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Community Committee

Leeds City Council

Inner West Community Committee

Armley, Bramley & Stanningley, Kirkstall

Meeting to be held in Strawberry Lane Community Centre, Strawberry Lane, Leeds LS12 1SF
Wednesday, 22nd March, 2017 at 6.00 pm

Councillors:

A Lowe	Armley;
J McKenna	Armley;
A Smart	Armley;
C Gruen	Bramley and Stanningley;
J Heselwood	Bramley and Stanningley;
K Ritchie	Bramley and Stanningley;
J Illingworth	Kirkstall;
F Venner	Kirkstall;
L Yeadon	Kirkstall;

Co-optees

Hazel Boutle	Armley Ward
Eric Bowes	Armley Ward
Kimberly Frangos	Armley Ward
Annabel Gaskin	Bramley & Stanningley Ward
Stephen McBarron	Bramley & Stanningley Ward
Sam Meadley	Kirkstall Ward
Marvina Newton	Bramley & Stanningley Ward
Mick Park	Kirkstall Ward

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West North West Area Leader: Baksho Uppal Tel: 395 1652

Images on cover from left to right:
Armley - Armley Mills; Armley Library (old entrance)
Bramley & Stanningley - war memorial; Bramley Baths
Kirkstall – Kirkstall Leisure Centre; deli market at Kirkstall Abbey

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 Rule 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 Chief Democratic Services Officer at least 24 hours before the meeting.)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, 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 the recommendation is accepted, to formally pass the following resolution:- RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 or Section 100A(4) of the Local Government Act 1972 as appropriate, the public be excluded from the meeting during consideration of those 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:-‘	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**OPEN FORUM / COMMUNITY FORUMS** 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.	
7	Armley; Bramley and Stanningley; Kirkstall		**MINUTES** To receive the minutes of the Inner West Community Committee meeting held on 30th November 2016 and to approve as a correct record.	1 - 8
8			**MATTERS ARISING**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9	Armley; Bramley and Stanningley; Kirkstall		**OVERVIEW ON THE DEVELOPMENT OF THE LEEDS PLAN AND WEST YORKSHIRE AND HARROGATE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)** The report of Interim Chief Officer, Leeds Health Partnerships provides Inner West Community Committee with an overview of the emerging Leeds Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plans (STPs) (Report attached)	9 - 32
10	Armley; Bramley and Stanningley; Kirkstall		**NEW MODELS OF CARE** The report of the Office of the Director of Public Health is to inform Members of the Committee about new ways of working between the NHS, Leeds City Council and the voluntary sector. (Report attached)	33 - 36
11	Armley; Bramley and Stanningley; Kirkstall		**RAISING AWARENESS OF WHAT IT MEANS IN PRACTICE TO BE A CORPORATE PARENT AND THE ROLE OF THE CORPORATE PARENTING BOARD** The report of Sue Rumbold, Chief Officer Partnership Development and Business Support briefly outlines the role of the Corporate Parenting Board and aims to increase understanding of the role of the Children's Champion and what being a Corporate Parent means. (Report attached)	37 - 42

Item No	Ward/Equal Opportunities	Item Not Open		Page No
12	Armley; Bramley and Stanningley; Kirkstall		**WELLBEING FUND UPDATE AND MONITORING REPORT** The report of the Area Leader, West North West is to update Members on the projects funded through the Inner West Wellbeing Fund and Youth Activities Fund budgets. It presents projects approved by delegated decision since the last meeting and outlines the applications received through the open commissioning round for funding in the 2017/18 financial year. (Report attached)	43 - 56
13	Armley; Bramley and Stanningley; Kirkstall		**DATES, TIMES AND VENUES OF COMMUNITY COMMITTEE MEETINGS 2017/2018** The report of the City Solicitor 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. (Report attached)	57 - 60
			VENUE DETAILS AND MAP Strawberry Lane Community Centre, Strawberry Lane, Leeds LS12 1SF	61 - 62

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			THIRD PARTY RECORDING PROTOCOL Third Party Recording Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

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INNER WEST COMMUNITY COMMITTEE

WEDNESDAY, 30TH NOVEMBER, 2016

PRESENT: Councillor K Ritchie in the Chair

Councillors C Gruen, J Heselwood, J Illingworth, A Lowe, F Venner and L Yeadon

Co-optees H Boutle, E Bowes, A Gaskin, S McBarron and M Newton

CHAIRS COMMENTS

The Chair welcomed all to the Inner West Community Committee.

30 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

31 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

32 Late items

There were no formal late items. However, supplementary information in relation to Item 12 Community Safety Report and been circulated to all Members of the Committee.

33 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

However, the Co-optee for Armley, Hazel Boutle declared an interest in item 13 Wellbeing Fund Update in relation to Free Lets as she attends Armley Helping Hands one of the groups who has use of a free let at Strawberry Lane Centre.

34 Apologies for Absence

Apologies for absence were received from Cllrs. McKenna and Smart, Co-optees Mick Park and Sam Meadley.

The Chair informed the Committee that the Co-optee from Kirkstall, Erica Mitchell had resigned from the Committee as she had moved from the area to live in Huddersfield. It was noted that the Chair had written to Erica thanking her for her support at the Inner West Community Committee. The Chair

formally thanked Erica for her support over the years and wished her well in her new home.

35 Open Forum / Community Forums

No members of the public attended the Open Forum.

36 Community Safety Report

The report of the North West Locality Partnership provided Members of the Inner West Community Committee with an overview of the performance of the North West Locality Community Safety Partnership. The report focused upon the period 1st November 2015 - 31st October 2016.

The report was presented by Inspector Jessup of West Yorkshire Police (WYP) and the Area Community Safety Co-ordinator.

Inspector Jessup provided Members with an update on staffing informing them that recruitment was again taking place.

He informed Members that the crime was on an upwards trend, he was of the view that this was due to low staffing in the area. He explained that WYP were looking at working with the private sector and the third sector to look at and resolve issues in the Inner West area.

The Inspector told Members that lessons had been learnt in Armley and these would be transferred through to Bramley and Kirkstall.

Members noted that General Tasking meetings were taking place to address the main issues and were specifically looking at action plans for Hawksworth Wood Estate. The action plans would set out joint working with other agencies and Housing to identify and target problem families and individuals in the area.

The Inspector spoke of a number of projects and support work that was taking place in the Inner West these included:

- Basket Ball Project in Armley with Police and Young People
- Leeds United Football Foundation working with young people to alleviate crime issues
- Looking at consortium businesses across the area to support apprenticeships and other projects in the Inner West area

Cllr. Lowe said that she was unhappy that Armley was listed 2nd in the City for burglary. She was disturbed that poor people were stealing from poor people and that this issue needed to be addressed especially in light of benefit changes which could see some claimants worse off.

She also spoke of the Cumulative Impact Policy which has now been gained by Armley to stop more licensed premises opening on Armley Town Street. She spoke of her efforts to address an issue of a local shopkeeper who is

suspected of trading in illegal tobacco and alcohol. Cllr. Lowe asked if Trading Standards and the Police could attend a hearing at the Magistrates Court.

Discussion took place about quad bikes and it was reported by the police that more cases are being reported but that more evidence is required and a warning issued before removing the vehicles.

Members noted that a new sergeant had been recruited to prevent and address the issue of crime in the area.

Members were advised that anti-social behaviour in the Armley and Bramley was high and that there was a need to tackle specific groups known to be causing fear to residents before they become gangs. The Inspector said that more resources were required through partnership working to keep the police informed of incidents.

Cllr. Heselwood raised the issue of incidents relating to taxis being targeted in the area and that she would be in touch with the police and Licensing Authority with regards to this matter.

Members were advised that dispersal orders were being issued in the Inner West area and that extra staff were being drafted in to address this.

RESOLVED – That Members continue supporting the locality Community Safety Partnership in relation to continuing to deliver towards the Safer Leeds priorities through effective partnership working set out by Safer Leeds for 2016/17.

Cllr. Illingworth joined the meeting during this item.

37 Minutes

RESOLVED – That the minutes of the meeting held on 12 October 2016 be approved as a correct record.

38 Matters Arising

The Chair advised Members that he had addressed the issue of Members not attending sub groups and said that the work commitments of Members needed to be taken into account. However, Members did need to formally apologise when not attending meetings.

Cllr. Yeadon joined the meeting at the end of this item.

