahar AFG Women's Association	£35.50
Meanwood CC	Royal Voluntary Service	£10.00
	TOTAL	**£11,960.25**

6. Area update newsletter

6.1 Through discussions at area chair's forum, it has been agreed that update newsletters be produced for each of the community committees as a means of communicating business to the public. Attached at **Appendix 1** is the latest INW area update newsletter for Members information.

7. Corporate considerations

7.1 Consultation and engagement

7.1.1 Elected members have been consulted on the content of this report.

7.2 Equality and diversity / cohesion and integration

7.2.1 There are no equality and diversity issues in relation to this report.

7.3 Resources and value for money

7.3.1 There are no resource implications as a result of this report.

7.4 Legal implications, access to information and call in

7.4.1 There are no legal implications or access to information issues. This report is not subject to call in.

8. Risk management

8.1 There are no risk management issues relating to this report.

9 Conclusion

9.1 This report provides members with an update on recent sub group business and other project work undertaken by the Communities Team West North West.

10 Recommendations

10.1 Members are asked to:

- Note and action as appropriate the key messages from sub groups.
- Note the discussions highlighted following the Best City to Grow Old in workshop on 20 February 2017.
- Note the community centre free lets approved since the last meeting
- Note the Inner North West Community Committee update newsletter.

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Community Committee

Inner North West Community Committee

Covering Headingley, Hyde Park & Woodhouse and Weetwood wards

March 2017

Focus on: Children's Voice Event at the University of Leeds

On 2 March 2017 22 children, from 6 different schools within the Inner North West wards, came to a children and young people's engagement event at the University of Leeds.

The event was organised by the Communities Team West North West, with support from Children's Services, the University of Leeds and Inner North West Councillors. The purpose of the event was to engage with young people and learn what activities they would like to see being delivered in their local area. These findings will in turn help shape the priorities for youth activities fund spend in the 2017/18 financial year.

On the day, young people were able to experience some example activities that are currently funded with youth activities monies including Minecraft and Lego animation workshops. The young people were asked to tell us what they liked and disliked about where they live, there was a presentation and Who Wants to be a Millionaire quiz on local democracy, lunch in the University's Student's Union followed by a tour.

The afternoon workshop was designated as time to carry out an exercise whereby the young people were given monopoly money amounting to £19,000 per group. They were asked to allocate the monies to various activities that they would like to see put on in their area. The results of this will help shape the priorities for the 2017/18 financial year.

Overall the feedback from the event was very positive. The event was supported with around £200 in funds from the Inner North West Community Committee's communications wellbeing budget.

Supporting Community Projects

Are you involved in a local community project? You could be eligible to apply for a small grant of up to £500. Email west.north.west@leeds.gov.uk or call 0113 3367856 for more

Best City to Grow Old in Workshop

On 20 Febraury a topic workshop was held at the new OPAL Welcome In Community Centre. The purpose of the workshop was to explore how to make Leeds the best city to grow old in for residents in the Headingley, Hyde Park & Woodhouse and Weetwood wards.

A presentation was received on the issue, followed by roundtable discussions with attendees. People were asked to consider:

What good examples of being age friendly do you know about in your community?
What is not being done that could be done?
What can you offer to make your community more age friendly?

People attended from a variety of different organisations including CALLs, OPAL, Better Leeds Communities and Christians Against Poverty.

The event provided an opportunity for people to meet and share ideas. One key idea included exploring the possibility of developing a 'Take a Seat' campaign in the area. This is where local businesses offer a seat for people to use, without any pressure to purchase anything. It is a project that could be promoted by the local community and encouraged amongst local businesses.

Inner North West Sub Groups

The Inner North West Community Committee has three sub groups that meet on a regular basis. Here's a round up of key work since the last Community Committee meeting in March:

Environment Sub Group

The Environment Sub Group met on 10 January 2017. It is made up of Councillors, members of the public and officers from other Council departments.

The meeting received an update from the new WNW Locality Team manager and there was a general discussion regarding issues such as problems with leaf collection this year, graffiti issues, and the bonfire strategy for Woodhouse Moor as part of the Council's bonfire night celebration programme.

There was an update from Parks & Countryside ; Leeds Quality Park assessments are coming up in July and volunteers were sought to help with assessments.

Provisional plans for the Royal Park School site were also brought to the meeting for discussion.

Planning Sub Group

The Inner North West planning sub group met on 11 January, 8 February, and 8 March 2017.

Key issues discussed included the Government's Housing White Paper and its implications for the Inner North West area. Concerns were raised, especially with regard to securing sufficient affordable housing units and financial contributions from development in the area.

In Headingley and Hyde Park neighbourhood plans continue to be developed, but are at different places in that process. It is hoped that both can be brought to a position where they can go for referenda at the May 2018 Local Elections. Discussions have started regarding the possibility of merging the Hyde Park and Little Woodhouse forums together.

Children & Young People's Sub Group

Advertising had been carried out to encourage organisations to put in a bid for the Committee's Youth Activities Fund monies, to put on activities at February half term and during the Easter break.

