



Outer South Community Committee

Ardsley & Robin Hood, Morley, Rothwell

Meeting to be held at Haigh Road Community Centre, Rothwell on Monday, 27th November 2017 at 4.00 p.m. Community Committee Workshop 'Transport Conversation' to follow at 5.15 p.m.

Councillors:

J Dunn
L Mulherin
K Renshaw

Ardsley and Robin Hood;
Ardsley and Robin Hood;
Ardsley and Robin Hood;

R Finnigan
B Gettings
T Leadley

Morley North;
Morley North;
Morley North;

N Dawson
J Elliott
S Varley

Morley South;
Morley South;
Morley South;

K Bruce
S Golton
D Nagle

Rothwell;
Rothwell;
Rothwell;





Agenda compiled by: Andy Booth: 0113 3788665
Governance Services Unit, Civic Hall, LEEDS LS1 1UR
South East Area Leader: Martin Dean Tel: 395 1652

*Images on cover from left to right:
Ardsley & Robin Hood - war memorial; St Michael's Church
Morley - Morley Town Hall, exterior; Morley Town Hall, interior
Rothwell – Jaw Bones; Rothwell Colliery*

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 Head of Governance Services 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, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

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			DECLARATION 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			MINUTES - 18 SEPTEMBER 2017 To confirm as a correct record, the minutes of the meeting held on 18 September 2017	1 - 4
7			OPEN FORUM In accordance with Paragraphs 4.16 and 4.17 of the Community Committee Procedure Rules, at the discretion of the Chair a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Community Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
8			OUTER SOUTH COMMUNITY COMMITTEE DELEGATED BUDGET REPORT To receive and consider the attached report of the South East Area Leader	5 - 14

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			OUTER SOUTH COMMUNITY COMMITTEE UPDATE REPORT To receive and consider the attached report of the South East Area Leader	15 - 30
10			LEEDS HEALTH AND CARE PLAN: INSPIRING CHANGE THROUGH BETTER CONVERSATIONS WITH CITIZENS To receive and consider the attached report of the Head of the Leeds Health and Care Plan, Health Partnerships	31 - 94
11			DATE AND TIME OF NEXT MEETING Monday, 26 th February 2018 at 4.00 p.m. WORKSHOP DISCUSSION Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Outer South update, and Leeds Transport Strategy development <u>Third Party Recording</u> 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.	95 - 120

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			MAP TO TODAY'S VENUE Haigh Road Community Centre, Rothwell, LS26 0NQ	121 - 122

OUTER SOUTH COMMUNITY COMMITTEE

MONDAY, 18TH SEPTEMBER, 2017

PRESENT: Councillor K Bruce in the Chair

Councillors N Dawson, J Dunn, J Elliott,
B Gettings, L Mulherin, K Renshaw and
S Varley

11 Declaration of Disclosable Pecuniary Interests

No declarations were made.

12 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Finnigan, Golton, Leadley and Nagle.

13 Minutes - 26 June 2017

RESOLVED – That the minutes of the meeting held on 26 June 2017 be confirmed as a correct record.

14 Open Forum

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

- Proposals to discontinue the No. 9 bus service. The Chair of the West Yorkshire Combined Authority had been contacted regarding this due to its importance to local people and connectivity across Outer South Leeds. Transport would be the topic for the next Community Committee workshop.

15 Outer South Community Committee Delegated Budget Report

The report of the South East Area Leader provided Members with the following:

- Details of the Wellbeing Budget Position
- Wellbeing proposals for 2017/18 for consideration and approval
- Details of the projects approved via Delegated Decision.
- Monitoring information of its funded projects.
- Details of the Youth Activities Fund (YAF) position
- Detail of the Small Grants Budget

Draft minutes to be approved at the meeting
to be held on Monday, 27th November, 2017

- Details of the Community Skips Budget

Carl Hinchliffe, Area Support Officer presented the report.

Members' attention was brought to applications that had been submitted for funding.

RESOLVED –

- (1) That details of the Wellbeing Budget position be noted.
- (2) That details of the revenue budget projects agreed to date including projects approved by Delegated Decision Notice be noted.
- (3) That details of the Youth Activities Fund (YAF) position be noted.
- (4) That the following projects be approved:
 - Friday Night Project - £489.96
 - Rothwell Christmas Fayre 2017 - £1,081.00
 - Rothwell Xmas Carnival & Lights Switch on 2017 - £750
 - Winter Food Packs for Older People in South Leeds - £1,931.92
- (5) That details of the Small Grants Budget be noted.
- (6) That details of the Capital Budget be noted.
- (7) That details of the Community Skips Budget be noted.

16 Outer South Community Committee Update Report

The report of the South East Area Leader brought Members' attention to an update of the work which the Communities Team was engaged in based on priorities identified by the Community Committee and was not covered elsewhere on the Agenda.

The report provided updates by theme and the work of the Community Committee's Sub-Groups. Further information included Community Centre Lettings and an update from the Outer South Housing Advisory Panels.

Carly Grimshaw, Area Officer presented the report.

Issues discussed included the following:

- Children and Families – A Youth Summit was proposed to take place in early 2018. Details would be finalised at the next Sun group meeting.
- Environment – Festive lights would be provided under the same arrangements as last year. There would be an additional tree in Morley and the planting of a permanent tree at Cherry Tree Walk, East Ardsley. There would also be more funding from the Housing Advisory Panel than in previous years.
- Community Safety – An update was given on the work of the Leeds Anti-Social Behaviour Team and a successful operation which had targeted an organised crime group.

- Health and Wellbeing/Adult Social Care – Activities taking place had included the provision of mental health courses and a Blood Borne Virus pilot. Morley Elderly Action and Rothwell Live at Home Scheme would be providing events for the International Day for Older People.
- Community Centres – Improvements funded by ward base initiatives had been carried out at Morley Town Hall.
- Outer South Housing Advisory Panel– Projects approved by the Housing Advisory Panel. It was reported that there was to be a city wide review of the Housing Advisory Panels.
- Outer South Community Heroes event to take place at Morley Town Hall on 12th October 2017.
- Community Infrastructure Levy and the possibility of establishing a sub-group.

**17 RESOLVED – That the report be noted
Date and Time of Next Meeting**

Monday, 27th November 2017 at 4.00 p.m.

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Report of: South East Area Leader

Report to: Outer South Community Committee
(Ardsley & Robin Hood, Morley North, Morley South and Rothwell)

Report author: Carl Hinchliffe - Area Support Officer

Date: Monday 27th November 2017 **For decision**

Outer South Community Committee Delegated Budget Report

Purpose of report

1. This report seeks to provide Members with:
 - a. Details of the Wellbeing Budget position (Table 1)
 - b. Wellbeing proposals for 2017/18 for consideration and approval (paragraph 7)
 - c. Details of the projects approved via Delegated Decision (paragraph 9)
 - d. Monitoring information of its funded projects (paragraph 11)
 - e. Details of the Youth Activities Fund (YAF) position (Table 2)
 - f. Details of the Small grants Budget (Table 3)
 - g. Details of the Capital Budget (Table 4)
 - h. Details of the Community Skips Budget (Table 5)

Background information

2. Each Community Committee has been allocated a Wellbeing Budget (revenue and capital) and Youth Activities Fund which it is responsible for administering. The aim of these budgets is to support social, economic and environmental wellbeing of the area and provide a range of activities for children and young people, by using the funding to support projects that contribute towards the delivery of local priorities.

Main issues

Wellbeing Budget Position 2017/18

3. The total revenue budget approved by Executive Board for 2017/18 was £123,010.00. **Table 1** shows a carry forward figure of **£49,869.00** which includes underspends from projects completed in 2016/17. **£29,603.00** represents Wellbeing allocated to projects in 2016/17 and not yet completed. The total revenue funding available to the Community Committee for 2017/18 is therefore **£143,276.00**. A full breakdown of the projects approved or ring-fenced is available on request.
4. It is possible that some of the projects may not use their allocated spend. This could be for several reasons including the project no longer going ahead, the project not taking place within the dates specified in the funding agreement or failure to submit monitoring reports. Due to this the final revenue balance may be greater than the amount specified in Table 1.
5. The Community Committee is asked to note that **£81,532.00** has been allocated from the 2017/18 Wellbeing revenue budget as area wide ring-fences as listed in **Table 1** and there is a remaining balance of **£61,744.00** available for projects in 2017/18.

TABLE 1: Revenue Wellbeing Budget 2017/18

	£
INCOME: 2017/18	£123,010.00
Balance Brought Forward from 2016/17	£49,869.00
Less Projects Brought Forward from 2016/17	£29,603.00
TOTAL AVAILABLE: 2017/18	£143,276.00

Area Wide Ring Fenced Projects	
Sustainable Economy and Culture	£6,800.00
Small Grants Scheme	£5,000.00
Community Committee Engagement	£1,800.00

Safer And Stronger Communities	£28,100.00
Community Safety	£3,000.00
Site Based Gardeners	£23,900.00
Community Skips	£1,200.00

Health and Well Being	£41,632.00
Garden Maintenance Scheme	£19,700.00
Community Heroes Event 2017	£1,000.00
International Day of Older People	£1,500.00
Xmas trees & lights	£16,000.00
Money Buddies	£3,432.00

Children and Families	£5,000.00
Activities for Children and Young People	£5,000.00

Total Spend: Area Wide Ring Fenced Projects	£81,532.00
Balance Remaining Split Across Four Wards	£61,744.00

		£15,436.00	£15,436.00	£15,436.00	£15,436.00
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Ward Projects	£	Ward Split			
		Ardsley & Robin Hood	Morley North	Morley South	Rothwell
Morley Arts Festival	£10,000.00		£5,000.00	£5,000.00	
Morley Paths Partnership	£2,150.00		£1,075.00	£1,075.00	
Morley Town Centre Manager	£8,296.00		£4,148.00	£4,148.00	
Morley Community Church (Summer Sports & Adventure Programme)	£992.00		£496.00	£496.00	
Litter Bins (Morley South) - Rein Road/Bantam Grove	£440.00			£440.00	
Rothwell Celebrations	£8,000.00				£8,000.00
Litter Bins (Morley South) - Beryl Burton Gardens & Queen Street				£440.00	
Magpie Lane – Refurbishment of fencing and access controls to greenspace				£1,000.00	
Winter Food Packs for Older People in South Leeds		£1931.92			
Totals	£29,878.00	£1931.92	£10,719.00	£12,599.00	£8,000.00

Total Spend: Area Wide + Ward Projects	£111,410.00				
Balance Remaining (Total/Per Ward)	£34,444.08	£15,653.08	£3,774.00	£3,149.00	£10,868.00

Wellbeing and Capital Projects for Consideration and Approval

6. The following project is presented for Members' consideration:

7. **Project Title:** Money Buddies

Name of Group or Organisation: Burmantofts Community Projects

Total Project Cost: £12,779

Amount proposed from Wellbeing Funds: £6,188.75

Wards covered: Ardsley & Robin Hood, Morley North, Morley South and Rothwell

Project Description: Funding for an extension to the current Money Buddies Scheme which operates in Outer South, from the 1st January 2018 to the 31st March 2019.

Funding will provide Money Buddies for 15 months, to be based at Morley One Stop Centre, Rothwell One Stop Centre and Lofthouse Children's Centre. Money will pay for the management, supervision, training, support and delivery of the Money Buddies service. The number of sessions attended will be 40 per annum (pro rata).

Money Buddies are trained volunteers who provide a handholding service in order to empower members of the public wishing to maximize their income, with volunteers supporting clients in a number of ways:

- Switching utility suppliers
- Applying for grants such as Discretionary Housing Payments, Yorkshire Water Community Trust payments and British Gas Energy Trust payments
- Develop budgets or financial statements using software such as CASHflow
- Negotiate with creditors by helping write letters, or print off template letters for clients to send to creditors
- Report illegal loan sharks in a confidential environment
- Apply for Credit Union accounts
- Explore other ways of saving money such as looking at websites like 'Freecycle'
- Breaking barriers and supporting clients into debt advice who would otherwise be apprehensive or uncertain of accessing debt advice
- Supporting clients by facilitating access to the Benefit Buddy service, which helps clients complete benefit forms and accompanying clients to appeals and other benefit assessments

In addition and with the advent of Universal Credit roll out due in June 2018, a new service which is aimed to support clients with benefit applications is being developed: Benefit Buddies. Currently South Leeds clients can access this service at the Money Buddy Advise Centre. The aim is to bring the Benefit Buddy service to outreach centres.

Delegated Decisions (DDN)

8. Sometimes urgent decisions may need to be made in between formal Community Committee meetings regarding the administration of Wellbeing and Youth Activity budgets and also regarding the use of the Community Infrastructure Levy (CIL) Neighbourhood Fund which has been allocated to the Committee. Concurrently with the Committee, designated officers have delegated authority from the Director of Communities and Environment to take such decisions.
9. Since the last Community Committee on 18th September 2017, the following projects have been considered and approved by DDN:
 - a) Morley Town Centre Manager - £8,296 (included in Table 1)
 - b) Outer South Xmas Trees & Lights - £11,983.00 (included in Table 1)

Monitoring Information

10. As part of their Funding Agreements, all projects which have had funding approved by the Community Committee are required to provide update reports on the progress of their project. These reports are so that the Community Committee can measure the impact the project has had on the community and the value for money achieved.
11. Detailed below are some of the project monitoring updates the Communities team has received since the last meeting of the Community Committee:

Cold Calling Control Zone

The Outer South Community Committee funded a Cold Calling Control Zone in Morley North.

The zone was launched on 15th August 2017. Officers from West Yorkshire Police and West Yorkshire Trading Standards distributed door/window stickers to over 200 houses together with an information booklet explaining the Cold Calling Control Zone.

Signs have been erected at the entrances of:

- King George Avenue
- Croft House Mews
- Croft House Avenue
- Croft House Road
- Daffil Grange Way

Zones are clearly identified by signs on lampposts, informing traders that they are entering an area where residents do not buy goods and services at the door. Each household also receives an information booklet offering advice, as well as a door sticker to deter unwanted callers.

Funding was used to cover the costs of printing the information packs, doorstep stickers and lamp post signs. The Cold Calling Control Zone predominantly aims to assist and benefit elderly and/or vulnerable residents, with the following aims:

- Reduction in incidents of doorstep crime, rogue traders and distraction burglary
- Reduction in the number of cold callers households receive
- Reduction in the fear of crime and residents
- Improved awareness of issues surrounding cold calling and doorstep crime
- Increased confidence in saying NO to this sort of activity
- Increase in reporting of doorstep crime, rogue traders and distraction burglary incidents

As part of the initiative residents will be revisited after 12 months to gain feedback. This ensures the zone is as efficient and effective as possible and any potential improvements can be addressed.



International Day for Older People

The Outer South Community Committee commissioned Rothwell Live at Home Scheme to provide an event to celebrate the International Day for Older People on the 1st October 2017.

The purpose of the event was to engage with socially isolated older people living in the Outer South areas, as the findings of recent surveys strongly suggest that living alone can induce feelings of social isolation and depression.

The Community Committee commissioned the event and requested that the theme be specifically focused on diversity, to build understanding and respect between communities, whilst celebrating the true wealth of diversity in the city.

Rothwell Live at Home Scheme delivered a tea dance and afternoon tea with a twist. In addition to the usual British dances, a Bollywood dance teacher was invited to teach belly dancing to all of the attendees. And the usual afternoon tea was complimented with international food, such as baklava from Greece and bhaji's and samosas from India.

- Tickets were given out to 113 people
- 110 people attended on the day
- 74% of attendees were members of the Rothwell & District Live at Home Scheme
- 26% of attendees were general members of the public
- Feedback was gathered from 73 people at the event, with the majority of comments stating that the event has developed new friendships and reduced social isolation, with several requests that the event is run on a regular basis



International Day
for Older People



Bollywood
Dancing



Bollywood
Dancing 2

Youth Activities Fund Position 2017/18

12. The total available for spend in Outer South in 2017/18, including carry forward from 2016/17, was **£59,752.00**
13. The Community Committee is asked to note that so far, a total of **£53,099.70** has been allocated to projects, as listed in **Table 2**, and there is a remaining balance of **£6,652.33**. A full breakdown of the projects is available on request.

TABLE 2: Youth Activities Fund 2017/18

	Total Allocation	Ward Split 8-17 Population (9,841)			
		2,634	2,391	2,239	2,577
		Ardsley & Robin Hood	Morley North	Morley South	Rothwell
Income 2017/18	£48,620.00	£12,859.22	£11,884.89	£11,359.14	£12,516.76
Carried forward from 2016/17	£33,612.00				
Less projects carried forward from 2015/16	£22,480.00				
Total available budget for 2017/18	£59,752.00	£15,642.22	£14,667.89	£14,142.14	£15,299.76
Projects 2017/18	Amount Requested from YAF	Ardsley & Robin Hood	Morley North	Morley South	Rothwell
OS Get Active Project	£4,135.75	£1,033.94	£1,033.94	£1,033.94	£1,033.94
Mini Breeze Events	£15,400.00	£3,850.00	£3,850.00	£3,850.00	£3,850.00
Rothwell Park Cycle Hub	£2,585.00				£2,585.00
Holiday Programme	£16,000.00	£4,000.00	£4,000.00	£4,000.00	£4,000.00
Youth Service Consultation	£1,000.00	£250.00	£250.00	£250.00	£250.00
Woodkirk FC Summer Camps	£1,650.00	£1,650.00			
Leeds Rhinos Summer Camps	£5,800.00	£1,933.33	£966.67	£966.67	£1,933.33
Code Bugs	£428.97	£142.99	£71.50	£71.50	£142.99
Out & Active Rothwell	£1,650.00				£1,650.00
Friday Night Projects	£489.96		£244.98	£244.98	
Total Spend Against Projects	£53,099.70	£15,642.22	£10,417.09	£11,595.13	£15,445.26
Remaining Balance per Ward	£6,652.33	£0	£4,250.80	£2,547.02	-£145.49

Small Grants Budget 2017/18

14. The following table outlines the Outer South Small Grants approved so far. Of the **£5,000.00** ring fenced for Small Grants, the Outer South Community Committee has a remaining balance of **£1,267.21** as there was a small refund on a previous project which underspent. Members are asked to note the Small Grants allocation summarised below in **Table 3**.

TABLE 3: Small Grants 2017/18

Project	Organisation/Department	Ward(s)	Total Cost of Project	Amount Requested
(PHAB) Youth Group	Prince Philip Centre	Rothwell	£6,048.00	£118.59
Great Get Together - Morley	Morley Town Centre Management Board	Morley North & Morley South	£4,000.00	£500
Great Tingley Get Together	Tingley Methodist Church	Ardsley & Robin Hood	£1,000.00	£500
Summer Packed Lunches	St Paul's Church (Morley)	Morley North & Morley South	£2,277.00	£1,000.00
Cricket Camp 2017	East Ardsley United Cricket & Athletic Club	Ardsley & Robin Hood	£750.00	£500.00
Oulton & Woodlesford Neighbourhood Forum	Oulton & Woodlesford Neighbourhood Forum	Rothwell	£900.00	£500.00
FDM 20 th Anniversary Celebrations	FDM - For Disability Mobility	Rothwell	£500	£500
Carlton Children's party	Carlton Village Residents Association	Rothwell	£730	£200
Totals			£15,705.00	£3318.21
Small Grant Remaining			£1,267.21	

Capital Budget 2017/18

15. At June 2017 the Outer South Community Committee has a capital budget of **£33,999.95** available to spend. Members are asked to note the capital allocation broken down by ward and summarised in **Table 4**.

TABLE 4: Capital 2017/18

		Ardsley & Robin Hood	Morley North	Morley South	Rothwell
Balance Remaining (per ward) Mar 2016	£34,594.05	£12,122.55	£9,528.86	£11,280.43	£1,423.69
Capital Injection as part of the receipts Oct 15 - Mar 16	£11,324.90	£2,831.22	£2,831.22	£2,831.22	£2,831.22
Balance Remaining (per ward) Apr 2016	45,918.95	14,953.77	12,360.08	14,111.65	4,254.91
Springhead Park Dementia Garden	£4,254.00				£4,254.00
Drighlington Bottle Bank	£3,000.00		£3,000.00		
SID Whitehall Road	£3,110.00		£3,110.00		
SID Gildersome	£1,555.00		£1,555.00		
SID Scotchman Lane	£3,110.00			£3,110.00	
Balance Remaining (per ward) June 2017	£33,999.95	£14,953.77	£7,805.08	£11,001.65	£0.91

Community Skips Update

16. The following table outlines the Outer South Community Skips approved so far. Of the **£1,200.00** ring-fenced for Community Skips, the Outer South Community Committee has a total of **£866.66** available to spend. Members are asked to note the Community Skips allocation broken down by ward and summarised below in **Table 5**.

17. The Community Committee is asked to note that as a skip request did not go ahead, it has slightly more Skips Budget available to spend than was reported at the previous Committee meeting. The amended figures are shown below in **Table 5**.

TABLE 5: Community Skips 2017/18

Location of Skip	Date	Total Amount	Ardsley & Robin Hood	Morley North	Morley South	Rothwell
The Pastures, Rothwell (May Day Event Celebrations)	28 th April 2016	£166.67				£166.67
Rothwell & District Carnival Committee (Rothwell Carnival)	7 th July 2017	£166.67				£166.67
Total:		£1,200.00				
Remaining Balance:		£866.66				

Community Infrastructure Levy (CIL)

18. On the 21st October 2015 the Council's Executive Board approved a process for the allocation of CIL; this is an amount of money paid to the council by large developments at planning application stage. It was agreed that a percentage of this money should be reinvested into the local area where the development has taken place and spend of this percentage should be agreed locally. Any planning applications approved prior to 6th April 2015 are not subject to a CIL contribution.
19. For each CIL contribution, Leeds City Council retains up to 70-80% centrally, 5% is needed for administration and 15-25% goes to be spent locally. The money will be vested with the local Town or Parish Council if applicable, or with the local Community Committee and spend decided upon by that body. This local money is known as the 'Neighbourhood Fund' and should be spent on similar projects to the Wellbeing Fund.
20. In the Outer South this means that the money for Morley North and Morley South will be administered by Morley Town Council, whereas monies for Rothwell and Ardsley & Robin Hood will be administered by the Outer South Community Committee. The funds available in the budget for the Community Committee to allocate will be recorded in this report.

Conclusion

21. The report provides up to date information on the Community Committee's Wellbeing Budget.

Recommendations

22. Members are asked to:
- Note details of the Wellbeing Budget position (paragraph 3)
 - Note details of the revenue budget projects agreed to date including projects approved by Delegated Decision Notice (Table 1)
 - Note details of the Youth Activities Fund (YAF) position (Table 2)
 - Note details of the Small Grants Budget (Table 3)
 - Note details of the Capital Budget (Table 4)
 - Note details of the Community Skips Budget (Table 5)



Report of: The South East Area Leader

Report to: The Outer South Community Committee
(Ardsley & Robin Hood, Morley North, Morley South and Rothwell)

Report Author: Carly Grimshaw

Date: 27th November 2018

For decision

Outer South Community Committee Update Report

Purpose of report

1. To bring to members' attention an update of the work which the communities team is engaged in, based on priorities identified by the community committee that are not covered elsewhere on this agenda. It provides opportunities for further questioning or to request a more detailed report on a particular issue.

Main issues

Updates by theme:

Children and Families: Councillor Karen Bruce

2. The **Children & Families Sub Group** planned for 24th October has been postponed until later in November due to diary clashes, but when it meets again it will be discussing progress of the planned Outer South Youth Summit which is due to take place in January 2018.
3. A programme of youth activities, funded by the Community Committees Youth Activity Fund, has taken place during the summer. Throughout that time peer inspectors visited the activities and staff carried out evaluations with the young people attending so that satisfaction, success and improvements can be measured and identified.
4. In the Outer South the Mini Breeze event at Scatcherd Park was visited by the peer inspector 'Mystery Shoppers'. They found around 600 young people to be in attendance and judged that all appeared to be enjoying the activities. The two peer inspectors took part in the activities and scored it as 9/10. Both enjoyed the activities, found it easy to take part, had seen it advertised, would chose to go again and would recommend it to a

friend. The only negative that both reported was that there were long queues for everything. A more in depth look at the peer inspection report and young people surveys will take place at the sub group.

Environment: Councillor Karen Bruce

5. The **Environment sub group** met on the 22nd November at Morley Town Hall. The meeting notes have been distributed by email.
6. The sub group heard the evaluation of the Community Committee funded Site Based Gardeners scheme and discussed the proposed changes to dog controls and smoking in children's playgrounds. The consultation on these proposed changes is open for public comments until 15th December 2017 and for elected Member comments until 15th January 2018. If elected members have any further comments to feed in, please contact the Cleaner Neighbourhoods Team. Members of the public can complete a short survey <https://www.snapsurveys.com/wh/s.asp?k=150712363857>

Community Safety: Councillor Lisa Mulherin

7. Police Ward Officers have been working closely with partners, including the Youth Service and Safer Leeds, to resolve disorder issues between young people from Rothwell and Middleton. A number of males have now been criminally processed and Safer Leeds is looking at enforcement action.
8. Ward Officers have had some success in tackling one prolific 16 year old who has been charged with an number of assaults, a Robbery, Burglary and Breach of Bail offences over recent months in Drighlington. A number of charges have been brought and Ward Officers have represented the community at recent court hearings. The most recent hearing has now been adjourned until 13th December with the juvenile subjected to residential curfew conditions set by the Judge.
9. Two males recently released from prison into the area have been carefully monitored by local police officers as part of the 'Offender Management' plan, and were subsequently returned to prison last week. Both were recalled as part of their licence conditions after officers identified them as the culprits of a number of new theft offences in Morley. These males are well known to Ward Staff and due to their prompt action the crime spree that these two offenders may have gone on to commit has been severely cut short. They should remain in prison well into the new year.
10. One of the police team's local PCSO's has been working closely with volunteers from the Tea Cosies Dementia café in Rothwell, to bring about similar dementia friendly initiatives in Morley. They held a Dementia awareness Road Show in Morley town centre on 8th November and the PCSO attended a course to allow her to train others in being Dementia Friendly. She has since provided training to staff at a local Opticians and Banking establishments in an effort to increase the awareness of Dementia and ensure that West Yorkshire Police is Dementia Friendly.

Employment, Skills & Welfare: Councillor Neil Dawson

11. Within the Community Committee area, there are 455 people claiming Job Seekers Allowance (JSA), as of September 2017 which is a 16% (85 people) decrease compared to the same period last year. There are 3,120 people claiming Employment Support Allowance (ESA), as of November 2016, which is a 0.48% (15 people) decrease compared to the same period last year
12. From April to September 2017, there have been 501 residents accessing Jobshops and Employment and Skills programmes, with 144 supported to secure employment and 241 to improve their skills.
13. **The Personal Work Support package (PWSP)**, requiring those unemployed residents in receipt of Council Tax Benefit to attend Jobshops for additional job search support, is working well. Since it commenced in October 2015, a total of 2,552 residents have started on the programme, 26% (664) have secured employment. 134 residents from Outer South have engaged or have completed this programme, 28% (38) of these have secured employment.
14. A Disability Confident event was held in conjunction with DWP at The Point on the 12th October. The focus was to raise awareness of the new Disability Confident standard to Businesses and to offer advice and information to customers with a Disability/health condition in receipt of Employment Support Allowance. 15 Partners/Businesses attended on the day along with 80 customers of which 35 signed up to attend further workshops following the event to access opportunities with small businesses. 48 customers completed evaluations, 42 scored the event as Good/outstanding, one of the positive customer comments received "Overall an excellent idea to have such an event as this was geared towards people with disabilities, I would like to suggest that more employers be encouraged to attend future events like this"

Health and Wellbeing & Adult Social Care: Councillor Karen Renshaw

15. The Community Committee commissioned two events to celebrate the International Day of Older People which took place in October. One at Blackburn Hall in Rothwell and one at Morley Town Hall. Both events were well attended, and feedback shows, well received. The theme for this year was diversity which the event in Rothwell particularly embraced, hosting a renowned Bollywood dancer who demonstrated and then taught the older people to belly dance.
16. A new free healthy living service called "[One You Leeds](http://www.oneyouleeds.co.uk)" which helps people improve their lifestyle and health, launched at the start of October. One You Leeds will offer programmes for people who want to change their lifestyle behaviour including: stopping smoking, managing their weight, eating more healthily, learning how to cook and being more physically active.

Frontline staff can refer clients to the service using the referral form on the health professional area of the website www.oneyouleeds.co.uk/health-professionals-referral Or

clients can self-referral online at www.oneyouleeds.co.uk/sign-up or by calling: 0800 169 4219

17. The older peoples working group will next meet on 29th January 2018 where it will discuss the possibility of digital access projects for older people in the Outer South.

Outer South Housing Advisory Panel (OSHAP)

18. The Outer South Housing Advisory Panel (HAP) meets to review the delivery of local housing services and monitor local performance. The HAP is represented by four Outer South Ward Members, Councillors Jack Dunn, David Nagle, Shirley Varley and Robert Finnigan. The panel have a budget to be able to consider and support a range of environmental and community related projects that are in line with local priorities.
19. Since the Committee last met the HAP has agreed to fund a number of projects including;
- To establish goal posts on the greenspace in Lofthouse behind Longthorpe Lane and Ramsgate.
 - To install four new litter bins on the Glen sports fields in Morley.
 - To match fund a number of the Festive Lights in Outer South, alongside the Community Committee and Morley Town Hall.
 - The John O’Gaunts Luncheon Club Christmas meal, with transport, for elderly residents
 - Match funded the Carlton Village Christmas party with the Community Committee
 - Match funding towards the Outer South Community Committee’s Community Heroes event.
20. Housing Leeds are carrying out a citywide review of HAPs during 2017 and are currently consulting with elected Members, residents and partners www.leeds.gov.uk/hapreview as to what this revised service should look like. All interested parties are encouraged to follow the link and carry out the survey to aid informed and responsive changes.

Community Infrastructure Levy (CIL)

21. On the 21st October 2015 the Council’s Executive Board approved a process for the allocation of Community Infrastructure Levy; The CIL is a non-negotiable charge on many new buildings in £s per square metre on gross internal floor area. Developments become liable at grant of planning permission (or as they start to be built if no planning permission is required) and the Demand Notice (invoice) is sent when works commence on site. CIL payments are then made in
22. It was agreed that a percentage of this money should be reinvested into the local area where the development has taken place and spend of this percentage should be agreed locally. Any planning applications approved prior to 6th April 2015 are not subject to a CIL contribution

23. For each CIL contribution, Leeds City Council retains up to 70-80% centrally, 5% is needed for administration and 15-25% goes to be spent locally. The money will be vested with the local Town or Parish Council if applicable, or with the local Community Committee, and spend decided upon by that body. This local money is known as the 'Neighbourhood fund'. It can be spent on (a) the provision, improvement, replacement, operation or maintenance of infrastructure; Or (b) anything else that is concerned with addressing the demands that development places on an area. Executive Board has set out guidance on the process here.
<https://democracy.leeds.gov.uk/documents/s137749/CIL%20Report%20Appendix%201%20091015.pdf>
24. In the Outer South this means that the money for Morley North and Morley South will be administered by Morley Town Council, monies for Rothwell and Ardsley & Robin Hood will be administered by the Outer South Community Committee.
25. It is recommended that in Outer South the CIL allocated to the committee is spent in the ward which generated it, and Communities team officers are asked to work with ward members to develop an expenditure plan.

Outer South Community Heroes event 2017

26. The Outer South Community Committee held its annual Community Heroes awards ceremony on **Thursday 12th October at Morley Town Hall**.
27. There were a number of changes to how the event was organised this year, in response to feedback from previous years. Everyone who has worked with the Community Committee and received funding in the past year received a certificate in the post, thanking them for their contribution to their community, along with a letter inviting them to nominate people for additional awards. This was also advertised on the Outer South Facebook page and in the Rothwell Record.
28. Over 90 nominations for 56 separate individuals were received. This included a number of nominees who were previously unknown to the Communities team, which was really positive as it meant that we were able to celebrate all those who volunteer across the Outer South, not just those who have worked with the Community Committee.
29. Voting was available through Facebook, email, telephone and letter to the Communities team, and a number of votes were taken via each method. In total over 600 votes were received, which is a phenomenal number of Community Members engaging in the event. The Facebook post was delivered to over 11,000 people and over 1,500 people interacted with it, either by sending a message, sharing it, or looking at the details.
30. Those who had been nominated were invited to the event, along with their guests, and 140 people attended on the night. We left feedback sheets on every table and received feedback from 67 people (47%). Of those who responded 88% said they would like to attend future Community Committee events

31. There was a specific question on the form asking for feedback on the new nomination and voting system. 13 people (19%) chose to give feedback on the changes. 6 people (8%) thought it a positive move; 4 people (5%) were happy with the nomination process but had reservations on the voting process, with comments such as ‘older people do not tend to vote’; 3 people (4%) said they were not even aware of the Community Committee before seeing this years Facebook posts; and 1 person (1%) stated that people should have been able to vote by another means than just electronic.
32. To respond to the person who suggested voting should be available via a non-electronic method: a large number of votes were taken via telephone and letter, but the Communities team must ensure this method is more widely advertised next year if some were unaware of it.
33. Overall feedback shows that the changed system was well received, the Facebook post was the highest reaching post the Outer South has had since it established its Facebook account, and we know that at least 3 of those who attended the event had never even heard of the Community Committee previously so engagement with new audiences is being made through the celebration.
34. But there is still learning to take away; self-promotion by nominees during the voting process needs to be addressed and we need to ensure that the overall voting system is as fair as possible. A consultation has now been made live online and shared with all of our mailing list for further feedback on the process by those who weren’t nominated, and paper feedback forms will be available in libraries for those who do not use the internet. This feedback will inform decision making for next years event.

Outer South Community Committee Communications

35. A copy of the most recent **Outer South Community Committee Newsletter** highlighting key aspects of Community Committee activities is attached for information (**Appendix 1**). The Communities Team will be circulating the newsletter to their contacts and on social media. **Appendix 2** details recent social media activity for the Outer South Facebook page.