39 Key Stage 4 Results 2015/16

The Performance Programme Manager, Children's Services submitted a report to update Members on provisional attainment and progress results for Key Stage 4 for 2016.

It was noted that the three schools which fall within the Inner West area are Abbey Grange, Leeds West, and Swallow Hill all of which are academies.

Members were informed there had been major reforms to accountability arrangements for secondary schools that relate to 2016 Key Stage 4 results. The new measures include Attainment 8, Progress 8 and Attainment in English and Maths known as 'The Basics'. Members were provided with an explanation of what the measures are and how they would be assessed.

Provisional outcomes for the three schools in the Inner West area was set out at point 4 of the submitted report.

Members were advised that Abbey Grange was continuing to produce good results and Ofsted reports. However, it was noted that the equality gap at this school needed to be narrowed.

Cllr Yeadon made the point that most of the children who live in the Kirkstall Ward did not attend Abbey Grange as most of the children did not qualify under the strict criteria used for entry to the school. She asked for information on how many children travelled to the school and how far they travelled. She said that the socially selective intake of the school and the educational attainment mirrored income. Cllr. Yeadon went on to say that most children in the Kirkstall ward attended Lawnswood. Information on Lawnswood School was not provided in the submitted report.

Members were informed that Leeds West Academy was currently below national average in a number of subjects. However, the last Ofsted report had said that the school had outstanding leadership. Members were advised that the school had a new Principal and that the White Rose Trust had gone into partnership with the Gorse Academy Trust. It was noted that the Gorse Academy Trust have had success at New Farnley and Cockburn and it was hoped that this partnership alongside a change in leadership would provide improvement at Leeds West.

Members were informed that Swallow Hill was below national average for Key stage 4 results. Members were told that the local authority struggled to engage with this school and although the school has had numerous inspections the local authority could not effectively support the school to improve the standards.

Members were advised that the Regional Schools Commissioner had been asked to address the issues at Swallow Hill.

The Committee discussed in detail all the issues presented including:

- Members sitting on schools governing bodies
- Impact of leadership
- Funding streams
- Need for and how to keep quality teachers

Kirkstall Members requested data for Lawnswood School.

RESOLVED – That the Community Committee note the contents of the submitted report and note that confirmed Key Stage 4 data will be published by the DfE in late January 2017.

40 Update on Universal Credit and other Welfare Reforms

The Chief Officer, Welfare and Benefits presented his report which provided Members with an update on Universal Credit, other Government Welfare Reforms and the impact on the people across the city. Information was also provided on how the council has prepared for implementation of the new benefit and what support was in place for customers.

The Chief Officer explained Universal Credit what it entails and what changes would mean to recipients.

Key features were listed as:

- On line claims
- 5-6 weeks delay in payments
- Paid monthly in arrears
- Payment will only be to one person in the household

Members were informed of the main issues as follows:

- First phase went live in February 2016, this was for new single, job seeking claimants without children and living at home with parents
- July 2018 will see those claiming benefit for the first time and would include not just those out of work but also those in low paid jobs
- All claimants need an email address
- Housing Leeds and other social landlords will receive payments direct to accounts
- Housing Leeds have taken on more staff to assist with the changes and to provide ongoing support
- Migration to Universal Credit is currently due to complete by 2022. However, this date may change.
- Universal Credit will not be delivered by Local Authority but by Department of Work and Pensions this was noted as being significant as Elected Members would not be able to hold Officers to account but would have to engage with MP's and Select Committees
- It is still undecided how Passport Credits such as free school meals would be dealt with.
- Local Authority would not have access to the system for Universal Credit.
- Where Members act on behalf of tenants or individuals they would be required to prove this.
- Discretionary Housing Payments would still be available
- Nothing has yet be confirmed as to how charities, temporary accommodation or hostels would receive payment

The Community Committee discussed this item in depth asking for the following to be addressed:

- To be prepared to know who would need support when Universal Credit happens
- Set up a briefing for local MP's
- Employment and Skills sub group to look at courses for budgeting
- A communication plan to be developed and put in place nearer the time

The Members of the Community Committee thanked the staff of Welfare Rights and Benefits for their help and advice.

RESOLVED – That the Committee note the information provided about Universal Credit and other Welfare Reforms, the impact for people and the work that is being undertaken across the city to support people to make and manage a Universal Credit claim.

41 Environmental Service Level Agreement 2016/17

The Head of Service, Environmental Service presented a report to the Community Committee to confirm the continuation of the current Service Level Agreement (SLA) between the Committee and the Environmental Action Service, as overseen on its behalf by the Environmental Sub Group.

Members noted that this was the first year of using the zonal approach, it was also the first year that the Locality Team had delivered street cleaning, and litter removal both mechanical and manual, bulky items collection and removal of graffiti.

Members raised the issue of gulley clearance as some areas including Kirkstall Hill had experienced localised flooding. It was noted that this function had become part of the city wide functions The Head of Service said that this area could be added to the list so that gulley cleaning was prioritised.

Cllr. Yeadon as Executive Member for Environment informed the Committee that more gullies had been cleaned this year than in previous year. She also told the Committee that a new piece of machinery had been purchased to assist with this issue.

It was noted that there was a need to improve zonal working to co-ordinate some functions including litter clearance and grass cutting.

The Committee thanked Keely Bannister, a regular attendee at the Community Committee for her voluntary work in Environmental Services.

RESOLVED – That the Community Committee:

a) Approve the continuation of the existing Service Agreement;
b) Consider any changes to the current priorities that it would like the service to consider this year;

c) Consider if there are any changes it would like to see in the SLA for 2017/18, in order to give the service time to consider and respond through the sub group.

42 Wellbeing Fund Update

The West North West Area Leader submitted a report which updated the members on the projects funded through the Inner West Wellbeing Fund and Youth Activity Fund budgets.

Members were asked to note the remaining balances at point 2 of the submitted report.

Members were asked to consider 7 new applications set out at points 4 to 11 of the submitted report.

Members were advised of the current capital wellbeing balance of £28,400 which included a recent injection of £6,440

Members were informed of the youth Activities Fund budget of £55, 941 for 2016/17. Projects that had been funded were listed at appendix 2 of the submitted report.

Members were advised that the funding round for 2017/18 had now opened and that officers from the Communities Team had attended a busy funding workshop event at New Wortley with a range of other funders.

Members had received and noted the S106 monies allocated to each Ward.

RESOLVED – That Members

a) Note the balance of the Wellbeing budget for 2016/17
b) Consider the 2016/17 projects as follows:

ORGANISATION AND PROJECT	AMOUNT	OUTCOME
Poplars Fencing Scheme	£2,557	APPROVED
West Eagles Rugby Club based at New Wortley Sports and Social Club	£5,000	APPROVED
Motiv-8 Counselling project - BARCA	£2,048	APPROVED
Craggside Recreation Ground Masterplan		APPROVED subject to receiving all paperwork
Litter Bin Project		APPROVED subject to members choice of design
Milford Sports Club Changing Rooms		APPROVED subject to receiving all

		paperwork
Wellington Gardens Fencing – Leeds Housing	£13,636	DECLINED

c) Note the balance of the Capital Fund at point 14 of the submitted report
d) Note the balance of the Youth Activities Fund at point 16 of the submitted report

43 Community Committee Update Report

The West North West Area Leader (Citizens and Communities) submitted a report to update the Community Committee on the work of the sub groups of the Committee: Children and Young People and Environment.

The report also updated the Committee on community events, local projects and partnership working that had taken place in the area since the last meeting.

Members attention was drawn to point 13 of the submitted report which provided information on one of the delegated functions of the Community Committee to consider requests for free lets for the 2 managed community centres in the area namely Strawberry Lane Centre in Armley and Bramley Community Centre.

The submitted report provided a table which showed the values of paid and free lettings between 1st April2016 and 30th November 2016.

It was noted that there were no free lets in the Kirkstall Ward.

The Chair informed the Members that a discussion had taken place at the Chairs Forum in relation to free lets and that it was considering a move away from free lettings and that in the future groups would need to build the cost of room hire into any funding applications.

The Committee discussed this issue.

RESOLVED – That the Community Committee note the report including the key outcomes from the sub groups.

44 Date and time of next meeting

The next Inner West Community Committee meeting will be on Wednesday 22nd March 2017 at 6pm.

