



Community
Committee



Outer East Community Committee

Crossgates & Whinmoor, Garforth & Swillington,
Kippax & Methley, Temple Newsam

Meeting to be held at Swarcliffe Community Centre
Tuesday, 5th December, 2017 at 4.00 pm. Community
Committee Workshop on the Leeds Transport
Conversation to follow at 5.15 p.m.

P Grahame
P Gruen
J Walker

Cross Gates and Whinmoor;
Cross Gates and Whinmoor;
Cross Gates and Whinmoor;

M Dobson
S Field
S McKenna

Garforth and Swillington;
Garforth and Swillington;
Garforth and Swillington;

M Harland
J Lewis
K Wakefield

Kippax and Methley;
Kippax and Methley;
Kippax and Methley;

D Coupar
H Hayden
M Lyons

Temple Newsam;
Temple Newsam;
Temple Newsam;





Agenda compiled by: Andy Booth 0113 37 88665
Governance Services Unit, Civic Hall, LEEDS LS1 1UR
South East Area Leader: Martin Dean Tel: 395 1652

Images on cover from left to right:

Crossgates & Whinmoor - Crossgates Shopping Centre; Crossgates roundabout

Garforth & Swillington - Garforth Library and One Stop Centre, Thorpe Park

Kippax & Methley - Fairburn Ings

Temple Newsam - Temple Newsam House

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 - 12 SEPTEMBER 2017 To confirm as a correct record, the minutes of the meeting held on 12 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 EAST COMMUNITY COMMITTEE - UPDATE REPORT To receive and consider the attached report of the South East Area Leader	5 - 16

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			MAP OF TODAY'S VENUE Swarcliffe Community Centre	105 - 106

OUTER EAST COMMUNITY COMMITTEE

TUESDAY, 12TH SEPTEMBER, 2017

PRESENT: Councillor M Harland in the Chair

Councillors D Coupar, M Dobson, S Field,
P Grahame, P Gruen, H Hayden, J Lewis,
M Lyons and J Walker

12 Declaration of Disclosable Pecuniary Interests

No declarations were made.

13 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors S McKenna and K Wakefield

14 Minutes - 13 June 2017

RESOLVED – That the minutes of the meeting held on 13 June 2017 be confirmed as a correct record.

15 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. On this occasion there were no members of the public in attendance who wished to make any representations.

16 Update Report

The report of the South East Area Leader brought Members attention to a summary of work which the Communities Team was engaged in based on priorities identified by the Community Committee that were not covered elsewhere on the Agenda. The report provided opportunities for further questioning or the opportunity to request a more detailed report on any particular issue.

Peter Mudge, Area Officer presented the report.

The following was discussed:

Children and Families:

- Members were informed of Youth Activities Funded (YAF) projects that took place during the summer. There was still YAF funds available

and Members were asked for details of any projects or groups that could be funded.

- There was to be a Young People's consultation event at Kippax Sports Centre on Wednesday, 25th October 2017 at 1.00 p.m.

Housing

- There was to be a review of the Housing Advisory Panels (HAP) with closer links to Ward Members and Community Committees. There had been a request for a housing officer to attend the December meeting.
- HAP funded projects included the Kicks Project and Community Events.

Employment, Skills and Welfare

- Progress on Thorpe Paek included commencement of the Manston Lane relief road and the new bridge. Housing was due to start in 2018. There had been a launch event for retail units and these were due to open in Autumn 2018. Work was due to commence on the East Leeds Orbital Road.

Health, Wellbeing and Adult Social Care

- Work streams focussing on Mental Health continued to be developed.
- A blood borne virus screening pilot had been carried out in Leeds.
- South East Debt Forum – Money Buddies was due to launch a service in Swarcliffe.

Environment and Community Safety

- The next meeting of the Environment Sub Group would be held on 21 November 2017. Flood management was discussed at the last meeting.
- Skill Mill – The Chair welcomed Jon Lund, Youth Offending Service to the meeting to give a presentation on the Skill Mill project. This project was run by a social enterprise and was aimed at working with young offenders under the age of 18 to get practical workplace experience and skills for employment and training. The young people worked in cohorts of 4 with a supervisor and the 8th cohort was currently being recruited. Evidence had shown that young people who had been through Skill Mill were less likely to re-offend. Members thanked Jon for his presentation and welcomed the work carried out on the Skill Mill project.

Further issues highlighted from the update report included the Leeds Ride Out Injunction, Social Media updates and reduced lettings for Community Centre Use.

RESOLVED – That the report be noted.

Draft minutes to be approved at the meeting
to be held on Tuesday, 5th December, 2017

17 Delegated Budgets Report

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

- An update on the Outer East budget position.
- An update on the Wellbeing revenue projects and budget position.
- An update on the Youth Activities Fund projects and budget position.
- An update on the Wellbeing capital projects and budget position.
- An update on the Small Grants Budget.
- An update on the Community Skips Budget.

James Nundy, Area Officer presented the report.

It was reported that there were no applications for consideration at this meeting. A skip request had been made by Garforth in Bloom.

Members discussed the lack of funding applications for older people's events and possibilities for attracting future applications.

The Chair welcomed Gareth Cook of the Leeds Rhinos Foundation to the meeting to give the Committee a presentation and update on the summer camps that had received funding from the Youth Activities Fund. The camps had been attended by 430 children over a 4 week period and included a wide range of activities. The summer camps had received positive feedback and Members expressed their thanks for such a successful project.

RESOLVED –

- (1) That the details of the Wellbeing revenue projects and budget position be noted.
- (2) That the details of Youth Activities Funds projects and budget position be noted.
- (3) That the details of Wellbeing capital projects and budget position be noted.
- (4) That the details of the Small Grants Budget be noted.
- (5) That the details of the Community Skips Budget be noted.

18 Date and Time of Next Meeting

Tuesday, 5 December 2017 at 4.00 p.m.

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Report of: The South East Area Leader

Report to: Outer East Community Committee (Cross Gates & Whinmoor, Garforth & Swillington, Kippax & Methley, Temple Newsam)

Report author: Pete Mudge (Area Officer, tel: 0113 378 5794)

Date: Tuesday 5th December 2017 **For decision**

OUTER EAST COMMUNITY COMMITTEE – UPDATE REPORT

Purpose of report

1. To bring to Members' attention an update report on work based on priorities identified by the Community Committee which are not covered elsewhere on this agenda. It also provides opportunities for further questions or to request a more detailed report on a particular issue.

Main issues

Updates by theme: Children and Families – Cllr Helen Hayden

2. The last meeting of the Outer East Children and Families' Sub Group was held on Thursday 7th September 2017 and the most recent was scheduled to be held on Thursday 29th November. A verbal report of the November meeting will be provided for Members.
- 2.1 "Have Your Say Activity Day" 2017: Outer East Members commissioned an event to be aimed at young people aged 8-17. This was held on Wednesday 25th October (half term) at Kippax Leisure Centre.

Based on the format used for last year's event at Temple Moor High School, the Kippax event ran from 1-4pm and featured activity sessions, a shopping game providing consultation, a raffle, refreshments and further activities to round the day off.

There was a good mix of boys/girls attending within the desire age range from every Outer East ward. 38 young people attended and were met by Cllrs Hayden and Wakefield and the 10 activity providers who all attended at no cost.

Activities on the day included outdoor multi-sports provided by Leeds Rhinos Foundation and Leeds United Foundation, inflatables (LCC Youth Service), inflatable skills zone (Leeds Rhinos Foundation), dance taster sessions (Yorkshire Dance), arts and crafts (LCC Youth Service), smoothie making (Active Community Education in Sport - ACES), DJ workshop (DJ School UK), Chapel FM, Lego events, zines making and book face sessions (Kippax Library), 'Leeds Stories' (Museums and Galleries), ukulele workshops (Artforms).