The sub group met on 4 January to look at the applications that had been received.

There were 10 applications for consideration and Councillors recommended six projects for approval totalling just over £24,197. Following further approvals, these projects are now all going ahead. They include a Friday night club and holiday activities at Meanwood Community Centre, a youth café at the Cardigan Centre and funding to support a Young People's Takeover Festival at City Varieties Music Hall, to name but a few.

Your Community Committee

The ten Community Committees in Leeds link local residents to Councillors and other decision makers to focus on topics that matter to our communities. In the past year, the Inner North West Committee has looked at 'making Leeds the best city to grow old in', held an engagement event with young people at the University of Leeds, and held workshops on city transport improvements, and the city's bid to become Capital of Culture in 2023.

Community Committee and Forum Meetings

Community Committees are held four times a year and usually focus on a particular theme or topic, although individuals can raise any issues at the meeting, during Open Forum.

Community Committee provisional dates:

15 June 2017, 7pm—9pm, venue TBC

21 September 2017, 7pm—9pm, venue TBC

7 December 2017, 7pm—9pm, venue TBC

22 March 2018, 7pm—9pm, venue TBC

Please do check with us for venue details.

Email west.north.west@leeds.gov.uk or call 0113 3367856 for further information or to be added to our mailing lists.

Community Committee Members

Headingley Ward

Cllr Jonathan Pryor

Cllr Al Garthwaite

Cllr Neil Walshaw

Hyde Park & Woodhouse

Cllr Javaid

Cllr Gerry Harper

Cllr Christine Towler

Weetwood Ward

Cllr Jonathan Bentley

Cllr Sue Bentley

Cllr Judith Chapman

Contact Us

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Leeds City Council

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Community Committee

Leeds CITY COUNCIL

Report of the City Solicitor

Report to: Inner North West Community – Headingley, Hyde Park & Woodhouse and Weetwood Wards

Report author: Gerard Watson, Senior Governance Officer, 0113 395 2194

Date: 23 March 2017 **For decision**

Dates, Times and Venues of Community Committee Meetings 2017/2018

Purpose of report

1. The purpose of this report is to request Members to give consideration to agreeing the proposed Community Committee meeting schedule for the 2017/2018 municipal year, whilst also considering whether any revisions to the current meeting and venue arrangements should be explored.

Main issues

Meeting Schedule

2. The Procedure Rules state that there shall be at least four ordinary or 'business' meetings of each Community Committee in each municipal year and that a schedule of meetings will be approved by each Community Committee. In 2016/17, this Committee held 4 meetings.

3. To be consistent with the number of meetings held in 2016/17, this report seeks to schedule 4 Community Committee business meetings as a minimum for 2017/18. Individual Community Committees may add further dates as they consider appropriate and as the business needs of the Committee require. The proposed schedule has been

compiled with a view to ensuring an even spread of Committee meetings throughout the forthcoming municipal year.

4. Members are also asked to note that the schedule does not set out any Community Committee themed workshops, as these will need to be determined by the Committee throughout the municipal year, as Members feel appropriate. During 2016/17, where such workshops were held, many took place either immediately before or after the Committee meetings. Therefore, when considering proposed meeting arrangements, Members may want to consider whether they wish to adopt a similar approach to the themed workshops in 2017/18, as this could impact upon final meeting times and venues.

5. The following provisional dates have been agreed in consultation with the Area Leader and their team. As referenced earlier, this report seeks to schedule a minimum of XXX Community Committee business meetings for 2017/2018 in order to ensure that the dates appear within the Council's diary. Individual Community Committees may add further dates as they consider appropriate and as business needs of the committees require.

6. The proposed meeting schedule for 2017/18 is as follows:

    - Thursday, 15 June 2017 at 7.00 p.m.
    - Thursday, 21 September 2017 at 7.00 p.m.
    - Thursday, 7 December 2017 at 7.00 p.m.
    - Thursday, 22 March 2017 at 7.00 p.m.

Meeting Days, Times and Venues

7. Currently, the Committee meets on a Thursday at 7.00 p.m. - and the proposed dates (above) reflect this pattern.

8. Meeting on set days and times has the advantage of certainty and regularity, which assists people to plan their schedules. The downside might be that it could serve to exclude certain people i.e. members of the public, for instance, who have other regular commitments on that particular day or who might prefer either a morning or afternoon meeting or a meeting immediately after normal working hours. Therefore, the Committee may wish to give consideration to meeting start times and venue arrangements which would maximise the accessibility of the meetings for the community.

Options

9. Members are asked to consider whether they are agreeable with the proposed meeting schedule (above), or whether any further alternative options are required in terms of the number of meetings, start times or venue arrangements.

Corporate considerations

10a. **Consultation and engagement**

The submission of this report to the Community Committee forms part of the consultation process as it seeks the views of Elected Members with respect to the Community Committee meeting schedule and venue arrangements.

In compiling the proposed schedule of meeting dates and times, the current Community Committee Chair, the Area Leader and colleagues within Area Support have been consulted.