Community Committee

Leeds City Council

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

Report to: Inner West Community Committee

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

Date: 22 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 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 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 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 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 West Community Committee

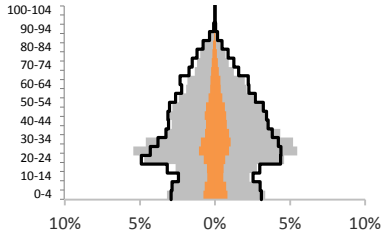
This profile presents a high level summary of data sets for the Inner West Community Committee, using closest match Middle Super Output Areas (MSOAs) to calculate the area.

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.

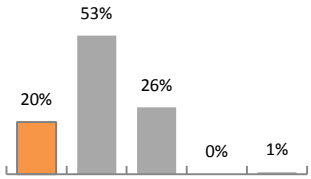
Population: 75,838 36,996 Females 38,842 Males

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.



Deprivation distribution

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



Pupil ethnicity, top 5	Area	*% Area*	*% Leeds*
White - British	6,820	*68%*	*67%*
Any other white background	604	*6%*	*4%*
Pakistani	522	*5%*	*6%*
Black - African	424	*4%*	*5%*
Any other ethnic group	214	*2%*	*2%*

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

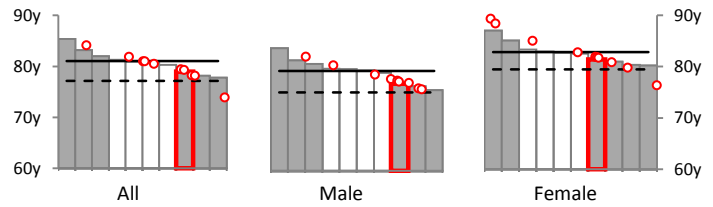
Pupil language, top 5	Area	*% Area*	*% Leeds*
English	7,833	*80%*	*81%*
Polish	265	*3%*	*1%*
Urdu	251	*3%*	*3%*
Other than English	220	*2%*	*1%*
Believed to be Other than English	161	*2%*	*1%*

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

GP recorded ethnicity, top 5	*% Area*	*% Leeds*
White British	*76%*	*71%*
Other White Background	*10%*	*10%*
Black African	*2%*	*3%*
Pakistani or British Pakistani	*2%*	*3%*
Other Ethnic Background	*2%*	*2%*

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

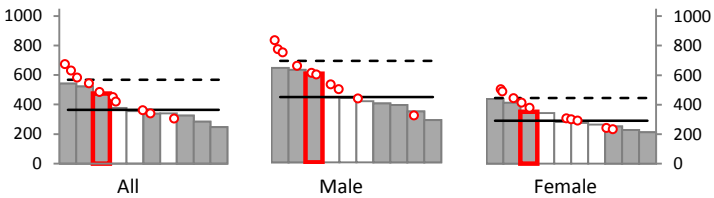
Life expectancy at birth, 2012-14 ranked Community Committees *ONS and GP registered populations*



(years)	All	Males	Females
Inner West CC	79.0	76.7	81.4
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

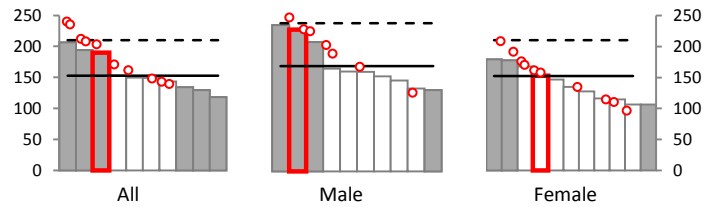
Slope index of inequality (see commentary) = 6.2

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



(DSR per 100,000)	All	Males	Females
Inner West CC	475	599	351
Highest MSOAs in area	671	825	503
Lowest MSOAs in area	302	314	232
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

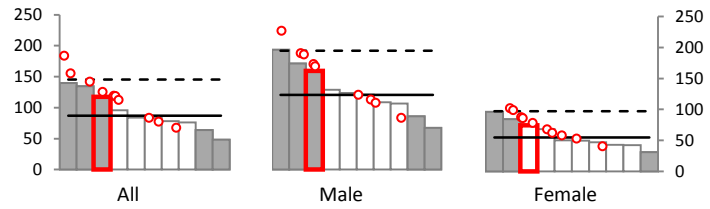


(DSR per 100,000)	All	Males	Females
Inner West CC	190	229	153
Highest MSOAs in area	240	292	208
Lowest MSOAs in area	139	127	96
Leeds resident	153	170	137
Deprived fifth	210	239	182

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

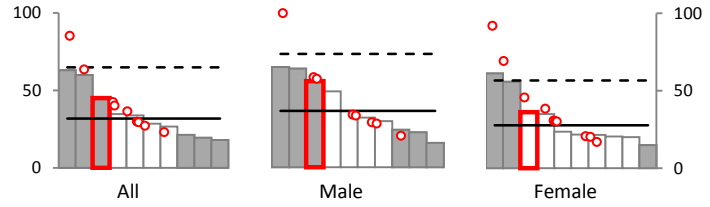
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Inner West CC	117	159	74
Highest MSOAs in area	184	261	101
Lowest MSOAs in area	67	83	40
Leeds resident	87	121	55
Deprived fifth**	145	192	97

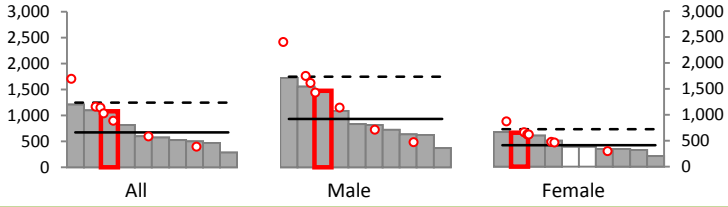
Respiratory disease mortality - under 75s, 2010-14 ranked



(DSR per 100,000)	All	Males	Females
Inner West CC	45	56	36
Highest MSOAs in area	105	119	92
Lowest MSOAs in area	23	20	17
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

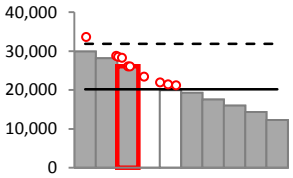
HES



(DSR per 100,000)	All	Males	Females
Inner West AC	1,080	1,480	655
Highest MSOAs in area	1,701	2,414	866
Lowest MSOAs in area	390	482	294
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

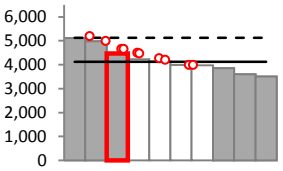
GP recorded conditions, persons, October 2015 (DSR per 100,000)

GP data



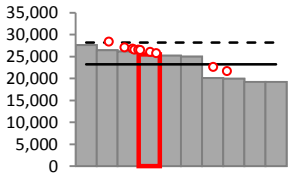
Smoking (16y+)

Inner W CC	26,129
Leeds	20,165
Deprived Leeds *	31,829



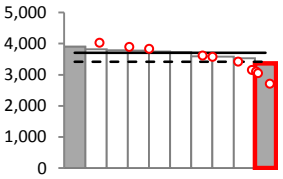
CHD

Inner W CC	4,470
Leeds	4,126
Deprived Leeds *	5,122



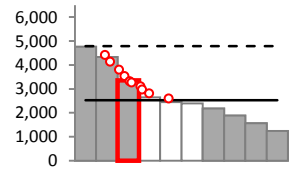
Obesity (16y+ and BMI>30)

Inner W CC	25,523
Leeds	23,226
Deprived Leeds *	28,196



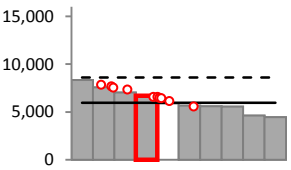
Cancer

Inner W CC	3,365
Leeds	3,703
Deprived Leeds *	3,419



COPD

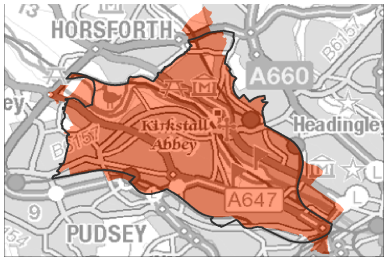
Inner W CC	3,359
Leeds	2,532
Deprived Leeds *	4,792



Diabetes

Inner W CC	6,693
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 West Community Committee

The health and wellbeing of the Inner West Community Committee contains very wide variation across the full range of Leeds, and tends predominantly towards ill health. Around 20% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 10 MSOA** areas making up the Community Committee ranges vary widely from almost the shortest life expectancies in Leeds to almost the longest, 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 6.2 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 it has significantly lower life expectancy than Leeds for men, women and overall.