The consultation investigated what sort of activities local young people would like in 2018 and how the Youth Activity Fund can help. Results from the consultation are being analysed and will be fed back to the Children & Families sub-group and Community Committee.

Housing

Outer South East Housing Advisory Panel

- 2.2 Plans to ensure HAP schemes work to their fullest potential are underway and this included a summer and autumn HAP survey which has recently ended with 85 respondents. The data is now being analysed.

In other HAP news: the Outer South East budget available as of November 2017 is £26,850; Grants remain capped at £5,000; and a new member has been recruited to the HAP Panel from Garforth

- 2.3 For the new builds at The Neville's in East Osmondthorpe, recruitment is underway to find one or two local residents to sit on the procurement panel
- 2.4 At Halliday Court in Garforth, Housing Leeds has commissioned Seagulls paint centre to work with residents to improve/paint an external rear wall that residents had complained was very dull.
- 2.5 Halton Moor Kicks Programme – maintains good attendance each week averaging over 25 participants. Because of his commitment to the programme and assistance in running the sessions, one of the participants has been nominated to the Premier League 'Heroes' campaign.

Updates by theme: Employment, Skills and Welfare – Cllr Pauleen Grahame

Thorpe Park

3. Current construction contracts include:
- I&H Brown are the successful contractors for construction of the Manston Lane Relief Road. They are now on site and the road should be completed by autumn 2018.
 - Galliford Try has been awarded the contract to build the bridge over the link road. Works should be completed by February 2018
 - Earthworks programme - to clear and prepare the site, due to be completed December 2017
 - Six month specialist steel work contract - started on site 26th June
 - Northern Gas Networks on site to move a large gas pipe

- Employment and skills targets have been agreed
- The preparation works for the retail and leisure park started on 24 April 2017
- Odeon cinema will open in Spring 2019.
- Redrow is the housebuilder for the 300 new homes. A marketing suite should be on site by the end of 2017 and it is anticipated the first show homes will be built by June 2018. A 3-5 year homebuilding programme will follow.
- Tenders have been evaluated for the East Leeds Orbital Road and are awaiting announcement of the preferred contractor.

As at the end of September the following construction outputs have been:

- Workforce on site to date 706
- People in new jobs 106
- People in new apprenticeships 13
- Work experience opportunities 37 weeks
- 14 school activities engaging including around 1350 students

The new office building, (named Paradigm,) was completed in December 2016. As yet no end user tenant has been announced.

The estimated completion date for the retail and leisure units is autumn 2018 in time for Christmas trading. There will be 36 individual units on the retail/leisure park. Occupiers announced so far are Next, TK Max, Boots, Pure Gym, M&S food and Outfit. The developer is in discussion with four restaurant providers. It is planned to engage with tenants at the most appropriate time in order to promote and support the end user jobs.

Promoting Apprenticeships

- 3.1 Following the success of the programme in March 2017 a further series of seminars took place on 14 - 16 November at the Rose Bowl. The aim of the seminars was to provide information to 1,200 parents, carers and young people about apprenticeships which range from entry to degree level and progression routes in each sector. A personal invitation was sent to parents and carers of all year 10 and 11 students, social media campaigns, promotion via schools and third sector organisations and a marketing flyer which was also copied to all Members.

Sectors included at the event were:

- Engineering and Manufacturing
- Public Sector
- Construction
- IT, Digital and Media
- Retail, Customer Services and Hospitality
- Law, Finance and Accountancy

School engagement

- 3.2 So far this academic year 24 high schools across the city have asked the Employment and Skills service to provide information to their students and parents and carers about Apprenticeships. Over the autumn and winter terms a number of activities including parents' evenings, careers fairs, destination days and year group presentations have been arranged for the following schools:

- Abbey Grange
- Allerton Grange
- Allerton High
- Boston Spa
- Brigshaw Academy
- Bruntcliffe High
- Carr Manor High school
- The Co-operative Academy
- Corpus Christi Catholic College
- Elliot Hudson
- Farnley Academy
- Garforth Academy
- Horsforth High
- John Smeaton Academy
- Leeds East Academy
- Leeds West Academy
- Morley High
- Notre Dane college
- Roundhay High
- Ruth Gorse Academy
- Temple Moor High
- Woodkirk High

Leeds Apprenticeship Recruitment Fair 2018

- 3.3 The National Apprenticeship Week (NAW) 2018 has recently been announced as w/c 5 March 2018. As for the past 2 years the Leeds Apprenticeship Hub will be organising the Apprenticeship recruitment fair to coincide with the start of NAW. This will take place on Monday 5 March 2018 at the First Direct Arena from 4-8pm.

Updates by theme: Health, Wellbeing and Adult Social Care – Cllr Keith Wakefield

Winter Wellbeing

4. The Public Health “Cold Weather Plan for England” gives advice on preparing for the effects of winter when there are too many avoidable deaths primarily due to heart and lung conditions. The Cold Weather Plan helps raise awareness of the harm from cold and provides guidance on how to prepare for cold weather.

In Leeds:

- Organisations and frontline workers are encouraged to identify vulnerable people and target them with high impact interventions to ensure they are well and warm. There are helpful checklists for winter wellbeing and cold weather intervention.
- Those who work with vulnerable people are encouraged to sign up to the Met Office Cold Weather Alerts and take appropriate action using professional judgement.
- Opportunities should be taken for ever closer partnership working with the voluntary and community sectors to help reduce vulnerability and support

the planning and response to cold weather.

- Public Health is supporting this work by partnering with Leeds Community Foundation to offer Winter Wellbeing grants across the city. The panel for the grants was held on 23rd October and successful applicants were informed by the beginning of November. No specific applications were approved from Outer East organisations but a number of successful applicants have projects that will be delivered on a citywide basis.

Best Start

- 4.1 Remains a city priority with work being done to refresh the city wide Best Start Plan. A big part of this is looking at how Best Start messages are communicated across the city. A Best Start Prompt Card highlights six simple messages on how you can give your child the best start in life. It is available for all those engaging with parents and grandparents during the weeks before and after birth.

The Best Start Communications sub-group is currently looking at different groups it should be talking to and any forums it can engage with to promote messages to the widest possible audience.

Health Inequalities Fund

- 4.2 Leeds South and East CCG has funded a range of mental health courses in the area. The delivery of these free courses began with Community Links delivering its first course at Osmondthorpe One Stop Centre. These will be offered till July 2018. The courses are open to all who live or work in the area and care has been taken to cover a variety of venues to make access easy for all.

“One You Leeds”

- 4.3 [“One You Leeds.”](#) a free healthy living service which helps people improve their lifestyle was launched at the start of October. “One You Leeds” offers 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.

The service will provide support in a range of ways including face-to-face appointments, group sessions and phone support and clients will be able to work with a coach to tailor-make a package that suits their needs.

Although “One You Leeds” will prioritise delivery of face-to-face services in the areas of the city where poor health relating to lifestyle choices is worse, services can be accessed by any resident in Leeds. The service will also offer a range of online self-help material. Clients can self-refer at www.oneyouleeds.co.uk/sign-up or by ringing 0800 1694219.