Conclusions

36. The report provides up to date information on key areas of work for the Community Committee.

Recommendations

37. The community committee is asked to note the content of the report and make comment as appropriate.

Background documents¹

¹ The background documents listed in this section are available for inspection on request for a period of four years

38. None.

following the date of the relevant meeting Accordingly this list does not include documents containing exempt or confidential information, or any published works Requests to inspect any background documents should be submitted to the report author.

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Outer South Community Committee: Newsletter—November 2017

Transport - *join us to hear what's happened since your last Outer South workshop in 2016*

The **Outer South Community Committee** invites you to join us for a Q & A session on transport in Outer South Leeds: **Monday 27th November 2017 (5.15pm – 6.15pm), Haigh Road Community Centre, 7 Haigh Road, Rothwell, LS26 0NQ.**

Transport affects us all, so joining us for the discussion will be Andrew Hall, Head of Transportation at Leeds City Council and Neale Wallace, West Yorkshire Combined Authority. Both will be there to answer important questions and offer general advice. There will also be the opportunity to hear a report from the last **Outer South Transport Workshop in November 2016**, where we discussed what the £173 million allocated to the council should be spent on. Please feel free to come along and join in, as everyone is welcome.

- ⇒ **Page 2—details of the Older Persons Celebration Events!**
- ⇒ **Page 3— details of the Community Heroes Awards!**

About your Community Committee:

Outer South Community Committee, covering the wards Ardsley & Robin Hood, Morley North, Morley South, Rothwell & their communities

Want to find out more?

For more information about who we are and what we do, contact the Communities Team South East:

0113 378 5808

southeast.ast@leeds.gov.uk

or check us out on social media:



@_YourCommunity



Outer South Community Committee



'Transport in your neighbourhood'

- **Q & A session** for local residents on transport in **Outer South Leeds**: Ardsley & Robin Hood, Morley North, Morley South and Rothwell
- **Plus** a report from the last transport workshop in 2016

When? Mon 27th Nov, 5.15 - 6.15pm

Where? Haigh Road Community Centre,
7 Haigh Road, Rothwell, LS26 0NQ

Light refreshments will be provided—tea/coffee/biscuits



Hosted by the Outer South Community Committee

For details please contact the Communities Team via southeast.ast@leeds.gov.uk or 0113 3785808

Keep up to date with the work of your Community Committee:



LccOuterEast



@_YourCommunity



Leeds
CITY COUNCIL



International Day for Older People- Morley Elderly Action

Did you know that the Outer South Community Committee provided funding to commission two events to celebrate the **International Day of Older People** in the Outer South wards: one at **Rothwell Blackburn Hall** and one at **Morley Town Hall**?

Both events aimed at reducing and tackling social isolation, as they engaged with socially isolated older people living in the Outer South areas.



The theme of the event this year was specifically focused on diversity, to build understanding and respect between communities, whilst celebrating the true wealth of diversity in our city.

Morley Elderly Action provided a tea dance for 100 people, with an afternoon of entertainment and refreshments, along with a game of bingo and a tombola stall for added entertainment.

Cllr Karen Renshaw, Chair of the Older Persons Working Group opened up the event officially at Morley Town Hall and encouraged projects such as the International Day of Older People celebration events to continue in the future, as they tackled isolation amongst our older residents and communities.

International Day for Older People— Rothwell & District Live at Home

Rothwell & District Live at Home Scheme delivered a **diversity tea dance** to celebrate the influences of culture on dance. In attendance was a wonderful Bollywood dancer, who managed to get many older residents to 'strut their Bollywood stuff'.

Refreshments were provided in the form of an afternoon tea, reflecting food from different cultures; giving attendees the opportunity to try different tastes and flavours, including Indian spices, samosas, bhajis and rich Greek baklava.

- **110 people** attended on the day
- **74%** of attendees were members of RLAH
- **26%** of attendees were members of the public

Feedback was gathered from **73 people** at the event, with the majority of comments stating that the event has developed new friendships and assisted in reducing social isolation, with several requests that the event is run on a regular basis.



Dates For Your Diary:

Dates/times for Outer South Community Committee meetings and workshops (some venues will be confirmed nearer the time):

Next Community Committee:

27th November 2017, 4pm—5pm at Haigh Road Community Centre

Want to find out more?

For more information about who we are and what we do, get in touch with the Communities Team South East:

0113 378 5808

southeast.ast@leeds.gov.uk

or check us out on social media:



@_YourCommunity



**South Community
Committee**

Outer South Community Heroes Awards!

Cllr Karen Bruce, Chair of the Outer South Community Committee and Cllr Jane Dowson, Lord Mayor of Leeds, officially opened up the **Outer South Community Heroes Awards 2017** at Morley Town Hall on the 12th October 2017.

The Community Heroes Awards are an opportunity for us to celebrate some of the fantastic achievements of individuals and groups from across the whole of the Outer South area of Leeds. Those people that are making a real difference every day to local communities.



This year we decided to be bold and change the format of the event, as we asked residents and community groups to actively nominate individuals, groups, or organisations, with winners decided on by members of the public through a voting process. We received over ninety separate nominations for the awards, covering fifty eight different individuals, community groups and organisations. The voting process alone received over **600** separate votes by email, letter, telephone calls and Facebook messages.

Over **140** people attended the event, with a special performance by one of our wonderful community groups, **DAZL**. Winners in each of our categories received a prestigious golden owl, with all nominees receiving a small thank you gesture as appreciation of their commitment to the Outer South communities.

By changing the format of the awards this year the Community Committee has been able to actively engage with a much larger audience, as well as recognising some of our 'unsung heroes' in Outer South. Our Facebook post alone reached **12000** people, with **95** shares and over **170** specific comments. The response shows that the communities in Outer South value the positive work that individuals, groups and organisations contribute to the area. **A MASSIVE THANK YOU TO YOU ALL!!**

Category winners from the Outer South Community Heroes Awards will be entered in to the city wide Compassionate City Awards in December.

Your Community Heroes!

- ♦ **Inspirational Project of the Year—Carlton Village Residents Association**
- ♦ **Community Organisation of the Year—St Marys Memory Cafe**
 - ♦ **Cultural Achievement of the Year—DAZL**
 - ♦ **Volunteer of the Year—Jason Westmoreland**
 - ♦ **Special Recognition Award—Cody Hartley**

Your Community Committee

Leeds has 10 community committees, which meet at least 4 times a year. They are open to the public and provide a forum for residents to raise key issues of concern with local councillors and help influence decisions about their area.

Your Councillors - Outer South Wards

Ardsley & Robin Hood

Cllr Jack Dunn



(0113) 270 6283
jack.dunn@leeds.gov.uk

Cllr Lisa Mulherin



(0113) 338 9006
lisa.mulherin@leeds.gov.uk

Cllr Karen Renshaw



(0113) 253 5752
karen.renshaw@leeds.gov.uk

Morley North

Cllr Robert Finnigan



(0113) 247 7538
robert.finnigan@leeds.gov.uk

Cllr Bob Gettings JP



(0113) 247 7538
robert.gettings@leeds.gov.uk

Cllr Thomas Leadley



(0113) 253 5677
thomas.leadley@leeds.gov.uk

Morley South

Cllr Neil Dawson



(0113) 247 4047/ 07771 822 057
neil.dawson@leeds.gov.uk

Cllr Judith Elliott



(0113) 253 2786
judith.elliott@leeds.gov.uk

Cllr Shirley Varley



(0113) 247 7538
shirley.varley@leeds.gov.uk

Rothwell

Cllr Karen Bruce (Chair)



(0113) 282 5321
karen.bruce@leeds.gov.uk

Cllr Stewart Golton



(0113) 288 0464
stewart.golton@leeds.gov.uk

Cllr David Nagle



(0113) 247 4047/ 07946 276 804
david.nagle@leeds.gov.uk



Outer South Community Committee **FACEBOOK** highlights

24th August – 3rd November 2017

Since 24th August 2017 the Outer South Community Committee Facebook page has gained:

- **55 new page 'likes'** (and currently has)
- **618 followers**

This means that this is the **fourth** most popular Community Committee page—but we're continuing to work on this!

There are two things to note in general:

- 'reach' is the number of people the post was delivered to
- 'engagement' is the number of reactions, comments or shares

Engagement tends to be a better way of gauging if people are interested and have read the posts, because they wouldn't have interacted with it otherwise. For example, a post might reach 1,000 people but if they all scroll past and don't read it, the engagement is 0 and it hasn't been an effective way for the Community Committee to communicate.

Having said that, posts can be read without any further interaction!!

By far the most popular post since the 24th August was the posting regarding the **Outer South Community Heroes voting process** which:

- has been shared 106 times
- commented upon 148 times
- has 1591 specific post clicks
- **has reached a total of 11,897 people**

On the following pages are screenshots of the most popular three posts since the 24th August 2017. Alongside it are the figures for how many people were 'reached' and how many people 'engaged' with the post.

11,897 people had this post delivered to them and **1,591** opened it to read it in more detail.

Page 28

2nd Place – Six Thousand Civil Service Jobs to be Relocated to Leeds

6,133 people had this post delivered to them and 422 people opened it to read it in detail.

Post Details

Leeds City Council Outer South Community Committee shared a link.
Published by Carl Hinchliffe [?] · 8 September · 🌐



Six thousand civil service jobs to be relocated to Leeds

A total of 6,000 civil servants are to be relocated to a new Government Hub in Leeds in what is the biggest ever commercial property letting deal in the city's history.

YORKSHIREEVENINGPOST.CO.UK

Get more likes, comments and shares
Boost this post for £4 to reach up to 1,600 people.

👤 6,133 people reached [Boost Post](#)

👤 Moira Thompson, Sarah Thornton and 4 others 11 Shares

👍 Like 💬 Comment ➦ Share

6,133 People Reached

36 Likes, Comments & Shares

22 Likes	6 On Post	16 On Shares
3 Comments	0 On Post	3 On Shares
11 Shares	11 On Post	0 On Shares

422 Post Clicks

4 Photo views	292 Link clicks	126 Other Clicks
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NEGATIVE FEEDBACK

0 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

**2nd most
popular
post**

3rd Place - Outer South Community Heroes Awards ceremony photographs

3,696 people had this post delivered to them and 161 people opened it for further details. A further 34 people make specific comments about the night.

Post Details



Leeds City Council Outer South Community Committee

added 15 new photos.

Published by Carl Hinchliffe [?] · 23 October at 15:43 ·

Outer South Community Heroes Awards 2017

Some photos from the event on Thurs 12th October 2017.

Full list of category winners and runners up, as voted for by members of the public, are as follows:... [See more](#)



Get more likes, comments and shares

Boost this post for £4 to reach up to 1,600 people.

3,696 people reached

Boost Post

9

3 Comments 14 Shares

Like

Comment

Share

3,696 People Reached

34 Reactions, comments & shares

16	9	7
Like	On post	On shares
1	0	1
Love	On post	On shares
1	0	1
Haha	On post	On shares
3	3	0
Comments	On Post	On Shares
14	14	0
Shares	On Post	On Shares
161	Post Clicks	
59	0	102
Photo views	Link clicks	Other Clicks
NEGATIVE FEEDBACK		
0	0	
Hide Post	Hide All Posts	
0	0	
Report as Spam	Unlike Page	

Reported stats may be delayed from what appears on posts

3rd most popular post



Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Outer South Community Committee

Report author: Paul Bollom (Head of the Leeds Health and Care Plan, Health Partnerships) and Rebecca Barwick (Head of Programme Delivery – System Integration, NHS Leeds CCGs Partnership)

Date: 27 November 2017

To note

Leeds Health and Care Plan: Inspiring Change through Better Conversations with Citizens

1. Purpose of report

- 1.1 The purpose of this paper is to provide the Outer South Community Committee with an overview of the progress made in shaping the Leeds Health and Care Plan following the previous conversation at each Committee in Spring 2017. It is fundamental to the Plan's approach that it continues to be developed through working 'with' citizens employing better conversations throughout to inspire change. The conversation will ensure open and transparent debate and challenge on the future of health and care, and is based around the content of the updated plan and accompanying narrative. The aim is to consider the proposals made to date and support a shift towards better prevention and a more social model of health.
- 1.2 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
- 1.3 The Leeds Plan envisages a significant move towards a more community focused approach which understands that good health is a function of wider factors such as housing, employment, environment, family and community and is integral to good economic growth. There are significant implications for health and care services in communities and how they would change to adopt this way of working. The paper provides further information on these
- 1.4 For the changes to be effective it is proposed there are significant new responsibilities for communities in how they may adopt a more integrated approach to health and care and work with each other through informal and formal approaches to maximise health

outcomes for citizens. This includes how community and local service leaders (including elected members) may support, steer and challenge this approach.

2. Main issues

- 2.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
- 2.2 The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally identified by health, care and civic leaders. These are gaps in health inequalities, quality of services and financial sustainability. It provides an opportunity for the city to shape the future direction of health and to transition towards a community-focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community.
- 2.3 Perhaps most importantly, the Leeds Health and Care Plan provides the content for a conversation with citizens to help develop a person-centred approach to delivering the desired health improvements for Leeds to be the Best City in the UK by 2030. It is firmly rooted in the 'strong economy, compassionate city' approach outlined in the Best Council Plan 2017-18.
- 2.4 The Leeds Health and Care Plan narrative sets out ideas about how we will improve health outcomes, care quality and financial sustainability of the health and care system in the city. The plan recognises the Leeds Health and Wellbeing Strategy 2016-2021, its vision and its outcomes, and begins to set out a plan to achieve its aims.
- 2.5 The Leeds Health and Wellbeing Board has a strong role as owner and critical friend of the Leeds plan championing an approach of 'working with' citizens throughout. The steer to the shaping of the Leeds Health and Care Plan has been through formal board meetings on 12th January and 21st April 2016 and two workshops held on 21st June and 28th July 2016. The Board has held a further workshop on 20th April 2017 where the previous Community Committee meeting feedback was given and more recently at a formal board meeting on 20th June 2017. The board has further reviewed progress on the 28th of September of the plan in the context of both short-term challenges for winter and wider transformation of primary care health and care services. Further comment on the draft plan and supporting narrative has been incorporated.
- 2.6 The plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP – previously the STP), but is primarily a Leeds based approach to transformation, building on the existing strategies that promote health and inclusive growth in the city. Whilst the financial challenge is a genuine one, the Leeds approach remains one based on long term planning including demand management, behaviour change and transition from acute-based services towards community based approaches that are both popular with residents and financially sustainable.
- 2.7 A transition towards a community-focused model of health is outlined in the plan. This is the major change locally and will touch the lives of all people in Leeds. This 'new model of care' will bring services together in the community. GP practices, social care,

Third Sector and public health services will be informally integrated in a 'Local Care Partnership'. Our hospitals will work closely with this model and care will be provided closer to home where possible, and as early as possible. New mechanisms, known as 'Population Health Management' will be used to ensure the right people get the right services and that these are offered in a timely fashion. This is designed to prevent illness where possible and manage it in the community.

- 2.8 The Leeds Health and Care Plan narrative presents information for a public and wider staff audience about the plan in a way that that citizens and staff can relate to and which is accessible and understandable.
- 2.9 The Leeds Health and Care Plan narrative (when published) will be designed so that the visual style and branding is consistent with that of the Leeds Health and Wellbeing Strategy 2016-2021 and will be part of a suite of material used to engage citizens and staff with.

The narrative contains information about:

- The strengths of our city, including health and care
- The reasons we must change
- How the health and care system in Leeds works now
- How we are working with partners across West Yorkshire
- The role of citizens in Leeds
- What changes we are likely to see
- Next steps and how you can stay informed and involved

- 2.10 The final version will contain case studies which will be co-produced with citizen and staff groups that will describe their experience now and how this should look in the future.
- 2.11 It will enable us to engage people in a way that will encourage them to think more holistically about themselves, others and places rather than thinking about NHS or Leeds City Council services. Citizen and stakeholder engagement on the Leeds Health and Care Plan has already begun in the form of discussions with all 10 Community Committees across Leeds in February and March 2017.
- 2.12 The approach taken in developing the Leeds Plan has embodied the approach of 'working with' people and of using 'better conversations' to develop shared understanding of the outcomes sought from the plan and the role of citizens and services in achieving these.

3. Influence of Community Committees and Voice of Citizens

- 3.1 The Leeds Health and Care Plan has been substantially developed subsequent to the previous conversation in Community Committees in Spring 2017. The previous discussion outlined the key areas of challenge for health and care services both at a city level and within each locality. For this meeting of the Outer South Community Committee, please find attached the latest Community Committee Public Health profile and corresponding profiles for Integrated Neighbourhood Teams (INTs) to inform discussions (Appendix 1).
- 3.2 The four suggested areas for action in the Plan remain as: better prevention, better self-management and proactive care, better use of our hospitals and a new approach to responding in a crisis. These are supported by improvements to our support for our

workforce, use of digital and technology, financial joint working, use of our estates and making best use of our purchasing power as major institutions in the city to bring better social benefits.

- 3.3 The Leeds Health and Care Plan (Appendix 2) has been further developed following feedback from Community Committees.
- 3.4 The Leeds Plan conversation has been supported by partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch and Youthwatch Leeds, Third Sector in addition to local area Community Committees. Discussion at Leeds City Council Executive Board on July 2017 endorsed the overall approach for further conversation with the public. Refinement of the Leeds Health and Care Plan has continued through the Leeds Health and Wellbeing Board meetings on the 20th June 2017 and 28th of September 2017, and through the Scrutiny Board (Adults and Health) meeting on the 5th of September. Using the feedback received the Leeds Health and Care Plan has been updated as detailed below as Background Information.

4. How does the Plan affect local community services?

- 4.1 The Leeds Plan is an ambitious set of actions to improve health and care in Leeds and to close our three gaps. It requires a new approach to working with people, inspiring change through better conversations and a move towards much more community based care. To achieve this the Plan includes a significant change to the way our health and care services work, particularly those based in the community.

Community Committee and other public feedback has said that health and care is often not working because:

- They have to wait a long time between services and sometimes they get forgotten, or they worry that they might have been forgotten.
- The health and care system is complicated and it can be difficult to know who to go to for what. This causes stress for services users and carers because there is often no-one who can provide everything they need.
- People feel as though they are being 'passed around' and they often end up having to tell their story again and again. No-one seems to ask what's most important to them so they feel as though they have to accept what's on offer and what they are told to do.
- Service users and carers value and respect staff and services highly and are thankful that they have health and care available to them. They don't want to complain or be seen as a nuisance as they know how over-burdened workers are.

PEOPLE HAVE SAID...

I want to be able to plan my care with people who work together to understand me and my carer(s)

I want services that work together to achieve the outcomes important to me

When I use a new part of the service, my care plan is known in advance and respected.

The professionals involved with my care talk to each other. We all work as a team



Taken together, my care and support help me live the life I want to the best of my ability.

- 4.2 The starting point to changes in Leeds is the already established pioneering integrated health and social care teams linked to thirteen neighbourhoods (Integrated Neighbourhood Teams). This means that the basis of joint working between community nursing and social workers and other professionals as one team for people in a locality is already in place.
- 4.3 We have an opportunity to build on this way of working and increase the number of services offered in a neighbourhood team. In order to make this happen we are agreeing with partners what this team may look like and then ensure the organisations that plan and buy health and care services align or join their planning and budgets so that we both create these teams and avoid duplication and gaps in care. This will ensure resources are all focused on making health and care better, simpler and better value.

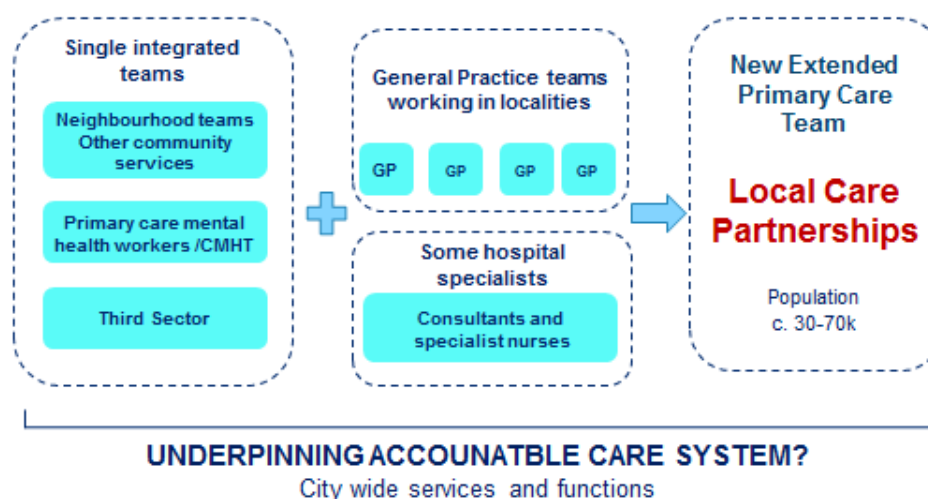
Leeds Neighbourhood Teams



- 4.4 The plan is for the number of services based around neighbourhoods to increase and jointly work together as Local Care Partnerships. Building on the current neighbourhood teams Local Care Partnerships will include community based health and care services and possibly some services that are currently provided in hospital such as some outpatient appointments. People will still be registered with their GP practice and the vision is that a much wider range of health and care services will 'wrap-around' in a new way of working that emphasises team working to offer greater capacity than the GP alone. It will mean services no longer operating as entirely separate teams as they often do now.
- 4.5 Professionals working within Local Care Partnerships will work as one team avoiding the need for traditional referrals between services. The approach will be locally tailored to acknowledge how health and care needs vary significantly across Leeds. Working with local people, professionals within Local Care Partnerships will have more opportunities to respond to the needs of local populations and focus on what matters most for local communities.

- 4.6 The ambition is for the majority of peoples' needs will be met by a single team in their local area in the future making services easier to access and coordinate. If people do need to go into hospital the services will work together to make sure this happens smoothly.

WHAT COULD COMMUNITY CARE LOOK LIKE IN THE FUTURE?



- 4.7 These changes will take a number of years to work towards and people are unlikely to start to see any changes until 2019-20 at the earliest. Before this point we will work with local people and stakeholders to make sure the model will deliver what people need.

5. A Conversation with Citizens

- 5.1 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, the next stage is to begin a broader conversation with citizens in communities. The conversation we would like to have will be focussed on the ideas and direction of travel outlined in the Leeds Health and Care Plan and the changes proposed to integrate our system of community services. We wish to ask citizens and communities what community strengths already exist for health and care, what they think about the updated plan and ideas to change community services and how they wish to continue to be involved. We are inviting comment and thoughts on these.
- 5.2 Our preparation for our conversation with citizens about plans for the future of health and care in Leeds will be reflective of the rich diversity of the city, and mindful of the need to engage with all communities. Any future changes in service provision arising from this work will be subject to equality impact assessments and plans will be developed for formal engagement and/or consultation in line with existing guidance and best practice.
- 5.3 Over the coming weeks, engagement will occur through a number of local and city mechanisms outlined below in addition to Community Committee meetings. Where engagements occur this will be through a partnership approach involving appropriate representation from across the health and care partnership.

- *Staff engagement- November / December.* Staff will be engaged through briefings, newsletters, team meetings, etc. All staff will have access to a tailored Leeds Plan briefing and online access to the Leeds Plan and Narrative.
- *'Working Voices' engagement - November*
We will work with Voluntary Action Leeds (VAL) to deliver a programme of engagement with working age adults, via the workplace.
- *Third Sector engagement events - November*
We will work with Forum Central Leeds to deliver a workshop(s) to encourage and facilitate participation and involvement from the third sector in Leeds in the discussion about the Leeds Plan and the future of health and care in the city.
- *'Engaging Voices' Focus Groups, targeted at Equalities Act 'protected Characteristic Groups' - November*
We will work with VAL to utilise the 'Engaging Voices' programme of Asset Based Engagement to ensure that we encourage participation and discussion from seldom heard communities and to consider views from people across the 'protected characteristic' groups under the Equalities Act.
- *3 public events across city – January / February*
Working with Leeds Involving People (LIP) we will deliver a series of events in each of the Neighbourhood Team areas for citizens to attend and find out more about the future of health and care in Leeds. These will be in the style of public exhibition events, with representation and information from each of the 'Programmes' within the Leeds Plan and some of the 'Enablers'. To maximise the benefit of these events, they will also promote messages and services linked to winter resilience and other health promotion / healthy living and wellbeing services.
- *'Deliberative' Event – early in the New Year*
We will use market research techniques to recruit a demographically representative group of the Leeds population to work with us to design how a Local Care Partnership should work in practice and to find out what people's concerns and questions are so we can build this into further plans.

- 5.4 The plan and narrative will be available through our public website 'Inspiring Change' (www.inspiringchangeleeds.org) where citizens will be able to both read the plan, ask questions and give their views. Collated feedback from the above conversations will provide the basis for amendments to the Plan actions and support our next stages of our Plan development and implementation.
- 5.5 Through engagement activities we will build up a database of people who wish to remain involved and informed. We will write to these people with updates on progress and feedback to them how their involvement has contributed to plans. We will also provide updates on the website above so that this information can be accessed by members of the public.

6. Corporate considerations

6.1 Consultation, engagement

- 6.1.1 A key component of the development and delivery of the Leeds Health and Care Plan is ensuring consultation, engagement and hearing citizen voice. The approach to be taken has been outlined above.

6.2 Equality and diversity / cohesion and integration

- 6.2.1 Any future changes in service provision arising from this work will be subject to an equality impact assessment.
- 6.2.2 Consultations on the Leeds Health and Care Plan have included diverse localities and user groups including those with a disability.

6.3 Resources and value for money

- 6.3.1 The Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy 2016-2021 have been used to inform the development of the Leeds Health and Care Plan. The Leeds Health and Wellbeing Strategy 2016-2021 remains the primary document that describes how we improve health in Leeds. It is rooted in an understanding that good health is generated by factors such as economic growth, social mobility, housing, income, parenting, family and community. This paper outlines how the emerging Plan will deliver significant parts of the Leeds Health and Wellbeing Strategy 2016-2021 as they relate to health and care services and access to these services.
- 6.3.2 There are significant financial challenges for health and social care both locally and nationally. If current services continued unchanged, the gap estimated to exist between forecast growth in the cost of services, growth in demand and future budgets exceeds £700m at the end of the planning period (2021). The Leeds Health and Care Plan is designed to address this gap and is a significant step towards meeting this challenge and ensuring a financially sustainable model of health and care.
- 6.3.3 The Leeds Health and Care Plan will directly contribute towards achieving the breakthrough projects: 'Early intervention and reducing health inequalities' and 'Making Leeds the best place to grow old in'. The Plan will link to local breakthrough project actions for example in targeting localities for a more 'Active Leeds'.
- 6.3.4 The Leeds Health and Care 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'.

6.4 Legal Implications, access to information and call in

- 6.4.1 There are no access to information and call-in implications arising from this report.

6.5 Risk management

- 6.5.1 Failure to have robust plans in place to address the gaps identified as part of the Leeds Health and Care Plan development will impact the sustainability of the health and care in the city.

- 6.5.2 The proposed model of health based on local health and care partnerships requires support both from communities and the complex picture of 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.
- 6.5.3 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.
- 6.5.4 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 developing and delivering a robust Leeds Health and Care Plan within an effective governance framework.

7. Conclusion

- 7.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
- 7.2 The Plan has been developed and improved through working with citizens, third sector groups, a variety of provider forums and through our democratic and partnership governance.
- 7.3 The Leeds Plan envisages a significant move towards a more community focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community and is integral to good economic growth.
- 7.4 The Plan includes a significant change to how health care is organised in communities to bring together current resources into cohesive Local Care Partnerships.

8. Recommendations

The Outer South Community Committee is recommended to:

- Support the updated Leeds Plan as a basis for conversation with citizens on the future of health and care.
- Actively support widespread conversation and discussion of the Leeds Plan and narrative to encourage feedback and comment.
- Support the emerging model of Local Care Partnerships and actively engage with their development in their communities.

Background information

Community Committee Feedback Spring 2017	Action taken
Committees emphasised these areas for the Plan to address: Mental health Physical activity Drug & Alcohol Services Diet and nutrition, especially for mothers and children Tackling loneliness Getting into schools more and promoting healthy lifestyles from a young age Better integration Relieve pressure on hospitals and GPs by making better use of pharmacies and nurses in communities The number of GPs in the city and the consistency of good quality GP and health services across the city.	The Plan draft promotes holistic inclusive health with mental health needs considered throughout health and care services. There are specific actions for those with a need for mental health care in hospital and actions to promote wellbeing through physical activity. The Plan targets people with frailty for a more integrated approach where loneliness and mental health will be addressed in a more joined up approach locally by health and care services. The Plan links to actions across West Yorkshire to improve mental health. Physical activity, Drug and Alcohol, A best start (including nutrition advice and early promotion of health lifestyles) are actions in the Plan. The integration approach across the Plan emphasizes better use of all community resources including nurses and pharmacists in a team approach to support GPs and hospital services. The workforce plans in the city are to increase the numbers in training of GPs and nurses in line with NHS national strategies. This increase would need to be balanced against the number of trend of more GPs working part time and retiring. Our plan is to increase the skills and numbers of other staff in nursing and primary care team roles to improve access to healthcare. This is being undertaken in a citywide approach to ensure consistent quality of health services accessible by local communities.
Committees felt the following were important to working with citizens in a meaningful, open and honest way: Health system is very complex – if we can simplify it this would benefit local people Reassurance / education / coaching for people with long-term conditions so they feel more empowered to manage their condition better and reduce the need to go to the hospital or GP People recognised the need to do things differently in a landscape of reducing resources, but felt there needed to be greater transparency of the savings needed and their impact on services	The Plan has tried to keep a simple approach to how the health care system works and contains improvements for greater simplicity. The Plan is for local services to be more joined together with less referrals leading to appointments with different organisations in different places. The Plan includes specific approaches to reassurance, education and coaching for long term conditions to increase empowerment and reduce GP and hospital use The wider plan document includes information transparently of current estimates of savings that need to be made and the risks to services that may become real.
The following were requests by Committees for further involvement: There should be more regular discussions about health locally Local Community Health Champions Local workshops, including at ward level People want to better understand their local health and wellbeing gaps and be empowered to provide local solutions and promote early prevention / intervention	The Plan has adopted a conversations with Community Committees and other local conversations as key to its approach. Local Health Champions are integral to these and increasing use is being made of local workshops and ongoing meetings to The proposal of a move to Local Care Partnerships is to change the role and model of primary care and integrates local leadership from elected members, health services, local third sector organisations and education to promote early prevention and better early intervention.

Leeds Health and Wellbeing Board and Scrutiny Board feedback 2017	Action taken
Acknowledged and welcomed the opportunity for the Community Committees to have had early discussions on the Leeds Health and Care Plan during the Spring 2017. A request for an update to the community committees was noted.	The success of these sessions have been held up as a good practice example across the region of the value of working 'with' elected members and our local communities. We recognise that an ongoing conversation with elected members is key to this building on the sessions that took place. In addition to local ongoing conversations since Spring 2017, there are a number of engagement opportunities with elected members outlined throughout the report under para 3.6 including a second round of Community Committee discussions taking place during autumn/winter.
The need to emphasise the value of the Leeds Pound to the Health and Care sector and the need to acknowledge that parts of the health economy relied on service users not just as patients but buyers.	There is a greater emphasis to the Leeds Pound within the narrative document and it is now highlighted within the Leeds Health and Care Plan on a page through "Using our collective buying power to get the best value for our 'Leeds £'".
Emphasising the role of feedback in shaping the finished document.	The narrative in its introduction emphasises the engagement that has taken place to shape the document from conversations with patients, citizens, doctors, health leaders, voluntary groups and local elected members. The narrative also invites staff and citizens to provide feedback through various forums and mechanisms. Further work is needed to make this process easier and this will take place during October/November.
A review of the language and phrasing to ensure a plain English approach and to avoid inadvertently suggesting that areas of change have already been decided.	The narrative has been amended for plain English and emphasises the importance of ongoing engagement and co-production to shape the future direction of health and care in the city.
The narrative to also clarify who will make decisions in the future	The narrative makes greater reference to decision making in 'Chapter 10: What happens next?' highlighting that: • The planning of changes will be done in a much more joined up way through greater joint working between all partners involved with health and care partners, staff and citizens. • Significant decisions will be discussed and planned through the Health and Wellbeing Board. • Decision making however will remain in the formal bodies that have legal responsibilities for services in each of the individual health and care organisations.
The Plan to include case studies. Acknowledged the need to broaden the scope of the Plan in order to "if we do this, then this how good our health and care services could be" and to provide more detail on what provision may look like in the future.	Case studies are being co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. These will be incorporated in the future iteration of the Plan as well as used in engagement sessions with communities.

References to the role of the Leeds Health and Wellbeing Board and the Leeds Health and Wellbeing Strategy 2016-2021 to be strengthened and appear earlier in the Plan.	The narrative in its introduction and throughout the document emphasises the role of the Leeds Health and Wellbeing Board. It also articulates that the Leeds Health and Care Plan is a description of what health and care will look like in the future and that it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021.
References to taking self-responsibility for health should also include urgent care/out of hospital health	Narrative has been updated to reflect this. In addition, the engagement through the autumn will be joined up around Leeds Plan, plans for winter and urgent care.
Assurance was sought that the Plan would be co-produced as part of the ongoing conversation	Plans outlined in this paper for ongoing conversation and co-production during the autumn.
A focus on Leeds figures rather than national	Work is ongoing with finance and performance colleagues and will feed into the engagement through the autumn.
Requested that a follow up paper with more detail, including the extended primary care model, be brought back in September.	The narrative has a greater emphasis on the transition towards a community focused model of health and is highlighted on the Leeds Health and Care Plan on a Page. A separate update on the System Integration will be considered by the Board on 28 September 2017.
Request that pharmacy services are included as part of the Leeds Plan conversations	Pharmacy services will be engaged in the Plan conversation with citizens via their networks. The opportunity has been taken to also include dental and optometry networks.
The need to be clear about the financial challenges faced and the impact on communities.	The Narrative contains clear information of a financial gap calculated for the city. The narrative contains a list of clear risks to the current system of healthcare posed by the combination of funding, arising need and need for reform. The presentation that accompanies the plan has been amended in light of Scrutiny comments to be clearer on the reality of financial challenges. This presentation will be used for future public events.
Clarification sought in the report regarding anticipated future spending on the health and care system in Leeds.	Scrutiny identified that the previous information in the narrative indicated the balance of expenditure would fund greater volume of community based care but also seemed to portray a significant growth in total expenditure. This diagram has been replaced by a 'Leeds Left Shift' diagram indicating more clearly the shift in healthcare resources without indicating significant growth.
An update on development of a communication strategy and ensuring that the public was aware about how to access information on-line.	This paper identifies a communication approach for the Leeds Plan and Narrative.
Suggested amendments to patient participation and the role of Healthwatch Leeds.	The section on participation is being revised to include the opportunities and approach identified by Healthwatch Leeds.