The age structure bears a close resemblance to that of Leeds overall. GP recorded ethnicity shows the Community Committee to have slightly larger proportions of "White background" (76%) than Leeds (71%) and lower proportions of other groups. However around a sixth of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a similar picture.

All-cause mortality for under 75s is significantly above the Leeds average for men and women, as well as overall for the Community Committee. The *Armley, New Wortley* MSOA in this area has the 3rd and 10th highest all-cause mortality rates for men and women respectively in the city, and the 4th highest rate overall.

Cancer mortality rates are widely spread and significantly higher than Leeds, for men, and overall. Circulatory disease mortality shows a similar widely spread MSOA pattern with the *Burley* area standing out as having the 4th highest male and overall rate in Leeds.

Alcohol specific admissions are significantly above Leeds rates for this Community Committee. The *Armley, New Wortley* area is 4th highest in Leeds overall, and 3rd highest in Leeds for men. Smoking in the MSOAs is all above or very close to the Leeds average, with an overall rate significantly higher than Leeds.

Obesity rates in this Community Committee and most of the MSOAs are significantly above Leeds. COPD and CHD show almost all areas to be significantly above Leeds, with *Armley, New Wortley* / *Bramley* as the highest in the Community Committee respectively. Diabetes rates are around Leeds average but cancer is the lowest Community Committee rate in Leeds – significantly below Leeds itself, three MSOAs are nearly the lowest in Leeds (*Armley, New Wortley* | *Bramley Hill Top, Raynville and Wyther Park* | *Upper Armley*), this is expected as deprived areas often have low GP recorded cancer due to non/late presentation.

***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

Report to: Inner West Community Committee

Report author: Tim Taylor, 07891278231

Date: 22nd March 2017 **To note**

New Models of Care

Purpose of report

1. To inform Members of the Committee about new ways of working between the NHS, Leeds City Council and the voluntary sector.

Main issues

2. Please see information sheet.

3. Corporate considerations N/A

4. Conclusion N/A

5. Recommendations

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Developing a new model of care in West Leeds

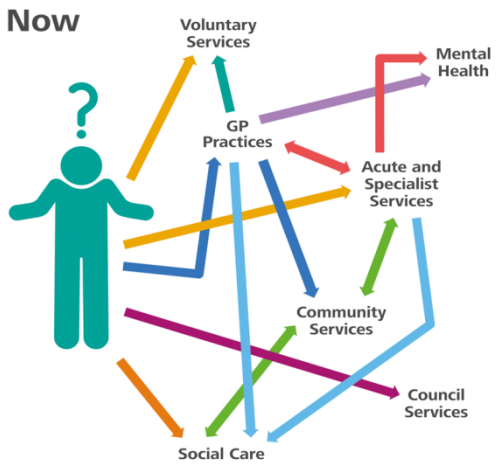
Over the next few years we plan to transform the way we deliver health and social care for people living in West Leeds. The NHS, Leeds City Council and the voluntary sector are working together to:

- **Improve the health and outcomes of all our local communities**
- **Address the gaps in health and social care**
- **Give people more choice and involvement**
- **Create an integrated health and social care system that is financially sustainable and makes better use of resources**

Why are we doing this?

- The population is growing, more of us are living longer and many people are living with long-term or complex health conditions which is putting increased pressure on services
- The system is not financially sustainable unless changes are made
- National government strategy is moving towards greater integration and the establishment of "New models of care" where networks of health and social care professionals work together as 'one team'
- We know that a fragmented system does not always provide the best outcomes for the individuals and communities we serve

What the system looks like now



Lots of different services, with unclear pathways, leading to confusion

What the future will look like

The different services working together with the individual and their support networks

The new model will be:

- Focused around individual communities of around 30,000 – 50,000 people (e.g. Armley, Morley), with services designed to reflect the specific needs of the people that live in those neighbourhoods. We know that 'one size doesn't fit all'.
- Based on a single, extended primary care team working together to get the best outcomes for local people. This means GP practices, community and mental health teams, adult social care and the independent sector working closely together, beyond traditional service boundaries.
- Simplified and easier to navigate, with fewer steps to access specialist support and more care available closer to home.
- Based on the assets/strengths already present in local communities and helping people to take more control of their own lives

What is happening now?

- Over the last few years there has been considerable integration of the community health and social care teams in Leeds.
- We have now established Community Wellbeing teams in five West Leeds localities: Armley, Pudsey, Morley, Aire Valley and Holt Park/Woodsley.
- These are made up of team leaders/front line workers from each of the different services working in those areas. They include GPs, social work team leaders, district nurses, mental health professionals and representatives from voluntary sector organisations.
- There will be different approach and initiatives in each area, depending on local priorities. It will be up to the individual leadership teams to decide these based on their in-depth local knowledge.

Armley – what we've done already

Armley is the first area where we began the process of integration, as it is the area of highest deprivation.

The individual service leaders in Armley have now been working together for nearly a year and have agreed shared priorities around mental health, self-care and health coaching. We are currently testing out pilot projects in these areas and carrying out research with local people to find out about their experiences as users of local health and social care services: what works well, what doesn't and how we can help them to improve their own health and wellbeing.

This work will grow and continue over the coming months and years. It is not a quick fix and it will take time to establish new processes and ways of working. However, the long-term goal is to improve the lives of the local people and communities in West Leeds by giving them more choice and involvement in their care, with the right support provided when and where they need it most.

Community Committee

Leeds CITY COUNCIL

Report of: Sue Rumbold – Chief Officer

Report to: Inner West Community Committee

Report author: Hannah Lamplugh 07891279304

Date: 22nd March 2017 To comment

Title: Raising awareness of what it means in practice to be a Corporate Parent and the role of the Corporate Parenting Board.

Purpose of report:

1. This report briefly outlines the role of the Corporate Parenting Board and aims to increase understanding of the role of the Childrens Champion and what being a Corporate Parent means.

2. Cllr Gruen is a children's champion for the Inner West area and member of the Corporate Parenting Board (CPB). In September and November members of the Corporate Parenting Board were invited to attend an induction session planned by Rob Murray (Head of Service for Looked After Children), Jancis Andrew (Head of Virtual School) and Hannah Lamplugh (Voice and Influence Lead). In December young people on the Have a Voice Council (Children in Care Council) and Care Leavers Council took over the Corporate Parenting Board. Prior to this meeting they asked members of the Corporate Parenting Board to let them know three things they planned to do as a result of the induction session. Cllr Gruen identified one of her actions would be to

   "Explain the role of the CPB to the inner west community committee and ensure all reports comment on the impact on children looked after and decisions where this is relevant."

3. We agreed the first step towards achieving this action would be to run an awareness raising session for all members of the Inner West Community Committee, using activities that were developed for the induction session and takeover meeting.

Background information:

What is corporate parenting?

4. When a child or young person cannot live with their birth family for whatever reason and becomes looked after, parental responsibility transfers to the local authority; this is referred to as corporate parenting. Although it does not have a formal legal definition, it is commonly understood to mean that officers and elected members of the local authority have a responsibility to take the same interest in the progress, attainments and wellbeing of looked after children and young people as a responsible parent could be expected to have for their own children. Corporate parenting also extends to care leavers, as the local authority retains a level of responsibility for former looked after children up to the age of 21, or 24 for those in full time education. Good corporate parenting involves championing the rights of looked after children and care leavers, and ensuring that they have access to good services and support from the local authority, partner agencies and individual lead practitioners.

5. Every elected member, when elected to represent their ward, becomes a corporate parent as part of their role. Whilst much of the responsibility for actually delivering care for looked after children and care leavers is delegated to staff within the children's workforce (crucially, this is not limited to professionals within the Children's Social Work Service, but applies to all members of staff who may come into contact with looked after children, including schools and healthcare practitioners), officers and staff within the local authority deliver services and support on behalf of their elected members.