Leeds Let’s Get Active (LLGA)

- 4.4 In this financial year, Leeds Let’s Get Active Community Offer has delivered 30 physical activity groups in the 10% most deprived communities in Inner South and

Outer East Leeds. Quarter two (July – September 2017) has seen 415 participants making 1352 attendances to safe and effective physical activity opportunities. In Outer East a weekly walking group continues to meet at Cross Gates Library attracting participants who may not engage with other services. Similarly Bumps and Babes (midwifery led walking and activity group) has been successful running at Temple Newsam attracting a total of 67 participants with 36 reporting being inactive, (less than 30 mins physical activity in a week,) prior to engaging.

Better Together

- 4.5 Commissioned by the South & East Locality Public Health Team, the Better Together Service offers community-based health and wellbeing activities in disadvantaged areas. The work is concentrated on the Inner South however it also has capacity to also do limited work in Halton Moor and Swarcliffe if suitable requests arise in those areas. For more details please contact Health for All on 0113 2725162.

Transport Sub Group

5. A verbal update will be provided by Cllr Gruen.

Updates by theme: Environment and Community Safety – Cllr Mary Harland

The Environmental Sub Group

6. Met on 21st November 2017. At the meeting the group received updates on OE projects from Highways, Housing, Cleaner Neighbourhoods, Parks and Waste Management.
- 6.1 As agreed at the September OE CC the sub-group discussed opportunities to work with Skill Mill on projects. Jon Lund attended the meeting and after giving an explanation of opportunities presented for all Environmental Sub services, it was agreed Members and officers could think of ideas prior to a follow up meeting being held with Cllr Coupar in early December.
- 6.2 Cleaner Neighbourhoods referred to replacement of the DCOs (Direct Control Orders) with PSPOs. (Public Space Protection Orders.) With the ongoing challenge of dog fouling, it is proposed to introduce an additional requirement for dog owners to carry poo bags or similar). In order to fulfil the requirements of implementing a new PSPO, full public consultation will take place online and via other means. This consultation started on 1st November and representation will be accepted until 15th January 2018 with the intention for the new bylaw to be implemented in April 2018. Members will recall this was a proposal at the 2016 OE Environment workshop held at Temple Newsam House.

- 6.3 The next OE Environmental Sub Group meeting is scheduled for 27th February 2018.

Community Infrastructure Levy

- 6.4 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 set time periods from the start on site.

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.

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 at <https://democracy.leeds.gov.uk/documents/s137749/CIL%20Report%20Appendix%201%20091015.pdf>

In the Outer East this means that the money for Allerton Bywater, Great and Little Preston, Kippax, Ledsham, Micklefield and Swillington will be administered by the parish councils and monies for other areas administered by the Outer East Community Committee.

- 6.5 It is recommended that in Outer East 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.

Leeds Anti-Social Behaviour Team

- 6.6 In the Outer East wards Leeds Anti-Social Behaviour team (LASBT) is undertaking live investigations in the following areas:

- Cross Gates and Whinmoor - seven investigations which are a mix of threatening behaviour and alcohol related incidents.
- Garforth and Swillington - five investigations which are a mix of threatening behaviour and verbal abuse.
- Kippax and Methley - 11 open investigations two of which are race hate incidents.
- Temple Newsam - eight open investigations including a mixture of threats, damage and verbal abuse. Two of these investigations relate to hate crime incidents.

Communications

Outer East Community Committee Newsletter

- 7 The Communities Team produces a newsletter highlighting key aspects of activities after each Community Committee meeting. The team circulates the newsletter to contacts via social media and community hubs such as libraries. The latest newsletter is attached as **Appendix 1**.

Social media

- 7.1 Highlights of the Outer East Community Committee Facebook activity from 17 August 2017 – 13 November 2017 is included in **Appendix 2** and gives details of the top three most popular posts during this period.

Still leading the way, the OE page has gained 75 new page 'likes' in the last 12 weeks and currently has 1,942 followers (as at 13 Nov), which is still 230% more than the next most popular Community Committee page.

The Committee is encouraged to Like and Share relevant information from the page and promote the page when possible. The quick search is: @LccOuterEast

- 7.2 Ward Profiles have now been produced for each ward in the city and have been electronically sent by ward to all Members. They include numerous statistics including health, population, housing, ethnicity, economy, unemployment and community safety. They will be updated annually to provide an up-to-date snapshot of key issues affecting the Ward.

Recommendations

- 8 Members are asked to confirm approval of the CIL recommendation at 6.3. Members are also asked to note the content of the report and make comments as appropriate.

Background documents

- 9 There are no background documents associated with this paper.



Which councillors make up the Outer East Community Committee?

Cross Gates and Whinmoor



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Temple Newsam



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(0113) 378 8810



michael.lyons@leeds.gov.uk
(0113) 378 8810

Your Christmas lights... events to come!

Great Preston

Thursday 7 December, 6.30pm, Berry Lane

Methley

Friday 1 December, 5.30pm, Village & Community Centre

Halton

Wednesday 6 December, 6pm, outside Lidl



*Happy Christmas everyone. Hoping you
all have a healthy, prosperous New Year!*

Neighbourhood meetings

Did you know we also hold public meetings every three months across outer east Leeds? They're also free to attend and we use local venues.

These forums give you an opportunity to talk to us and other agencies working in your area to find out about local projects, developments and consultations. If you live in any of the following neighbourhoods, we have a forum for you!

The Outer East Community Committee covers Allerton Bywater, Austhorpe, Colton, Cross Gates, East Osmondthorpe, Garden Village, Garforth, Great Preston, Halton, Halton Moor, Kippax, Ledsham, Ledston, Ledston Luck, Little Preston, Lower Mickletown, Manston, Methley, Mickfield, Mickletown, Pendas Fields, Stanks, Swarcliffe, Swillington, Temple Newsam, Wellington Hill, Whinmoor and Whitkirk.

The next cycle of forums will start in December 2017 so please sign up for notifications on our Facebook events page, give us a call, or email us (see the contact details below) to find out about your local meeting. We look forward to seeing you!

For more information about who we are and what we do, get in touch with the **Communities Team - South East** on **0113 378 5808**, via **southeast.ast@leeds.gov.uk** or check us out on social media:



LccOuterEast



@_YourCommunity



Outer East Community Committee Newsletter Christmas 2017

Transport... we want your views!

Last year you gave us some of your views on how to help improve the Leeds transport network:



More dedicated bus routes, extra train stations?



Possibility of a light rail network?



A bike superhighway?



Further road improvements?



Better links to local airports?



Better links to the city centre?



Better links to other areas?

The Outer East Community Committee welcomes you to join them for a further Q & A session on Transport on Tuesday, 5 December 2017, 4pm at Swarcliffe Community Centre, Stanks Gardens, Swarcliffe, LS14 5LS.

Transport affects us all, so joining us for the discussion will be colleagues from Transportation at Leeds City Council and West Yorkshire Combined Authority answering important questions and offering general advice. There will also be the opportunity to hear a report on plans to spend the £173 million allocated to the council from central government. Please feel free to come along and join in, as everyone is welcome.

What happened at the September meeting?

Fantastic Youth Activities Funded (YAF) projects took place during the summer. There is still YAF funds available and Members were asked for details of any projects or groups that could be funded. There was to be a review of the Housing Advisory Panels (HAP) with closer links with Ward Members and Community Committees. There had been a request for a housing officer to attend the next Community Committee meeting in December.



Progress on Thorpe Park included commencement of the Manston Lane relief road and the new bridge. Housing was due to start in 2018. There had been a launch event for retail units and these were due to open in Autumn 2018. Work was due to commence on the East Leeds Orbital Road.

Work streams focussing on Mental Health continue to be developed. A blood borne virus screening pilot had been carried out in Leeds. Money Buddies continues to operate in Swarcliffe, Garforth and Osmondthorpe.