Appendix 1 – Outer South Community Committee Public Health Profile and Draft Area overview profiles for Middleton and Morley Integrated Neighbourhood Teams (INTs)

The Leeds public health intelligence team produce public health profiles at various local geographies Middle Layer Super Output Area, Ward and Community Committee.

These are available on the Leeds Observatory (http://observatory.leeds.gov.uk/Leeds_Health/). In addition, the public health intelligence team have developed profiles for Integrated Neighbourhood Teams (INTs). There are 13 in Leeds, each team is a group of health and social care staff built around localities in Leeds to deliver care tailored to the needs of an individual. Further information on services delivered through integrated neighbourhood teams is available here <https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/neighbourhood-teams/>. People who need care from these teams are allocated to a team based on their GP practice, we have combined GP practice level information to produce a profile for each of the 13 integrated neighbourhood teams in Leeds.

This appendix includes:

- Map of the Community Committee boundaries and Integrated Neighbourhood Team footprint areas
- Latest Outer South Community Committee Public Health Profile
- Draft Area overview profiles for Middleton and Morley Integrated Neighbourhood Teams (INTs)

Community Committee boundaries and Integrated Neighbourhood Team footprint areas

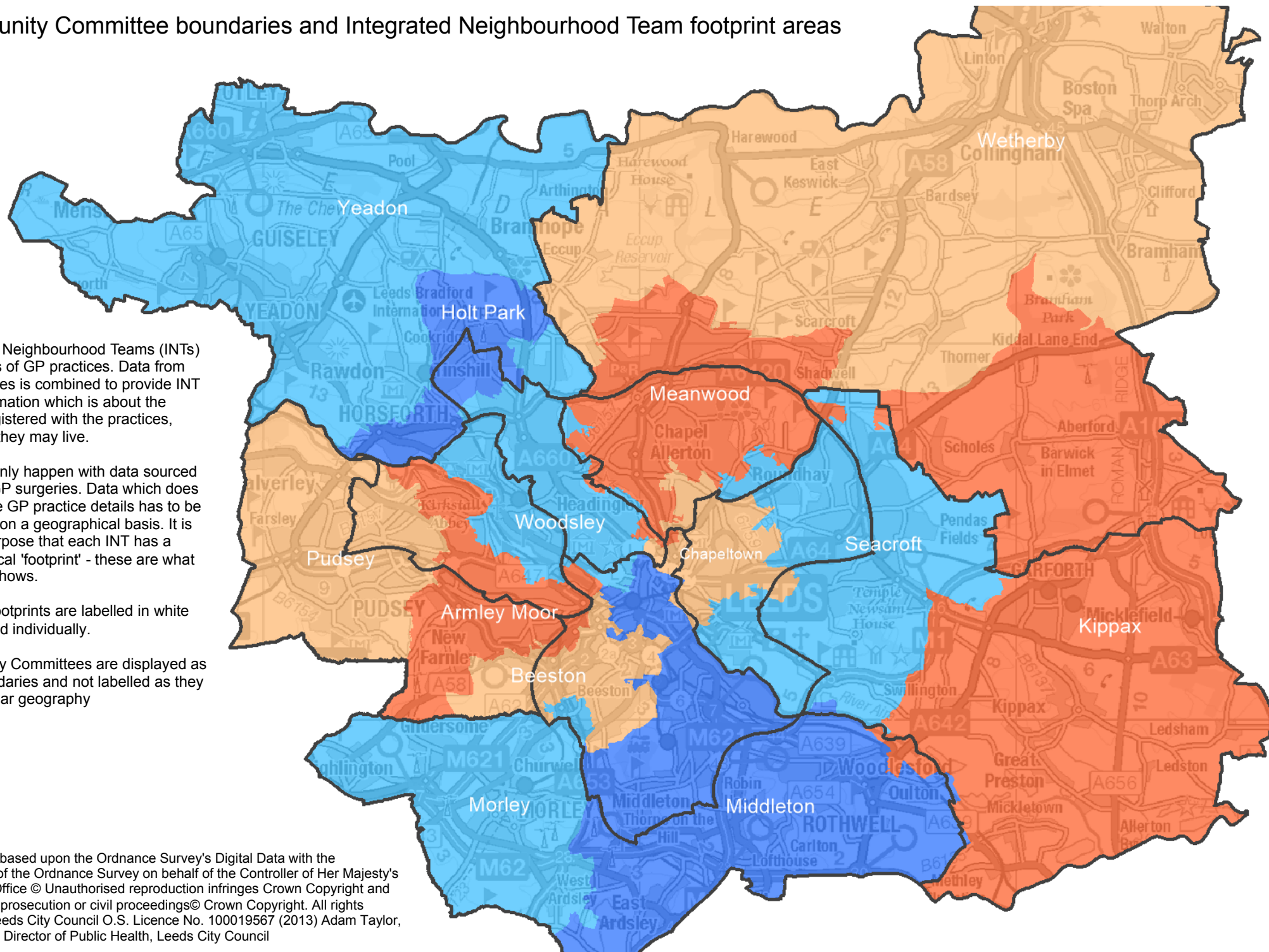
Integrated Neighbourhood Teams (INTs) are groups of GP practices. Data from the practices is combined to provide INT level information which is about the people registered with the practices, wherever they may live.

This can only happen with data sourced from the GP surgeries. Data which does not include GP practice details has to be combined on a geographical basis. It is for this purpose that each INT has a geographical 'footprint' - these are what this map shows.

The INT footprints are labelled in white and shaded individually.

Community Committees are displayed as grey boundaries and not labelled as they are a familiar geography

This map is based upon the Ordnance Survey's Digital Data with the permission of the Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings© Crown Copyright. All rights reserved. Leeds City Council O.S. Licence No. 100019567 (2013) Adam Taylor, Office of the Director of Public Health, Leeds City Council



Area overview profile for Outer South Community Committee

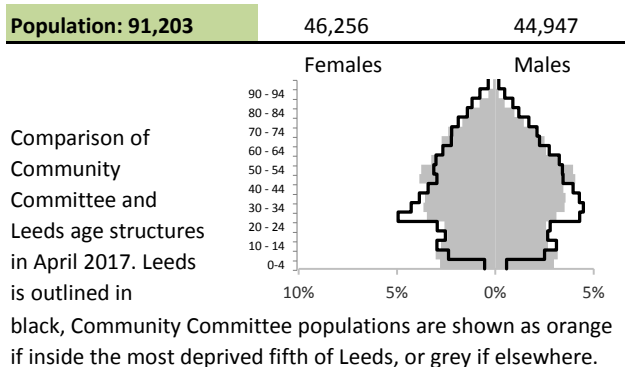
This profile presents a high level summary of data sets for the Outer South Community Committee, using closest match Middle Super Output Areas (MSOAs) to calculate the area.

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 red or green 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.

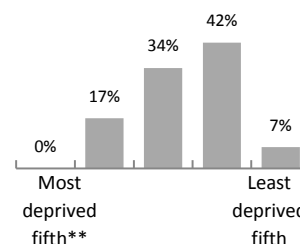
Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	12,340	95%	71%
Any other white background	244	2%	5%
Indian	131	1%	2%
White and Black Caribbean	106	1%	1%
Any other mixed background	75	1%	2%
(January 2017, top 5 in Community committee, corresponding Leeds value)			

Pupil language, top 5	Area	% Area	% Leeds
English	13,303	99%	87%
Polish	56	0%	1%
Punjabi	5	0%	1%
Other than English	5	0%	1%
Czech	5	0%	0%
(January 2017, top 5 in Community committee, corresponding Leeds value)			



Deprivation distribution

Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), April 2017.



GP recorded ethnicity, top 5	% Area	% Leeds
White British	66%	62%
Other White Background	13%	9%
Not Recorded	10%	6%
(blank)	4%	4%
Not Stated	2%	2%
(April 2017, top 5 in Community committee, and corresponding Leeds values)		

Life expectancy at birth, 2014-16 ranked Community Committees

ONS and GP registered populations

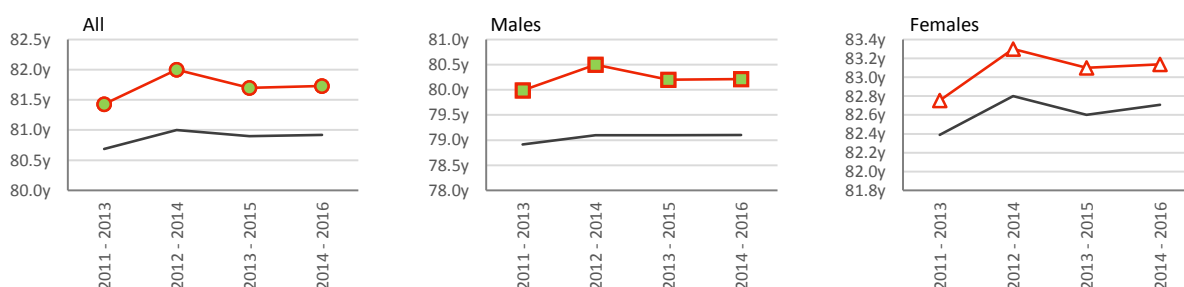


(years)	All	Males	Females
Outer South CC	81.7	80.2	83.1
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

"How different is the life expectancy here to Leeds?"

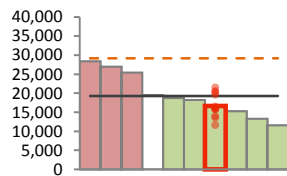
The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

Life expectancy overall, and for men is significantly better than that of Leeds and it has been this way since 2011-13. Female life expectancy is also higher than Leeds.



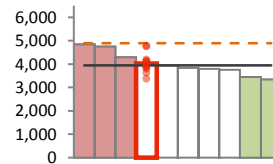
GP recorded conditions, persons (DSR per 100,000)

GP data

**Smoking (16y+)**

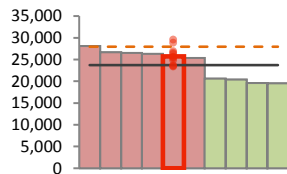
Outer South CC	16,616
Leeds	19,265
Deprived fifth**	29,163

(April 2017)

**CHD**

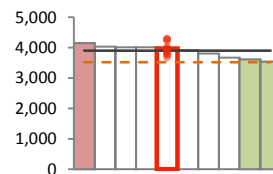
Outer South CC	4,024
Leeds	3,947
Deprived fifth	4,894

(January 2017)

**Obesity (16y+ and BMI>30)**

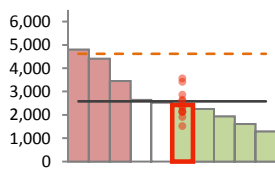
Outer South CC	25,735
Leeds	23,722
Deprived fifth	27,951

(April 2017)

**Cancer**

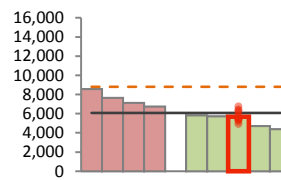
Outer South CC	3,972
Leeds	3,899
Deprived fifth	3,519

(January 2017)

**COPD**

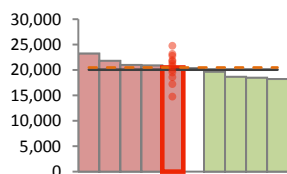
Outer South CC	2,426
Leeds	2,580
Deprived fifth	4,617

(April 2017)

**Diabetes**

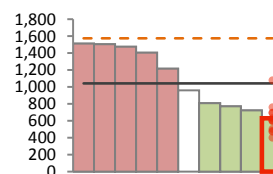
Outer South CC	5,689
Leeds	6,076
Deprived fifth	8,802

(April 2017)

**Common mental health**

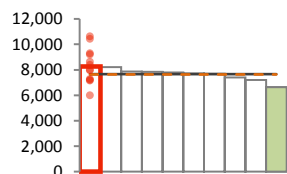
Outer South CC	20,496
Leeds	20,060
Deprived fifth	20,496

(January 2017)

**Severe mental health**

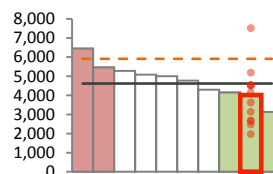
Outer South CC	628
Leeds	1,042
Deprived fifth	1,574

(January 2017)

**Asthma in children**

Outer South CC	8,267
Leeds	7,659
Deprived fifth	7,633

(October 2016)

**Dementia (over 65s)**

Outer South CC	4,011
Leeds	4,618
Deprived fifth	5,911

(January 2017)

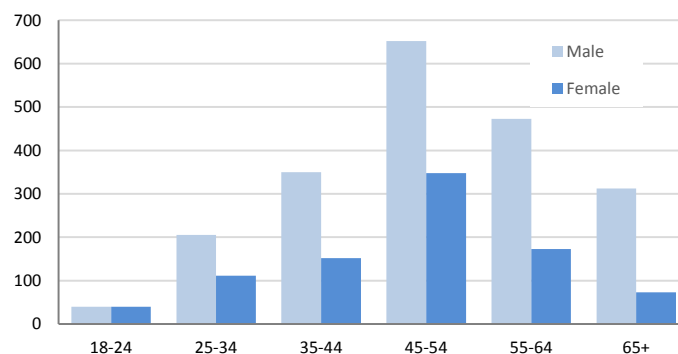
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within 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. Obesity here is the rate within the population who have a recorded BMI.

Alcohol dependency - the Audit-C test

GP data, April 2017

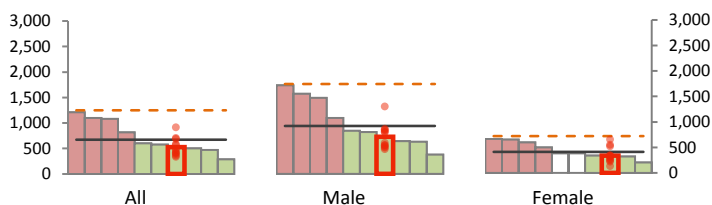
The Audit-C test assesses a patient's drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. This chart displays the *number* of patients living inside the Community Committee boundary who have a score of 8 or higher.



Alcohol specific hospital admissions, 2012-14 ranked

HES



(DSR per 100,000)	All	Males	Females
Outer South	524	723	338
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

Mortality - under 75s, age Standardised Rates per 100,000

ONS and GP registered populations

"How different are the sexes in this area?"

- Males
- △ Females
- Persons

Shaded if significantly > persons

Shaded if significantly < persons

"How different is this area to Leeds?"

- Persons
- Leeds
- Deprived fifth**

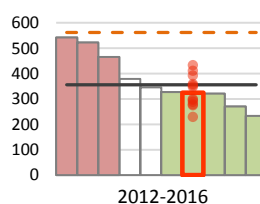
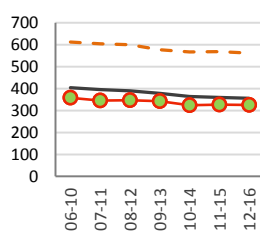
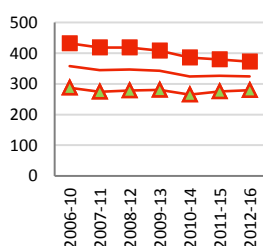
Shaded if significantly > Leeds

Shaded if significantly < Leeds

"Where is this Community Committee in relation to the others and Leeds?"

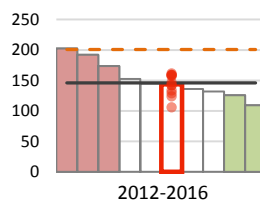
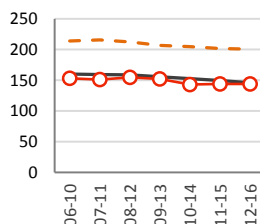
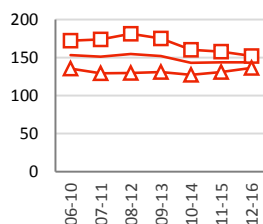
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



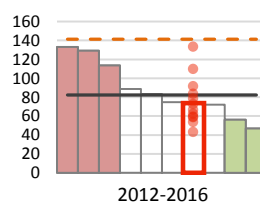
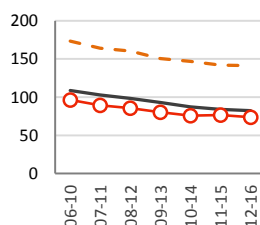
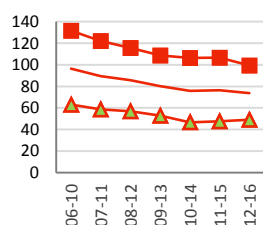
Persons (DSR per 100,000)	
Community Committee	325
Count of deaths in 2012-16	1,230
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



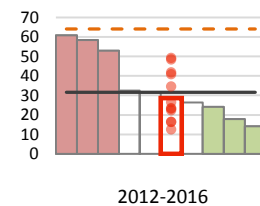
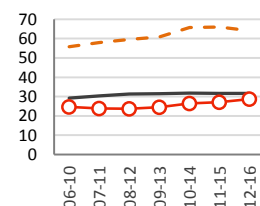
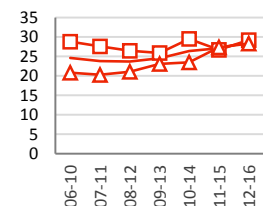
Persons (DSR per 100,000)	
Community Committee	144
Count of deaths in 2012-16	541
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Community Committee	74
Count of deaths in 2012-16	274
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Community Committee	29
Count of deaths in 2012-16	105
Leeds resident	32
Deprived fifth	64

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

Outer South Community Committee

The health and wellbeing of the Outer South Community Committee contains relatively wide variation across the range of Leeds, excluding some extremes, and is overall within the mid range for the city. It is the fourth largest Community Committee in the city and none of the population live in the most deprived fifth of Leeds**. Life expectancy for the Community Committee population has for some time been significantly higher than Leeds overall. Male life expectancy is also much higher than the city. Female life expectancy though follows a similar pattern but is not significantly higher.

The age structure bears little resemblance to that of Leeds overall with fewer young adults, more young children, and very slightly greater proportions of those aged between 40 and 74. GP recorded ethnicity shows the Community Committee to have larger proportions of “White background” than Leeds. However 12% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a clearer but similar picture.

GP recorded smoking, COPD, diabetes, severe mental health, and dementia rates are all significantly lower than Leeds and showing relatively little variation at MSOA level. Obesity and common mental health issues though are both significantly higher than Leeds rates. The Community Committee has the highest rate of ‘Asthma in children’ in the city, but it is not significantly different to the Leeds rate or any other of the committees, it is worth further investigation but rates for all Community Committees are actually very similar.

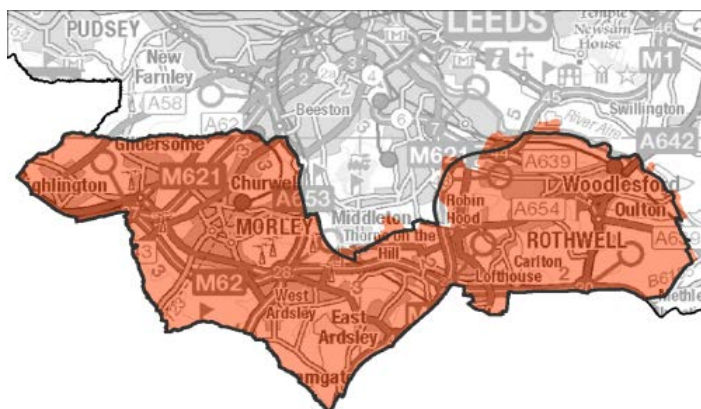
Alcohol specific admissions are mostly concentrated around the mid range and almost all areas are significantly below Leeds rates – ‘Morley East’ MSOA stands out as the MSOA with highest rate in the Committee area. All-cause mortality for under 75s for the Community Committee is significantly below the Leeds rate but may be flattening off while the city continues to slowly drop. This is due to female rates beginning to increase in recent years. The same increase in female mortality rates can be seen in the three main causes of death. The ‘Morley West’ MSOA has the highest rates in the Community Committee for most causes of death.

The **Map** shows this Community Committee as a black outline. Health data is available at MSOA level and must be aggregated to best-fit the committee boundary. The MSOAs used in this report are shaded orange.

* **Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation.

****Most deprived fifth of Leeds** - Leeds split into five areas from most to least deprived.

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.



Area overview profile for Middleton Integrated Neighbourhood Team

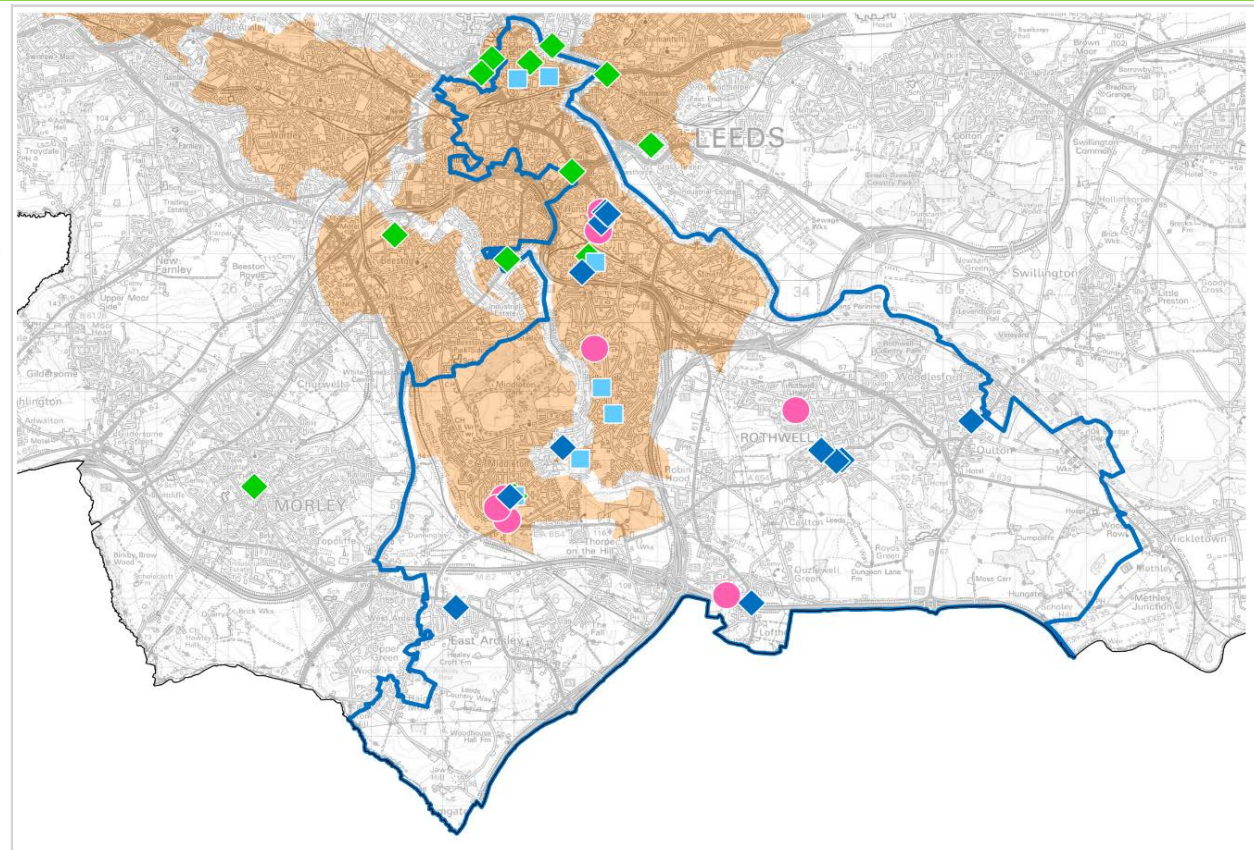
November 2017

This profile presents a high level summary using practice membership data. When not available at practice level data is aggregated to INT footprint on a geographical basis.

The INT has a similar population age structure to Leeds but with slightly larger proportions of children and fewer students and young adults. Deprivation skews to the more deprived end of the scale with over 40% of the population living in the most deprived two fifths of the city. The "White British" ethnic group is slightly more represented in the INT than Leeds as a whole.

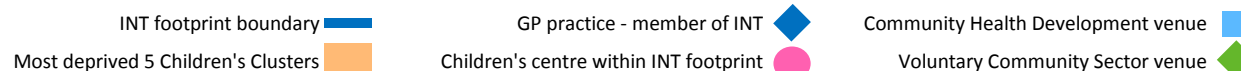
This INT has the 3rd largest number of elderly patients in the city. Child obesity in the reception year is second highest in the city. Year 6 rates are mid-range. Two of the 5 most deprived children's clusters overlap this INT footprint, and show low primary school achievement, large numbers of looked after children, and high numbers of NEET. Smoking, obesity, diabetes, CHD, COPD and common mental health rates are all significantly higher than Leeds. Dementia rates are second highest in the city.

The social isolation index shows one small area in the INT footprint with high scores but generally widely ranging scores for the rest of the area. Male and female mortality rates show large differences with male rates being higher. General INT rates are now closer to Leeds but in the past have been significantly higher. Respiratory disease mortality though is still significantly above Leeds.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Oulton Medical Centre & Marsh Street Surgery. Church Farm Close Medical Practice. The Whitfield Practice. Lingwell Croft Surgery. Leigh View Medical Practice. Grange Medicare. Arthington Medical Centre. Dr Khan And Partner. Church Street Surgery. Middleton Park Surgery.

Note: A small number of practices have branches that are far enough apart to fall into different INTs. These practices are not listed here or shown in the map. The original INT boundaries do not relate to statistical geographies and so this footprint which is a nearest match LSOA area is used when aggregating geographical data.



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Area overview profile for Middleton Integrated Neighbourhood Team

This profile presents a high level summary of data for the Middleton Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch belongs to. Where data is not available at practice level it is aggregated to INT footprint on a purely geographical basis ✕.

All INTs are ranked to display variation across Leeds and this one is outlined in blue. Practices belonging to this INT are shown as individual blue dots. Actual counts are shown in blue text. Leeds overall is shown as dark grey, the most deprived fifth of Leeds** is shown in orange.

Where possible, INTs are colour coded red or green if rates are significantly worse or better than Leeds.

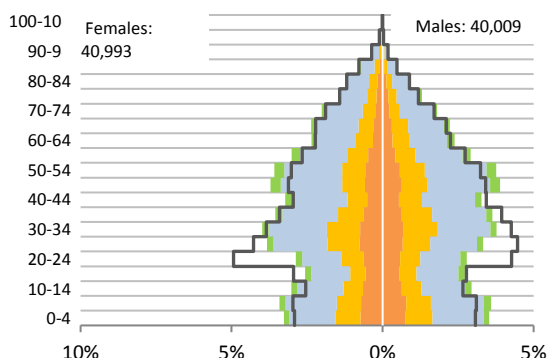
GP recorded ethnicity, top 5	% INT	% Leeds
White British	75%	62%
Other White Background	7%	9%
Not Recorded	7%	6%
Not Stated	2%	2%
Black African	2%	3%

(April 2017)

Population: 81,002 in April 2017

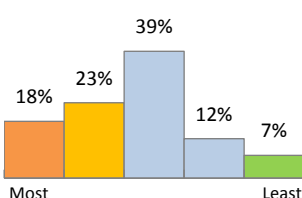
GP data

Comparison of INT and Leeds age structures. Leeds is outlined in black, INT populations are shown as dark and light orange if resident inside the 1st or 2nd most deprived fifth of Leeds, and green if in the least deprived.



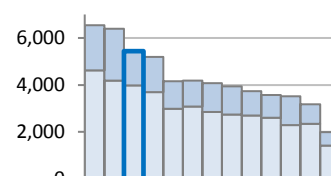
Deprivation distribution

Proportions of INT within each deprivation fifth of Leeds April 2017. Leeds has equal proportions. **



Aged 74+ (April 2017)

INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.

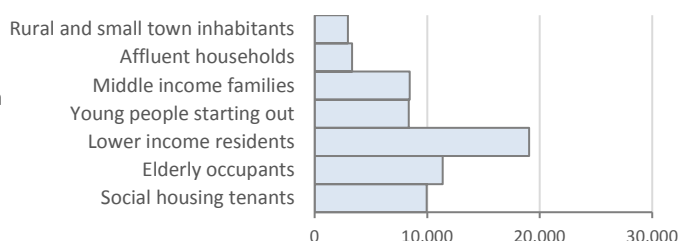


Mosaic Groups in this INT population

(October 2017)

The INT population as it falls into Mosaic population segment groups. These are counts of INT registered patients who have been allocated a Mosaic type using location data in October 2017.

<http://www.segmentationportal.com>



Population counts in ten year age bands for each INT

(April 2017)

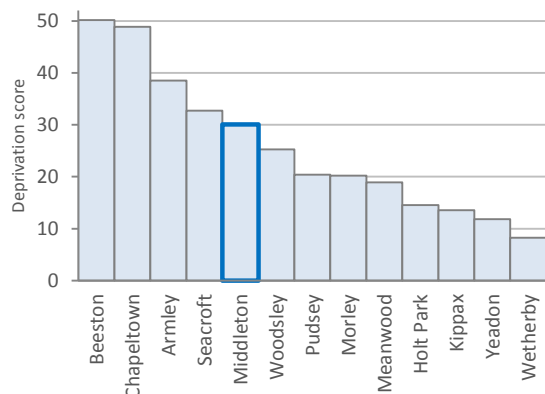
Age Band	Woodsley	Chapelton	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	8,094	6,016	7,053	5,489	3,023	4,713	4,591	4,986	4,128
50-59	6,802	9,376	10,627	10,747	10,471	8,843	8,182	6,979	4,799	6,151	5,431	5,728	4,469
40-49	8,717	13,132	12,437	11,412	10,251	9,257	8,319	7,734	6,123	6,499	5,692	5,656	4,141
30-39	17,473	20,275	14,961	12,099	10,462	11,065	7,156	8,386	8,130	6,610	6,307	4,886	3,099
20-29	53,913	20,411	10,616	10,372	10,107	10,101	5,665	6,427	6,945	5,286	5,116	4,474	2,448
10-19	13,339	11,955	8,778	9,119	9,000	7,281	6,128	5,406	5,244	4,418	4,408	4,274	3,050
00-09	7,297	15,190	11,384	11,179	9,970	9,021	6,358	6,995	6,800	5,130	5,313	4,322	3,067
Total	117,901	101,260	86,486	81,004	78,264	68,012	57,091	53,659	44,092	44,049	42,744	41,038	30,376

Deprivation and the population of Middleton INT

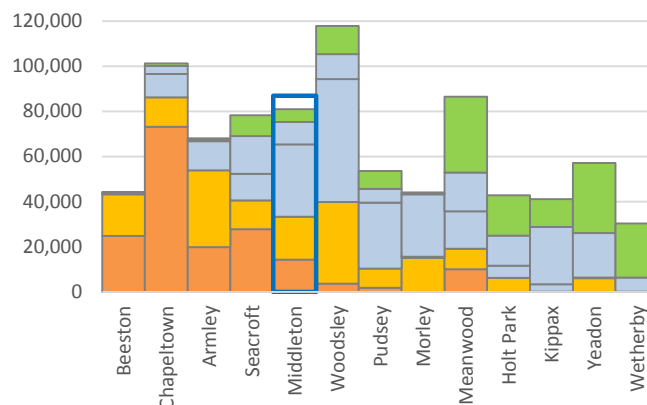
IMD2015 and GP data

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 30.1, ranked number 5 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

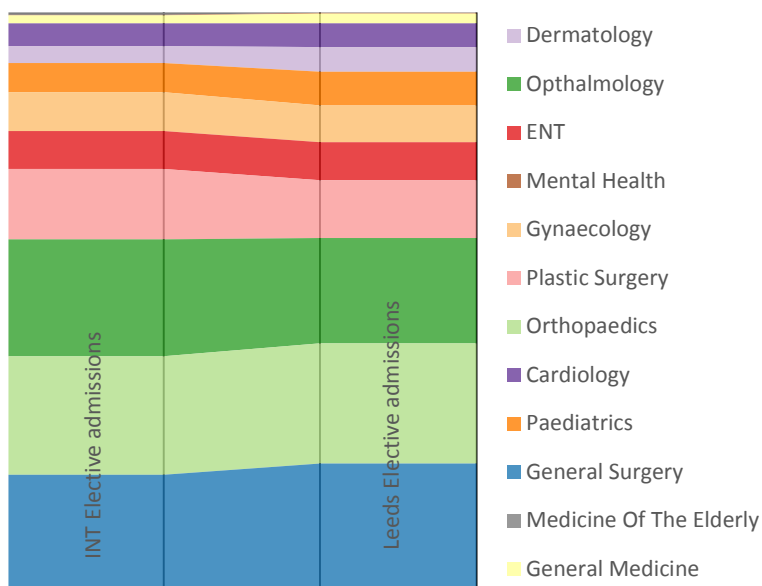


Hospital admissions for this INT by specialty (2016/17)

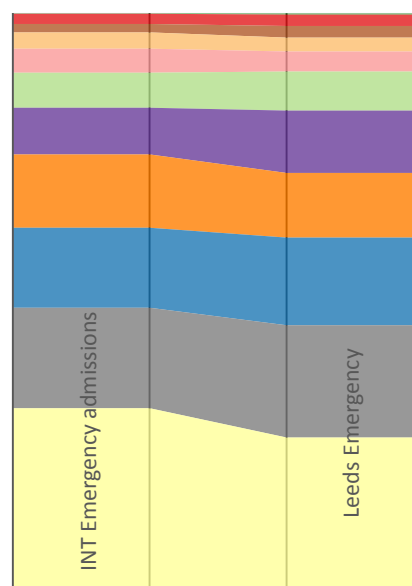
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

Non-emergency and emergency admission patterns obviously differ significantly, but of interest here is how the INT might differ to Leeds overall. The two charts use the same colour coding and both rank specialties by their contribution to Leeds overall, (the 'others' group is not charted or included in top 5 lists)

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

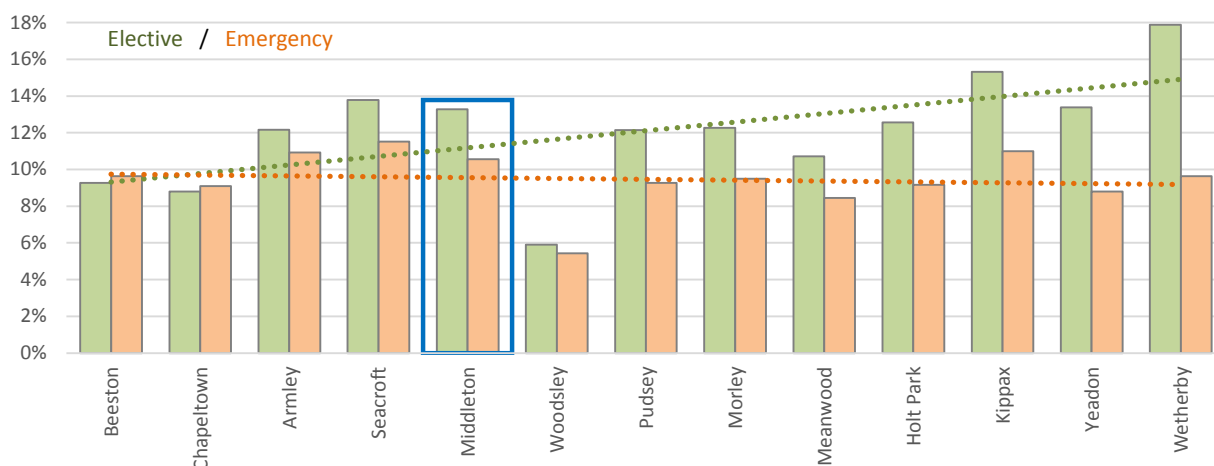


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st Orthopaedics	11%	11%
2nd General Surgery	10%	12%
3rd Ophthalmology	10%	10%
4th Plastic Surgery	6%	5%
5th Gynaecology	3%	3%

INT Emergency admissions top 5	% of INT admissions	Leeds proportion
1st General Medicine	22%	16%
2nd Medicine Of The Elderly	12%	12%
3rd General Surgery	9%	9%
4th Paediatrics	8%	7%
5th Cardiology	5%	7%

Elective and emergency admission rates and deprivation

Hospital admission rates as percentage of whole INT populations. The INTs are ordered by deprivation score and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.