The function and focus of the Corporate Parenting Board

6. In Leeds, our Corporate Parenting Board was originally established in 2006 and brings together elected members from all political parties and each Area Committee across the city, as well as relevant officers within the Council, and colleagues from partner agencies. The Board has recently been strengthened to focus on specific outcomes for children, young people and care leavers. Themed meetings on, for example, health or education will consider support and services for children and young people. Directors from relevant Council directorates and other agencies such as schools and NHS bodies will be invited to attend meetings so that the Board can offer scrutiny and challenge. The Corporate Parenting Board works closely with the Have a Voice Council and the Care Leavers Council. These groups are made up of children and young people who are currently looked after or who have left the care of the local authority, and they help to advise officers and members in Leeds about their experiences of the care system, and what is important to them in terms of improving the services they receive. The Have a Voice Council helped officers to develop a list of promises from the local authority to all looked after children in our care, and the Care Leaver Council helped us to implement the national Care Leavers Charter, and they have contributed to a number of senior officer recruitment processes. The Have a Voice Council meets with a Corporate Parenting Board regularly throughout the year, and the young people attending those meetings are supported to set their own agenda and co-chair the meetings with Cllr Hayden. They

also meet regularly with Cllr Hayden in the role as chair of the Corporate Parenting Board.

Key Functions of the Corporate Parenting Board

7. The board plays a vital role in holding to account the Council and wider partnership in relation to outcomes for looked after children and care leavers and also in helping to agree the strategic direction and priorities for services. It sets and oversees the work of the strategic Multi Agency Looked After Partnership (MALAP) which includes third sector representatives. The board ensures that we are meeting our responsibilities to looked after children and care leavers by regularly reviewing performance data and by themed work within the meetings. The board also has direct contact with looked after children and care leavers through the annual take over day and though meetings with the Have a Voice Council and the Care Leaver Council.

8. Contextual information about the Inner West community committee area

9. The Inner West community committee area contains just under nine per cent of the Leeds under-19 population, an estimated 15,243 children and young people. There are 20 primary schools, three secondary schools, seven children's centres, and three children's homes within the boundaries of the Inner West community committee. 90 per cent of the primary schools are currently rated good or better by Ofsted; 67 per cent of the secondaries are rated good or better. Eighty-eight per cent of the children's centres are rated good or better, and all three children's homes are currently rated as 'outstanding'.

10. 86 of the 1,240 children looked after in Leeds (end of January 2017) are 'placed' within the Inner West boundaries. More than half of the 86 are in a Leeds City Council foster placement, with 12 residing in one of the three children's homes in the area. Table one provides greater detail.

11. Table one: children looked after by type of placement, at 31 January 2017

Type of placement	Inner West	Leeds Total
Foster placement with relative or friend	8	208
Leeds City Council foster placement	47	777
Childrens Home	12	64
Placed with own parents or other person with parental responsibility	9	64
Other	10	127
Total	*86*	*1240*

12. Data source: Frameworki (Children's Social Work Service case management system), February 2017

12. Outcomes of the session:

- Greater awareness of the characteristics and outcomes of looked after children
- Increased understanding of what corporate parenting means in practice.
- Informed about the different levels of corporate parenting responsibility
- **Universal responsibility** – applicable to all councillors and LCC employees, **Targeted responsibility** e.g. Corporate Parenting Board Members, Governors **Specialist responsibility** e.g. the Lead Member for Children's Services.

- More informed about number of looked after children, children's homes, Foster Carer support groups in your area.
- Received a pack of information which will include a guide on being a corporate parent, glossary of terms, information about Have a Voice Council and Care Leavers Council and the Local Authorities' promise to Looked After Children and Young People

13. Agenda for the 45 minute session:

1. Introductions and 'check in' question;
2. Outcomes of the session;
3. Quiz;
4. Roles and Responsibilities;
5. Local data, information and opportunities.

a. Consultation and engagement

The session is being planned as a result of young people asking Corporate Parents what actions they will take following their induction session.

Young people helped developed the quiz .

b. Equality and diversity / cohesion and integration

Leeds City Council considers equality and diversity in all aspects of care for Children Looked After.

c. Council policies and city priorities

This section is not relevant to this report.

d. Resources and value for money

This section is not relevant to this report.

e. Legal implications, access to information and call in

This report does not contain any exempt or confidential information.

f. Risk management

This section is not relevant to this report.

14. Conclusion

Recommendations

Members of the Inner West Community Committee use their increased knowledge and understanding of looked after children and young people and corporate parenting to consider and act on their own corporate parenting responsibilities.

At a future meeting, Cllr Gruen to explore with members of the Community Committee how future Community Committee reports could consider and record the impact of decisions on looked after children and care leavers –where this is relevant.

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Community Committee

Leeds CITY COUNCIL

Report of: Area Leader, West North West

Report to: Inner West Community Committee

Report author: Zoe Tyler (0113 3367869)

Date: 22nd March 2017 **For decision**

Wellbeing Fund Update and Monitoring Report

Purpose of report

1. The purpose of this report is to update Members on the projects funded through the Inner West Wellbeing Fund and Youth Activities Fund budgets. It presents projects approved by delegated decision since the last meeting and outlines the applications received through the open commissioning round for funding in the 2017/18 financial year.

   Members are asked to:

   a) Note the balance of the Wellbeing budget for 2016/17 at **2**.
   b) Approve the new Wellbeing project for 2016/17 at **3**.
   c) Note the balance of the Capital Fund at **11**.
   d) Note the balance of the Youth Activities Fund **13**.
   e) Approve the new projects for Wellbeing and YAF for 2017/18 as detailed at **20**.

Main issues

Current position

1. Since 1st April 2016, the Committee has awarded grants totalling £151,093. The list of projects funded so far in 2016/17 is presented at **Appendix 1**.

Wellbeing balances

2. The remaining balance available per ward for 2016/17 are as follows:

Remaining Balances For 2016/17	
Armley	£1,248
Bramley & Stanningley	£11,683
Kirkstall	£9,840

New Wellbeing Applications for 2016/17

3. Queenswood Drive Outdoor Gym Equipment - £10,000, Kirkstall
   To fund the purchase and installation of 3 pieces of outdoor gym equipment to be installed on the greenspace on Queenswood Drive.

Small grants and skips

4. There has been 6 small grant approved since the last meeting:

5. Bikes for kids– St Catherine's Childrens Home- £500
   Funding to buy 4 new bikes for a children's home in Bramley. The bikes will be available for use by the children and for organised trips such as along the Leeds Liverpool canal.

6. Hi Vis Jackets - Armley Scouts - £225
   Following a review of health and safety, the Committee has identified the need to purchase high vis jackets for the children and leaders for when they go on walks, expeditions and off site visits.

7. BBC Christmas Party - BBC TARA - £400
   The funding would be used to host three festive events at the Broadleas Community

Centre. The first will be aimed at older residents; the second event at younger residents and the third at older young people.

8. Castleton Community Day - Castleton Children's centre - £450
   To host activities at the opening of the new building with parents who are hard to engage with, so the session is designed with incentives to encourage participation.

9. Join Our Club 2016 - West Leeds Juniors - £500
   The funding will be used to repeat the successful 2015 programme, which sent rugby coaches into local primary schools to carry out taster sessions.

10. Inclusive Badminton group - The Bad Mittens - £500
    To run 12 taster sessions for the LGBT inclusive badminton club at Armley Leisure centre, helping to encourage new members and support those with little badminton experience.

Capital Wellbeing Balance

11. The current Inner West Capital Receipts Incentive Scheme balance is **£9,079**.

Youth Activities Fund

12. The Inner West Community Committee had a Youth Activities Fund budget of £56,069 for 2016/17. Since April sixteen projects have been funded at a total cost of £55,585 and are listed at **Appendix 2**.

13. The ward balances of the Youth Activities Fund are as follows:

    Armley - £0

    Bramley & Stanningley - £188

    Kirkstall - £296

2017/18 Wellbeing Funding Round

14. The Wellbeing funding round closed on the 13th January and Members met on the 6th February to discuss applications received.

2017/18 Budget

15. The 2017/18 Inner West Wellbeing revenue budget was approved by Executive Board for an amount of **£128,500.** This is a reduction of £13,890 on last years budget. The Community Committee has opted to split the budget by ward, giving each ward a budget of £42,833.

Ward	Budget allocation for 2017/18	Current Estimated underspend from 2016/17	**Total**
Armley	£42,833	£1,248	**£44,081**
Bramley & Stanningley	£42,833	£11,683	**£54,516**
Kirkstall	£42,833	£0 (if project at 3 is approved)	**£42,833**
			£141,430

Capital Budget

16. There is a current balance of **£9,079** in the capital budget. Injections are made into this thoughout the year if capital receipts money is received.