The Chair welcomed Jon Lund from Youth Offending Service to the meeting to give a presentation on the Skill Mill project. This project was run by a social enterprise aiming at working with young offenders under the age of 18 to get practical workplace experience and skills for employment and training. Evidence had shown that young people who had been through Skill Mill were less likely to re-offend.



The Chair welcomed Gareth Cook of the Leeds Rhinos Foundation to the meeting to give the Committee a presentation and update on the summer camps that had received funding for from the Youth Activities Fund. The camps had been attended by 430 children over a 4 week period and included a wide range of activities. The summer camps had received positive feedback and Members expressed their thanks for such a successful project.

Funding News...



The Outer East Community Committee has funding for community / voluntary group projects in your neighbourhood - just ask!

Tel: 0113 378 5808 Facebook: LccOuterEast

The total amount of wellbeing funding for 2017/18 is £174,548 and so far £86,591 has been approved by the Community Committee for community projects. There is still £77,957 available to spend! So let's see some more wellbeing project applications!

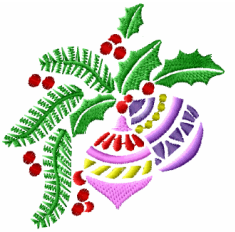
The total amount of Youth Activity Funds for 2017/18 is £67,417. Round 2 activities will take place between 4th September 2017 and 31st March 2018. The good news is there's still £22,074 to spend!

The Community Committee has a capital funding budget of £48,000 over the next 3 years. Approved projects now total £13,900 which means there's still £34,100 to spend!

Funding for small, large community projects/activities and skips is still available!



Have Your Say... Activity Day 2017!



On Wednesday, 25 October (during half term), the Outer East Community Committee commissioned a fantastic event for young people aged 8-17, at Kippax Leisure Centre. This event was a follow up to the successful pilot event held at Temple Moor High School in 2016.

It was a delight to welcome 38 young boys and girls from across Outer East Leeds, Councillors Hayden and Wakefield and 10 activity providers who provided their time for free! The event ran from 1-4pm with loads of structured activity sessions followed by a consultation... a 'shopping' game to discuss and decide what youth activities they would like to support and fund next year. The top 5 activities were fun days, youth club, multi-sport camps, outdoor adventures and DJ workshops.

Results from the consultation are being analysed and will be fed back to the Children & Families sub-group and Community Committee in due course.

A big thank you to Councillors Hayden and Wakefield and Leeds Rhinos Foundation, Leeds United Foundation, the Youth Service, Yorkshire Dance, Active Community Education in Sport, DJ School UK, Chapel FM, Kippax Library, Museums & Galleries and Artforms.

A raffle and tasty refreshments, then more activities rounded off a most enjoyable day!

Whilst still leading the way, the page has gained 73 new page 'likes' in the last 12 weeks and currently has 1,942 followers, which is still 230% more than the next most popular Community Committee page. 'Reach' is the number of people the post was delivered to whereas 'engagement' is number of reactions, comments or shares.

Members are reminded that in Facebook terms, engagement is a better marker for seeing if people are interested in the posts because they need to interact with it. Eg a post might reach 1,000 people but if they all scroll past and don't read it, the engagement is 0. That said, posts can be read without any further interaction!

Leeds City Council Outer East Community Committee
Published by Jam ...ember ·

PureGym set to join ODEON, Boots, Next, M&S Simply Food, TK Maxx and The Outfit at Thorpe Park...

<http://www.thebusinessdesk.com/.../2009488-puregym-open-site-...>



PureGym to open site at Thorpe Park in Leeds

PureGym has signed up to the forthcoming retail and leisure park at Thorpe Park Leeds, agreeing to take a 17,000 sq ft unit

THEBUSINESSDESK.COM

13590 people reached

Boost Post

Lucy Pimblott, Peter Archer and 57 others · 23 Comments · 47 Shares

Like Comment Share

13,590 People Reached

288 Reactions, comments & shares

152 Like	56 On post	96 On shares
3 Love	0 On post	3 On shares
3 Wow	3 On post	0 On shares
2 Sad	0 On post	2 On shares
81 Comments	34 On Post	47 On Shares
47 Shares	47 On Post	0 On Shares

2,123 Post Clicks

0 Photo views	706 Link clicks	1,417 Other Clicks
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NEGATIVE FEEDBACK

14 Hide Post	4 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Top
post

Leeds City Council Outer East Community Committee
Published by James Leedscc (?) · 18 August ·

Plans for a Go Ape high ropes adventure course in Temple Newsam have swung ahead to the next stage

Earlier this year the Go Ape aerial attraction, planned for the Menagerie Wood site at Temple Newsam site, was put to the public.

Plans have now been submitted for the site, after the consultation found that 60% of respondents in the area were all for the development, with 32% against and 8% neutral. ... See more



6524 people reached

Boost Post

Nick Spink, Aimee Bear and 10 others · 11 Comments · 12 Shares

Like Comment Share

6,524 People Reached

63 Reactions, comments & shares

26 Like	10 On post	16 On shares
1 Love	1 On post	0 On shares
3 Sad	0 On post	3 On shares
1 Angry	1 On post	0 On shares
20 Comments	17 On Post	3 On Shares
12 Shares	12 On Post	0 On Shares

526 Post Clicks

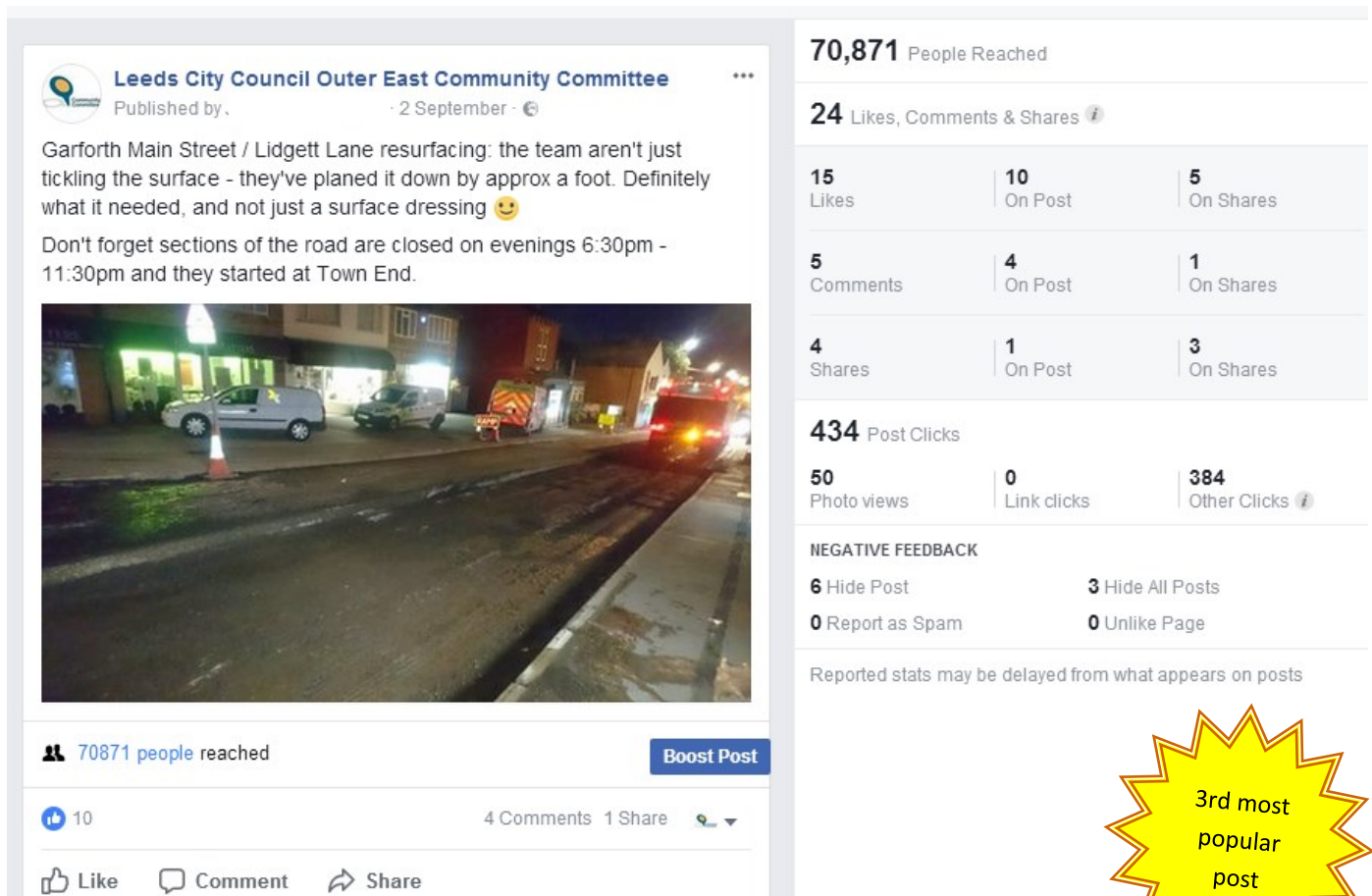
27 Photo views	10 Link clicks	489 Other Clicks
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NEGATIVE FEEDBACK