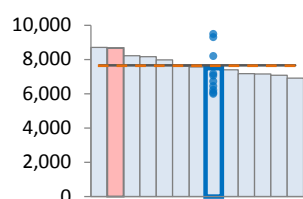


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

Asthma in children October 2016 (DSR per 100,000)

GP data



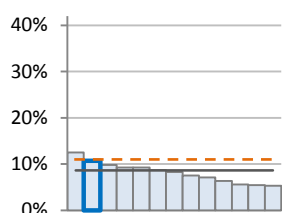
Asthma - under 16s

INT	7,498
Leeds registered	7,659
Deprived fifth**	7,633
INT count	991

GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

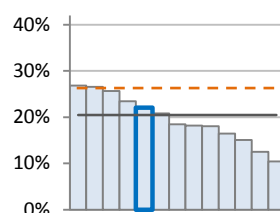
Child obesity 2015-16 ✕

NCMP, aggregated from LSOA to INT boundary



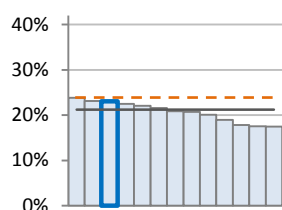
Obesity in Reception year

INT	10.7%
Leeds registered	8.6%
Deprived fifth**	11.0%
91 of 851 children in INT	



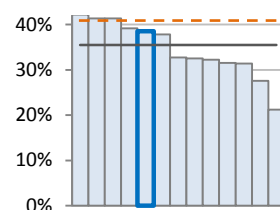
Obesity in Year 6

INT	22.1%
Leeds registered	20.5%
Deprived fifth**	26.3%
157 of 711 children in INT	



Obese or overweight, Reception year

INT	23.0%
Leeds registered	21.2%
Deprived fifth**	23.9%
196 of 851 children	



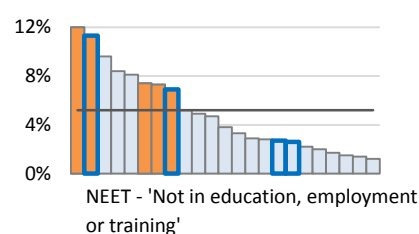
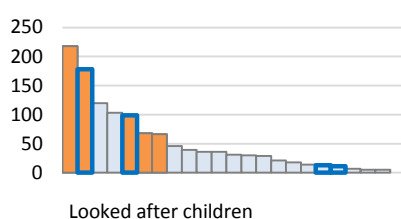
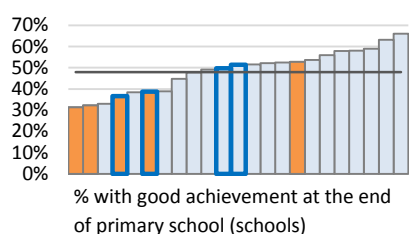
Obese or overweight, Year 6

INT	38.5%
Leeds registered	35.5%
Deprived fifth**	40.9%
274 of 711 children	

Children's cluster data ✕

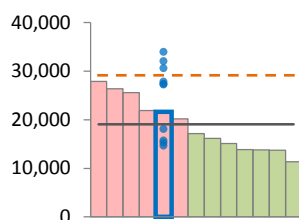
Children and Young People's Plan Key Indicator Dashboard July 2017

All 23 Children's clusters in Leeds, ranked below. Each INT footprint may be overlapped by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



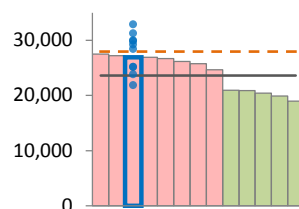
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	21,612
Leeds registered	19,045
Deprived fifth**	29,163
<u>INT count</u>	<u>14,311</u>



Obesity (BMI>30)

INT	26,924
Leeds registered	23,606
Deprived fifth**	27,951
<u>INT count</u>	<u>15,997</u>

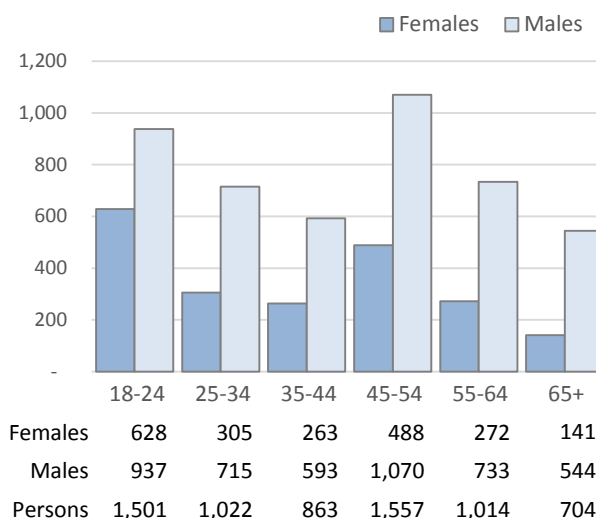
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption. In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. Rates for age bands and females in Leeds are applied here to the INT registered population to form a picture of the alcohol risk in the whole INT adult population.

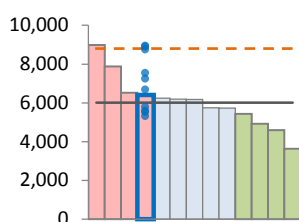
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

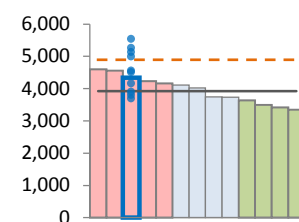
GP data

GP data. Quarterly data collection, April 2017 (DSR per 100,000)



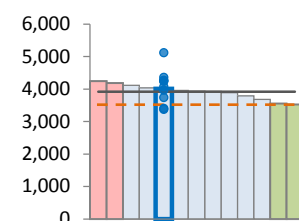
Diabetes

INT	6,409
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>4,391</u>



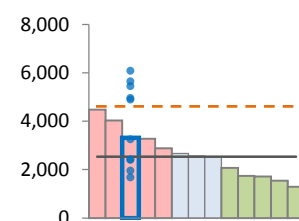
CHD

INT	4,338
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>2,774</u>



Cancer

INT	4,004
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>2,646</u>



COPD

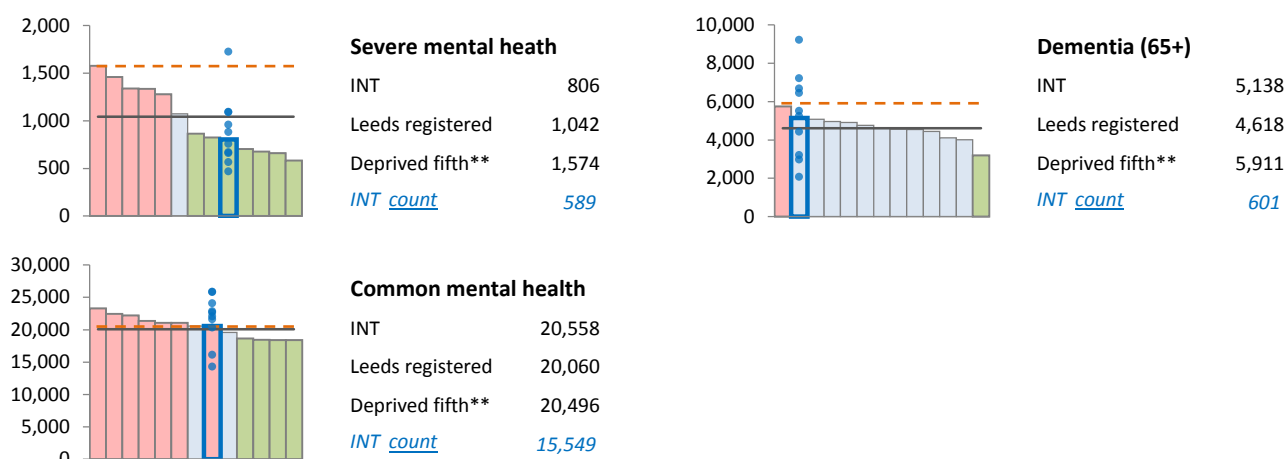
INT	3,319
Leeds registered	2,537
Deprived fifth**	4,617
<u>INT count</u>	<u>2,187</u>

Diabetes and COPD - April 2017. CHD and cancer - January 2017

Long term conditions, adults and older people continued

GP data (January 2017)

GP data. Quarterly data collection, (DSR per 100,000)



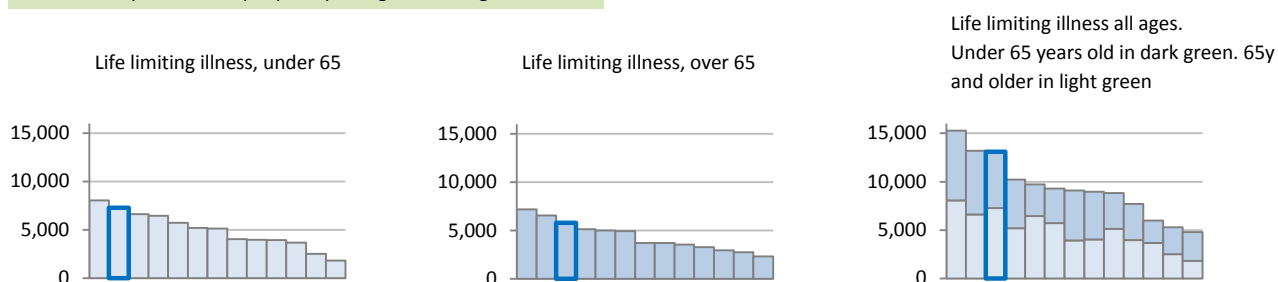
The GP data charts show all 13 INTs in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant difference then it is shown in blue. Blue circle indicators show rates for practices which are a member of the INT, in some instances scales are set which mean practices with extreme values are not seen.

****Most deprived fifth, or quintile of Leeds** - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups 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.

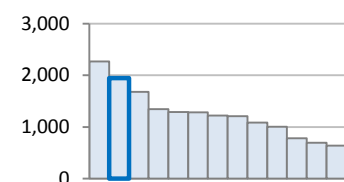
Life limiting illness ✖

Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness



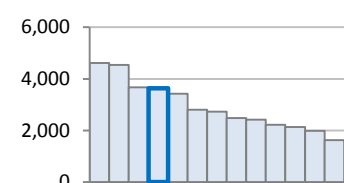
Carers providing 50+ hours care/week ✖



The number of people within the INT area in these categories are shown in the table below, the INT ranking position in Leeds is also shown.

✖ This data is not related to INT practice membership so cannot be related back to practice membership of the INT. However each INT has a crude boundary allowing geographical data such as this to be allocated on that basis instead.

One person households aged 65+ ✖



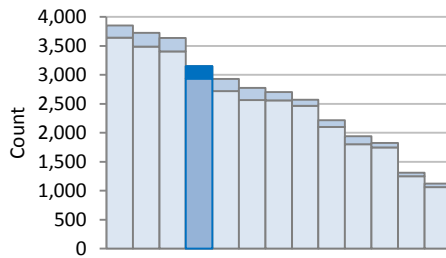
	number	rank
Limiting Long Term Illness - All Ages	13,078	3
Limiting Long Term Illness - under 65	7,274	2
Limiting Long Term Illness - 65+	5,804	3
Providing 50+ hours care/week	1,949	2
One person households aged 65+	3,641	4

People living with frailty and 'end of life'

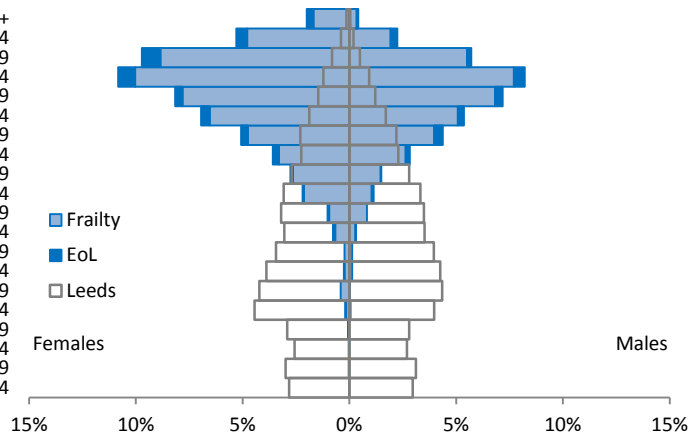
Leeds data model September 2016 cohort

Leeds Integrated Neighbourhood Teams ranked by combined count of End of Life and Frailty populations.

Total: 3,151. Frailty 2,937. End of life 214



INT (in blue) compared to Leeds by gender and age band.

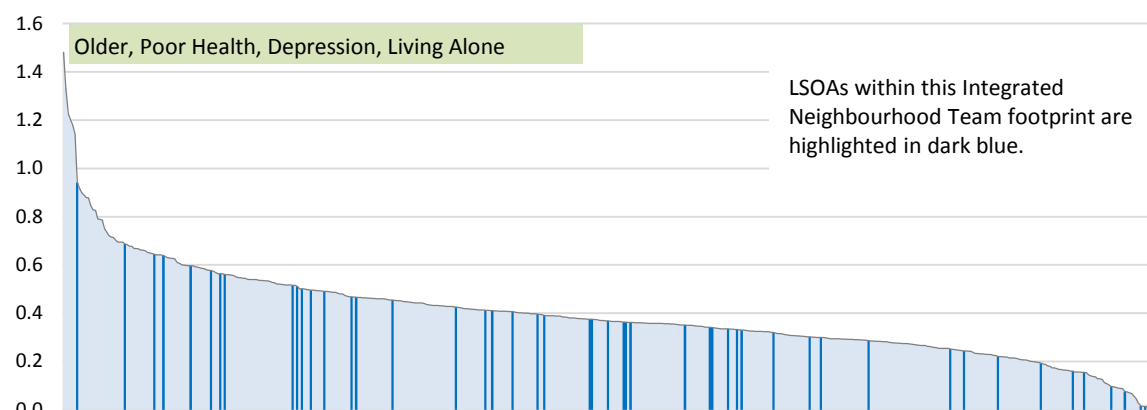
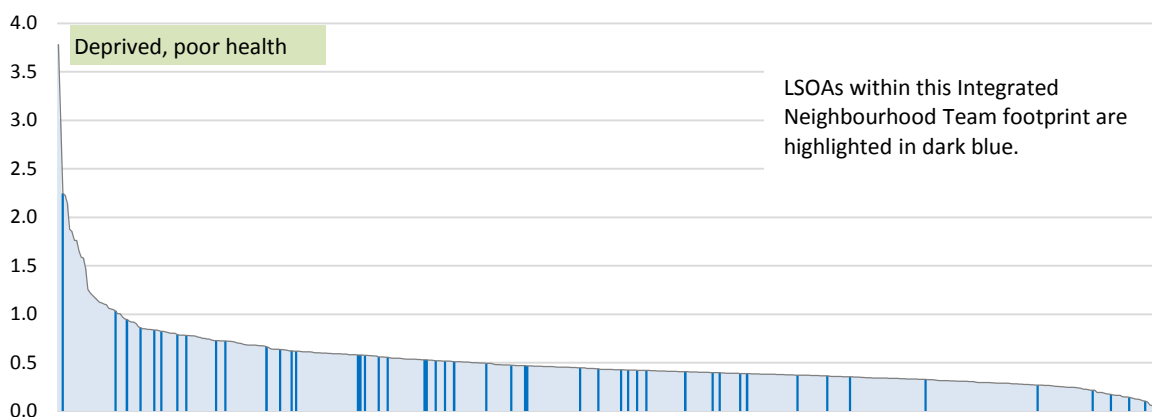


Social Isolation Index ✕

LSOAs in INT footprint

The Social Isolation Index visualises some of the broader determinants of health and social isolation as experienced by the older population. It brings together a range of indicators pulled from clinical, census and police sources. A shortlist was then used to generate population indexes, for two demographic groups across Leeds; 'Deprived, Poor Health' and 'Older, Poor Health, Depression, Living Alone'.

Each demographic group has a separate combination of indicators in order to better target the group characteristics, and variations in population sizes are removed during the index creation. The index levels show the likelihood a small area has of containing the demographic group in question. The higher the index score, the greater the probability that "at risk" demographics will be present, an area ranking 1st in Leeds is the most isolated in terms of that index. These charts show all Lower Super Output Areas (LSOAs) in Leeds, ranked by the indexes.



To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

Mortality, under 75s, age standardised rates per 100,000

ONS and GP registered populations

"How different are the sexes in this INT"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

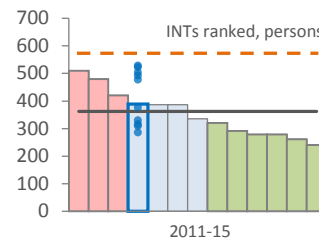
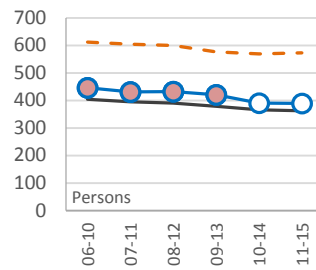
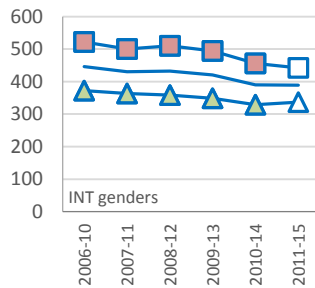
- INT persons
- Leeds
- Deprived fifth of Leeds**

Shaded if significantly above Leeds

Shaded if significantly below Leeds

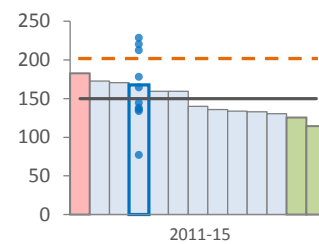
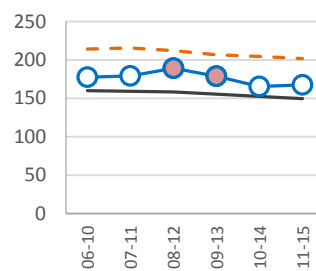
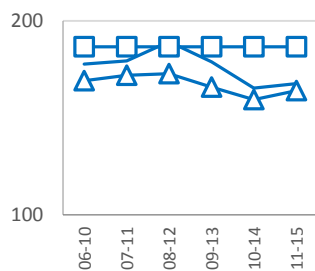
"Where is this INT in relation to the others, and Leeds"

INTs are ranked by the most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Practice rates for those within this INT are shown as blue dots. This INT is highlighted with a blue border.

All cause mortality

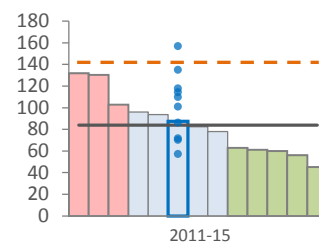
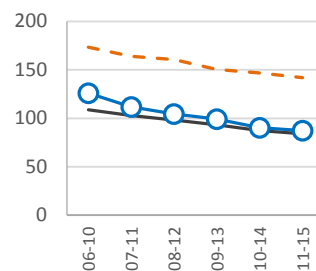
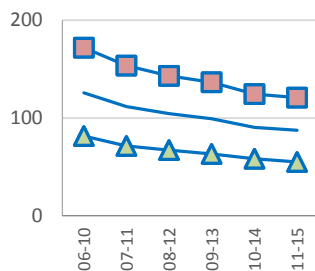
Persons (DSR per 100,000)

INT	389
Leeds resident	363
Deprived fifth**	573
<u>INT count</u>	1,125

Cancer mortality

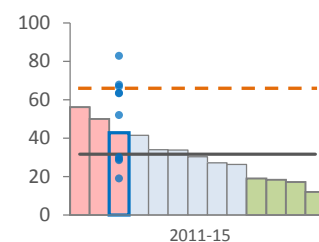
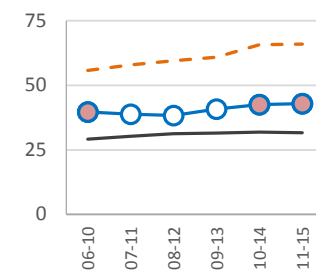
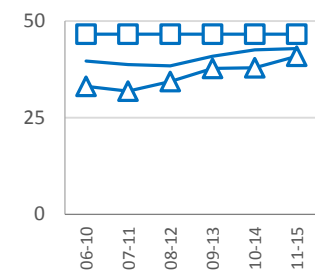
Persons (DSR per 100,000)

INT	168
Leeds resident	150
Deprived fifth**	202
<u>INT count</u>	476

Circulatory disease mortality

Persons (DSR per 100,000)

INT	87
Leeds resident	84
Deprived fifth**	142
<u>INT count</u>	248

Respiratory disease mortality

Persons (DSR per 100,000)

INT	43
Leeds resident	32
Deprived fifth**	66
<u>INT count</u>	117

GP data courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.

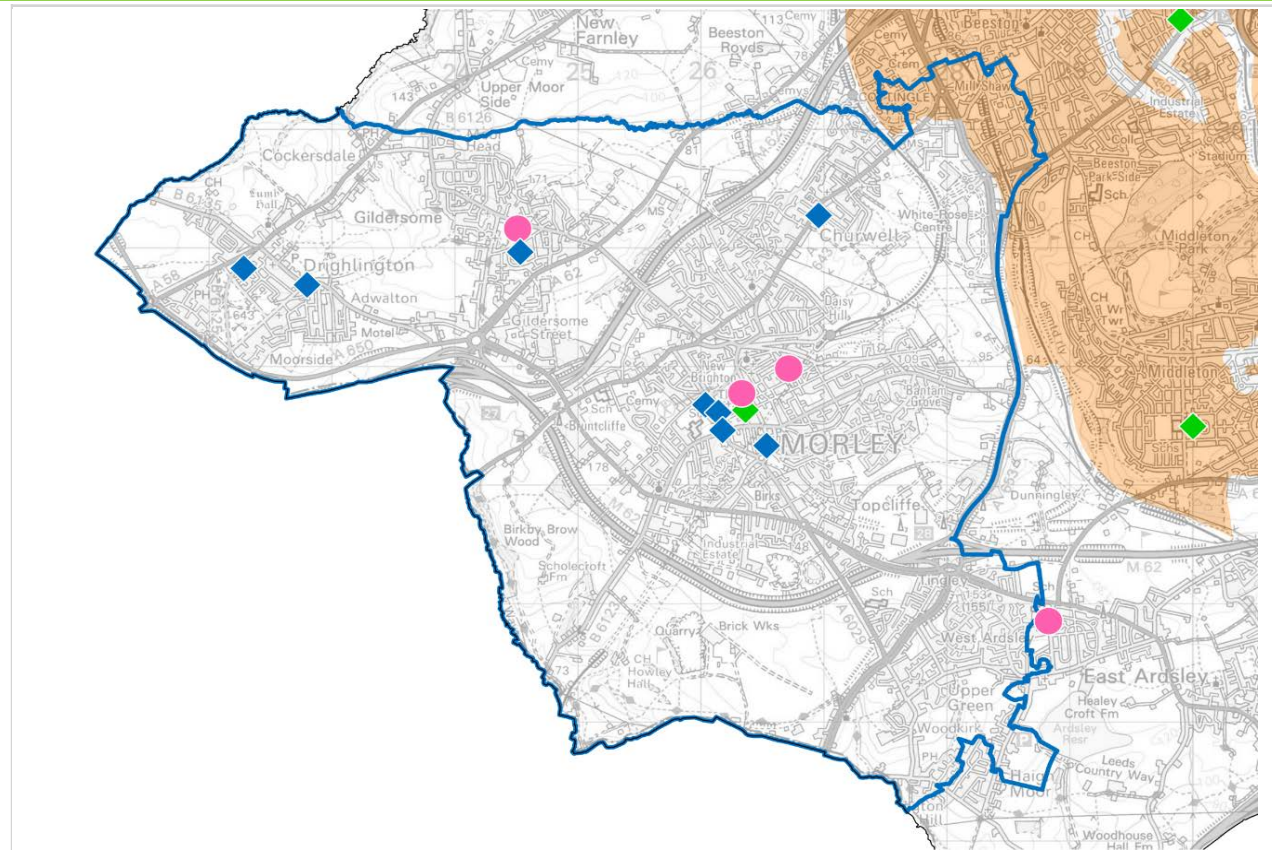
Area overview profile for Morley Integrated Neighbourhood Team

November 2017

This profile presents a high level summary using practice membership data. When not available at practice level data is aggregated to INT footprint on a geographical basis.

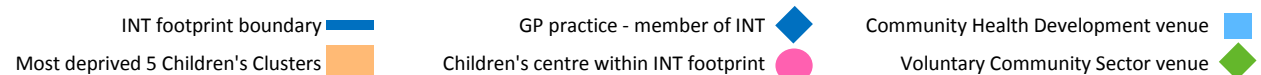
The INT has a similar population structure to Leeds but without the student and young adult ageband bulge. It also has a very large proportion of "Other white background" ethnicity compared to Leeds. 1 in 3 of the population are living in the second most deprived fifth of the city.

Obesity, and Common mental health rates are significantly above Leeds but all other GP recorded conditions are at or below Leeds rates. Some small areas in the INT footprint show high Social Isolation index scores. Mortality rates show the usual male / female differences but overall rates are below Leeds and for all cause mortality they are significantly below the Leeds rate.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Morley Health Centre Surgery. South Queen Street Medical Centre. Windsor House Group Practice. The Fountain Medical Centre. Gildersome Health Centre. Drighlington Medical Centre.

Note: A small number of practices have branches that are far enough apart to fall into different INTs. These practices are not listed here or shown in the map. The original INT boundaries do not relate to statistical geographies and so this footprint which is a nearest match LSOA area is used when aggregating geographical data.



Ordnance Survey PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved.

Area overview profile for Morley Integrated Neighbourhood Team

This profile presents a high level summary of data for the Morley Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch belongs to. Where data is not available at practice level it is aggregated to INT footprint on a purely geographical basis ✕.

All INTs are ranked to display variation across Leeds and this one is outlined in blue. Practices belonging to this INT are shown as individual blue dots. Actual counts are shown in blue text. Leeds overall is shown as dark grey, the most deprived fifth of Leeds** is shown in orange.

Where possible, INTs are colour coded red or green if rates are significantly worse or better than Leeds.

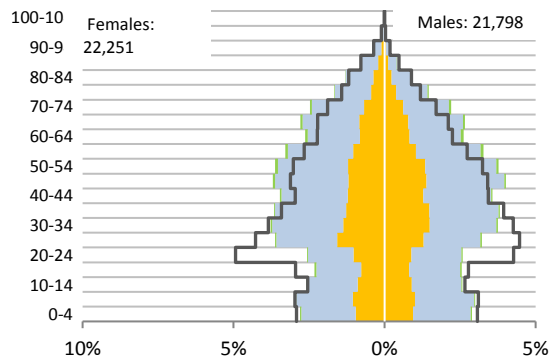
GP recorded ethnicity, top 5	% INT	% Leeds
White British	58%	62%
Other White Background	23%	9%
Not Recorded	11%	6%
Not Stated	2%	2%
Indian or British Indian	2%	2%

(April 2017)

Population: 44,049 in April 2017

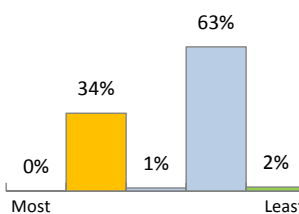
GP data

Comparison of INT and Leeds age structures. Leeds is outlined in black, INT populations are shown as dark and light orange if resident inside the 1st or 2nd most deprived fifth of Leeds, and green if in the least deprived.



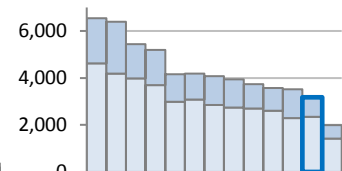
Deprivation distribution

Proportions of INT within each deprivation fifth of Leeds April 2017. Leeds has equal proportions. **



Aged 74+ (April 2017)

INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.

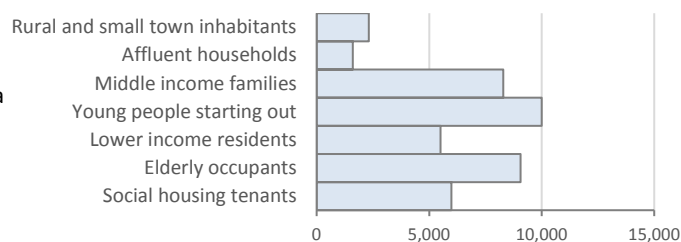


Mosaic Groups in this INT population

(October 2017)

The INT population as it falls into Mosaic population segment groups. These are counts of INT registered patients who have been allocated a Mosaic type using location data in October 2017.