2017/18 Wellbeing Commissioning

17. Between 30th October and 13th January, the Community Committee accepted applications for projects to be funded in the 2017/18 financial year. Ward Members have reviewed the applications and the following projects are recommended for approval:

Recommended for approval: **WELLBEING**

	Project	**Organisation**	**Armley**	**Bramley**	**Kirkstall**
	Budget		**£44,081**	**£54,516**	**£42,833**
1	Small Grants & Skips (Suggested £350 limit per grant)	Communities Team	£3,000	£3,000	£3,000
2	Festive Lights Hire	Leeds Lights	£2,060	£2,544	£2,472
3	Target Hardening	Care & Repair	£1,000	£1,000	£1,000
4	Hollybush for Enduring Wellbeing	TCV Hollybush	£1,748	£1,748	£1,748
5	Irish Arts & Cultural Activities	Irish Arts Foundation	£425		£425
6	Motiv-8	BARCA		£4,000	
7	Family Fun Day Events	West Leeds Activity Centre	£1,000	£1,000	£1,000
8	Hut Refurbishment	2nd Bramley Scouts	£1,000	£500	
9	Follow The Detectives	Community Central CIC	£3,000	£2,000	
10	West Leeds CLLD Programme	Communities Team	£4,500	£3,000	£1,500
11	Armley Christmas Lights Switch On	Breeze Leeds	£4,000		

12	Armley Festival	Alltogether Armley	£2,760		
13	Community Leader	New Wortley Community Association	£8,000		
14	Coding, Crafting & Creating	Armley Library	£731		
15	Bosom Buddies	Bramley Bosom Buddies		£1,567	
16	Bramley Festival	Bramley Festival Committee		£4,500	
17	Bramley Lights	Bramley Lights Project		£3,500	
18	Commemorative Bench	Bramley War Memorial Committee		£960	
19	Kitchen Project	Bramley Villagers		£3000	
20	Smart Energy	Bramley Baths		£4,000	
21	Broadlea Hill CCTV	Leedswatch		£1,784	
22	Children's Champion Project	St Marys Hawksworth Wood			£4,250
23	Fifth Year Projects	Kirkstall in Bloom			£1,600
24	Kirkstall Art Trail	Kirkstall Art Trail			£2,000
25	Kirkstall Festival	Kirkstall Festival Committee			£4,250
26	Music From The Attic	Cloth Cat			£4,000
27	Kirkstall Pocket Park	Communities Team			£1,000
	TOTAL		**£33,224**	**£38,103**	**£28,245**
	Balance Remaining		£10,857	£16,413	£15,588

18 Recommended for approval: **Youth Activities Fund**

	Project	**Organisation**	**Armley**	**Bramley**	**Kirkstall**
	Budget		**TBC**	**TBC**	**TBC**
1	Family Fun in the Park	LCC Ranger Team	£2,000		
2	Get Active Camps	AIM Education		£3,000	
3	Urban Art Workshops	DJ School UK	£314	£313	£313
4	Book & Turn up sessions	West Leeds Activity Centre	£1,500	£1,500	£1,500
5	Mini Breeze	Breeze Leeds	£3,850	£3,850	
6	Saturday Night Project	Breeze Leeds	£4,000		
7	New Wortley Summer Camp	New Wortley Community Association	£3,500		
8	New Wortley Youth Project	New Wortley Community Association			
9	Bramley Summer Camp	Bramley Cluster		£5,100	
10	Bramley Dance Project	Dazl Dance		£1,350	
11	Youth Club	Kirkstall Cricket Club			£5000

	TOTAL		**£15,164**	**£15,113**	**£6,813**

19 **Project in Development**

1	Bramley Community Centre improvements	Bramley Elderly Action		TBC	

Recommended For Small Grants

- Russian Speakers Group - £350
- Lego Story starter - £600

20. No projects were deferred pending further consideration.

21. Projects not proceeding this financial year

Project	**Organisation**	**Amount**
Messing About in Boats	Canal Connections	£5,000
Tinkering Workshops	Scrap Re-use	£3,700
Armley Arts Trail	Seagulls	£5,000
Technology Skills Wortley	Get Technology Together	£1,179
Rhinos Roar	Leeds Rhinos Foundation	£7,000
EXPLORE! Holiday Programme	Christ Church, Upper Armley	£4,543
Artificial Cricket Practice Area	Rodley Cricket Club	£2,500
Workshops for Grandparents	Childside CIC	£3,950
Voice For All	Leeds Involvement Project	£5,000
	TOTAL	**£37,872**

Corporate considerations

22. **Consultation and engagement**

Elected Members have been consulted through a workshop event. The 2017/18 commissioning round began with a communication to all Community Committee contacts and advertised on social media.

Consultation with Children and Young People has taken place through school groups and children's projects across the area for the Committee's Youth Activities Fund.

23. **Equality and diversity / cohesion and integration**

All projects are assessed in relation to Equality, Diversity, Cohesion, and Integration. .

24. **Resources and value for money**

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

In order to meet the Area Committee's functions (see Council's Constitution Part 3, section 3C), funding is available via Well Being budgets.

25. **Risk management**

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

Conclusion

26. The Community Committee has invested its Wellbeing funding in a wide variety of projects within local communities. The majority of projects are progressing as planned with some very positive outcomes recorded.

27. The Community Committee opened its commissioning round for 2017/18 applications in Autumn 2016. A total of 46 applications have been received, with 27 Wellbeing projects and 11 Youth Activities projects recommended for immediate approval

Recommendations

28. Members are asked to:

Note the balance of the Wellbeing budget for 2015/16

a) Note the balance of the Wellbeing budget for 2016/17 at **2**.
b) Approve the new Wellbeing project for 2016/17 at **3**.
c) Note the balance of the Capital Fund at **11**.
d) Note the balance of the Youth Activities Fund **13**.
e) Approve the new projects for Wellbeing and YAF for 2017/18 as detailed at **20**.

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Appendix 1. IW Finance Statement
03 March 2017

Wellbeing Funding / Spend Items	A	B&S	K	Total Approved
Wellbeing Balance b/f 2015/16	£ 30,356.25	£ 34,019.25	£ 44,592.39	£ 108,967.89
Wellbeing New Allocation for 2016/17	£ 46,796.94	£ 45,879.71	£ 47,463.33	£ 140,139.98
Total Wellbeing Spend	£ 77,153.19	£ 79,898.96	£ 92,055.72	**£ 249,107.87**
2015-16 Approved & brought forward for payment in 2016/17	£ 18,683.72	£ 25,050.54	£ 32,496.53	£ 76,230.79
Amount of budget available for schemes in 2016/17	**£ 58,469.47**	**£ 54,848.42**	**£ 59,559.19**	**£ 172,877.08**
Total Spend for 2016-17 (incl b/f schemes from 2015-16)	£ 75,904.98	£ 68,216.05	£ 82,215.36	£ 226,336.39
Total Budget Available for projects 2016-17	£ 77,153.19	£ 79,898.96	£ 92,055.72	£ 249,107.87
Remaining Budget Unallocated	**£ 1,248.21**	**£ 11,682.91**	**£ 9,840.36**	**£ 22,771.48**