2 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



Other interesting statistics:

The page is now regularly receiving between 100,000 and 150,000 views every month.

‘Reach’ has been incredibly high for some posts:

- Better buses for Leeds survey reached 91,368 people
- Music Madness session at Crossgates Library reached 79,184 people
- Lego ninja training at Halton Library in October reached 78,547 people
- Adventures in digital photography at Kippax Library (YAF grant) reached 61,806 people



Report of: The South East Area Leader

Report to: Outer East Community Committee (Cross Gates & Whinmoor, Garforth & Swillington, Kippax & Methley, Temple Newsam)

Report author: James Nundy (Area Officer, tel: 07746 216 479)

Date: Tuesday 5 December 2017

For decision

Outer East Community Committee Delegated Budgets Report

Purpose of report

1. This report seeks to provide Members with:
 - a) An update on the Outer East budget position
 - a) An update on the Wellbeing revenue projects and budget position (Table 1)
 - b) An opportunity to approve a grant to Halton in Bloom (paragraph 9)
 - c) Consider the application from Ebor Gardens Advice Centre, for the continuation of Money Buddies, for approval (Paragraph 10)
 - d) Consider the application for new litter bins in the Cross Gates & Whinmoor ward (Paragraph 11)
 - e) Consider the application for Cross Gates & District Good Neighbours Scheme CIC social isolation project: additional winter worker (paragraph 12)
 - f) An update on the Youth Activities Fund projects and budget position (Table 2)
 - g) Consider the YAF applications from LCC Youth Service and ACE Sport UK for approval (Paragraph 16)
 - h) An update on the Wellbeing capital projects and budget position (Table 3)
 - i) An update on the Small Grants Budget (paragraph 20)
 - j) An update on the Community Skips Budget (paragraph 21)

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 revenue budget approved by Executive Board for 2017/18 is **£118,300** which is a reduction of £14,040 from last year.
4. Table 1 shows a carry forward figure of £93,936.00 which includes underspends from projects completed in 2016/17 plus £37,687.89 allocated to projects which are not yet completed. The total amount of revenue funding available to the Community Committee for 2017/18 is therefore **£174,548.11**. Further information of the projects approved or ring-fenced is available on request.
5. **Table 1** shows the projects funded by the Community Committee up to and including 15 November 2017.
6. It is possible that some of the projects in Table 1 may not use their allocated spend. This could be for several reasons including the projects no longer going ahead, the projects not taking place within the dates specified in the funding agreement or failure to submit monitoring and evaluation reports. Due to this, the final revenue balance may be greater than the amount specified.
7. The Community Committee is asked to note that a total of **£100,570.00** has been allocated from the Wellbeing revenue budget so far this financial year and there is a remaining balance of **£73,978.11** available to spend for projects in 2017/18. This figure is also broken down to ward level in Table 1.

Table 1: Wellbeing Budget Delegation 2017/18 (revenue)

REVENUE WELL BEING BUDGET	£
INCOME 2017/18	118,300.00
Balance brought forward from 2016/17	93,936.00
Less: projects brought forward from 2016/17	37,687.89
TOTAL AVAILABLE FOR 2017/18	174,548.11

Area Wide Ring Fenced Projects	
Sustainable Economy and Culture	5,500.00
Small Grants Scheme	2,500.00
Community Committee public engagement	3,000.00

Safer And Stronger Communities	41,091.00
CCTV	33,091.00
Tasking Team initiatives	5,000.00
Skips for community clean-ups	3,000.00

Health and Well Being	3,000.00
Older person social isolation projects	3,000.00

Total Area Wide Ring Fenced Projects	49,591.00				
Balance Remaining Split Across Four Wards	124,957.11	31,239.28	31,239.28	31,239.28	31,239.27

Ward Projects		Ward Split			
		Cross Gates & Whinmoor	Garforth & Swillington	Kippax & Methley	Temple Newsam
Christmas lights switch on events, motifs and trees	28,979.00	11,034.00	10,445.00	6,600.00	900.00
Cross Gates Good Neighbours IT project	2,000.00	1,000.00			1,000.00
Garforth NET social isolation worker	10,000.00		5,000.00	5,000.00	
Garforth NET luncheon club coordinator	10,000.00		5,000.00	5,000.00	

Total spend / ward spend to date	50,979.00	12,034.00	20,445.00	16,600.00	1,900.00
TOTAL SPEND: area wide + ward projects	100,570.00				
BALANCES REMAINING	73,978.11	19,205.28	10,794.28	14,639.28	29,339.27

Delegated Decision Notices (DDN)

8. Between meetings, the Community Committee considered and approved the following application via the DDN process which is reflected in the table above:
- Additional costs for Christmas events in Cross Gates and Garforth: £2,979

Wellbeing revenue projects for consideration and approval

9. **Project title:** Halton in Bloom

Name of Group or Organisation: Going for Gold

Total Project Cost: £3,000

Amount Requested from Delegated Budget: £3,000 (revenue)

Wards Covered: Temple Newsam

Summary:

Halton in Bloom recently received a silver award in the 2017 Yorkshire Rose Urban Community category. In an effort to capitalise on this success, they have submitted a £3,000 revenue application to help them work towards meeting the recommendations set by the Royal Horticultural Society judging panel, following the Yorkshire in Bloom competition. They would like to purchase a bench (£900), trees (£1000), plus additional self-watering containers and compost (£1,100).

Community Committee Plan Priorities/Objectives:

This proposal supports the following priorities:

Best City for Business:

- Support work that helps town and district centres remain commercially active and vibrant

Best City for Communities:

- Help support a strong network of community groups that are able to contribute to improving the environment of their neighbourhoods
- Communities are empowered and engaged. People get on well together

Best City for Health & Wellbeing

- Residents in Outer East are active and healthy
- Older residents in Outer East are enabled to participate in local community activities

Approving this grant would reduce the Temple Newsam ward balance to £26,339.27

10. **Project title:** Money Buddies 2018 (continuation grant)

Name of Organisation: Ebor Gardens Advice Centre

Total Project Cost: £19,168.00

Amount Requested from Delegated Budget: £9,283.12 (revenue)

Wards Covered: All four (an equal split of £2,320.78 per ward)

Summary:

Following the success of the project in 2017, where the Ebor Gardens Advice Centre delivered outreach sessions at Garforth One Stop Centre, Osmondthorpe One Stop Centre and Swarcliffe Housing Office, they were able to save clients a cumulative total over £94,000. They have reapplied to continue the service for a further 15 months (3 months for Dec 2017 – March 2018 (to realign to the financial years), then 1 April 2018 – 31 March 2019).