<http://www.segmentationportal.com>



Population counts in ten year age bands for each INT

(April 2017)

Age Band	Woodsley	Chapelton	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	8,094	6,016	7,053	5,489	3,023	4,713	4,591	4,986	4,128
50-59	6,802	9,376	10,627	10,747	10,471	8,843	8,182	6,979	4,799	6,151	5,431	5,728	4,469
40-49	8,717	13,132	12,437	11,412	10,251	9,257	8,319	7,734	6,123	6,499	5,692	5,656	4,141
30-39	17,473	20,275	14,961	12,099	10,462	11,065	7,156	8,386	8,130	6,610	6,307	4,886	3,099
20-29	53,913	20,411	10,616	10,372	10,107	10,101	5,665	6,427	6,945	5,286	5,116	4,474	2,448
10-19	13,339	11,955	8,778	9,119	9,000	7,281	6,128	5,406	5,244	4,418	4,408	4,274	3,050
00-09	7,297	15,190	11,384	11,179	9,970	9,021	6,358	6,995	6,800	5,130	5,313	4,322	3,067
Total	117,901	101,260	86,486	81,004	78,264	68,012	57,091	53,659	44,092	44,049	42,744	41,038	30,376

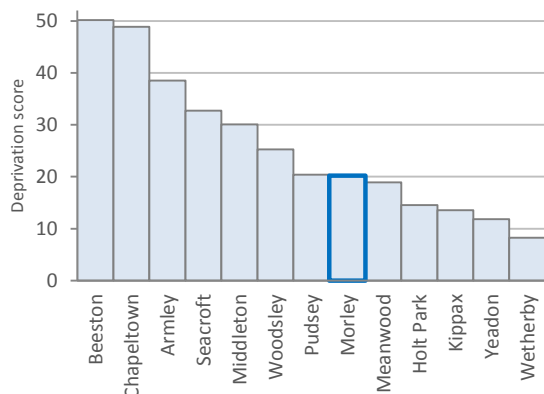
Woodsley Chapelton Meanwood Middleton Seacroft Armley Yeadon Pudsey Beeston **Morley** Holt Park Kippax Wetherby

Deprivation and the population of Morley INT

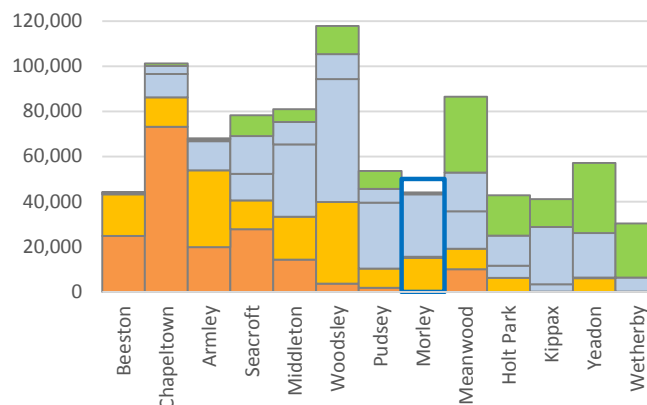
IMD2015 and GP data

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 20.2, ranked number 8 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

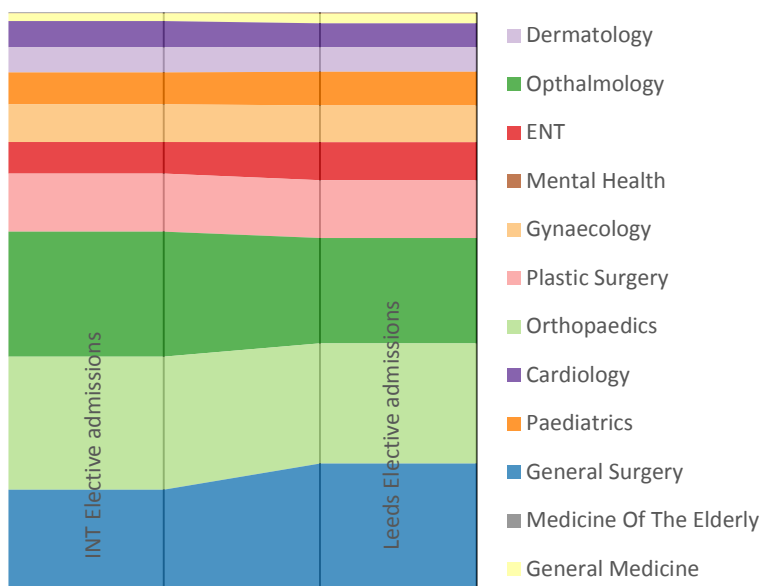


Hospital admissions for this INT by specialty (2016/17)

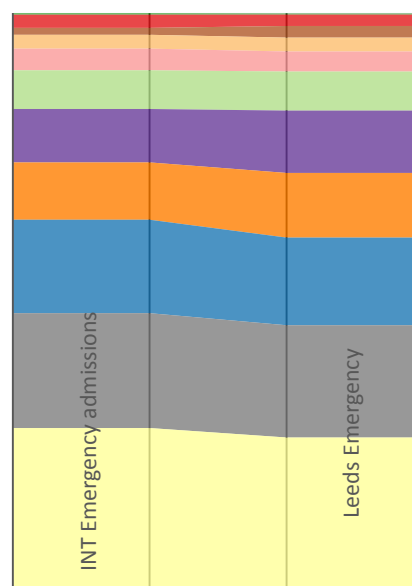
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

Non-emergency and emergency admission patterns obviously differ significantly, but of interest here is how the INT might differ to Leeds overall. The two charts use the same colour coding and both rank specialties by their contribution to Leeds overall, (the 'others' group is not charted or included in top 5 lists)

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

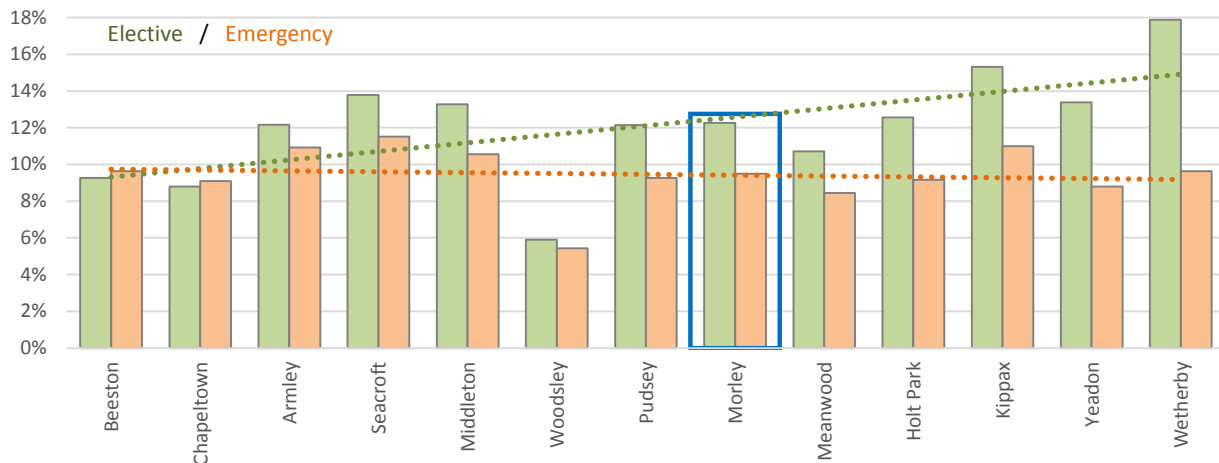


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st Orthopaedics	13%	11%
2nd Ophthalmology	12%	10%
3rd General Surgery	10%	12%
4th Plastic Surgery	6%	5%
5th Gynaecology	4%	3%

INT Emergency admissions top 5	% of INT admissions	Leeds proportion
1st General Medicine	18%	16%
2nd Medicine Of The Elderly	13%	12%
3rd General Surgery	10%	9%
4th Paediatrics	6%	7%
5th Cardiology	6%	7%

Elective and emergency admission rates and deprivation

Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.

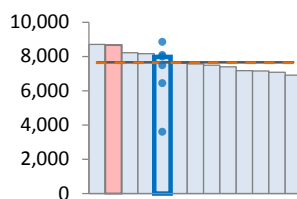


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

Asthma in children October 2016 (DSR per 100,000)

GP data



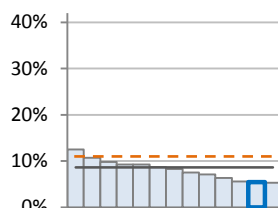
Asthma - under 16s

INT	7,980
Leeds registered	7,659
Deprived fifth**	7,633
INT count	537

GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

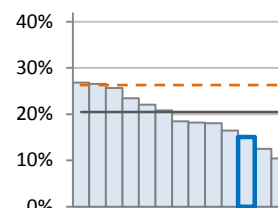
Child obesity 2015-16 ✖

NCMP, aggregated from LSOA to INT boundary



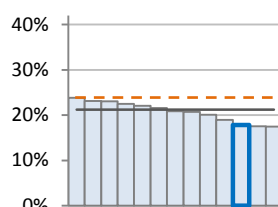
Obesity in Reception year

INT	5.5%
Leeds registered	8.6%
Deprived fifth**	11.0%
26 of 476 children in INT	



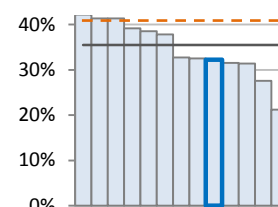
Obesity in Year 6

INT	15.0%
Leeds registered	20.5%
Deprived fifth**	26.3%
62 of 412 children in INT	



Obese or overweight, Reception year

INT	17.9%
Leeds registered	21.2%
Deprived fifth**	23.9%
85 of 476 children	



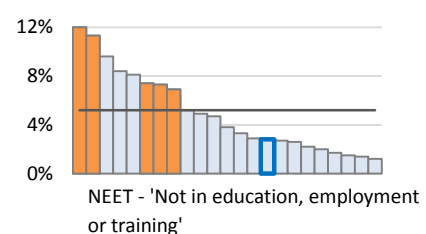
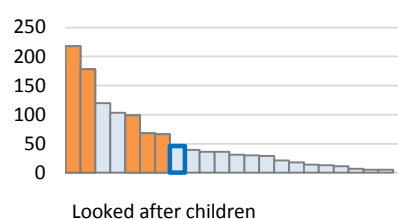
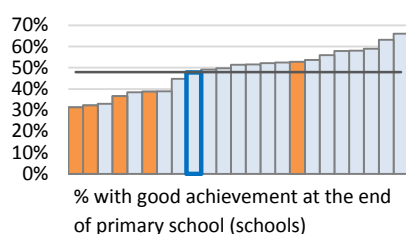
Obese or overweight, Year 6

INT	32.3%
Leeds registered	35.5%
Deprived fifth**	40.9%
133 of 412 children	

Children's cluster data ✖

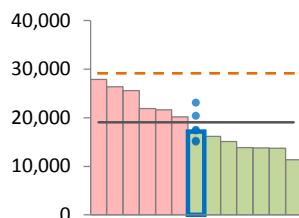
Children and Young People's Plan Key Indicator Dashboard July 2017

All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



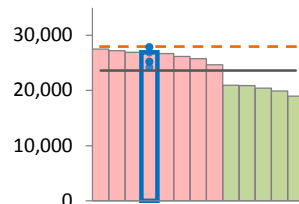
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	17,137
Leeds registered	19,045
Deprived fifth**	29,163
<u>INT count</u>	<u>6,376</u>



Obesity (BMI>30)

INT	26,902
Leeds registered	23,606
Deprived fifth**	27,951
<u>INT count</u>	<u>9,132</u>

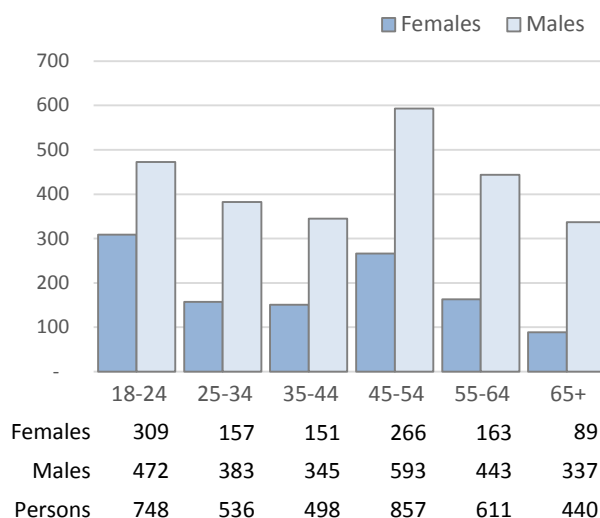
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

The Audit-C test assesses a patient's drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption. In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. Rates for age bands and females in Leeds are applied here to the INT registered population to form a picture of the alcohol risk in the whole INT adult population.

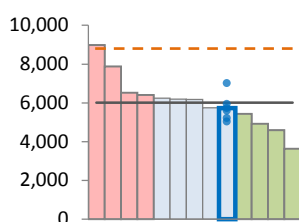
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

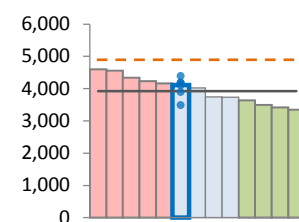
GP data

GP data. Quarterly data collection, April 2017 (DSR per 100,000)



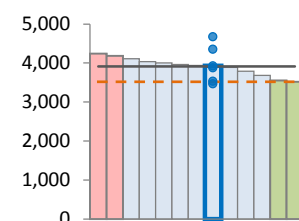
Diabetes

INT	5,726
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>2,339</u>



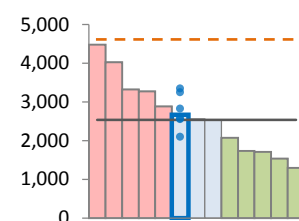
CHD

INT	4,111
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>1,600</u>



Cancer

INT	3,926
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>1,573</u>



COPD

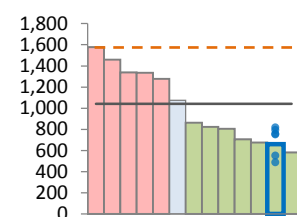
INT	2,672
Leeds registered	2,537
Deprived fifth**	4,617
<u>INT count</u>	<u>1,060</u>

Diabetes and COPD - April 2017. CHD and cancer - January 2017

Long term conditions, adults and older people continued

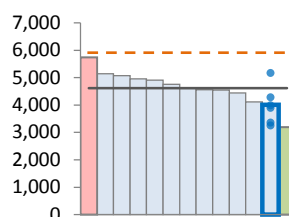
GP data (January 2017)

GP data. Quarterly data collection, (DSR per 100,000)



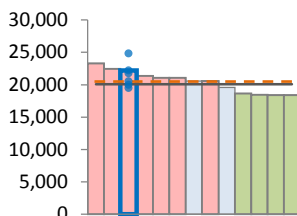
Severe mental health

INT	661
Leeds registered	1,042
Deprived fifth**	1,574
INT count	287



Dementia (65+)

INT	4,006
Leeds registered	4,618
Deprived fifth**	5,911
INT count	283



Common mental health

INT	22,185
Leeds registered	20,060
Deprived fifth**	20,496
INT count	9,697

The GP data charts show all 13 INTs 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. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant difference then it is shown in blue. Blue circle indicators show rates for practices which are a member of the INT, in some instances scales are set which mean practices with extreme values are not seen.

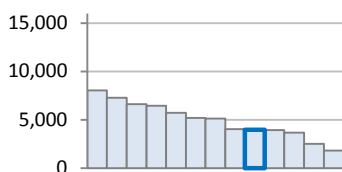
****Most deprived fifth, or quintile of Leeds** - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture.

Life limiting illness ✖

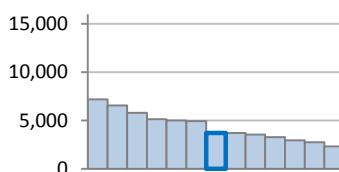
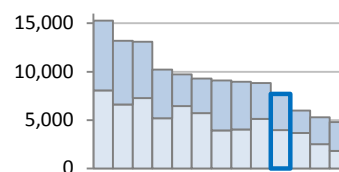
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness

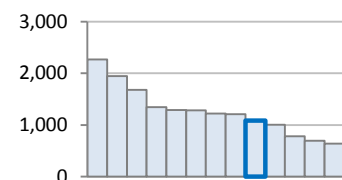
Life limiting illness, under 65



Life limiting illness, over 65

Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green

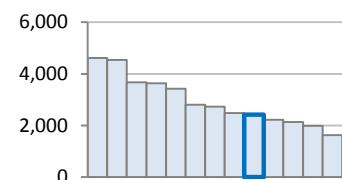
Carers providing 50+ hours care/week ✖



The number of people within the INT area in these categories are shown in the table below, the INT ranking position in Leeds is also shown.

✖ This data is not related to INT practice membership so cannot be related back to practice membership of the INT. However each INT has a crude boundary allowing geographical data such as this to be allocated on that basis instead.

One person households aged 65+ ✖



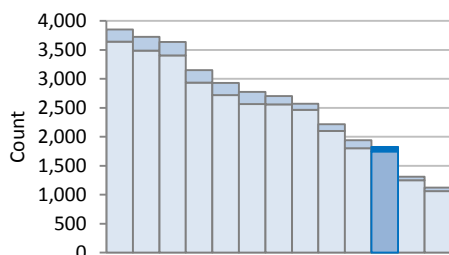
	number	rank
Limiting Long Term Illness - All Ages	7,695	10
Limiting Long Term Illness - under 65	3,966	9
Limiting Long Term Illness - 65+	3,729	7
Providing 50+ hours care/week	1,082	9
One person households aged 65+	2,422	9

People living with frailty and 'end of life'

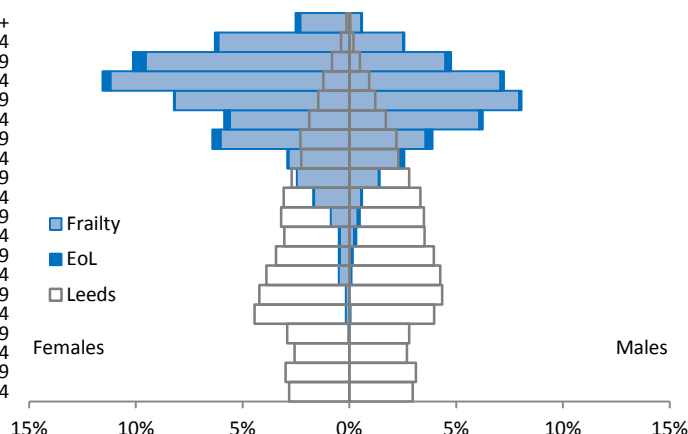
Leeds data model September 2016 cohort

Leeds Integrated Neighbourhood Teams ranked by combined count of End of Life and Frailty populations.

Total: 1,824. Frailty 1,750. End of life 74



INT (in blue) compared to Leeds by gender and age band.

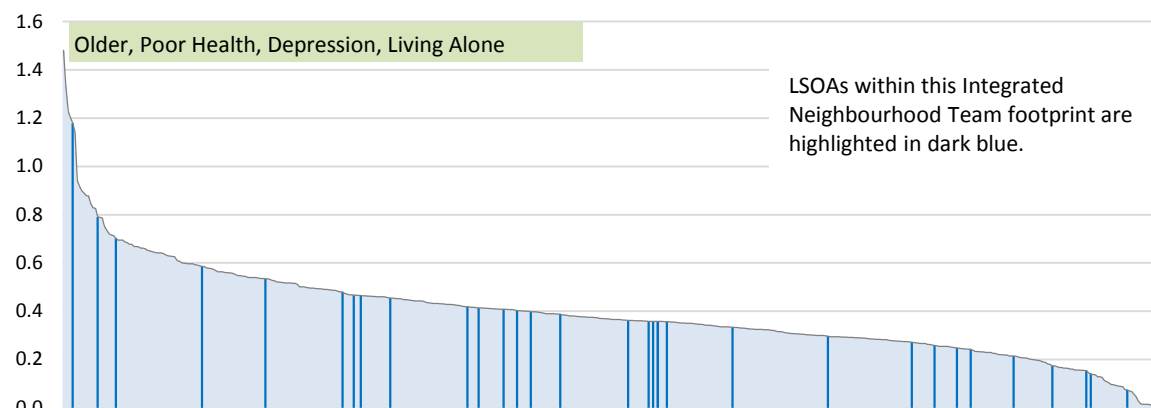
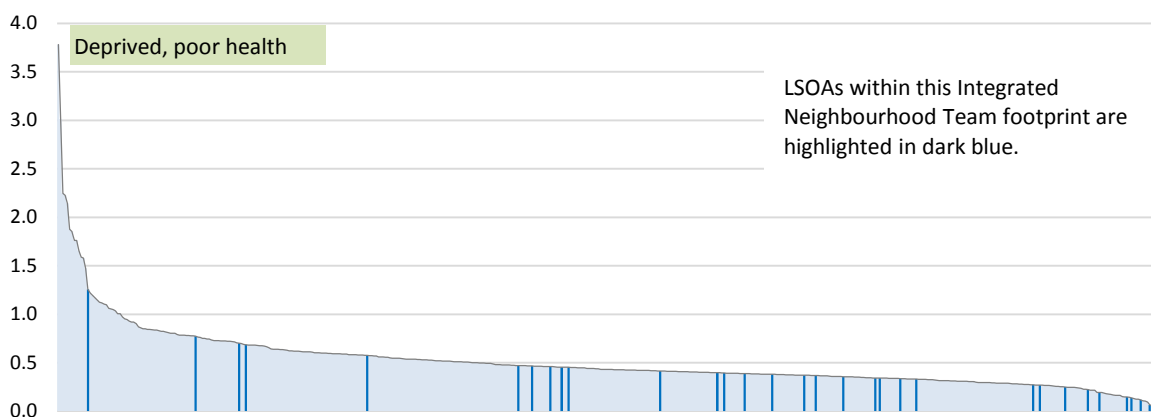


Social Isolation Index ✕

LSOAs in INT footprint

The Social Isolation Index visualises some of the broader determinants of health and social isolation as experienced by the older population. It brings together a range of indicators pulled from clinical, census and police sources. A shortlist was then used to generate population indexes, for two demographic groups across Leeds; 'Deprived, Poor Health' and 'Older, Poor Health, Depression, Living Alone'.

Each demographic group has a separate combination of indicators in order to better target the group characteristics, and variations in population sizes are removed during the index creation. The index levels show the likelihood a small area has of containing the demographic group in question. The higher the index score, the greater the probability that "at risk" demographics will be present, an area ranking 1st in Leeds is the most isolated in terms of that index. These charts show all Lower Super Output Areas (LSOAs) in Leeds, ranked by the indexes.



To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

Mortality, under 75s, age standardised rates per 100,000

ONS and GP registered populations

"How different are the sexes in this INT"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

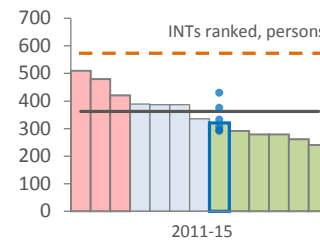
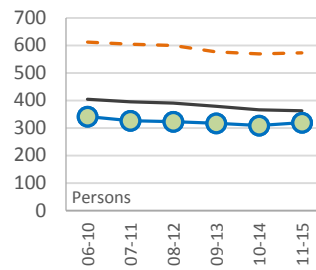
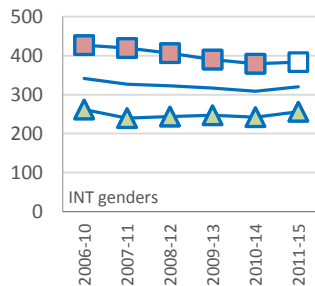
- INT persons
- Leeds
- Deprived fifth of Leeds**

Shaded if significantly above Leeds

Shaded if significantly below Leeds

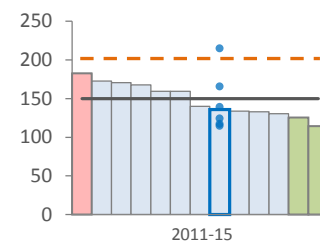
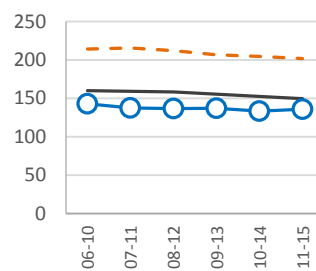
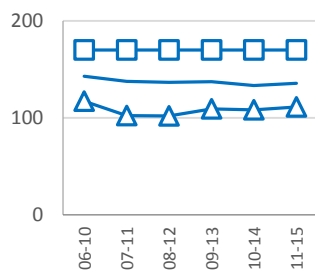
"Where is this INT in relation to the others, and Leeds"

INTs are ranked by the most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Practice rates for those within this INT are shown as blue dots. This INT is highlighted with a blue border.

All cause mortality

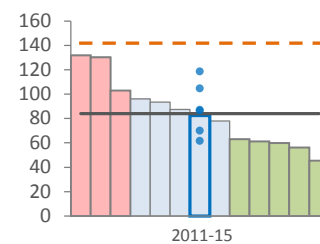
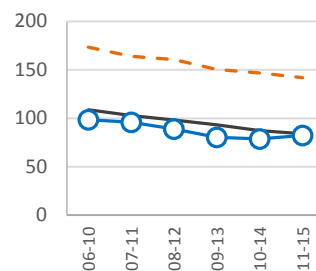
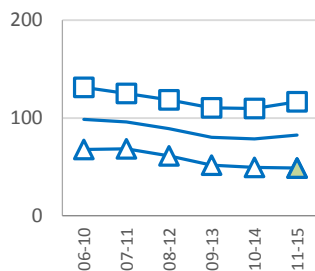
Persons (DSR per 100,000)

INT	320
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>570</i>

Cancer mortality

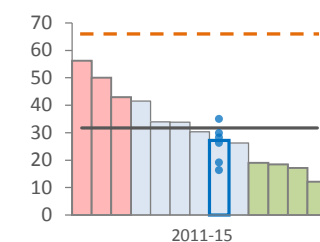
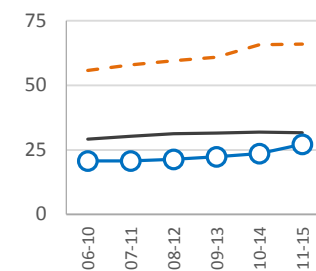
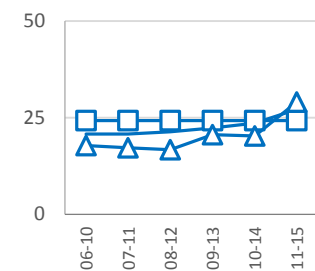
Persons (DSR per 100,000)

INT	136
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>242</i>

Circulatory disease mortality

Persons (DSR per 100,000)

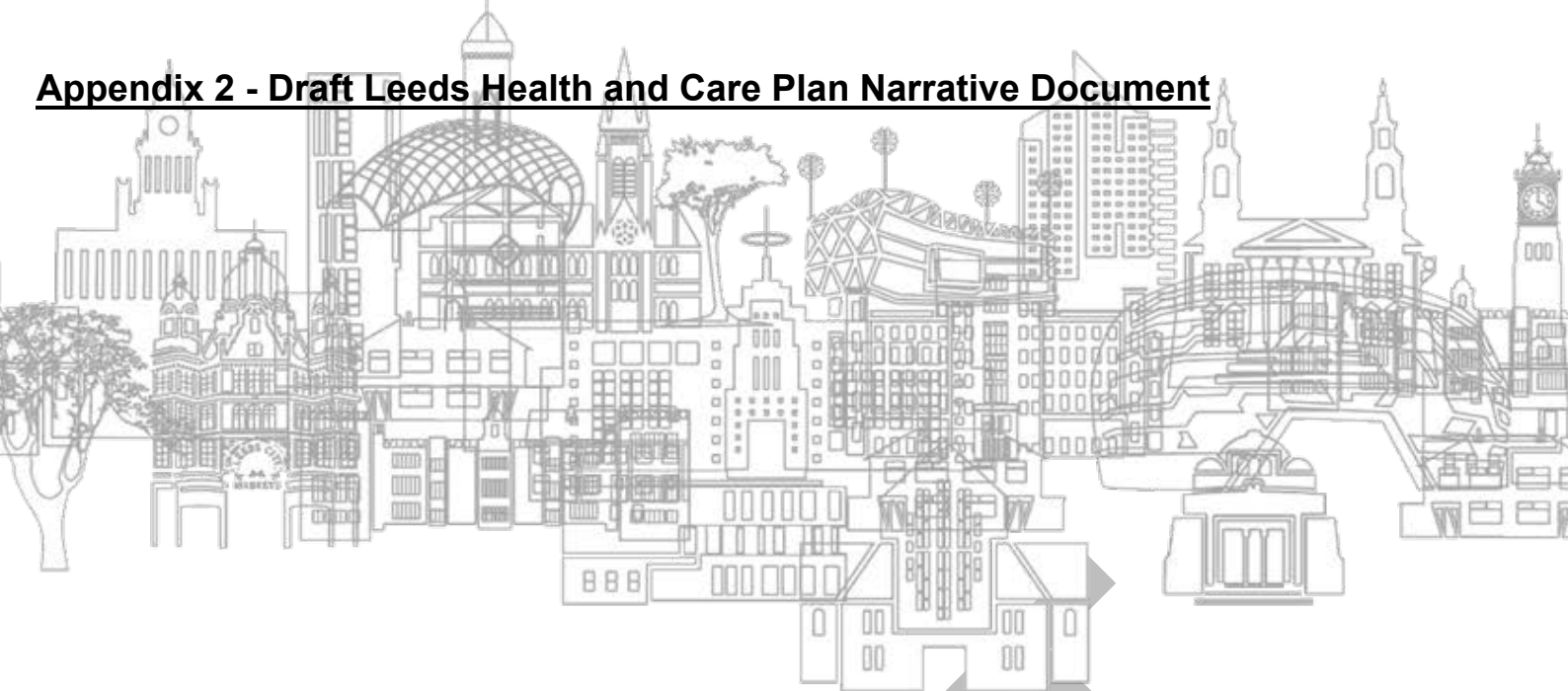
INT	82
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>143</i>

Respiratory disease mortality

Persons (DSR per 100,000)

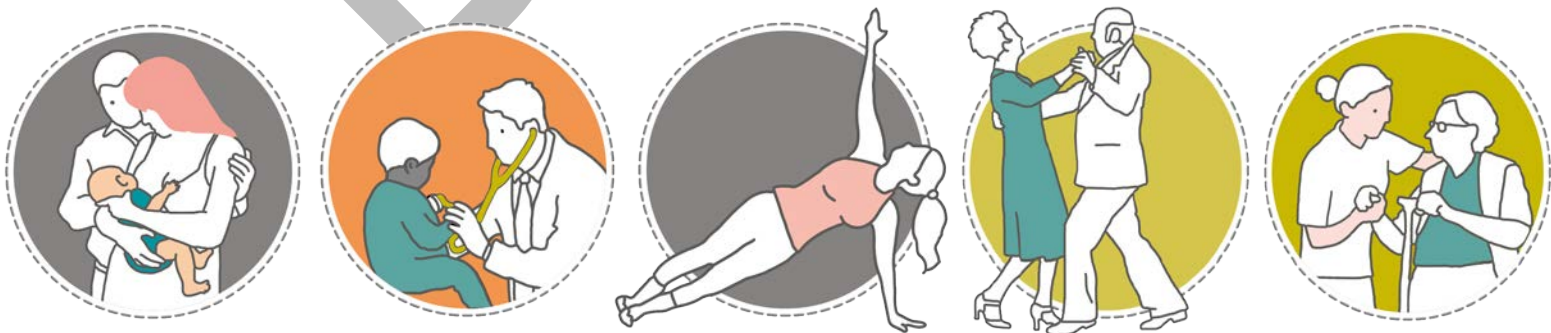
INT	27
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>47</i>

GP data courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.



Leeds

The best city for health and wellbeing



Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

'Leeds will be the best city for health and wellbeing'.

And a clear vision:

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

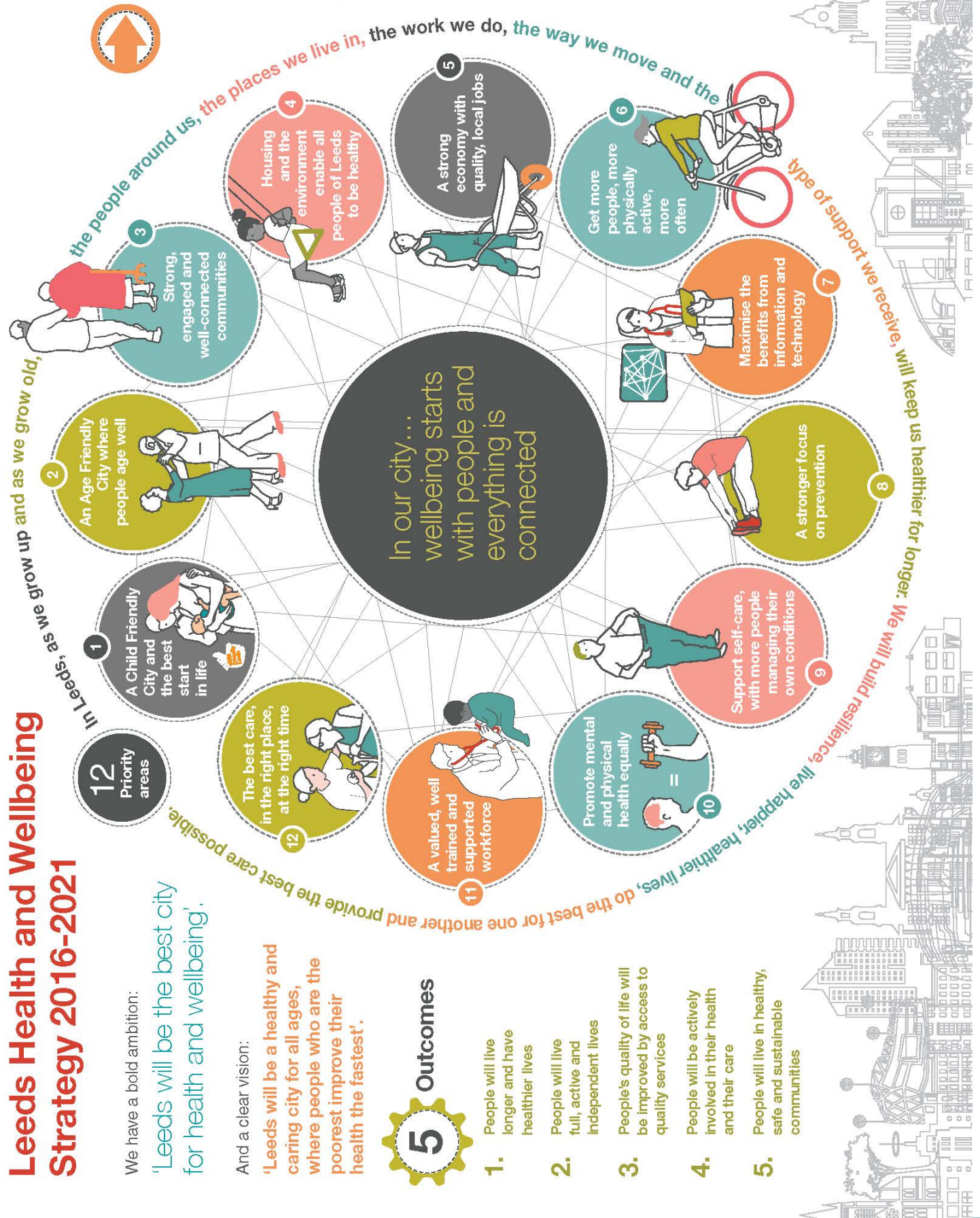
5 Outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities



Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported



Leeds Health and Care Plan

By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest

A plan that will improve health and wellbeing for all ages and for all of Leeds which will...