2015/16 Revenue Projects Approved & Brought Forward	Armley	Bramley & Stanningley	Kirkstall	Total Approved	Total Paid
Domestic Violence Support Group	£ 800.00	£ -	£ -	£ 800.00	£ 400.00
World War 1 commemoration (Bramley book)	£ -	£ 831.00	£ -	£ 831.00	£ 831.00
Priority Neighbourhood Pot	£ 691.47	£ 691.47	£ 691.47	£ 2,074.41	£ 25.29
Armley Children's Library equipment	£ 1,200.00	£ -	£ -	£ 1,200.00	£ 1,200.00
Small grants & skips	£ 605.00	£ 95.00	£ 500.00	£ 1,200.00	£ 1,200.00
Tasking Budget	£ 1,500.00	£ 1,500.00	£ 1,500.00	£ 4,500.00	£ 4,500.00
Community Committee Meeting and Publicity Budget	£ 102.67	£ 102.67	£ 102.66	£ 308.00	£ -
Aim For It - Revizit	£ -	£ -	£ 700.00	£ 700.00	£ -
New Wortley Community Centre	£ 2,500.00	£ -	£ -	£ 2,500.00	£ 2,500.00
St George's Crypt Food Parcel Service	£ 500.00	£ -	£ -	£ 500.00	£ 500.00
Atlanta St CCTV	£ -	£ 5,000.00	£ -	£ 5,000.00	£ 5,000.00
Bramley Grit bin refils	£ -	£ 604.00	£ -	£ 604.00	£ 604.00
Childrens' Champion Hawksworth Wood	£ -	£ -	£ 1,250.00	£ 1,250.00	£ 1,250.00
Kirkstall Family Activities (Spens)	£ -	£ -	£ 6,073.00	£ 6,073.00	£ 6,073.00
Community Angels	£ -	£ 1,827.00	£ 1,827.00	£ 3,654.00	£ 3,654.00
Youth Service targeted summer activities	£ 155.40	£ 155.40	£ 155.40	£ 466.20	£ 466.20
Motiv-8 counselling service	£ 4,099.00	£ 4,099.00	£ -	£ 8,198.00	£ 7,186.30
Bramley Community Shop	£ -	£ 2,500.00	£ -	£ 2,500.00	£ 2,500.00
Money Buddies	£ 710.00	£ 710.00	£ 710.00	£ 2,130.00	£ 2,130.00
Ley Lane CCTV	£ 2,696.00	£ -	£ -	£ 2,696.00	£ 2,696.00
Community Development Worker	£ 1,968.18	£ -	£ -	£ 1,968.18	£ 1,968.18
CLLD contribution	£ 1,156.00	£ 1,156.00	£ 1,156.00	£ 3,468.00	£ 3,468.00
Red Grit Acting Course	£ -	£ -	£ 1,811.00	£ 1,811.00	£ 1,811.00
Kirkstall Flood relief projects	£ -	£ -	£ 10,000.00	£ 10,000.00	£ -
Milford Rugby Club equipment	£ -	£ -	£ 2,200.00	£ 2,200.00	£ 2,200.00
Kirkstall in Bloom garden	£ -	£ -	£ 3,000.00	£ 3,000.00	£ 3,000.00
Broadlea's Teatime Club	£ -	£ 5,779.00	£ -	£ 5,779.00	£ 1,243.31
Kirkstall Pocket Park	£ -	£ -	£ -	£ -	£ -
Butcher Hill Fencing	£ -	£ -	£ 820.00	£ 820.00	£ 820.00
Total Approved in 2015/16 to spend in 2016/17	**£ 18,683.72**	**£ 25,050.54**	**£ 32,496.53**	**£ 76,230.79**	**£ 57,226.28**

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2016/17 Revenue Projects Approved	Armley	Bramley & Stanningley	Kirkstall	Total Approved	Total Paid
Armley Billboard (Majority of costs reclaimed)	£ 166.66	£ 166.66	£ 166.68	£ 500.00	£ 500.00
Small Grants & Skips	£ 4,109.54	£ 3,907.47	£ 4,615.95	£ 12,632.96	£ 12,601.55
Festive Lights Hire	£ 2,000.00	£ 2,600.00	£ 2,400.00	£ 7,000.00	£ 7,000.00
Communications Budget	£ 517.81	£ 517.82	£ 517.82	£ 1,553.45	£ 354.29
Tasking Budget	£ 999.88	£ 999.87	£ 999.88	£ 2,999.63	£ 2,999.63
Fairfield Community Centre Development Project	£ -	£ 3,637.69	£ -	£ 3,637.69	£ 3,637.69
New Wortley Community Association	£ 10,000.00	£ -	£ -	£ 10,000.00	£ 5,000.00
Armley Light Switch On	£ 3,112.17	£ -	£ -	£ 3,112.17	£ 2,390.89
Shine a Light on Bramley Christmas Lights Switch on 2016	£ -	£ 3,380.00	£ -	£ 3,380.00	£ 3,205.00
Kirkstall Festival	£ -	£ -	£ 5,000.00	£ 5,000.00	£ 5,000.00
Hanging Basket & Easter Egg Hunt	£ 1,000.00	£ -	£ -	£ 1,000.00	£ 1,000.00
Kirkstall Community Mosaic Project	£ -	£ -	£ 4,137.50	£ 4,137.50	£ 4,137.50
Youth Service summer activity funding	£ 700.00	£ 700.00	£ 1,680.00	£ 3,080.00	£ -
Kirkstall Art Trail 2016	£ -	£ -	£ 1,500.00	£ 1,500.00	£ 1,500.00
Music in the Attic	£ -	£ -	£ 4,160.00	£ 4,160.00	£ 4,160.00
Care and Repair	£ -	£ 1,000.00	£ -	£ 1,000.00	£ 480.00
Second Chance (Furniture) Project	£ 2,000.00	£ 2,000.00	£ -	£ 4,000.00	£ -
Armley Street Drinkers Breakfast Club	£ 4,000.00	£ -	£ -	£ 4,000.00	£ 1,958.07
Hollybush for Enduring Wellbeing	£ 1,757.00	£ 1,757.00	£ 1,757.00	£ 5,271.00	£ 773.16
Young Persons Community Cohesion Project	£ 800.00	£ -	£ -	£ 800.00	£ -
Breeze Saturday Night Project (BSNP) at Armley Leisure Centre	£ 10,674.00	£ -	£ -	£ 10,674.00	£ -
Children's Champion: Hawksworth Wood	£ -	£ -	£ 2,500.00	£ 2,500.00	£ 2,500.00
National Pool Lifeguard Qualification	£ -	£ 2,841.00	£ -	£ 2,841.00	£ -
Aireborough Supported Activities Scheme 2016	£ -	£ -	£ 811.00	£ 811.00	£ 811.00
Egyptian Mummy Learning Experience	£ -	£ 3,000.00	£ -	£ 3,000.00	£ -
Broadlea Grove CCTV monitoring	£ -	£ 1,650.00	£ -	£ 1,650.00	£ -
Broadlea Hill CCTV Monitoring	£ -	£ 1,784.00	£ -	£ 1,784.00	£ -
Bramley Shop	£ -	£ 8,000.00	£ -	£ 8,000.00	£ 8,000.00
All together Armley	£ 1,000.00	£ -	£ -	£ 1,000.00	£ 1,000.00
Assumption Church Centre Development	£ -	£ -	£ 5,000.00	£ 5,000.00	£ 5,000.00
Money Buddies	£ 2,949.00	£ -	£ 1,473.00	£ 4,422.00	£ -
Tackling Noise Nuisance	£ -	£ -	£ 1,000.00	£ 1,000.00	£ 398.00
Leeds Women's Aid Appointment Session	£ 3,656.00	£ -	£ -	£ 3,656.00	£ -
Basketball Sport & Active Lifestyle	£ 2,755.20	£ -	£ -	£ 2,755.20	£ -
Round House	£ -	£ -	£ 4,000.00	£ 4,000.00	£ -
Bramley Credit Union Expansion	£ -	£ 1,200.00	£ -	£ 1,200.00	£ -
Refurbishment of changing rooms	£ 4,000.00	£ -	£ -	£ 4,000.00	£ -
Motiv-8 Counselling	£ 1,024.00	£ 1,024.00	£ -	£ 2,048.00	£ -
Cragside Recreation Ground Masterplan	£ -	£ -	£ 4,000.00	£ 4,000.00	£ -
Bramley bins	£ -	£ 3,000.00	£ -	£ 3,000.00	£ -
Crime Reporting Video	£ -	£ -	£ -	£ -	-£ 1,650.00
Milford Sports Club Changing Rooms	£ -	£ -	£ 4,000.00	£ 4,000.00	£ -

Total Approved in 2016/17	**£ 57,221.26**	**£ 43,165.51**	**£ 49,718.83**	**£ 150,105.60**	**£ 72,756.78**

2016/17 Capital Projects Approved	Total Approved	Total Paid
CRIS AREA WELLBEING INNER WEST	£ 28,400.00	£ -
KIRSTALL POCKET PARK	£ 9,800.00	£ -
STEP QUEENSWOOD DAY CTRE RENOVATIONS	£ 8,000.00	£ -

Total Capital Approved in 2016/17	**£ 46,200.00**	**£ -**

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Appendix 2. IW Finance Statement
03 March 2017