Community Committee Plan Priorities/Objectives:

Best City for Health & Wellbeing: Residents in outer east are active and (mentally) healthy

Approving this grant would reduce the ward balances to:

- Cross Gates & Whinmoor £16,884.50
- Garforth & Swillington £8,473.50
- Kippax & Methley £12,318.50
- Temple Newsam £24,018.49

11. Project title: New litter bins for Cross Gates & Whinmoor ward

Name of Organisation: LCC Cleaner Leeds

Total Project Cost: £640

Amount Requested from Delegated Budget: £640 (revenue)

Wards Covered: Cross Gates & Whinmoor

Summary:

New litter bin costs £210 and are added to existing cleansing routes. This latest request is from Councillors Grahame and Gruen and is for five litter bins. The remaining £410 of the 2016/17 litter bin grant has been used to fully fund one and part fund a second, so this grant request is to cover the balance.

Community Committee Plan Priorities/Objectives:

Best City for Communities: Neighbourhoods in Outer East are clean and attractive

Approving this grant would reduce the Cross Gates & Whinmoor ward balance to £16,244.50

12. Project title: Social isolation project: additional winter worker

Name of Organisation: Cross Gates Good Neighbours Scheme CIC

Total Project Cost: £3,000

Amount Requested from Delegated Budget: £3,000 (revenue)

Wards Covered: Cross Gates & Whinmoor / Temple Newsam

Summary:

Given the reallocation of the £3,000 older persons event week monies into a social isolation pot, and regular reminders to all of the local neighbourhood networks, Cross Gates Good Neighbours have put forward a proposal which would enhance their current scheme over the cold winter months, to target members already on their system that are over 90, frail or housebound. The funding would cover 1 day staffing per week (Dec 2017 - Mar 2018) to work with the current volunteer and a volunteer that would be new to the scheme. The extra staff member and volunteer would be in place to offer more regular phone contact leading to assistance, which could prove vital with the upcoming winter weather predictions, when it becomes more difficult for older frailer people to get out and about for shopping etc. A brief budget (available at the time of writing this report) would include:

- Salary a 7.5 hour staff post for up to 4 months / 16 weeks.
- Telephone costs x 16 weeks
- Vol drivers mileage
- £5 per hamper
- Overheads
- £10 per person with hamper & mileage

Community Committee Plan Priorities/Objectives:

Best City for Health & Wellbeing:

- Older residents in Outer East are able to live in their own homes for longer
- Older residents in Outer East are enabled to participate in local community activities
- Older residents in Outer East are supported to keep warm and stay hydrated throughout the year

Approving this grant would reduce the cross-ward earmarked budget for social isolation projects to £0.

Youth Activities Fund position

13. The Youth Activities Fund (YAF) approved by Executive Board for 2017/18 is **£46,650**. Table 2 shows a carry forward figure of £24,636.00 which includes underspends from projects completed in 2016/17 and £3,869.00 allocated to projects that weren't completed by 31 March 2017. The total amount of YAF available to the Community Committee for 2017/18 is therefore **£67,417**
14. **Table 2** shows the projects approved by the Community Committee from the 2017/18 budget. The remaining balance of £20,432.44 is a combination of underspends or projects which didn't take place. The £20,432.44 is still available for a second funding round, which has reopened. Round 2 activities are to take place between 4 September 2017 and 31 March 2018.
15. Between meetings, the Community Committee considered and approved the following applications via the DDN process and are shown within the following table:
- Yorkshire Dance £628
 - Have Your Say Activity Day £1,000

Table 2: Youth Activities Fund Budget Delegation 2017/18

	Total Allocation	Cross Gates & Whinmoor	Garforth & Swillington	Kippax & Methley	Temple Newsam
Budget 2017/18	46,650.00	12,035.70	10,682.85	11,989.05	11,942.40
Carried forward from 2016/17	24,636.00	6,159.00	6,159.00	6,159.00	6,159.00
Less projects carried forward from 2016/17	3,869.00	967.25	967.25	967.25	967.25
Total available budget for 2017/18	67,417.00	17,227.45	15,874.60	17,180.80	17,134.15
Projects 2017/18:					
Brigshaw Cluster - out of school activities	1,210.00		605.00	605.00	
John Smeaton Leisure Centre - sports camps	1,828.56	914.28			914.28
Leeds Library and Information Service - digital photography	1,296.00			1,296.00	
Cycle Leeds - wild about bikes (£1,318.97)	0				
Heads Together Productions - Next Generation 2017	2,267.00	1,133.50			1,133.50
DJ School UK - urban arts workshops	2,820.00	1,410.00			1,410.00
Herd Farm Residential & Activity Centre - on tour	3,420.00	950.00		2,280.00	190.00
Out of School Activities Team - Garforth mini breeze	3,000.00		3,000.00		
Youth Service - Garforth & Swillington	3,933.50		3,933.50		
Youth Service - Cross Gates & Whinmoor	5,157.50	5,157.50			
Youth Service - Temple Newsam	5,157.50				5,157.50
Youth Service - Kippax & Methley	5,252.50			5,252.50	
Leeds Rhinos Foundation	10,000.00	2,500.00	2,500.00	2,500.00	2,500.00
Yorkshire Dance	642.00	160.50	160.50	160.50	160.50
Have Your Say Activity Day	1,000.00	250.00	250.00	250.00	250.00
Total Spend Against Projects	46,984.56	12,475.78	10,449.00	12,344.00	11,715.78
Remaining Balance per Ward	20,432.44	4,751.67	5,425.60	4,836.80	5,418.37

16. New YAF applications have recently been received from LCC Youth Service and ACE Sport UK, which amount to £7,190. These three applications were due to be considered by the Children & Families sub-group on 29 November. Subject to the grants receiving support at the sub-group, the Community Committee is asked to consider approving the following:

- Cross Gates & Whinmoor ward Feb half term and early Easter activities from LCC Youth Service: £3,450 which would leave £1,301.67 for the Cross Gates & Whinmoor ward
- Temple Newsam ward Feb half term and early Easter activities from LCC Youth Service: £2,335 which would leave £3,083.37 for the Temple Newsam ward
- A Feb half term cooking and sports camp at Garforth Academy from ACE Sport UK: £2,905 which would leave £2,520.60 for the Garforth & Swillington ward

17. Community Committees receive a proportion of the capital receipt from Council assets, some of which goes towards Ward Based Initiatives and 5% is top sliced, shared amongst Community Committees and split equally across the four Outer East wards.