Protect the vulnerable and reduce inequalities	Improve quality and reduce inconsistency	Build a sustainable system within the reduced resources available
Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that...		
Have citizens at the centre of all decisions and change the conversation around health and care		
Build on the strengths in ourselves, our families and our community: working with people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong		
Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens		
Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis		
Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do		
Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire		

What this means for me...	"Living a healthy life to keep myself well"	"Health and care services working with me in my community"	"Hospital care only when I need it"	"I get rapid help when needed to allow me to return to managing my own health in a planned way"
Key actions that will be undertaken...	1. We will promote awareness and develop services to ensure the Best Start (conception to age 2) for every baby, with early identification and targeted support early in the life of the child. 2. We will promote the benefits of physical activity and improve the environments that encourage physical activity to become part of everyday life. 3. We will maximise every opportunity to reduce the harm from tobacco and alcohol, including enhancing the contribution by health and care staff. 4. We will have new accessible, integrated services that support people to live healthier lifestyles and promote emotional health and wellbeing for all ages, with a specific focus on those at high risk of developing respiratory, cardio-vascular conditions. 5. We will have a new, locally-based community service, 'Better Together', that can better build everyday resilience and skills in our most vulnerable populations.	1. People living with severe breathing difficulties will know how to manage anxiety issues due to their illness and have a supportive plan about what's important to them by December 2017. 2. People living with severe frailty will be supported to live independently at home whenever possible, instead of having to go in and out of hospital. 3. People at high risk of developing diabetes and those living with diabetes will have access to support programmes to give them the confidence and skills to manage their condition by December 2017. 4. We will take the best examples where health and care services are working together outside of hospital and make them available across Leeds, for example muscle and joint services.	1. Patients will stay the right time in hospital. 2. Patients with a mental health need will have their needs met in Leeds more often rather than being sent elsewhere to receive help. 3. We will meet more of patients' needs locally by ensuring their GPs can easily get advice from the right hospital specialist. 4. We will ensure that patients get the right tests for their conditions. 5. We will reduce the visits patients need to take to hospital before and after treatment. 6. We will ensure that patients get the best value medicines.	1. We will review the ways that people currently access urgent health and social care services including the range of single points of access. The aim will be to make the system less confusing allowing a more timely and consistent response and when necessary appropriate referral into other services. 2. We will look at where and how people's needs are assessed and how emergency care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence. 3. We will make sure that when people require urgent care, their journey through urgent care services is smooth and that services can respond to increases in demand as seen in winter. 4. We will change the way we organise services by connecting all urgent health and care services together to meet the mental, physical and social needs of people to help ensure people are using the right services at the right time.

Together these actions will deliver a new vision for community services and primary care in every neighbourhood. These will be supported by...

Working as if we are one organisation, growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology	    	Having the best connected city using digital technology to improve health and wellbeing in innovative ways
Using existing buildings more effectively, ensuring that they are right for the job	Using our collective buying power to get the best value for our 'Leeds £'	Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work

Contents

Chapters	Page No.
Chapter 1: Introduction	04-05
Chapter 2: Working with you: the role of citizens and communities in Leeds	06-08
Chapter 3: This is us: Leeds, a compassionate city with a strong economy	09-10
Chapter 4: The Draft Leeds Health and Care Plan: what will change and how will it affect me?	11-14
Chapter 5: So why do we want change in Leeds?	15-17
Chapter 6: How do health and care services work for you in Leeds now?	18-22
Chapter 7: Working with partners across West Yorkshire	23
Chapter 8: Making the change happen	24
Chapter 9: How the future could look...	25
Chapter 10: What happens next?	26-27
Chapter 11: Getting involved	28



Chapter 1

Introduction

Leeds is a city that is growing and changing. As the city and its citizens change, so will the need of those who live here.

Leeds is an attractive place to live, over the next 25 years the number of people is predicted to grow by over 15 per cent. We also live longer in Leeds than ever before. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030. This is an incredible achievement but also means the city is going to need to provide more complex care for more people.

At the same time as the shift in the age of the population, more and more people (young and old) are developing long-term conditions such as #etes and other conditions related to lifestyle factors such as smoking, eating an unhealthy diet or being physically inactive.

Last year members of the Leeds Health and Wellbeing Board (leaders from health, care, the voluntary and community sector along and elected representatives of citizens in the city) set out the wide range of things we need to do to improve health and wellbeing in our city. This was presented in the [Leeds Health and Wellbeing Strategy 2016-2021](#).

The Leeds Health and Wellbeing strategy is required by government to set out how we will achieve the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. It is a requirement from government that local health and care services take account of our Strategy in their spending and plans for services.

Leaders from the city's health and care services, and members of the Health and Wellbeing Board now want to begin a conversation with citizens, businesses and communities about the improvement people want to see in the health and wellbeing of Leeds citizens, and ask if individuals and communities should take greater responsibility for our health and wellbeing and the health and wellbeing of those around us.

Improving the health of the city needs to happen alongside delivering more efficient, services to ensure financial sustainability and offer better value for tax payers.

The NHS in England has also said what it thinks needs to change for our health services when it presented the "Five Year Forward View for the NHS". As well as talking about the role of citizens in improving the health and wellbeing of Leeds, the city's Health and Wellbeing Board must also work with citizens to plan what health and care services need to do to meet these changes:

- Health and Wellbeing Board members believe that too often care is organised around single illnesses rather than all of an individual's needs and strengths and that this should change.
- Leaders from health and care also believe many people are treated in hospitals when being cared for in their own homes and communities would give better results.

"When the NHS was set up in 1948, half of us died before the age of 65.

Now, two thirds of the patients hospitals are looking after are over the age of 65.....life expectancy is going up by five hours a day"

Simon Stevens, Chief Executive NHS England

- Services can sometimes be hard to access and difficult to navigate. Leeds will make health and care services more person-centred, joined-up and focussed on prevention.

Improving the health of the city needs to happen alongside delivering better value for tax payers and more efficient services. This is a major challenge.

What is clear is that nationally and locally the cost of our health and care system is rising faster than the money we pay for health and care services. Rising costs are partly because of extra demand (such as greater numbers of older people with health needs) and partly because of the high costs of delivering modern treatments and medicines.

If the city carries on without making changes to the way it manages health and care services, it would be facing a financial gap. Adding up the difference each year between the money available and the money needed, by 2021 the total shortfall would be around £700 million across Leeds.

As residents, health care professionals, elected leaders, patients and carers, we all want to see the already high standards of care that we have achieved in our city further improved to meet the current and future needs of the population.

What is this document for?

We are publishing a Draft Leeds Health and Care Plan at a very early stage whilst ideas are developing. Ideas so far have been brought together from conversations with patients, citizens, doctors, health leaders, voluntary groups, local politicians, research and what has worked well in other areas. This gives everyone a start in thinking what changes may be helpful.

The Draft Leeds Health and Care Plan sets out initial ideas about how we could protect the vulnerable and reduce inequalities, improve care quality and reduce inconsistency and build a sustainable system with the reduced resources available. The key ideas are included at the front of this document; we want to help explain how we could make these changes happen.

This report contains a lot more information about the work of health and care professionals, your role as a citizen and the reasons for changing and improving the health and wellbeing of our city. Once you have taken a look we want to hear from you.

By starting a conversation together as people who live and work in Leeds we can begin creating the future of health and care services we want to see in the city.

We want you to consider the challenges and the plans for improving the health and wellbeing of everyone in Leeds. We want you to tell us what you think, so that together, we can make the changes that are needed to make Leeds the best city for health and wellbeing ensuring people are at the centre of all decisions.

Chapters 10 & 11 are where we set out what happens next, and includes information about how you can stay informed and involved with planning for a healthier Leeds.

Chapter 2

Working with you: the role of citizens and communities in Leeds

Working with people

We believe our approach must be to work 'with' people rather than doing things 'for' or 'to' them. This is based on the belief that this will get better results for all of us and be more productive.

This makes a lot of sense. We know that most of staying healthy is the things we do every day for ourselves or with others in our family or community. Even people with complex health needs might only see a health or care worker (such as a doctor, nurse or care worker) for a small percentage of the time, it's important that all of us, as individuals, have a good understanding of how to stay healthy when the doctor isn't around.

This is a common sense or natural approach that many of us take already but can we do more? We all need to understand how we can take the best care of ourselves and each other during times when we're at home, near to our friends, neighbours and loved ones.

Work health and care leaders have done together in Leeds has helped us to understand where we could be better.

What we need to do now is work with the people of Leeds to jointly figure out how best to make the changes needed to improve, and the roles we will all have in improving the health of the city.

The NHS Constitution

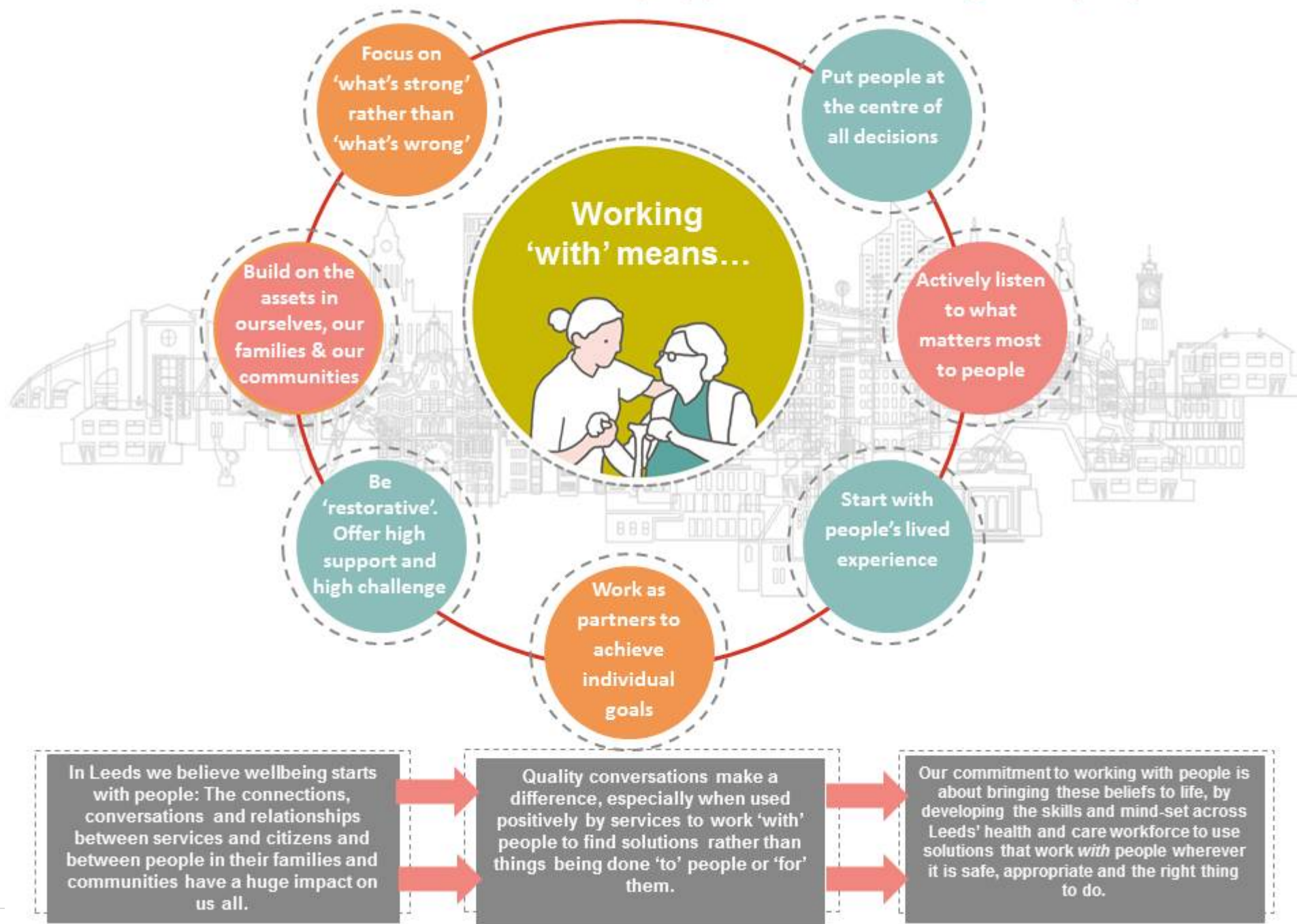
Patients and the public: our responsibilities

The NHS belongs to all of us. There are things that we can all do for ourselves and for one another to help it work effectively, and to ensure resources are used responsibly.

Please recognise that you can make a significant contribution to your own, and your family's, good health and wellbeing, and take personal responsibility for it.

Figure 1 on the next page, gives an indication of the new way in which health and care services will have better conversations with people and work with people.

Better conversations: A whole city approach to working with people



Joining things up

We all know good health for all of us is affected by the houses we live in, the air we breathe, the transport we use and the food that we eat. We know good health starts at birth and if we set good patterns early they continue for a life time. We know that physical and mental health are often closely linked and we need to treat them as one.

We need to recognise the connections between our environment and our health. This will mean ensuring that the physical environment, our employment and the community support around us are set up in a way that makes staying healthy the easiest thing to do.

It will mean working with teams in the city who are responsible for work targeted at children and families, planning and providing housing and the built environment, transport and others. It will also involve us working with charities, faith groups, volunteer organisations and businesses to look at what we can all do differently to make Leeds a healthier place in terms of physical, mental and social wellbeing.

Taking responsibility for our health

If we're going to achieve our ambition to be a healthier happier city, then each of us as citizens will have a role to play too.

In some cases this might mean taking simple steps to stay healthy, such as taking regular exercise, stopping smoking, reducing the amount of alcohol we drink and eating healthier food.

As well as doing more to prevent ill health, we will all be asked to do more to manage our own health better and, where it is safe and sensible to do so, for us all to provide more care for ourselves. These changes would mean that people working in health and care services would take more time to listen, to discuss things and to plan with you so that you know what steps you and your family might need to take to ensure that you are able to remain as healthy and happy as possible, even if living with an on-going condition or illness.

This wouldn't be something that would happen overnight, and would mean that all of us would need to be given the information, skills, advice and support to be able to better manage our own health when the doctor, nurse or care worker isn't around. By better managing our own health, it will help us all to live more independent and fulfilled lives, safe in the understanding that world class, advanced health and care services are there for us when required.

This won't be simple, and it doesn't mean that health and care professionals won't be there when we need them. Instead it's about empowering us all as people living in Leeds to live lives that are longer, healthier, more independent and happier.

Working together, as professionals and citizens we will develop an approach to health and wellbeing that is centred on individuals and helping people to live healthy and independent lives.

Cycling just 30 miles a week could reduce your risk of **cancer** by 45%

*That's the same as riding to work from **Headingley** to the **Railway Station** each day.*

Chapter 3

This is us: Leeds, a compassionate city with a strong economy

We are a city that is thriving economically and socially. We have the fastest growing city economy outside London with fast growing digital and technology industries.

Leeds City Council has been recognised as Council of the Year as part of an annual awards ceremony in which it competed with councils from across the country.

The NHS is a big part of our city, not only the hospitals we use but because lots of national bodies within the NHS have their home in Leeds, such as NHS England. We have one of Europe's largest teaching hospitals (Leeds Teaching Hospitals NHS Trust) which in 2016 was rated as good in a quality inspection. The NHS in the city provides strong services in the community and for those needing mental health services.

Leeds has a great history of successes in supporting communities and neighbourhoods to be more self-supporting of older adults and children, leading to better wellbeing for older citizens and children, whilst using resources wisely to ensure that help will always be there for those of us who cannot be supported by our community.

The city is developing innovative general practice (GP / family doctor) services that are among the best in the country. These innovative approaches include new partnerships and ways of organising community and hospital skills to be delivered in partnership with your local GPs and closer to your home. This is happening at the same time as patients are being given access to extended opening hours with areas of the city having GPs open 7 days per week.

Leeds is also the first major UK city where every GP, healthcare and social worker can electronically access the information they need about patients through a joined-up health and social care record for every patient registered with a Leeds GP.

We have three leading universities in Leeds, enabling us to work with academics to gain their expertise, help and support to improve the health of people in the city.

Leeds is the third largest city in the UK and home to several of the world's leading health technology and information companies who are carrying out research, development and manufacturing right here in the city. For example, we are working with companies like Samsung to test new 'assistive technologies' that will support citizens to stay active and to live independently and safely in their own homes.

The city is a hub for investment and innovation in using health data so we can better improve our health in a cost effective way. We are encouraging even more of this type of work in Leeds through a city-centre based "Innovation District".

Leeds has worked hard to achieve a thriving 'third sector', made up of charities, community, faith and volunteer groups offering support, advice, services and guidance to a diverse range of people and communities from all walks of life.

The Reginald Centre in Chapeltown is a good example of how health, care and other council services are able to work jointly, in one place for the benefit of improving community health and wellbeing.

The centre hosts exercise classes, a jobshop, access to education, various medical and dental services, a café, a bike library, and many standard council services such as housing and benefits advice.



Chapter 4

The Draft Leeds Health and Care Plan: what will change and how will it affect me?

Areas for change and improvement

To help the health and care leaders in Leeds to work better together on finding solutions to the city's challenges, they have identified four main priority areas of health and care on which to focus.

Prevention (“Living a healthy life to keep myself well”) – helping people to stay well and avoid illness and poor health.

Some illnesses can't be prevented but many can. We want to reduce avoidable illnesses caused by unhealthy lifestyles as far as possible by supporting citizens in Leeds to live healthier lives.

By continuing to promote the benefits of healthy lifestyles and reducing the harm done by tobacco and alcohol, we will keep people healthier and reduce the health inequalities that exist between different parts of the city.

Our support will go much further than just offering advice to people. We will focus on improving things in the areas of greatest need, often our most deprived communities, by providing practical support to people. The offer of support and services available will increase, and will include new services such as support to everyday skills in communities where people find it difficult to be physically active, eat well or manage their finances for example.

We will make links between healthcare professionals, people and services to make sure that everyone has access to healthy living support such as opportunities for support with taking part in physical activity.



Self-management (“Health and care services working with me in my community”) – providing help and support to

people who are ill, or those who have on-going conditions, to do as much as they have the skills and knowledge to look after themselves and manage their condition to remain healthy and independent while living normal lives at home with their loved ones.

People will be given more information, time and support from their GP (or family doctor) so

that they can plan their approach to caring for themselves and managing their condition, with particular support available to those who have on-going health conditions, and people living with frailty.

Making the best use of hospital care and facilities (“Hospital care only when I need it”)

– access to hospital treatment when we need it is an important and limited resource, with limited numbers of skilled staff and beds.

More care will be provided out of hospital, with greater support available in communities where there is particular need, such as additional clinics or other types of support for managing things like muscle or joint problems that don't really need to be looked at in hospital. Similarly there will be more testing, screening and post-surgery follow-up services made available locally to people, rather than them having to unnecessarily visit hospital for basic services as is often the case now.



Working together, we will ensure that people staying in hospital will be there only for as long as they need to be to receive help that only a hospital can provide.

Reducing the length of time people stay in hospital will mean that people can return to their homes and loved ones as soon as it is safe to do so, or that they are moved to other places of care sooner if that is what they need, rather than being stuck in hospitals unnecessarily.

Staff, beds, medicines and equipment will be used more efficiently to improve the quality of care that people receive and ensure that nothing is wasted.

Urgent and Emergency Care (“I get rapid help when needed to allow me to return to managing my own health in a planned way”) – making sure that people with an urgent health or care need are supported and seen by the right team of professionals, in the right place for them first time. It will be much easier for people to know what to do when they need help straight away.

Currently there are lots of options for people and it can be confusing for patients. As a result, not all patients are seen by the right medical professional in the right place.

For example, if a young child fell off their scooter and had a swollen wrist, what would you do? You could call your GP, dial 999 ring NHS111, drive to one of the two A&E units, visit the walk-in centre, drive to one of the two minor injuries units, visit your local pharmacy or even just care for them at home and see how they feel after having some rest, a bag of frozen peas and some Calpol.

Given the huge range of options and choices available, it's no wonder that people struggle to know what to do when they or their loved ones have an urgent care need.

We want to make this much simpler, and ensure that people know where to go and what to do so that they're always seen by the right people first time.

GP and Primary Care Changes

The biggest and most important idea to help with the above is to really change services to being more joined up around you – more integrated and more community focused.

The most important place to do this is in our communities and neighbourhoods themselves. It starts with recognising how communities can keep us healthy – through connecting us with activity, work, joining in with others and things that help gives us a sense of wellbeing. GPs, (primary care) nurses and other community services such as voluntary groups working closer as one team could focus better on keeping people healthy and managing their own health. We could also use health information better to target those at risk of getting ill and intervening earlier.

This will mean our whole experience of our local health service (or other community services such as a social worker) could change over time. We may find that in future we see different people at the GP to help us – for instance a nurse instead of a Doctor and we would have to spend less time travelling or talking to different services to get help. We may get more joined up help for housing, benefits and community activities through one conversation. It is likely that to do this GPs need to join some of their practices together to share resources, staff and premises to make sure they can work in this new way. Other health, care and community services will need to join in with the approach. We will all still be on our own GP list and have our own named doctor though – that will not change.

This big change would mean we would need to ensure we train our existing and future workforces to work with you in new ways. The approach would also use new technologies to help you look after your own wellbeing and help professionals to be more joined up.

The approach will bring much of the expertise of hospital doctors right into community services which would mean less referral to specialists and ensuring we do as much as we can in your community. This should mean fewer visits to hospital for fewer procedures.

Getting all of this right will help people be healthier and happier. It will mean we will further reduce duplication in the way that we spend money on care. Figure 2 shows how our use of the money available for health and care in Leeds might change. Note the shift towards more investment in Public Health where money will be used to encourage and support healthier lives for people in Leeds.

Where money is spent on health and care in Leeds, now and in the future

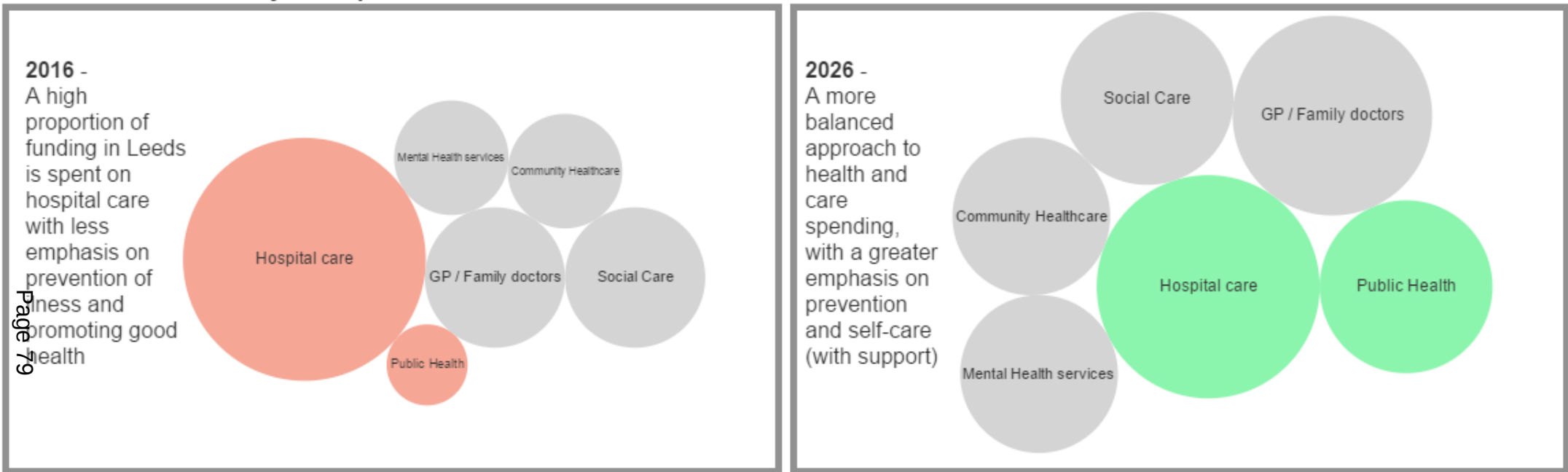


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

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Chapter 5

So why do we want change in Leeds?

Improving health and wellbeing

Most of us want the best health and care.

Most health and care services in Leeds are good. However, we want to make sure we are honest about where we can improve and like any other service or business, we have to look at how we can improve things with citizens.

Working together with the public, with professionals working in health and care and with the help of data about our health and our health and care organisations in the city, we have set out a list of things that could be done better and lead to better results for people living in Leeds.

This will mean improving the quality of services, and improving the way that existing health and care services work with each other, and the way that they work with individuals and communities.

We want to share our ideas with people in Leeds to find out whether citizens agree with the priorities in this plan. Citizens will be asked for their views and the information we receive will help us to improve the initial ideas we have and help us to focus on what is of greatest importance to the city and its people.

What we need to do now is work with people in the city to jointly figure out how best to make the changes and the roles we will all have in improving the health of the city.



Three gaps between the Leeds we have, and the Leeds we want

1. Reducing health inequalities (the difference between the health of one group of people compared with another)

- Reducing the number of early deaths from cancer and heart disease, both of which are higher in Leeds than the average in England
- Closing the life expectancy gap that exists between people in some parts of Leeds and the national average
- Reducing the numbers of people taking their own lives. The number of suicides is increasing in the city.

2. Improving the quality of health and care services in Leeds

- Improving the quality of mental health care, including how quickly people are able to access psychological therapy when they need it
- Improving the reported figures for patient satisfaction with health and care services
- Making access to urgent care services easier and quicker

- Reducing the number of people needing to go into hospital
- Reducing the number of people waiting in hospital after they've been told they're medically fit to leave hospital
- Ensuring that enough health and care staff can be recruited in Leeds, and that staff continue working in Leeds for longer (therefore making sure that health and care services are delivered by more experienced staff who understand the needs of the population)
- Improving people's access to services outside normal office hours.

3. Ensuring health and care services are affordable in the long-term

If we want the best value health services for the city then we need to question how our money can best be spent in the health and care system. Hospital care is expensive for each person treated compared to spending on health improvement and prevention. We need to make sure that we get the balance right to ensure we improve people's health in a much more cost effective way.

We believe the health and wellbeing of citizens in Leeds will be improved through more efficient services investing more thought, time, money and effort into preventing illness and helping people to manage on-going conditions themselves. This will help prevent more serious illnesses like those that result in expensive hospital treatment.

We think we can also save money by doing things differently. We will make better use of our buildings by sharing sites between health and care and releasing or redeveloping underused buildings. A good example of this is the Reginald Centre in Chapeltown.

Better joint working will need better, secure technology to ensure people get their health and care needs met. This might be through better advice or management of conditions remotely to ensure the time of health and care professionals is used effectively. For example having video consultations may allow a GP to consult with many elderly care home patients and their carers in a single afternoon rather than spending lots of time travelling to and from different parts of the city.

We plan to deliver better value services for tax payers in Leeds by making improvements to the way that we do things, preventing more illness, providing more early support, reducing the need for expensive hospital care and increasing efficiency.

Changing the way that we work to think more about the improvement of health, rather than just the treatment of illness, will also mean we support the city's economic growth - making the best use of every 'Leeds £'.

This will be important in the coming years, as failure to deliver services in a more cost effective way would mean that the difference between the money available and the money spent on health and care services in Leeds would be around £700 million.

Preventable *Diabetes*
costs taxpayers in Leeds
£11,700 every hour

This means if Leeds **does the right things now we will have a healthier city, better services and ensure we have sustainable services.** If we ignored the problem then longer term consequences could threaten:

- **A shortage of money and staff shortages**
- **Not enough hospital beds**
- **Longer waiting times to see specialists**
- **Longer waiting times for surgery**
- **Higher levels of cancelled surgeries**
- **Longer waiting times for GP appointments**
- **Longer waiting times in A&E**
- **Poorer outcomes for patients**



None of us wants these things to happen to services in Leeds which is why we're working now to plan and deliver the changes needed to improve the health of people in the city and ensure that we have the health and care services we need for the future.

This is why we are asking citizens of Leeds, along with people who work in health and care services and voluntary or community organisations in the city to help us redesign the way we can all plan to become a healthier city, with high quality support and services.

Chapter 6

How do health and care services work for you in Leeds now?

Our health and care service in Leeds are delivered by lots of different people and different organisations working together as a partnership. This partnership includes not only services controlled directly by the government, such as the NHS, but also services which are controlled by the city council, commercial and voluntary sector services.

The government, the Department of Health and the NHS

The department responsible for NHS spending is the Department of Health. Between the Department of Health and the Prime Minister there is a Secretary of State for Health. GPs were chosen by Government to manage NHS budgets because they're the people that see patients on a day-to-day basis and arguably have the greatest all-round understanding of what those patients need as many of the day to day decisions on NHS spending are made by GPs.

Who decides on health services in Leeds? The role of 'Commissioners'

About £72 billion of the NHS £120 billion budget is going to organisations called Clinical Commissioning Groups, or CCGs. They're made up of GPs, but there are also representatives from nursing, the public and hospital doctors.

The role of the CCGs in Leeds is to improve the health of the 800,000 people who live in the city. Part of the way they do it is by choosing and buying – or commissioning - services for people in Leeds.

They are responsible for making spending decisions for a budget of £1.2bn.

CCGs can commission services from hospitals, community health services, and the private and voluntary sectors. Leeds has a thriving third sector (voluntary, faith and community groups) and commissioners have been able to undertake huge amounts of work with communities by working with and commissioning services with the third sector.

As well as local Leeds commissioning organisations, the NHS has a nationwide body, NHS England, which commissions 'specialist services'. This helps ensure there is the right care for health conditions which affect a small number of people such as certain cancers, major injuries or inherited diseases.

Caring for patients – where is the health and care money spent on your behalf in Leeds?

Most of the money spent by the local NHS commissioners in Leeds, and by NHS England as part of their specialist commissioning for people in Leeds is used to buy services provided by four main organisations or types of 'providers', these include:

GPs (or family doctor) in Leeds

GPs are organised into groups of independent organisations working across Leeds. Most people are registered with a GP and they are the route through which most of us access help from the NHS.

Mental Health Services in Leeds

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides mental health and learning disability services to people in Leeds, including care for people living in the community and mental health hospital care.

Hospital in Leeds

Our hospitals are managed by an organisation called Leeds Teaching Hospitals NHS Trust which runs Leeds General Infirmary (the LGI), St James's Hospital and several smaller sites such as the hospitals in Wharfedale, Seacroft and Chapel Allerton.



Mental Health affects many people over their lifetime. It is estimated that 20% of all days of work lost are through mental health, and 1 in 6 adults is estimated to have a common mental health condition.

Providing health services in the community for residents in Leeds

There are lots of people in Leeds who need some support to keep them healthy, but who don't need to be seen by a GP or in one of the city's large hospitals such as the LGI or St James. For people in this situation Leeds Community Healthcare NHS Trust provides many community services to support them.

Services include the health visitor service for babies and young children, community nurse visits to some housebound patients who need dressings changed and many others.

Who else is involved in keeping Leeds healthy and caring for citizens?

As well as the money spent by local NHS commissioners, Leeds City Council also spends money on trying to prevent ill health, as well as providing care to people who aren't necessarily ill, but who need support to help them with day to day living.

Public health – keeping people well and preventing ill health

Public health, or how we keep the public healthy, is the responsibility of Leeds City Council working together with the NHS, Third Sector and other organisations with support and guidance from Public Health England.

Public Health and its partners ensure there are services that promote healthy eating, weight loss, immunisation, cancer screening and smoking cessation campaigns from Public Health England and national government.

Social care - supporting people who need help and support

Social care means help and support - both personal and practical - which can help people to lead fulfilled and independent lives as far as possible. Social care covers a wide range of services, and can include anything from help getting out of bed and washing, through to providing or commissioning residential care homes, day service and other services that support and maintain people's safety and dignity.

It also includes ensuring people's rights to independence and ensuring that choice and control over their own lives is maintained, protecting (or safeguarding) adults in the community and those in care services.

Adult social care also has responsibility for ensuring the provision of good quality care to meet the long-term and short-term needs



of people in the community, the provision of telecare, providing technology to support independent living, occupational therapy and equipment services.

Lots of questions have been asked about whether the government has given enough money for social care, and how it should be paid for.

During 2016/17 Leeds City Council paid for long term packages of support to around 11,000 people.

Approximately 4,230 assessments of new people were undertaken during the 2016/17 with around 81.5% or 3,446 of these being found to be eligible to receive help.

Leeds City Council commissions permanent care home placements to around 3,000 people at any time, and around 8,000 people are supported by Leeds Adult Social Care to continue living in their communities with on-going help from carers.

Figure 3, shows how the local decision makers (NHS Commissioners and Leeds City council) spend health and care funding on behalf of citizens in Leeds.

Amount (£m)

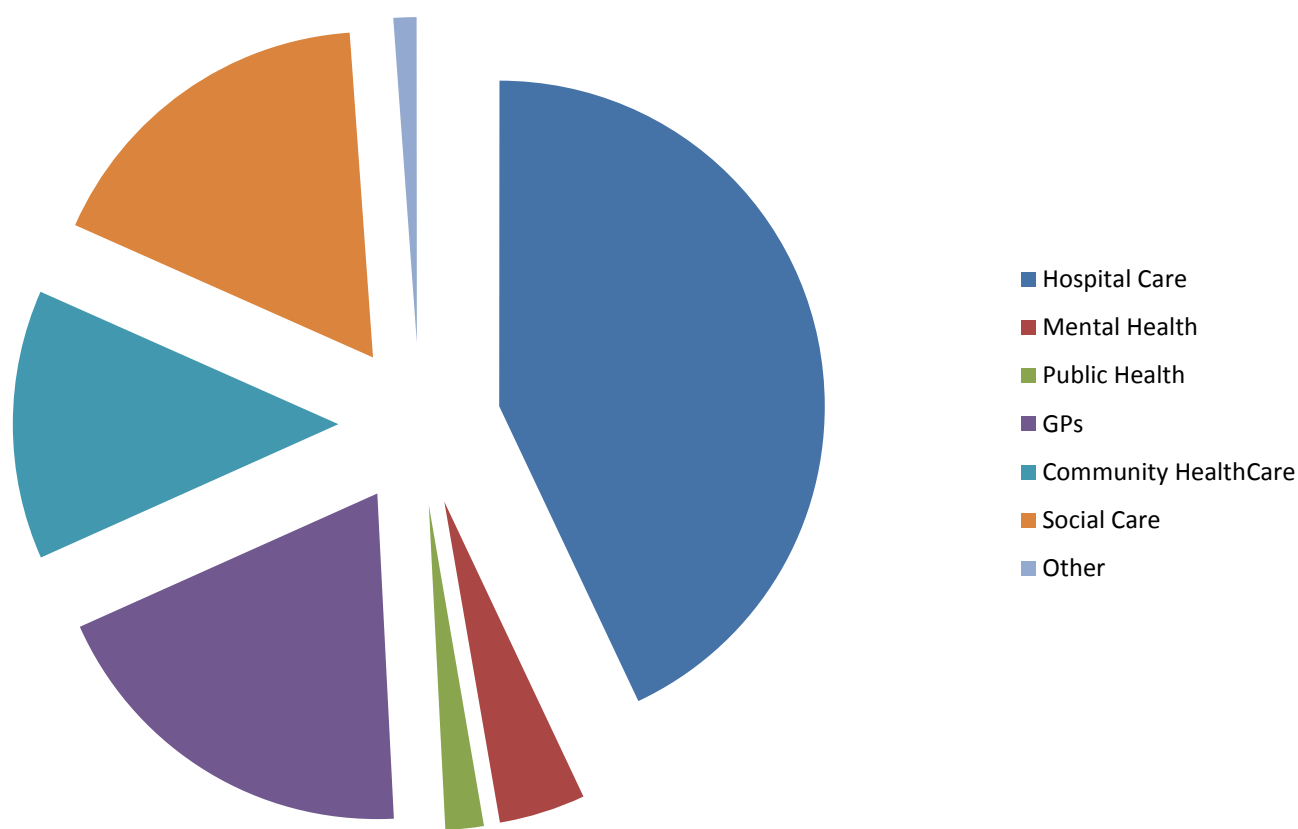


Figure 3 – Indicative spending of health and care funding in Leeds

Children and Families Trust Board

The Children and Families Trust Board brings together senior representatives from the key partner organisations across Leeds who play a part in improving outcomes for children and young people.