Youth Activity Funding / Spend Items	A	B&S	K	Total Approved
Balance Brought Forward from 2015-16	£ 10,258.61	£ 6,579.37	£ 10,784.00	£ 27,621.98
New Allocation for 2016-17	£ 13,936.39	£ 14,853.63	£ 13,270.00	£ 42,060.02
Total available (inc b/f bal) for schemes in 2016-17	£ 24,195.00	£ 21,433.00	£ 24,054.00	**£ 69,682.00**
Schemes approved 2015-16 to be delivered in 2016-17	£ 4,497.00	£ 5,977.00	£ 3,139.50	£ 13,613.50
Total Available for New Schemes 2016-17	£ 19,698.00	£ 15,456.00	£ 20,914.50	**£ 56,068.50**
Total Spend for 2016-17 (incl b/f schemes from 2015-16)	£ 24,195.00	£ 21,244.72	£ 23,758.66	**£ 69,198.38**
Total Budget Available for projects 2016-17	£ 24,195.00	£ 21,433.00	£ 24,054.00	**£ 69,682.00**
Remaining Budget Unallocated	**£ -**	**£ 188.28**	**£ 295.34**	**£ 483.62**

2015/16 Youth Activity Projects Approved & Brought Forward	Armley	Bramley & Stanningley	Kirkstall	Total Approved	Total Paid
NWCC Youth event & consultation	£ 670.00	£ -	£ -	£ 670.00	£ 670.00
Playbox summer activities	£ 2,000.00	£ -	£ -	£ 2,000.00	£ 2,000.00
Community Angels	£ 1,827.00	£ 1,827.00	£ -	£ 3,654.00	£ 3,654.00
Woodbridges youth project	£ -	£ -	£ 3,139.50	£ 3,139.50	£ 3,139.50
Holiday Camps (Get Active Project)	£ -	£ 4,150.00	£ -	£ 4,150.00	£ 4,150.00
Total Approved in 2015/16 to spend in 2016/17	**£ 4,497.00**	**£ 5,977.00**	**£ 3,139.50**	**£ 13,613.50**	**£ 13,613.50**

2016/17 Youth Activity Projects Approved	Armley	Bramley & Stanningley	Kirkstall	Total Approved	Total Paid
Inspire! Holiday Programe	£ 3,334.00	£ -	£ -	£ 3,334.00	£ 2,469.54
Mini Breeze	£ 4,375.00	£ 4,375.00	£ 4,375.00	£ 13,125.00	£ 13,125.00
Flotsam & Jetsum	£ 1,323.00	£ 1,323.00	£ 1,323.00	£ 3,969.00	£ -
YMCA Summer holiday programme	£ -	£ -	£ 2,085.00	£ 2,085.00	£ -
Bramley Summer Playscheme	£ 1,466.00	£ 5,134.00	£ -	£ 6,600.00	£ 6,600.00
New Wortley Summer Club	£ 4,235.00	£ -	£ -	£ 4,235.00	£ 4,235.00
Inner NW Hub trips	£ -	£ -	£ 1,904.00	£ 1,904.00	£ 1,904.00
Children's Champion: Hawksworth Wood	£ -	£ -	£ 2,500.00	£ 2,500.00	£ -
Up To You	£ -	£ -	£ 1,260.00	£ 1,260.00	£ 1,044.47
West Leeds Activity Centre	£ 1,108.00	£ 1,107.00	£ 1,107.00	£ 3,322.00	£ -
AIM Higher Youth Club	£ -	£ 2,293.00	£ -	£ 2,293.00	£ -
Get Outdoors	£ 306.00	£ 1,035.72	£ -	£ 1,341.72	£ 1,341.72
Kids Club	£ -	£ -	£ -	£ -	£ -
Summer Diversionary Project	£ 2,225.00	£ -	£ -	£ 2,225.00	£ -
Woodbridges youth project	£ -	£ -	£ 6,065.16	£ 6,065.16	£ 2,880.60
Total Approved in 2016/17	**£ 18,372.00**	**£ 15,267.72**	**£ 20,619.16**	**£ 54,258.88**	**£ 33,600.33**

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Community Committee

Leeds CITY COUNCIL

Report of the City Solicitor

Report to: Inner West Community Committee (Armley, Bramley & Stanningley, Kirkstall)

Report author: Gerard Watson, Senior Governance Officer, 0113 37 88664

Date: 22nd 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 four meetings.

3. To be consistent with the number of meetings held in 2016/17, this report seeks to schedule four 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 four 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:

    - **Wednesday 21 June 2017 at 6pm**
    - **Wednesday 11 October 2017 at 6pm**
    - **Wednesday 29 November 2017 at 6pm**
    - **Wednesday 21 March 2018 at 6pm**

Meeting Days, Times and Venues

7. Currently, the Committee meets on a Wednesday at 6:00pm for the informal workshop which is followed with the formal business meeting starting at approximately 7:30pm at the conclusion of the workshop 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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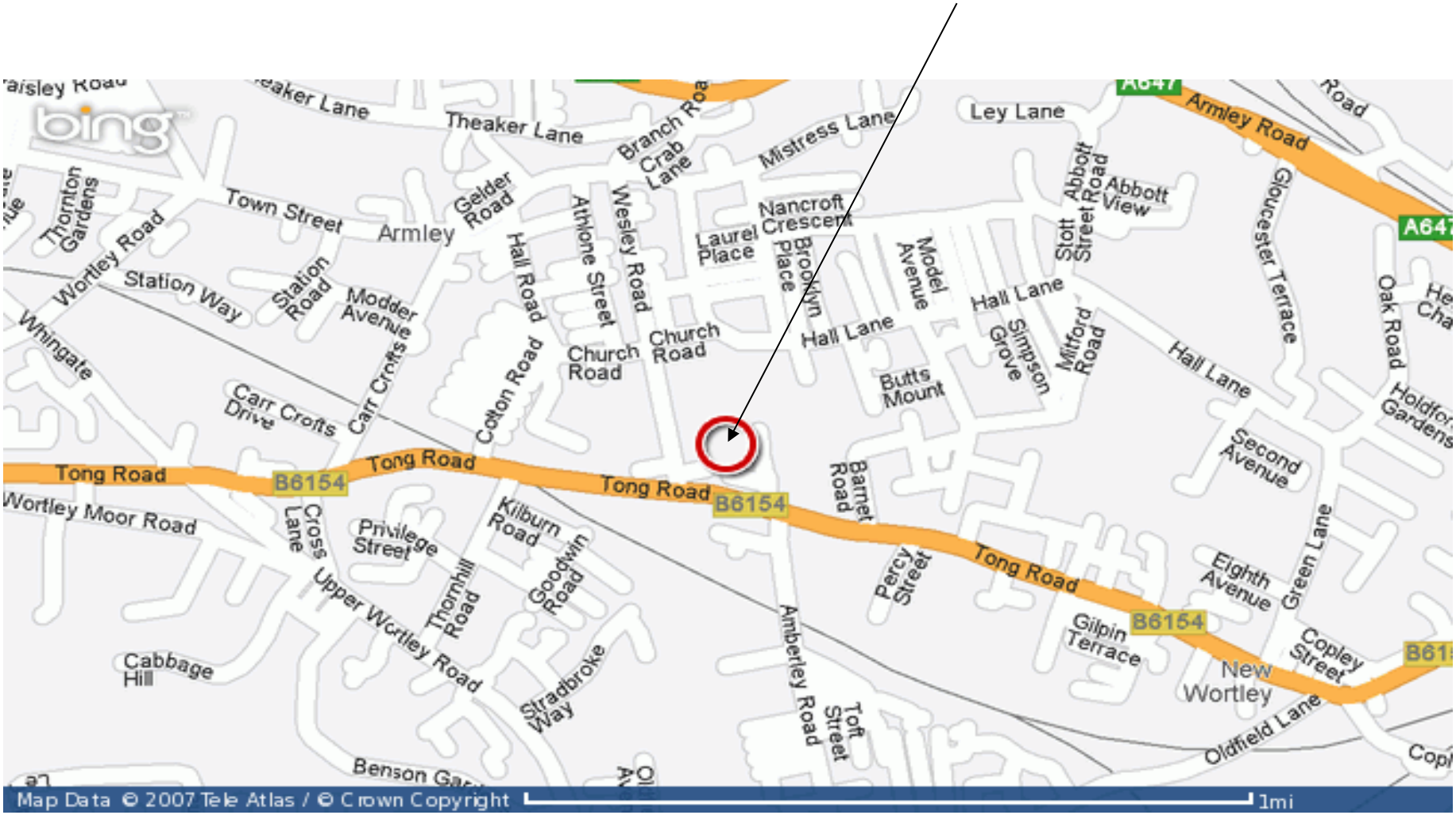
Strawberry Lane Community Centre, Strawberry Lane, Leeds LS12 1SF



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