18. Capital injections, as part of the receipts, have been updated every six months. Therefore, including projects allocated and processed by DDN, the Outer East Community Committee has an available capital budget of **£66,400** over the next 3 years. Approved projects now total £14,985 leaving a remaining balance of **£51,415**. Members are asked to note the capital allocation broken down by ward as summarised in **Table 3** below:

Table 3: Capital Budget Delegation 2016-2019

	Ward split			
	Cross Gates & Whinmoor	Garforth & Swillington	Kippax & Methley	Temple Newsam
Allocation (£)	12,000	12,000	12,000	12,000
Approved projects:				
New signs for Swarcliffe Community Centre	900			
Bollards at Southwood Crescent, Swarcliffe	2,500			
Multi Use Gamers Area in Micklefield			1,500	
Skatepark in Kippax			1,500	
Resurfacing PRoW in Whitkirk				7,500
Mark Jones memorial bench, Swarcliffe	1,085			
Total approved projects by ward	4,485	0.00	3,000	7,500
Remaining balance by ward	7,515	12,000	9,000	4,500

Capital Projects approved by DDN since the last meeting

19. Between meetings, the Community Committee considered and approved the following capital application via the DDN process and it is reflected in the table above:

- Mark Jones memorial bench £1,085 (capital)

20. The following table details the Outer East Small Grants approved so far this financial year. Of the ring-fenced £2,500 budget, £1,727.35 has been approved so far leaving **£772.65** available on a first come, first served basis.

Project	Total amount	Cross Gates & Whinmoor	Garforth & Swillington	Kippax & Methley	Temple Newsam
Garforth Women's Institute	300.00		300.00		
PHAB Youth Workers	830.13	237.18	355.77	118.59	118.59
Cross Gates Library Great Get Together	98.42	98.42			
Garforth Festival	498.80		498.80		
Spend per ward	1,727.35	335.60	1,154.57	118.59	118.59

Community Skips update 2017/18

21. A skip now costs £166.67 and if it is to be placed on a public highway it also attracts a permit charge of £25. The following table details the skips approved so far this financial year. Of the **£3,000** ring-fenced for community skips, the Outer East Community Committee has approved £2,266.71 leaving a balance of **£733.29** available to spend. Members are asked to note the community skips allocation broken down by ward, summarised below:

Group / location	Approved amount	Cross Gates & Whinmoor	Garforth & Swillington	Kippax & Methley	Temple Newsam
The Growing Zone Group C.I.C	166.67			166.67	
Ledston and Ledston Luck PC	383.34			383.34	
Allerton Bywater Parish Council	833.35			833.35	
Kippax in Bloom	191.67			191.67	
Garforth and District lions	333.34		333.34		
Ledsham Parish Council	191.67			191.67	
Garforth in Bloom	166.67		166.67		
Spend per ward	2,266.71	0.00	500.01	1,766.70	0.00

Conclusion

22. The report provides up to date information on the Community Committee's Delegated Budget position.

Recommendations

23. Members are asked to:

- a) Note the details of the Wellbeing revenue projects and budget position (Table 1)
- b) Consider the application from Halton in Bloom for approval (paragraph 9)
- c) Consider the application from Ebor Gardens Advice Centre, for the continuation of Money Buddies, for approval (paragraph 10)
- d) Consider the application for new litter bins in the Cross Gates & Whinmoor ward (paragraph 11)
- e) Consider the application for Cross Gates & District Good Neighbours Scheme CIC social isolation project: additional winter worker (paragraph 12)
- f) Note the details of Youth Activities Fund projects and budget position (Table 2)
- g) Consider the YAF applications from LCC Youth Service and ACE Sport UK for approval (paragraph 16)
- h) Note the details of the Wellbeing capital projects and budget position (Table 3)
- i) Note the details of the Small Grants Budget (paragraph 20)
- j) Note the details of the Community Skips Budget (paragraph 21)



Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Outer East 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: 05 December 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 East 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 East 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...



- 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.

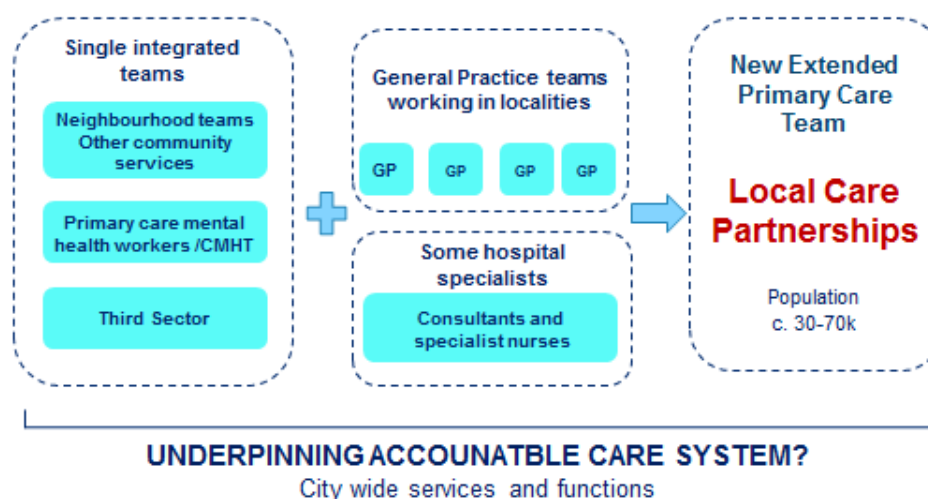
Leeds Neighbourhood Teams



- 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 East 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 East Community Committee Public Health Profile and Draft Area overview profiles for Seacroft and Kippax 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
- Outer East Community Committee Public Health Profile
- Draft Area overview profiles for Seacroft and Kippax Integrated Neighbourhood Teams (INTs)

Community Committee boundaries and Integrated Neighbourhood Team footprint areas

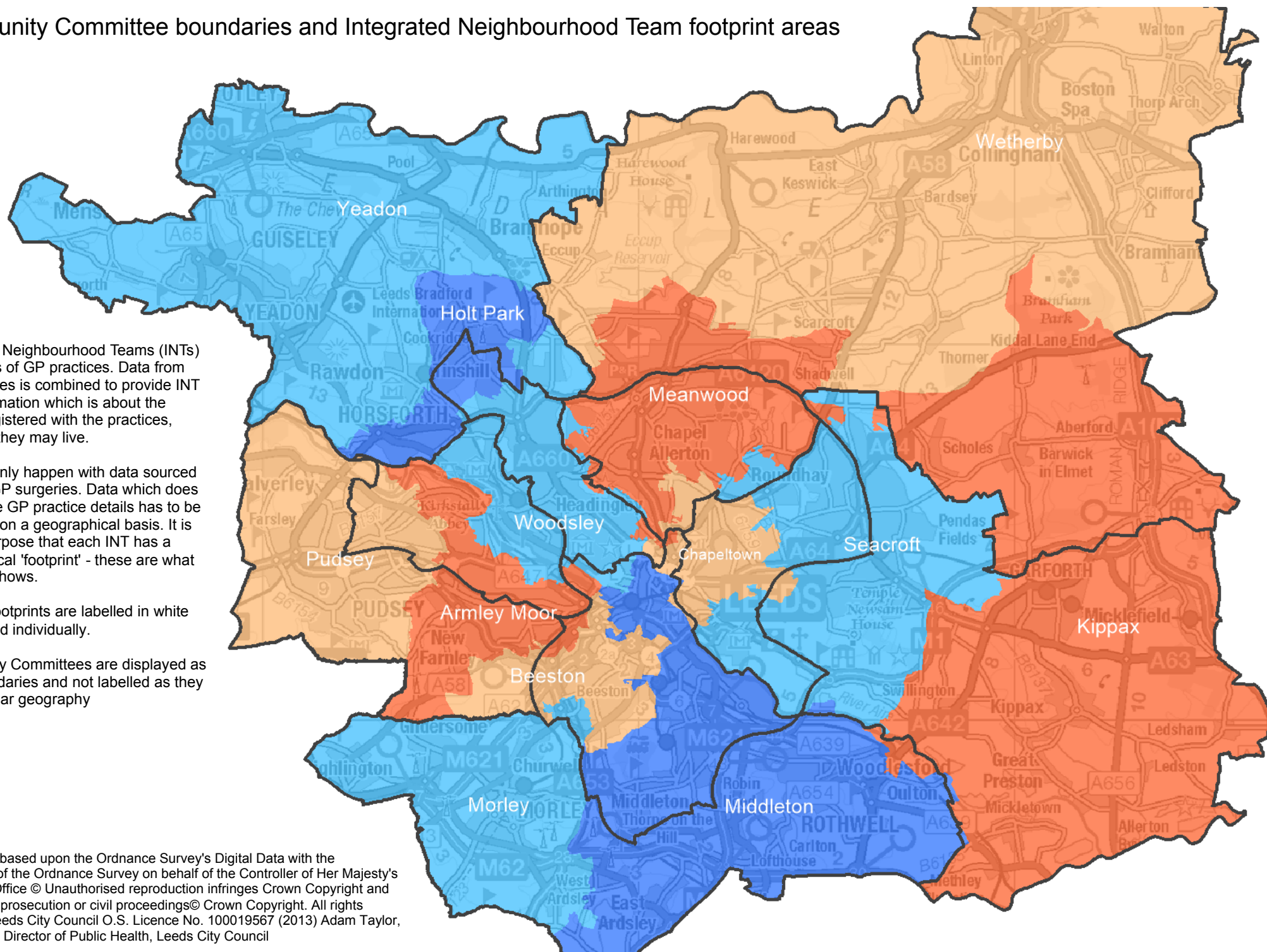
Integrated Neighbourhood Teams (INTs) are groups of GP practices. Data from the practices is combined to provide INT level information which is about the people registered with the practices, wherever they may live.