They have a shared commitment to the Leeds Children & Young People's Plan; the vision for Leeds to be the best city in the UK for children and young people to grow up in, and to be a Child Friendly city that invests in children and young people to help build a compassionate city with a strong economy.

In Leeds, the child and family is at the centre of everything we do. All work with children and young people starts with a simple question: what is it like to be a child or young person growing up in Leeds, and how can we make it better?

The best start in life provides important foundations for good health. Leeds understands the importance of focussing on the earliest period in a child's life, from pre-conception to age two, in order to maximise the potential of every child.

The best start in life for all children is a shared priority jointly owned by the Leeds Health and Wellbeing Board and the Children & Families Trust Board through the Leeds Best Start Plan; a broad collection of preventative work which aims to ensure a good start for every baby.

Under the Best Start work in Leeds, babies and parents benefit from early identification and targeted support for vulnerable families early in the life of the child. In the longer term, this

will promote social and emotional capacity of the baby and cognitive growth (or the development of the child's brain).

By supporting vulnerable families early in a child's life, the aim is to break the cycles of neglect, abuse and violence that can pass from one generation to another.

The plan has five high-level outcomes:

- Healthy mothers and healthy babies
- Parents experiencing stress will be identified early and supported
- Well prepared parents
- Good attachment and bonding between parent and child
- Development of early language and communication

Achieving these outcomes requires action by partners in the NHS, Leeds City Council and the third sector. A partnership group has been established to progress this important work.

Leeds Health and Wellbeing Board

The Health and Wellbeing Board helps to achieve the ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest.

The Board membership comprises Elected Members and Directors at Leeds City Council, Chief Executives of our local NHS organisations, the clinical chairs of our Clinical Commissioning Groups, the Chief Executive of a third sector organisation, Healthwatch Leeds and a representative of the national NHS. It exists to improve the health and wellbeing of people in Leeds and to join up health and care services. The Board meets about 8 times every year, with a mixture of public meetings and private workshops.

The Board gets an understanding of the health and wellbeing needs and assets in Leeds by working on a Joint Strategic Needs Assessment (JSNA), which gathers lots of information together about people and communities in the city.

The Board has also developed a Health and Wellbeing Strategy which is about how to put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is the blueprint for how Leeds will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone in the city.

Healthwatch Leeds

People and patients are at the heart of our improvement in health. This means their views are at the heart of how staff and organisations work and that they are at the heart of our strategy.

Healthwatch Leeds is an organisation that's there to help us get this right by supporting people's voices and views to be heard and acted on by those who plan and deliver services in Leeds.

Chapter 7

Working with partners across West Yorkshire

Leeds will make the most difference to improving our health by working together as a city, for the benefit of people in Leeds.

There are some services that are specialist, and where the best way to reduce inequalities, improve the quality of services and ensure their financial sustainability is to work across a larger area. In this way we are able to plan jointly for a larger population and make sure that the right services are available for when people need them but without any duplication or waste.

NHS organisations and the council in Leeds are working with their colleagues from the other councils and NHS organisations from across West Yorkshire to jointly plan for those things that can best be done by collaborating across West Yorkshire.

This joint working is captured in the [West Yorkshire and Harrogate Health and Care Partnership](#).

The West Yorkshire and Harrogate Health and Care Partnership is built from six local area plans: Bradford District & Craven; Calderdale; Harrogate & Rural District; Kirklees; Leeds and Wakefield. This is based around the established relationships of the six Health and Wellbeing Boards and builds on their local health and wellbeing strategies. These six local plans are where the majority of the work happens.

We have then supplemented the plan with work done that can only take place at a West Yorkshire and Harrogate level. This keeps us focused on an important principle of our health and care partnership - that we deal with issues as locally as possible

The West Yorkshire and Harrogate Health and Care Partnership has identified nine priorities for which it will work across West Yorkshire to develop ideas and plan for change, these are:

- Prevention
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies

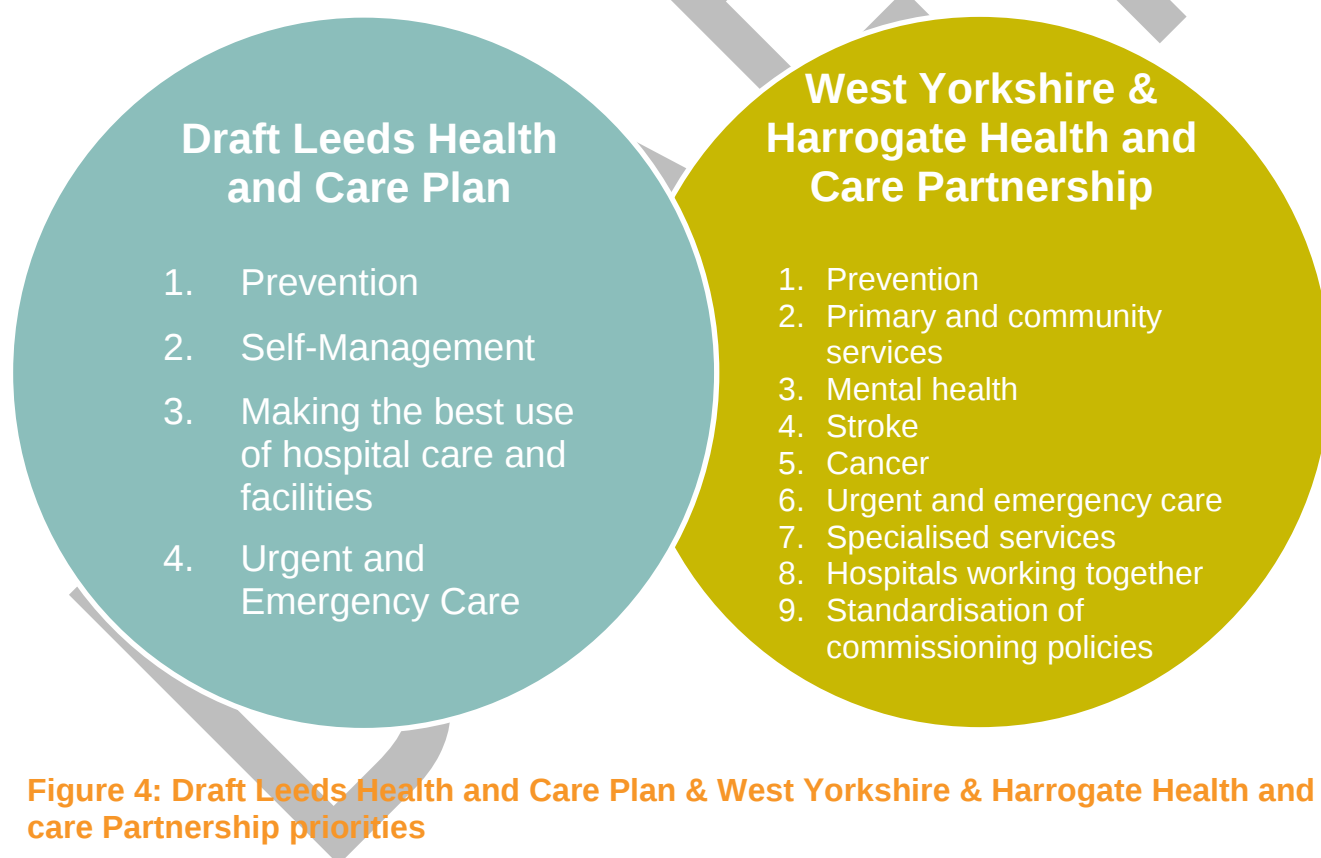
Chapter 8

Making the change happen

The work to make some changes has already started. However, we don't yet have all of the answers and solutions for exactly how we will deliver the large changes that will improve the health and wellbeing of people in Leeds.

This will require lots of joint working with professionals from health and care, and importantly lots of joint working with you, the public as the people who will be pivotal to the way we do things in future.

We will work with partners from across West Yorkshire to jointly change things as part of the West Yorkshire and Harrogate Health and Care Partnership (where it makes sense to work together across that larger area). Figure 4 (below) shows the priorities for both plans.



Chapter 9

How the future could look...

We haven't got all the answers yet, but we do know what we would like the experiences and outcomes of people in Leeds to look like in the future.

We have worked with patient groups and young people to tell the stories of 8 Leeds citizens, and find out how life is for them in Leeds in 2026, and what their experience is of living in the best city in the country for health and wellbeing.

***NOTE - This work is on-going. Upon completion, we will have graphic illustrations in videos produced for each of the cohorts:**

1. Healthy children
2. Children with long term conditions (LTC)
3. Healthy adults –occasional single episodes of planned and unplanned care
4. Adults at risk of developing a LTC
5. Adults with a single LTC
6. Adults with multiple LTCs
7. Frail adults - Lots of intervention
8. End of Life – Support advice and services in place to help individuals and their families through death
9. We will also be developing health and care staff stories

Chapter 10

What happens next?

The Leeds Health and Care Plan is really a place to pull together lots of pieces of work that are being done by lots of health and care organisations in Leeds.

Pulling the work together, all into one place is important to help health care professionals, citizens, politicians and other interested stakeholders understand the 'bigger picture' in terms of the work being done to improve the health of people in the city.

Change is happening already

Much of this work is already happening as public services such as the NHS and the Council are always changing and trying to improve the way things are done.

Because much of the work is on-going, there isn't a start or an end date to the Leeds plan in the way that you might expect from other types of plan. Work will continue as partners come together to try and improve the health of people in the city, focussing on some of the priority areas we looked at in **Chapter 4**.

Involving you in the plans for change

We all know that plans are better when they are developed with people and communities; our commitment is to do that so that we can embed the changes and make them a reality.

We will continue to actively engage with you around any change proposals, listening to what you say to develop our proposals further.

We are starting to develop our plans around how we will involve, engage and consult with all stakeholders, including you, and how it will work across the future planning process and the role of the Health and Wellbeing Boards.

Working with Healthwatch

Planning our involvement work will include further work with Healthwatch and our voluntary sector partners such as Leeds Involving People, Voluntary Action Leeds, Volition and many others to make sure we connect with all groups and communities.

When will changes happen?

While work to improve things in Leeds is already happening, it is important that improvements happen more quickly to improve the health of residents and the quality and efficiency of services for us all.

Joint working

Working together, partners of the Health and Wellbeing Board in Leeds will continue to engage with citizens in Leeds to help decide on the priorities for the city, and areas that we should focus on in order to improve the health of people living in Leeds.

Alongside the Health and Wellbeing Board, the heads of the various health and care organisations in the city will work much more closely through regular, joint meetings of the Partnership Executive Group (a meeting of the leaders of each organisation) to ensure that there is a place for the more detailed planning and delivery of improvements to health and care in the city.

Who will make decisions?

Ultimately, there will be lots of changes made to the way that health and care services work in Leeds. Some of these will be minor changes behind the scenes to try and improve efficiency.

Other changes will be more significant such as new buildings or big changes to the way that people access certain services.

The planning of changes will be done in a much more joined up way through greater joint working between all partners involved with health and care services in the city (including citizens). Significant decisions will be discussed and planned through the Health and Wellbeing Board. Decision making however will remain in the formal bodies that have legal responsibilities for services in each of the individual health and care organisations.

Legal duties to involve people in changes

Leeds City Council and all of the NHS organisations in Leeds have separate, but similar, obligations to consult or otherwise involve the public in our plans for change.

For example, CCGs are bound by rules set out in law, (section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012).

This is all fairly technical, but there is a helpful document that sets out the advice from NHS England about how local NHS organisations and Councils should go about engaging local people in plans for change.

The advice can be viewed here:

<https://www.england.nhs.uk/wp-content/uploads/2016/09/engag-local-people-stps.pdf>

NHS organisations in Leeds must also consult the local authority on 'substantial developments or variation in health services'. This is a clear legal duty that is set out in S244 of the NHS Act 2006.

Scrutiny

Any significant changes to services will involve detailed discussions with patients and the public, and will be considered by the Scrutiny Board (Adult Social Services, Public Health and the NHS). This is a board made up of democratically elected councillors in Leeds, whose job it is to look at the planning and delivery of health and care services in the city, and consider whether this is being done in a way that ensures the interests and rights of patients are being met, and that health and care organisations are doing things according to the rules and in the interests of the public.

Chapter 11

Getting involved

Sign up for updates about the Draft Leeds Health and Care Plan

***NOTE –Final version will include details of how to be part of the Big Conversation**

Other ways to get involved

You can get involved with the NHS and Leeds City Council in many ways locally.

1. By becoming a member of any of the local NHS trusts in Leeds:

- Main Hospitals: Leeds Teaching Hospitals Trust
– <http://www.leedsth.nhs.uk/members/becoming-a-member/>
- Mental Health: Leeds & York Partnership Foundation Trust
– <http://www.leedsandYorkpft.nhs.uk/membership/foundationtrust/Becomeamember>
- Leeds Community Healthcare Trust
– <http://www.leedscommunityhealthcare.nhs.uk/working-together/active-and-involved/>

2. Working with the Commissioning groups in Leeds by joining our Patient Leader

programme: <https://www.leedswestccg.nhs.uk/content/uploads/2015/11/Patient-leader-leaflet-MAIN.pdf>

3. Primary Care –Each GP practice in Leeds is required to have a Patient Participation Group

Contact your GP to find out details of yours. You can also attend your local Primary Care Commissioning Committee, a public meeting where decisions are made about the way that local NHS leaders plan services and make spending decisions about GP services in your area.

4. Becoming a member of Healthwatch Leeds or Youthwatch Leeds:

- <http://www.healthwatchleeds.co.uk/content/help-us-out>
- <http://www.healthwatchleeds.co.uk/youthwatch>

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Report of: Gary Bartlett, Chief Officer Highways and Transport

Report to: Outer South

Report author: Vanessa Allen, (0113 3481767)

Date: 27th November 2017 To note

Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Outer South update, and Leeds Transport Strategy development

Purpose of report

1. Following on from the report, presentation and workshop undertaken with this committee last Autumn, this report will outline
 - The successful business case submission for the Public Transport Investment Programme (£173.5m) announced by the government on the 28th April 2017 (Department of Transport).
 - The above public transport funding proposals were developed in response to the feedback from the Transport Conversation engagement process in the Summer/ Autumn 2016 and both the Leeds wide and Outer South response is outlined in the report.
 - Outline of Leeds wide transport improvements, the Public Transport Investment Programme (LPTIP - £173.5m) as well as other transport improvements.
 - To identify and discuss the proposals and issues affecting the Outer South area.
 - Bus improvements including First Bus committed to spending £71m on buying 284 new greener buses and similar investment by other major operators.
 - The West Yorkshire Combined Authority (WYCA) proposal for bus network and Community hub improvements.
 - Identification of the longer term proposals and key issues for development of a 20 year Leeds Transport Strategy.

Decisions:

- For Members to note and feedback on the progression of the delivery plan for the £173.5 million proposals.
- WYCA inviting feedback on the network improvement and community hub proposals.
- To note the development of a longer term Leeds Transport Strategy.

Main issues

2. Leeds Transport last reported and presented to this committee on the 7th September 2016 and followed this up with a workshop (1st November 2016). The following section details the feedback from the Transport Conversation and specifically the feedback from this committee and community area, as well as a summary of the Leeds wide transport proposals and development of a Leeds Transport Strategy.

Leeds Transport conversation introduction:

3. Progression of the Transport Conversation and the £173.5 million programme proposals was reported to Executive Board on the 14th December 2016, with the subsequent submission of the LPTIP business case to the Department of Transport on the 20th December 2016. Approval to the funding was announced by the Government in April 2017.
4. The initial submission to the DfT was informed by a three month Transport conversation was initiated on 2nd August, until 11th November 2016, through an online survey questionnaire. Simultaneously, a number of other consultation mechanisms were used: a series of workshops with stakeholders, younger and older people forums and equality groups; community committee presentations and workshops; one to one discussions; liaison with the West Yorkshire Combined Authority (WYCA) Transport and Bus strategy's; and other City events. There was also a comprehensive programme of social media and traditional public relations activities. There was also a young person's survey conducted jointly by Leeds City Council and WYCA. Further details can be found in the main report on the Leeds Transport webpage (see background information).
5. The Transport Conversation generated 8169 questionnaire responses, along with feedback from 100 workshops, meetings and presentations and demonstrated a keen interest in engaging with the city on issues of transport, both now and in the longer term.
6. Alongside the Leeds Transport conversation, WYCA also undertook a consultation on a new West Yorkshire Transport Strategy and Bus Strategy (see background information).

Transport Conversation: Leeds response

7. The report showed that across the consultation there was a strong desire to travel more sustainably. In the workshops, letters and emails, many of the comments referred to wanting to improve public transport, walking and cycling routes. This is evidenced in the questionnaire survey, where those who currently drive to work and to non-work activities wanted to use a more sustainable mode for these journeys (56% and 47% respectively).
8. However, current options were not thought to meet the needs of respondents. The reliability, frequency of services, availability of services, time taken to get to their destination and poor interchange were all cited as barriers to using public transport. Very few people felt comfortable cycling in the city and the issue of safe cycling routes was raised by stakeholders.
9. Across the survey and other consultation mechanisms, respondents felt that investment in the Leeds Transport System was vital to improve the economy and the environment. Some suggested looking towards other cities such as Manchester and Nottingham for their tram systems, and London for its integrated ticketing. Countries further afield were also thought to be leading the way in their use of technology and use of electric and driverless vehicles.
10. In the survey respondents supported a combination of short and long term spending (61%). This was also raised by stakeholders who suggested a number of 'quick wins' to improve current travel in and around Leeds such as bus priority lanes and wider ranging longer term solutions of mass transit to meet the demands of a growing population.

11. There was an overarching desire for greater integration between modes both physically (i.e. joining bus and rail stations) and through a simpler and cheaper ticketing system. The need for better connections between local areas and key services such as hospitals, employment and education sites were also highlighted. Greater links to areas outside Leeds were also mentioned including HS2 and the need for improved access to Leeds/Bradford airport.
12. Women, those from a BME background and people with disabilities are more likely to use public transport than others and therefore any issues with public transport were felt most acutely by these groups. Similarly, those in more deprived areas where car ownership is low also felt the impact of poor public transport links more than others. Poor reliability, lack of services and cost impacted these groups quite significantly reducing their ability to access services, employment and education.
13. The key themes from the feedback provided through the conversation are;
 - Reliability, poor service and lack of accessibility of public transport were highlighted as major problems. Accessing local services was also seen as very important leading to strong support for better bus services in the city.
 - Many people felt rail could offer a better and more sustainable journey, hence strong support for rail investment to improve capacity and access to the rail network.
 - There was strong support for making the city centre a better, more people focussed place, while also recognising the need to provide for pedestrians and cyclists across the city.
 - Reducing congestion on busy junctions and reducing the environment impact of transport was considered important.
 - People were open to change and wanted greater travel choices leading to considerable support for park & ride and a future mass transit system
 - The timing of investment was also considered with the majority favouring a balance of short term and long term interventions.

Transport Conversation - Outer South response:

14. As well as the overall analysis of the Leeds wide response, there was some further analysis undertaken on a Community Committee area basis. The report for the Outer South area is included as an appendix to this document. This showed that a total of 466 respondents (6%) to the Leeds Conversation questionnaire were from the Outer South communities. The list below shows the top three priorities for transport investment indicated by Outer South respondents (283) from the questionnaire.

Top three comments	Outer South %	Leeds overall %
1. Invest in tram system	17%	16%
2. Improvements to cycling facilities	17%	18%
3. More reliable bus service	15%	14%

15. The questionnaire response also highlighted other key issues as being; the support for the expansion of park and ride facilities (13%) as well as increased rail capacity and new trains, cheaper and better value for money buses, better connections with surrounding areas and suggestions for tackling traffic congestion such as improving road capacity, congestion charging and car share as well as longer term thinking but also having some smaller scale, shorter term improvements.

16. In addition to the questionnaire analysis there was further feedback received from this committee on the 3rd Nov 2016. The feedback from these meetings was included as part of the overall assessment within the Transport Conversation and included the following issues of; overcrowding on trains; lack of parking at rail stations; support for Park and Ride but to be aware of any impacts on local residents; improving bus services in particular poor cross district services with high fares; issues around new housing residents not using the bus service which impacted those that were reliant on the bus network.
17. The summary of suggestions from the 3rd Nov (*see appendix for notes of the meeting*).

Transport Improvements - 3rd Nov 2016

- A Morley bus station and bus hub at Tingley
- Network improvements e.g. feeder buses from Morley (and estates) to Rail Station.
- Bus lanes and priorities on the A653
- Improved cycle and walking routes
- Roll out of electric car/bike hire
- Accessible social transport
- Realisation of the potential for waterways to assist with freight movements

Leeds Transport – LPTIP transport improvements:

18. As outlined above, the Transport Conversation identified that people overall in both Leeds and the Outer South area wanted to see a better bus network, train service and cycle improvements and park and ride in the shorter term but also in the longer term wanted infrastructure improvements like a tram system.
19. In response, the LPTIP funding (£173.5M) awarded from central government is being targeted on public transport improvements across Leeds on both site specific improvements including rail stations and bus corridor upgrades, which are detailed below. These proposals are about offering a greater range and choice of transport options such as bus service wide improvements across Leeds, more park and ride, new and improved rail stations and an airport parkway, all creating new jobs.
20. The delivery and success of these schemes is dependent on working closely with the West Yorkshire Combined Authority along with key transport providers and bus and train operators. As well as business and the local community who we shall continue to engage with as the schemes progress. The LPTIP programme comprises of a package of public transport improvements that, taken together, will deliver a major step change in the quality and effectiveness of our transport network. The headline proposals include:

Rail improvements:

- Development of three new rail stations for key development and economic hubs serving Leeds Bradford Airport, Thorpe Park and **White Rose**.
- Making three more rail stations accessible at Cross Gates, Morley and Horsforth.

Bus Improvements:

- A new Leeds High Frequency Bus Network – over 90% of core bus services will run every 10 minutes between 7am and 8pm.
- Additional investment of £71m by First group to provide 284 brand new, comfortable, and environmentally clean buses with free Wi-Fi and contact-less payments which will achieve close to a 90% reduction in NOx emissions by 2020.
- 1000 more bus stops with real time information.
- Bus Priority Corridors : Investment in a number of key corridors to reduce bus journey times and improve bus service reliability including the following key corridors:
 - A61/A639 South: To provide a high quality bus priority corridor from the Stourton park & ride into the city centre;
 - A61 North: A series of bus priorities which address traffic hotspots, building on the existing Guideways in North Leeds;
 - A660: Improving bus journey times and reliability by investing in the Lawnswood roundabout and localised priority interventions;
 - A58 North East: Investment at key traffic hotspots to improve bus journey times along the corridor;
 - A647: Bus priority through the congested A647, linking to the park & ride expansion at New Pudsey railway station; and
 - Provision to examine the wider corridor network needs as part of the longer term 10 year plan for the bus network.

Park and Ride: Park & Ride is an important element of the emerging Transport Strategy for Leeds. Park & Ride is good for the city economy and the environment as it reduces parking in the city centre and also helps to reduce congestion and improve the city's air quality by reducing the number of cars entering the city centre.

- Building on the success of the first 2 park and rides (Elland Rd and Temple Green) with nearly 2000 spaces provided to date.
- A further 2000 more park and ride spaces are to be created with
 - A new site opening at Stourton Park and Ride in 2019.
 - The exploration of a north of the City, park and ride site.
 - Potential further expansion of Elland Road park and Ride

Mass Transit:

- As part of the LPTIP funding, a study is looking into the potential for a future mass transit and is explained further under the transport strategy.

Cycling and Active Travel:

- The LPTIP initiative will involve improvements to key public transport corridors as listed above under the bus priority improvement corridors (A58, A61, A647 and A660), improving

Transport Hubs and Connecting Communities: The LPTIP Programme also includes a significant focus on improving the bus offer for the City. Alongside the bus corridor and City Centre improvement works, there is also an opportunity to enhance and improve interchange facilities and identify gaps in the transport network, which could improve connectivity. The following projects will deliver:

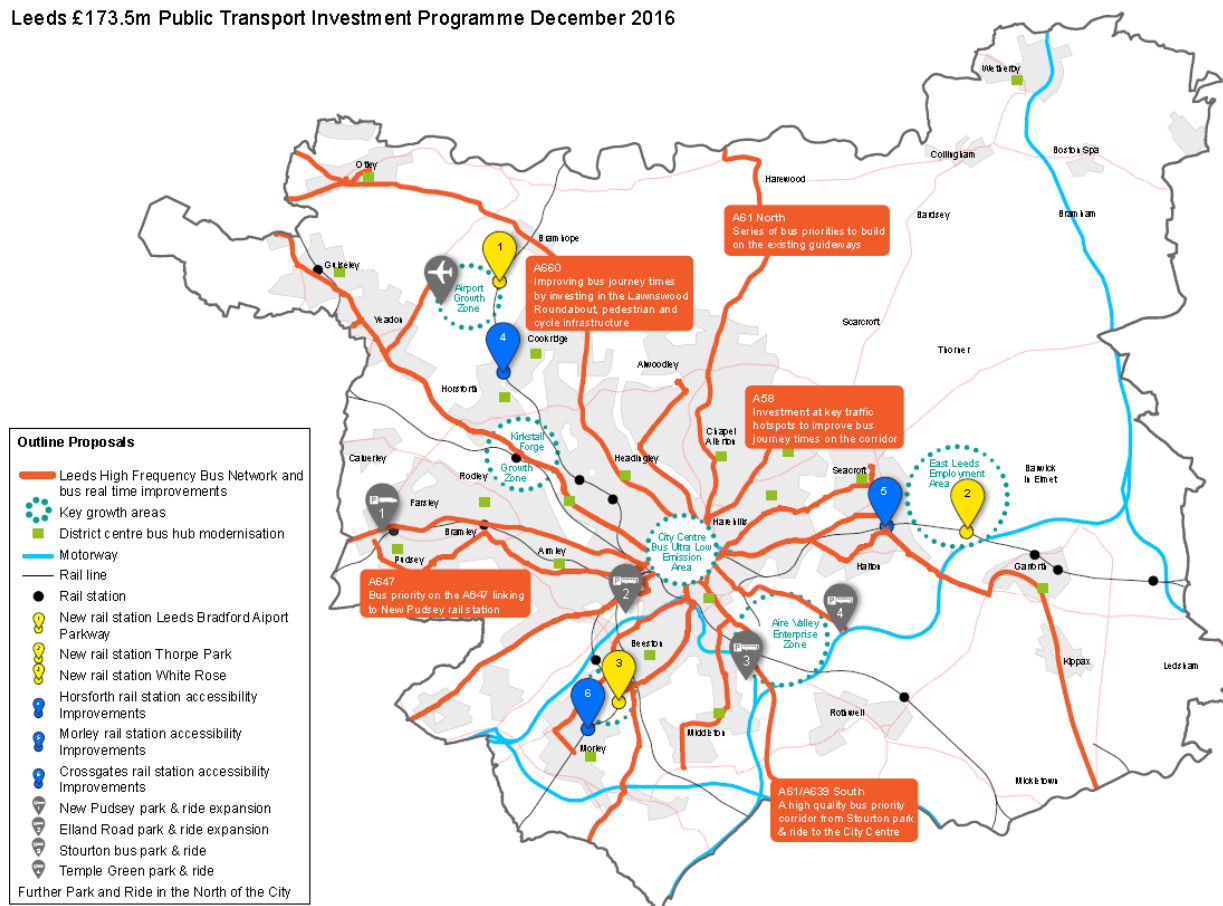
- 1. Transport Hubs** -investing £8m of capital funding to deliver new or upgraded facilities outside the City Centre which strengthen the role of community/ district centres as transport interchanges
- 2. Connecting Communities** -investing £5m of capital funding and targeting current revenue support to improve the connectivity within and between Leeds communities addressing travel demands which are not being met by the commercial bus network. Connecting Communities could also be delivered through improvements to walking and cycling routes.

Key principles

- Capital investment cannot exceed funding allocation
- Schemes need to be deliverable in the timescales (by 2021)
- Schemes are required to be value for money

The Potential options for the Transport Hubs and Connecting Communities schemes are currently under consideration and are taking into account transport and economic data, the Bus Strategy Consultation and Leeds Transport Conversation.

- A representative from WYCA will be attending the meeting and inviting comment on these proposals.



21. The LPTIP proposals described above are not the only programme of transport improvements proposed in Leeds. There are also an extensive range of other transport schemes over the next few years that are either recently implemented, under construction or under planning and are listed as a summary, appended to this report.

22. This list shows that there are substantial schemes underway in Leeds, however there are more planned to be taken forward through the emerging Leeds Transport Strategy which is covered below (para 31).

Transport improvements – for the Outer South area:

23. The following section details those schemes from both the LPTIP and other Leeds transport proposals to outline what is currently planned in and adjacent to the area.

24. **Elland Road Park and Ride expansion** – a feasibility of the potential to expand the existing 800 space car park is being undertaken which is examining further demand for the site including taking into account the following factors;

- The recently opened Temple Green park and ride and the Stourton park and ride (see below)
- The regeneration plans for Elland Road football grounds.
- First Bus have confirmed that there has been no loss of local service as a result of the park and ride.
- The majority of users arrive at the site using the strategic road network.
- Improvements by Highways England at M621 J2 (as part of the wider J1 to J7 improvement scheme).

- LCC junction improvements at Armley Gyratory will also ease any future congestion.
25. **Stourton Park and Ride and A61/A639 bus corridor improvements:** Leeds City Council (LCC) and the West Yorkshire Combined Authority (WYCA) are working together to introduce a new Park & Ride site in Stourton, including associated Bus Corridor Improvements, adjacent to Junction 7 of M621. The bus service will also provide a high quality transport link along the A61 Low Road / Hunslet Road, past the education establishments, through Leeds South Bank area to the City Centre. The car park will provide 1100 spaces adjacent to the M621 (Jct 7) and provide pick up / drop-off point with departure lounge, real-time information, smartcard ticketing, car park security and welfare facilities. There will also be electric vehicle charging points, cycle facilities and new landscaping and amenity features that will contribute towards key city aims of reducing air pollution and congestion in the City Centre. More information on the scheme can be found at <http://www.leeds.gov.uk/residents/Pages/Stourton-Park-and-Ride-Public-Engagement.aspx>.
26. Improvements to the A61 bus corridor improvements are an integral component the park & ride proposals and include the A639 Low Road / A61(south) Hunslet Road corridor from the Stourton park and ride site into the city centre. The corridor improvement works will include the following and further details can be found on the Leeds City Council website *: Engagement with Wakefield Council will also take place in terms of the value of this scheme for bus users in their area.
- A dedicated bus lane from the Thwaite Gate area both into and out of the city centre, to provide the high quality bus provision;
 - Provision of a fully segregated cycle track from the Thwaite Gate area both into and out of the city centre, to provide a safety and high quality cycle route along Low Road and Hunslet Road;
 - Major junction improvement at the Thwaite Gate/Wakefield Road/Pontefract Lane junction, to improve junction capacity and bus journey times;
 - Improvements to all junctions along the Low Road and Hunslet Road route, by means of minor realignments and improvement of the traffic signal equipment to improve junction capacity, improve journey times and reduce congestion;
 - The widening of Low Road between the Church Street and Sussex Avenue junctions to enable the provision of the bus and cycle lanes;
 - The introduction of soft landscaping, planting and trees along various sections of the corridor to improve overall visual appearance of the Low Road/Hunslet Road route; and
 - Improved pedestrian and cycle links from the local communities onto the corridor.
27. **Millshaw/ White Rose Station:** Three new train stations are proposed as part of the £173.5m package. The West Yorkshire Combined Authority are currently working on an outline business case for a new station at Millshaw, to be submitted to the Department of Transport in the autumn of 2018.
28. **Northern Stations Improvement Fund:** Within the Northern Franchise there is a Stations Improvement Fund of £38m. The majority of money is aimed at middle and smaller sized stations and is focussed on bringing facilities and standards up to a consistent level, looking at areas such as seating, information, lighting and security, additional ticket machines and improved accessibility. Station improvements are planned at Morley and Woodlesford.
29. **Rail Station Car Park Expansions:** Work has started on a £32m programme of car park extensions at a number of rail stations throughout West Yorkshire, using land owned by Network Rail or local authorities. Increased car parking capacity will enhance accessibility to the rail network and support sustainable employment growth in the main urban centres. The

car parks will provide: additional standard and blue badge parking bays, CCTV, lighting, drainage and future proofing for Electric Vehicle (EV) charging points. Morley Station is included in the programme.

30. **HS2:** High Speed Two (HS2) is the Government's planned new, high speed railway from London to new stations in Birmingham, the East Midlands, Leeds and Manchester. HS2 is expected to bring major benefits to Leeds in terms of connectivity, the economy and jobs and work is proceeding on a growth strategy to capture these for the city and region.. During the summer the DfT reconfirmed the Phase 2b route with decisions about the route in the Sheffield area, proposals for the depot to be sited in Leeds within the Enterprise Zone and realignment of the Leeds Spur to include a tunnel beneath Woodlesford. Plans for the Northern Powerhouse Rail project are being progressed by Transport for the North alongside HS2 and the proposals for this scheme are expected next year. It is understood that there are significant local concerns around the impacts of the scheme on the locality and various public meetings have taken place in the area regarding the scheme and its anticipated impacts. Detailed engagement is proceeding with HS2 Ltd and engagement with the local community is also proceeding.