10b. **Equality and diversity / cohesion and integration**

In considering the matters detailed, Members may wish to give consideration to ensuring that the Community Committee meeting arrangements are accessible to all groups within the community.

10c. **Legal implications, access to information and call in**

In line with Executive and Decision Making Procedure Rule 5.1.2, the power to Call In decisions does not extend to decisions taken by Community Committees.

Conclusion

11. The Procedure Rules require that each Community Committee will agree its schedule of meetings and that there shall be at least 4 business meetings per municipal year. In order to enable the Committee's meeting schedule to feature within the Council diary for 2017/18, Members are requested to agree the arrangements for the same period.

Recommendations

13. Members are requested to consider the options detailed within the report and to agree the Committee's meeting schedule for the 2017/18 municipal year (as detailed at paragraph 6), in order that they may be included within the Council diary for the same period.

14. Members are requested to give consideration as to whether they wish to continue with the Committee's current meeting and venue arrangements or whether they would like to request any amendments to such arrangements.

Background information

- Not applicable

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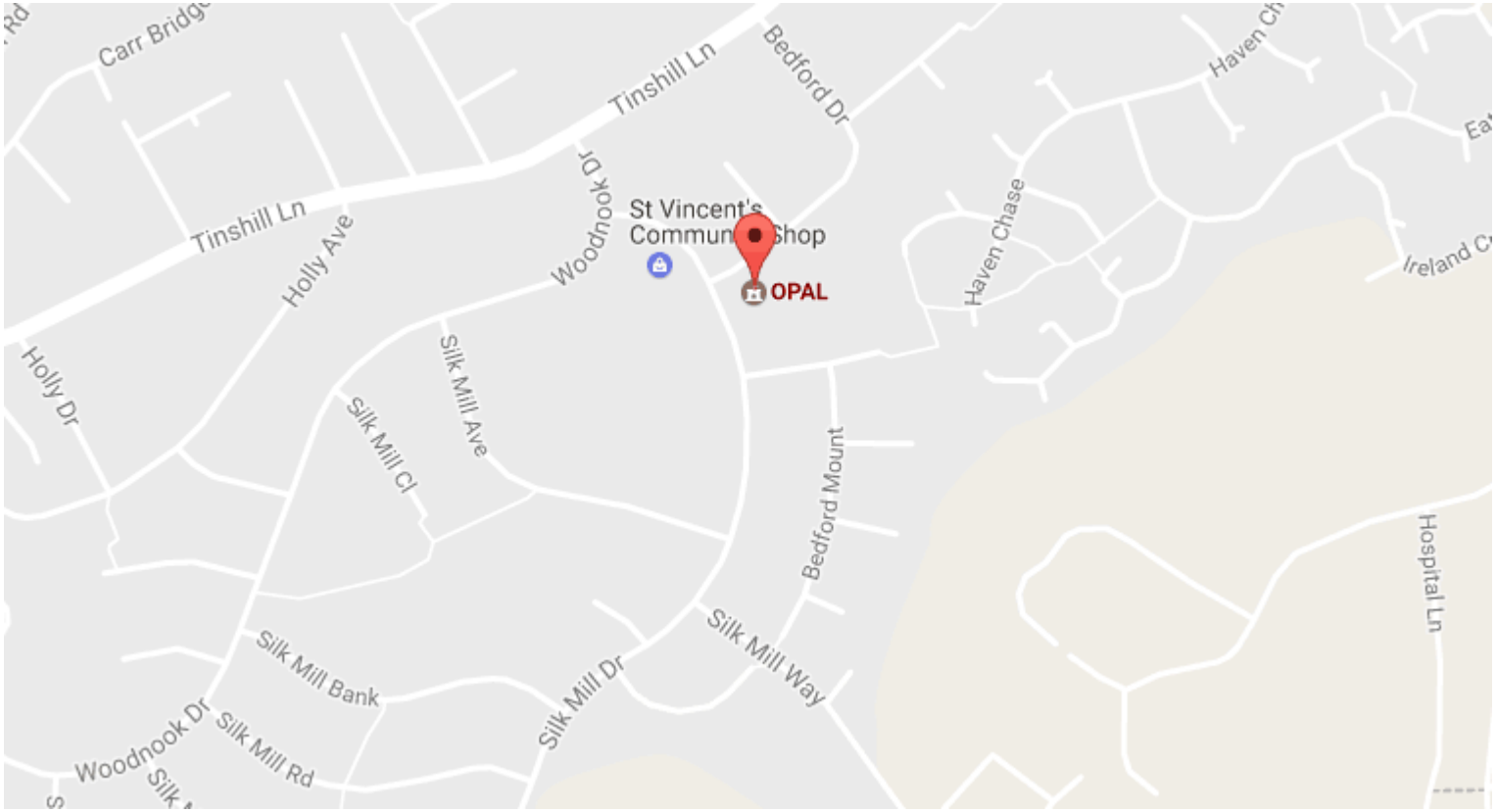
Welcome In Community Centre, Tinshill Drive, LS16



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