Leeds Transport Strategy:

31. The Transport Conversation showed us that whilst people want short term improvements they also want to see longer term thinking. In response to this, an emerging transport strategy is underway (see background papers), with the question of how does Leeds address its key transport challenges in the context of needing to contribute towards economic growth, inclusivity, health and wellbeing and City liveability over the next 20-30 years.
32. Reconciling these challenges will be crucial to the successful delivery of a long term transport strategy for Leeds and include;
- *Changing our highway infrastructure for quality place making, strong communities and a knowledge rich economy* – To create people friendly city and district centres, prioritising pedestrian movement can reduce vehicle capacity, which in turn may produce the economic dis-benefit of congestion unless considered within a wider strategic transport context.
 - *Promoting Leeds as a regional and northern economic hub* – The strength of Leeds economy has resulted in a large increase in commuting to Leeds from outside the district which the current transport system is struggling to accommodate. Delivering rail growth is an essential element of this strategy.
 - *Ensuring transports role in good growth, equality and connected communities* - The city must respond to community needs by connecting neighbourhoods, linking people to services and recognise that transport is a vital service that needs to be accessible for all.
 - *Improving air quality and decarbonising our transport system* - Traffic congestion exacerbates emissions of air pollutants, greenhouse gases and noise. The city must make a rapid improvement in air quality and meet legal obligations by 2020.
 - *Building on a transport system already under pressure* - With the adopted Core Strategy provision of 70,000 additional homes 493 hectares of employment land and 1 million square metres of office space by 2028, both existing and future growth means a substantial increase in travel demand, along with rising car ownership, with the consequence of increased peak congestion levels, delay and low network resilience.

- *Gaining a city wide consensus on the role of mass transit and changing the way we travel* – High capacity high frequency public transport remains the most effective way of moving large numbers through limited road space. Building on our existing public transport network, we need a step change in the number of people using public transport, and a transport solution that works with the grain of the city.
 - *Delivering public transport schemes through the reallocation of road space* - the key unresolved issue remains giving priority to major public transport schemes continues to cause considerable debate because of the need to prioritise them over other modes of transport.
 - *Delivering a long term strategy for our strategic transport assets* - short term repairs to the Leeds Inner Ring Road are becoming increasingly unviable. We need to explore long term options for this asset which keeps our city moving.
 - *Maximising the transformational benefits of nationally strategic projects* – realising the benefits of HS2 and successfully master planning Leeds Station into the fabric of the city, and mitigating the impact of the HS2 line of route into Leeds.
 - *Harnessing Technology and understanding future travel scenarios* - how to plan for new technologies, and how to integrate them with current modes and infrastructure.
33. As part of taking the strategy forward, a Leeds Transport Expert Panel was set up and first met in November 2016. The panel includes leading transport experts and senior figures from transport bodies and organisations from across the UK, along with representatives from business, education, planning, accessibility, equalities and campaign groups. The panel has considered future transport trends and challenges, and how transport can best facilitate the Council's 'Best City' goal and will continue to input into the strategy as it evolves.

Corporate considerations

Equality and diversity / cohesion and integration

34. Improving public transport, will improve local connectivity and in turn increases access to employment, education, and leisure services and facilities for all equality groups. The Transport Conversation has attended a number of different equality group meetings and has been and will continue to directly engage with these groups. Any specific impacts on equality characteristics will be examined in individual schemes.

Council policies and city priorities

35. The anticipated benefits for Leeds from the Transport Strategy development and LPTIP have the potential to contribute to the vision for Leeds 2030 to be the best city in the UK. Including the following Best Council objectives; promoting sustainable and inclusive economic growth, supporting communities and tackling poverty, building a child friendly city and contribute to the Councils cross cutting 'World- class events and a vibrant city center that all can benefit from' Breakthrough Project.'
36. The vision also contributes to the objectives of the Local Development Framework, the Leeds adopted Core Strategy, and the WYCA Transport and Bus strategies and Strategic Economic Plan.

Conclusion

37. The first phase of the Transport Conversation showed that across Leeds and in Outer South there was a similar call for both short and long term improvements; across the bus network, rail services, additional park and ride; reduced traffic congestion; improved cycle and

walking facilities as well as looking at large scale infrastructure improvements. Although there was a particular emphasis in Outer South on bus service network improvements.

38. Whilst the Conversation was particularly focused on securing the promised £173.5m from the government. It also sits in the wider context of the £1 billion of transport schemes identified through the Transport Fund and the interim Leeds transport strategy.

39. A presentation at the meeting will follow the main structure and content of this report and offer an opportunity for further discussion and feedback.

Recommendations

- To note the feedback from the Transport Conversation and its input into the £173.5m public transport improvements and informing a wider transport strategy for the City and the Outer South area over the next 20 years.
- To note the overall progression of Leeds Transport and LPTIP Schemes in Leeds overall.
- To note progression of the major transport schemes within the Outer South Area.
- To provide feedback to the West Yorkshire Combined Authority (who will be attending the meeting) on the proposals for the Transport Hubs and network proposals.

Appendices

- Outer South Workshop – notes of workshop 3rd November 2016
- Aecom analysis of Outer South questionnaire responses
- Summary of Major Transport Schemes in Leeds – Extract from Leeds interim Transport Strategy (see below).

Background information

- Transport Conversation results report and the Leeds Transport Interim Strategy to be found at: [http://www.leeds.gov.uk/residents/Pages/Leeds-transport-conversations.aspx#http://www.leeds.gov.uk/docs/Leeds Transport Strategy.pdf](http://www.leeds.gov.uk/residents/Pages/Leeds-transport-conversations.aspx#http://www.leeds.gov.uk/docs/Leeds%20Transport%20Strategy.pdf)
- WYCA website – Bus and Transport strategies <http://www.westyorks-ca.gov.uk/transport/>)

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Leeds Transport Conversation

Outer South Report – April 2017



1. Introduction

The Leeds Conversation questionnaire included two questions which allowed people to enter free text:

1. Please provide any further comments on your priorities for transport investment; and
2. Please provide any further comments.

Respondents were assigned to a Committee area based on the partial postcode information that they were asked to provide. Postcode information was not provided by over a quarter (27%) of respondents. Furthermore, 6% of respondents were designated as 'Out of District'.

This document presents detailed analysis of responses given by those living in the Outer South.

2. Outer South

A total of 466 respondents (6%) to the Leeds Conversation were designated as Outer South. Of those, 283 gave comments on their priorities for transport investment.

Table 1 below shows the top ten comments given by Outer South respondents and compares them to comments provided by respondents outside the area (others). Highlighted blue are issues that appeared in the top ten for respondents from the Outer South but not the top ten of respondents overall (see main report).

Priority 1: Invest in tram system: the top priority in the Outer South was for investment in a tram system, with 17% commenting on this. The comments below relate to suggestions made about such an investment.

"It's a real shame we don't have a tram network in Leeds. I know it's costly, but it would bring us in line with big cities like Manchester and Sheffield."

"I feel Leeds should invest in a modern mass transport system light rail or tram, starting in the inner city areas and expanding in later years. Bus lanes and park and ride are not the answer you need to attract people to use an effective transport system at reasonable prices. The airport needs connecting much more effectively by rail and utilising transport from that direction, such as Horsforth, Kirkstall and Burley into the city centre also outlying areas like Rothwell and even Castleford need connecting."

Priority 2: Improvements to cycling facilities: 17% of respondents from the Outer South called for improvements to cycling facilities compared to 18% of others. The quotes below illustrate some of the improvements suggested.

"I would like to cycle to work but there are no safe cycling routes from Morley into the city centre. It would be nice for more (safer!) cycle lanes to be provided."

"Just make cycling a priority; needs to be safe. Segregated cycle lanes throughout the city and beyond will benefit EVERYONE. It's really quite that simple."

Priority 3: More reliable bus service: a more reliable bus service (15%) was the third most frequently mentioned issue by Outer South respondents, slightly higher than others (14%). Some of the views regarding this priority are highlighted in the quotes below.

"The First buses need vast improvement. They never turn up or are cancelled. I live in Morley and work at St James some days with the buses it can take me over an hour to get to work. The other week it took me two hours to get home as all [bus services] 51/52 were cancelled."

"It would be an advantage to people who do not drive if a consistent transport service could be relied upon. A service where buses do not arrive on a daily basis is unacceptable and is frustrating when trying to get to appointments on time."

Increased capacity on rail, new stations on existing lines and better connections with surrounding areas all featured in the top ten priorities raised by respondents in the Outer South, but not overall (see main report).

Table 1: Top Ten Comments about Priorities for Investment in Outer South

	Outer South	Others
1. Invest in tram system	17%	16%
2. Improvements to cycling facilities	17%	18%
3. More reliable bus service	15%	14%
4. Expansion of Park and Ride facilities	13%	9%
5. Increased capacity on rail	11%	5%
6. Cheaper/ better VFM (Bus)	10%	8%
7. New stations on existing lines	10%	3%
8. Expanded Metro rail service	9%	9%
9. Better connections with surrounding areas	8%	7%
10. Tackle traffic congestion, e.g. congestion charge, car share	8%	11%
Base: Respondents who provided a comment	283	4262

Green = statistically significant difference

At the end of the Leeds Conversation questionnaire respondents were given the opportunity to provide any other comments. 138 respondents from the Outer South area gave a comment.

Table 2 shows the top ten comments they gave and compares them to other people who also provided a comment. Highlighted blue are issues that appeared in the top ten for respondents from the Outer South but not the top ten of respondents overall (see main report). However, most of the comments received were similar to those of other respondents though there were a couple of noticeable differences. The **top three priorities** for the Outer South were:

- Improvements to rail services/ network/ facilities (24%)
- Longer term vision for transport solutions needed (18%)
- Reduce car use in city centre/ tackle congestion (16%)

Anecdotal evidence to support these priorities can be found in the subsequent quotes:

"You need to look at making all stations accessible. For three years I couldn't take my little boy on the train from our local station because there is no way of transferring a buggy across the track at Morley. Legally all stations should have lifts, this needs implementing."

"Without a long term plan, Leeds will fall behind other cities with mass transport systems, like Manchester, Sheffield and Nottingham. Considering Leeds is bigger than Sheffield and Nottingham; it does feel Leeds is often forgotten about."

"Now is the time to belatedly provide Park and Rides in Stourton, Tingley and elsewhere that can make a real difference, as well as providing more frequent bus and rail services."

There were a few of noticeable differences in the top priorities cited by respondents in the Outer South. In particular, a significantly higher proportion of respondents highlighted the need for improvements to rail services/ network/ facilities (24% compared to 14% of others).

Similarly, there was a significantly higher proportion of Outer South respondents that cited the need for short term thinking on the Transport System and the development of a comprehensive public transport network across the city (10% and 9% respectively compared to 5% of others).

The need to improve the road network/ capacity, have short term thinking on the Transport System and develop a comprehensive public transport network across the city all featured in the top ten priorities raised by respondents in the Outer North West, but not overall (see main report).

Table 2: Top Ten Other Comments in Outer South

	Outer South	Others
1. Improvements to rail services/ network/ facilities	24%	14%
2. Longer term vision for transport solutions needed	18%	18%
3. Reduce car use in city centre/ tackle congestion, e.g. restrict access, reduce speeds, Park and Ride	16%	11%
4. Implement tram system/ rapid mass transit	14%	11%
5. Improvements to bus services/ network/ facilities	14%	17%
6. Deliver several small scale joined up schemes	11%	8%
7. Improve road network/ capacity	10%	6%
8. Short term thinking needed on the Transport System	10%	5%
9. Develop comprehensive public transport network across the city	9%	5%
10. Improvements to cycling facilities, e.g. cycle lanes, priority at junctions	8%	9%
Base: Respondents who provided a comment	138	2185

Green = statistically significant difference

Summary

Improvements to rail, such as increased capacity, new stations and expansion of Park and Ride facilities, were all particular issues for respondents from the Outer South. Respondents from the Outer South raised the need to invest in rail in both open ended questions, with a significantly higher proportion citing improvements to rail services/ networks/ facilities as the top priority for the delivery of transport investment.

A significantly larger number of respondents from the Outer South raised the need for short term thinking on the Transport System and the need to develop a comprehensive public transport network across the city. Improving the road network/ capacity was also particular to this area.

Leeds Transport - Scheme Summary

Park and Ride Improvements: Park & Ride is an important element of the emerging Transport Strategy for Leeds. Park & Ride is good for the city economy and the environment as it reduces parking in the city centre and also helps to reduce congestion and improve the city's air quality by reducing the number of cars entering the city centre.

- **The Elland Road Park and Ride**, delivered in partnership with WYCA, is already proving very popular, with a second phase implemented creating a total of 800 spaces and a temporary overflow of an additional 60 spaces and is currently averaging 4000 parked cars per week and considering a further expansion of an additional 250-300 spaces.
- **Temple Green** - A further Park and Ride of 1000 spaces has now opened at Temple Green in the Aire Valley Enterprise Zone, this is already seeing success with on average 2500 parked cars per week.
- Building on the success of these first two Park and rides with nearly 2000 spaces provided, a further 2000 more Park and ride spaces are to be created with a new site opening at **Stourton Park and Ride** in 2019 and the exploration of a **North of City Park and Ride** site.

Bus network Improvements:

- A new **Leeds High Frequency Bus Network** – over 90% of core bus services (on main bus corridors) will run every 10 minutes between 7am and 8pm.
- **1000 upgraded existing bus stops** with real time information (RTI) information displays at bus stops in communities throughout Leeds together with up to the minute travel information on mobile devices and new ways to pay for travel. The current total of Leeds bus stops are 4476, of those there are 428 with Real Time Information.
- **Bus 18** - Bus 18 is a programme of short term initiatives being developed jointly by WYCA and the bus operators to benefit bus passengers. As part of Bus 18, and following feedback from customers, WYCA has changed the layout of timetable displays at bus stops and shelters. The new displays include clearer information, bus operator branding and, on larger displays, schematic maps. Bus 18 includes a raft of pledges that will make bus travel better, with the ultimate aim of encouraging more people to use the bus.
 - To make buses easy to use
 - To reduce emissions
 - To improve customer satisfaction and passenger experience.
- **Transport Hubs** -£8m capital funding to deliver new or upgraded existing facilities to improve the waiting environment and the travel information offer across the district. This will work to improve onward connectivity by bus from and to the City Centre as well as between other district centres.
- **Connecting Communities** -£5m capital funding to improve the bus service offer across Leeds communities where the commercial bus network does not operate to provide sufficient coverage.

- **City centre bus gateways** - Simplifying the road layouts to reduce congestion, upgrading the pedestrian environment, improving signage and legibility and redesigning stop infrastructure is proposed at the following key gateway locations: The Headrow; Infirmary Street / Park Row; Vicar Lane (Corn Exchange) / Boar Lane / Lower Briggate
- **New CCTV contracts:** WYCA has let a new contract to manage and replace all its CCTV installations across West Yorkshire. The new system will be digital and fibre (rather than analogue) and will provide higher quality live camera feeds and improved evidence gathering facilities. The system will also allow WYCA to provide WIFI for customers in the bus stations.
- **Leeds City Bus Station Exit Works:** Highway improvement works have been undertaken along St Peter Street and to the existing bus station exit. The completed works provide improved exit arrangements for buses, better journey times for passengers and an improved controlled pedestrian crossing and route to the bus station and city centre. Improved access arrangements are also provided for coaches using the coach station.
- **Senior Travel Passes:** To make it easier for people to order new Passes or renew their existing ones, West Yorkshire Combined Authority has introduced online applications but can still apply for Senior Passes at Bus Station Travel Centres.

New bus provision:

- Additional investment of £71m by First group to provide **284 brand new, comfortable, and environmentally clean buses with free wi-fi and contact-less payments** USB charge points, Next Stop audio visual announcements, extra comfort seating and a new striking livery which will achieve close to a 90% reduction in NOx emissions by 2020. A recent tour of the new demonstration bus was launched on the 29th September which travelled throughout the Leeds District and into all 10 Community Committee areas. The first 34 buses (out of 284) arrive in December with the remaining buses by 2020. The first communities to benefit will be those using the routes 1 Beeston – Leeds – Holt Park & 6 Leeds - Holt Park.

Better Buses for Leeds: Consultation – Leeds Outer South

Thursday 5 October: White Rose Shopping Centre



- **AccessBus:** Grant funding from the Department for Transport is being used to fit the older AccessBus vehicles in Bradford, Leeds and Wakefield with catalytic convertors to bring their emissions down to the equivalent of Euro 6 standards. Later this year the buses will also be refurbished inside and out, with improvements including electronic destination blinds and CCTV.

Rail and Station Improvements:

New Stations

- Leeds rail growth package with the recent opening of two new stations at **Kirkstall Forge** opened in (19.06.16) and **Apperley Bridge** (13.12.15) with associated car parks providing a new park and rail option, and unlocking the development of new homes and jobs. Monitoring and evaluation work is being carried out to assess the performance of Kirkstall Forge and Apperley Bridge rail stations. The work includes household surveys to determine if commuters have changed their travel behaviour and rail platform surveys to gather information on reasons for travel, and how the journey was made prior to the stations opening.
- Development of **three new rail stations** for key development and economic hubs serving Leeds Bradford Airport, Thorpe Park and White Rose.
 - A parkway station serving Leeds Bradford Airport providing a rail link for airport passengers, supporting employment growth surrounding the airport and providing strategic park & ride for the city and surrounding districts.
 - A new station at Millshaw to improve connectivity to the employment area around the White Rose retail centre.
 - A new station at Thorpe Park, linked to employment and housing growth areas with a park & ride facility.

Station Improvements

- **Rail Station Car Park Expansions:** Work has started on a £32m programme of car park extensions at a number of rail stations throughout West Yorkshire, using land owned by Network Rail or local authorities. Increased car parking capacity will enhance accessibility to the rail network and support sustainable employment growth in the main urban centres. The car parks will provide: additional standard and blue badge parking bays, CCTV, lighting, drainage and future proofing for Electric Vehicle (EV) charging points. Stations included in the programme are as followed in Leeds: Guiseley, Morley, Outwood.
- Car park expansion is also proposed at **New Pudsey** from 452 existing spaces with an additional number of spaces to be defined but likely to double capacity.
- By 2023 all **rail stations will become accessible** including upgrades planned at Cross Gates, Morley and Horsforth.
- **Northern Stations Improvement Fund:** Within the Northern Franchise there is a Stations Improvement Fund of £38m. The majority of money is aimed at middle and smaller sized stations and is focussed on bringing facilities and standards up to a consistent level, looking at areas such as seating, information, lighting and security. Station investment will also include additional ticket machines and improved accessibility. The project is progressing well with 36 stations due to be completed by the end of 2017 as part of phase one, with the remainder phased for implementation up until March 2020. The following stations in the Leeds district are included in the programme: Phase 1, Bramley, Micklefield. Phase 2 Burley Park, Cottingley, Cross Gates, East Garforth, Garforth, Guiseley, Headingley, Horsforth, Morley, Woodlesford.

New and Refurbished Trains

- **Pacer trains** (over 30 years old) will be withdrawn from service by 2020. A fleet of 98 new trains and 243 upgraded trains across the Northern franchise area will be provided by 2020.
- **Northern Connect** is Northern Rail's brand name for a group of specific routes which will run on the longer journeys in the franchise from December 2019. The investment and improvements will include: new / improved services from Leeds to York, Bradford, Wakefield, Sheffield and Nottingham; 12 new and upgraded services, most hourly; Over 90% operated with new trains; 36 Connect Stations with consistent, higher standards;
- Northern recently launched their tenth refurbished train as part of an ongoing refurbishment programme. Refurbished trains have a new interior including new floor coverings, repainted carriages and new seating; they are fully accessible and have free Wi-Fi. New LED lighting has also been fitted, and refurbished toilets include improved baby changing facilities.
- TransPennine Express (TPE) have also launched a phased refurbishment programme, with two newly refurbished 185 trains now operating on the network, with further refurbished trains to be added to the network on average every ten days. The

upgrades include new seats throughout, leather seats in first class, standard plug and USB sockets at every pair of seats in standard and first class, as well as bigger tables to allow more space for laptops and other devices. Free high speed Wi-Fi will also be available. Additionally between 2018 and 2020, TPE will introduce three new train fleets, including enabling existing class 185 trains to be increased from three to six carriages incrementally.

Strategic network

- **HS2** is the catalyst for accelerating and elevating the Leeds City Region's position as an internationally recognised place of vitality, connecting the North and creating an inclusive, dynamic economy, accessible to all. In July 2017 the Department for Transport reaffirmed its support for HS2 Phase 2b and confirmed the preferred route for the full Y network – the Eastern Leg to Leeds and the Western Leg to Manchester. This enables preparations for the third HS2 hybrid Bill, which is intended to go to Parliament in autumn 2019 and will enable construction to commence in 2023 with train services to Leeds and Manchester commencing in 2033.
- **Leeds Station** is one of the most important pieces of transport infrastructure in the country, and one of the busiest train stations. With proposals for HS2, HS3 and rail growth, a masterplan is helping to guide this future development representing £500 million including
 - Station Campus, including a centre for new commercial, residential and leisure activity, and 3m sq.ft. of new commercial and retail space within the station district.
 - Multiple entrances including Northern and South Bank entrances
 - Common Concourse – to ensure a seamless interchange between HS2 and the current station, a new shared common concourse is proposed.
 - Neville Street will be pedestrianised (potential for mass transit route),
 - Dark Arches are transformed into new retail leisure spaces
- The **southern entrance to Leeds Station** opened early 2016 (03.01.16) supports Leeds ambition to double the size of the City Centre by regenerating the Southbank.
- **Northern Powerhouse Rail (NPR)** or also referred to as HS3 is a major strategic rail programme developing a new east-west rail link (Transport for the North (TFN). NPR is designed to transform the northern economy and meet the needs of people and business through improved connectivity between the key economic centres of the North. The programme promises radical changes in service patterns, and target journey times and includes commitments to a Trans Pennine Route and Calder Valley Line upgrades. The next phase of NPR work will focus on the overall NPR network, with a preferred network “shape” expected to emerge in around February 2018.
- **Calder Valley Line:** The Calder Valley line is a two-track railway line running from Manchester Victoria to Leeds, connecting Preston, Blackburn, Accrington and Burnley with Halifax, Bradford and Leeds via Hebden Bridge. Over the coming years a series of improvements will be delivered on the Calder Valley line to reduce journey times and improve connectivity and commuter travel services between the key towns and cities. Improvements include upgrades to the tracks and signalling system of the line and the new station at Low Moor, which opened in April 2017.

Active Travel – Cycle and Walking improvements:

- LPTIP initiative will involve improvements to key public transport corridors (A58 north-east, A6, north and south, A647 and A660), improving provision for pedestrians and cyclists along these corridors.
- A programme of **20 mph speed limits** around schools aims to improve child safety and provide opportunities for children to travel actively.
- **City Connect Cycle Superhighway**. See [City Connect website](#): West Yorkshire Combined Authority is working with Leeds and other Local Authority partners across the district to deliver the CityConnect programme. It will bring about increased levels of cycling and walking through improvements to infrastructure and activity to enable more people to access to a bike. The Phase 1 schemes in Leeds include; Leeds & Bradford Cycle Superhighway; Kirkstall Shipley Canal Towpath upgrade; Increased cycle parking; Leeds Community Cycle Hub and Activity Centre.
- The Phase Two City Connect improvements in Leeds start on site on the 30th Oct and include 7km of superhighway to the North and South of Leeds City Centre; Improvements to City Centre cycle access in Leeds; Neighbourhood improvements to access for pedestrians and cyclists; Activity to enable access to a bike and encouragement to ride.
- The second phase of the CityConnect cycle superhighway project in Leeds includes the delivery of works within the City Centre which comprise of extensions of the superhighway routes into the city from the west and east, links to the emerging education quarter in the south of the city and the first sections of a cycle loop around the city at Wellington /Northern Street. It is expected works will commence in late October with completion by the end of 2018.
- Recent **segregated cycle facilities** have started to be used on other routes, for example on Kirkstall Road and Regent Street.
- £3.2m to introduce segregated provision for cyclists on the **outer ring road** between (A61) Alwoodley and (A58) Whinmoor.
- **Cycling Starts Here** cycling strategy, ambitious plans for a comprehensive Core Cycle network, including up to 6 cycle superhighways and a network of on street and 'green' routes – Also drafting a Local Cycling and Walking Infrastructure Plan which will identify routes and improvements.
- **Public bike share** scheme proposals under exploration.

Major New Roads:

- **East Leeds Orbital Road:** will connect the Outer Ring Road at Red Hall around the east side of Leeds joining a new Manston Lane Link Road (MLLR) and connecting through Thorpe Park into junction 46 of the M1 motorway. ELOR will be a 7.5km dual carriageway which will provide the capacity to support increased traffic from allocated development in the East Leeds Extension (ELE) and vehicular access into the development areas as well reducing the impact of traffic growth on the existing highway network. The package of improvements will cost £116 million, to be funded by the West Yorkshire Plus Transport Fund and by housing developments in the East Leeds Extension.
- **A65 –A658 Leeds Bradford Airport link (LBA) Road:** Improving access to Leeds Bradford Airport. This scheme is part of a long-term development vision for the airport and city. The airport is of significant importance to the Leeds City Region economy, contributing £100million a year, and is one of the fastest-growing airports in the UK. The current 3.3 million passengers per year is predicted to rise to 9 million by 2050. To support the future growth of the airport and to address current congestion issues, three options were put forward for consultation in 2016 and are now under consideration with a further proposed consultation in the Spring / Summer 2018. The scheme will be funded through the Transport Fund managed by WYCA.

Leeds City Centre / South Bank

- **The Leeds City Centre package:** funded by the West Yorkshire plus Transport fund is a transformational scheme to support the growth of Leeds city centre and the associated regeneration of the South Bank. The scheme is also a crucial element to ensuring that Leeds is HS2 ready, through the creation of a world class gateway at City Square. The scope encompasses changes to the city centre highway network and includes changes in the South Bank area of the city, the M621 and the Inner Ring Road. The proposals include an improvement and upgrade at Armley (to cater for traffic diverted from city square), and additional capacity on the M621. The proposals also include the removal of through traffic from City Square.
- **Clay Pit Lane** - Junction redesign at Merrion Way, providing improved facilities for pedestrians and cyclists, including the filling in of a pedestrian subway.
- **Northern Street/Whitehall Rd:** Junction works, tunnel strengthening, S278 works associated with developments. The scheme includes enhanced facilities for cyclists and pedestrians and improvements to the general layout.
- **A58 Inner Ring Road Tunnels:** Options study to prepare a long term strategy for the Leeds Inner Ring Road. long term strategy: given the strategic importance of the IRR with significant and costly repairs, a long term strategy is required.

Pinch Point Schemes

- **Local pinch point schemes** – orbital improvement signalisation schemes at Thornbury, Rodley and Horsforth to tackle congestion and improve cycle and pedestrian accessibility

and safety.

Strategic junction and corridor improvements

- **A6110 South Ring Road Schemes:** Junction, corridor improvements.
- **Corridors improvement programme:** area wide approach to providing low and medium cost highway interventions applied comprehensively across a range of key strategic highway corridors at Dawsons Corner, Dyneley Arms, Fink Hill, and along the A653 Leeds - Dewsbury Corridor.
- **Dawsons Corner:** is a key strategic node on the Leeds road network and work is underway to deliver a fully remodelled and enlarged signalised junction, which provides:
 - More capacity on each approach arm
 - Enhanced at-grade cycle facilities for the Leeds-Bradford Cycle Superhighway
 - Landscaping and other “green streets” features.
 - Pedestrian crossing facilities and footways to provide better connections with New Pudsey station.

Aire Valley

- **Aire Valley** – highways improvements to access development areas in the Leeds City Region. ? Assuming it is the lower one, there is a proposal for a new bridge and north to south link road. Are we limited to LCC / WYCA initiatives? Should we be mentioning the current upgrade of M1 junction 45 and potential scheme for M1 junction 46?

Air Quality

- **Leeds Clean Air Zone** - Modelling work in preparedness for DEFRA potentially introducing CAZ to Leeds.

Notes of meeting: Outer South Community Committee
Morley Town Hall
Thursday 3rd November 2016

Buses

- Poor Sunday and evening services (particularly into Leeds) and poor connections into Leeds if you are not on the main A653/A61 corridors.
- The Winthorpe Estate on the periphery of Middleton has poor connections into Leeds despite being within a mile of the Thorpe Lane termini. Previously requested for a route to be extended.
- Cross district connections are poor. People were frustrated at the need to travel into Leeds to come back out to the South. Another example was residents in Lofthouse who have the fantastic 110 bus service from Leeds to Wakefield, but no links into Rothwell where they want to shop.
- Fares are high, especially on Arriva for short trips. People were in agreement that the high fares were also a reason not to get the bus in the first instance.
- Poor connectivity with health and education services.
- Although P&R is working well, need to consider how traffic could affect those who live locally.
- Provide Morley with a bus station – suggestion of the Royal Mail delivery (between Queen St, Fountain Street and Commercial Street) site if it were to close.
- Feeder buses from Morley (and estates) to Rail Station.
- Improvements to the A653 to be of a similar standard to York Road with extensive bus lanes and priorities.
- Creation of a bus hub at Tingley Roundabout e.g. the White Bear pub site is derelict.
- Working in partnership with bus operators to provide improvements was widely endorsed in the short term.

Rail

- Dismay that the potential Ardsley station site has now been built over (Miller homes development, Falls Lane).
- Overcrowding.
- Poor car parking provisions at Woodlesford and Outwood Station car park fills up quickly.
- Confusing layout of Leeds Station.
- Improved rail access to White Rose Centre.

Cycling

- Safer cycle routes and the realisation of the Morley Moortown route.
- Improve walking/cycling connections between Ardsley and Middleton (extend the Middleton Core Cycle Route).

Housing

- Concern was raised that housing developments have continued to be built without associated public transport improvements being a part of the planning conditions. West Ardsley and the Ardsley Station site were two examples given.

Technology

- Roll out of electric car/bike hire; this has happened in other countries as a result of their air quality issues.
- Accessible social transport.

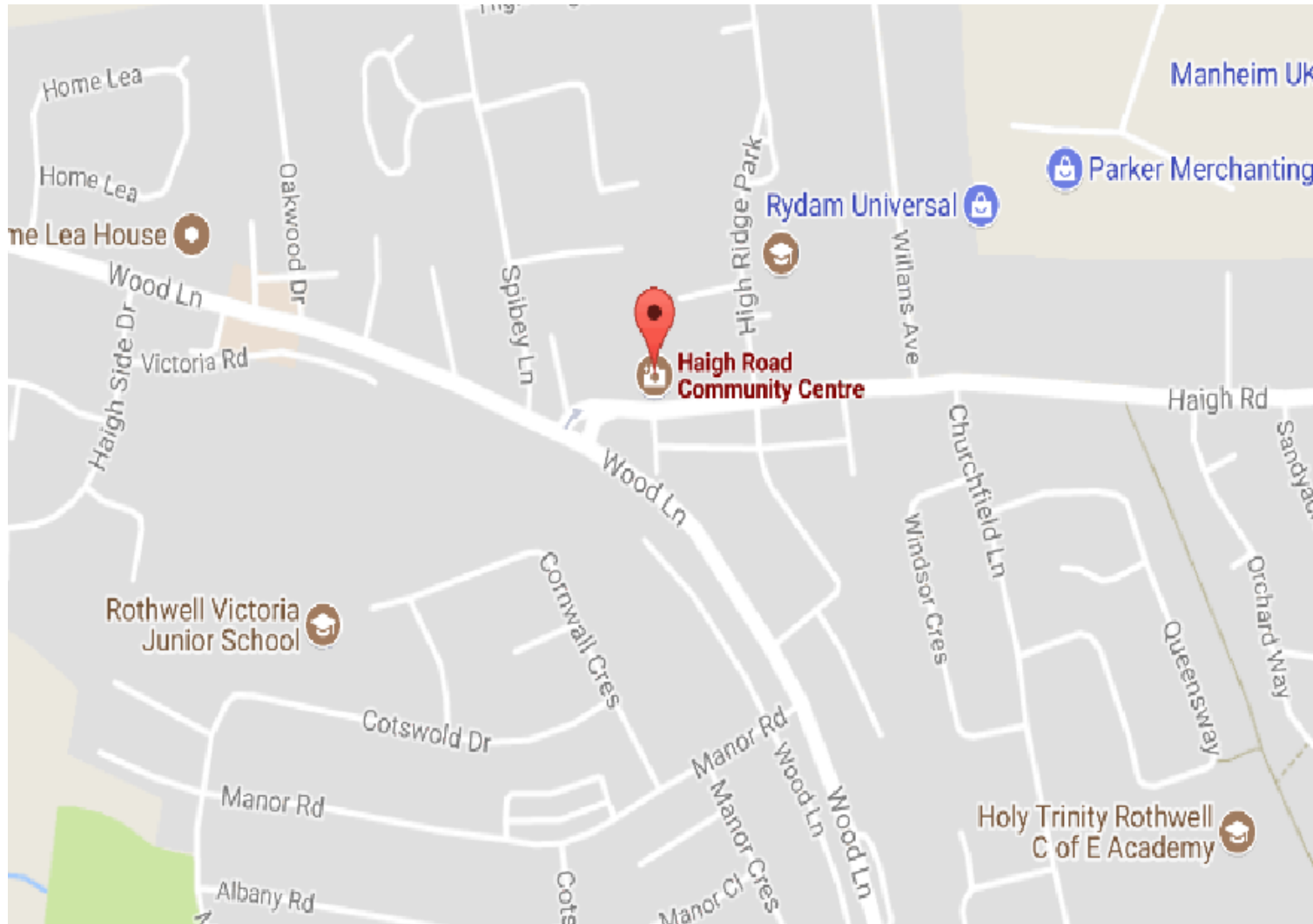
Water

- Realisation of the potential for waterways to assist with freight movements.



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Haigh Road Community Centre, Rothwell



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