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 East Community Committee

This profile presents a high level summary of data sets for the Outer East 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.

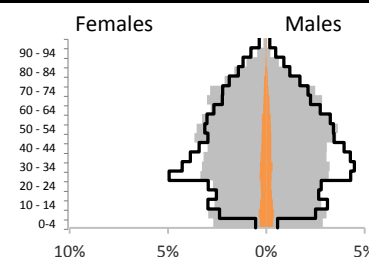
Population: 85,204

43,420

41,784

Comparison of Community Committee and Leeds age structures in April 2017. Leeds is outlined in

black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.

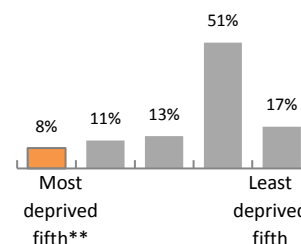


Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	12,037	92%	71%
Black - African	311	2%	5%
Any other white background	236	2%	5%
White and Black Caribbean	114	1%	1%
Any other mixed background	105	1%	2%

(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.



Pupil language, top 5	Area	% Area	% Leeds
English	13,076	98%	87%
Polish	85	1%	1%
Other than English	37	0%	1%
French	24	0%	0%
Lithuanian	21	0%	0%

(January 2017, top 5 in Community committee, corresponding Leeds value)

GP recorded ethnicity, top 5	% Area	% Leeds
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White British	78%	62%
(blank)	8%	4%
Other White Background	3%	9%
Not Recorded	3%	6%
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

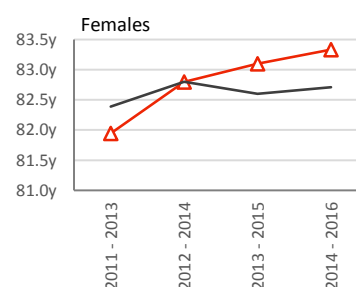
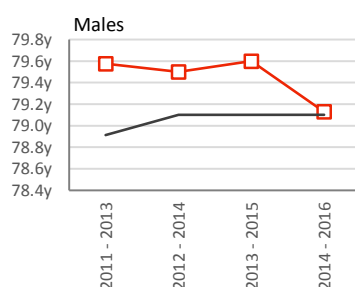
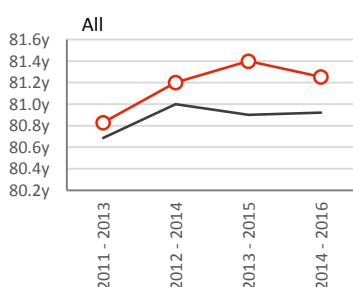


(years)	All	Males	Females
Outer East CC	81.3	79.1	83.3
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

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

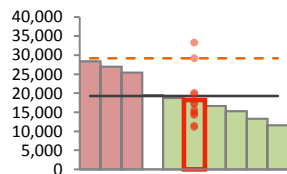
The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

Life expectancy in this Community Committee is not significantly different to that of Leeds and it has been this way since 2011-13



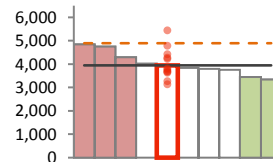
GP recorded conditions, persons (DSR per 100,000)

GP data

**Smoking (16y+)**

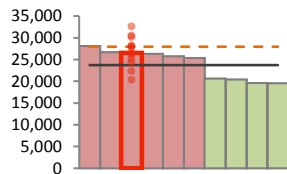
Outer East CC	18,182
Leeds	19,265
Deprived fifth**	29,163

(April 2017)

**CHD**

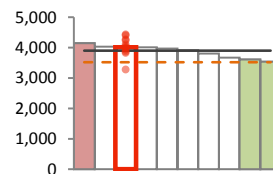
Outer East CC	3,940
Leeds	3,947
Deprived fifth	4,894

(January 2017)

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

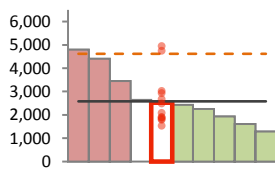
Outer East CC	26,510
Leeds	23,722
Deprived fifth	27,951

(April 2017)

**Cancer**

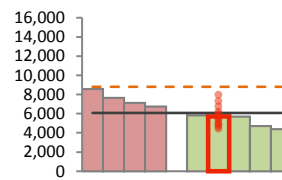
Outer East CC	4,011
Leeds	3,899
Deprived fifth	3,519

(January 2017)

**COPD**

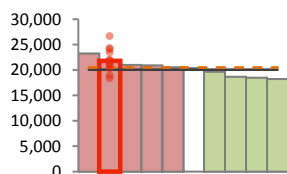
Outer East CC	2,520
Leeds	2,580
Deprived fifth	4,617

(April 2017)

**Diabetes**

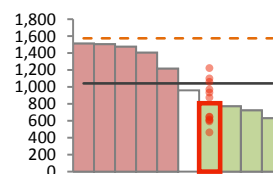
Outer East CC	5,724
Leeds	6,076
Deprived fifth	8,802

(April 2017)

**Common mental health**

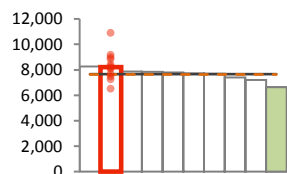
Outer East CC	21,816
Leeds	20,060
Deprived fifth	20,496

(January 2017)

**Severe mental health**

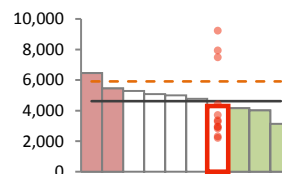
Outer East CC	807
Leeds	1,042
Deprived fifth	1,574

(January 2017)

**Asthma in children**

Outer East CC	8,209
Leeds	7,659
Deprived fifth	7,633

(October 2016)

**Dementia (over 65s)**

Outer East CC	4,301
Leeds	4,618
Deprived fifth	5,911

(January 2017)

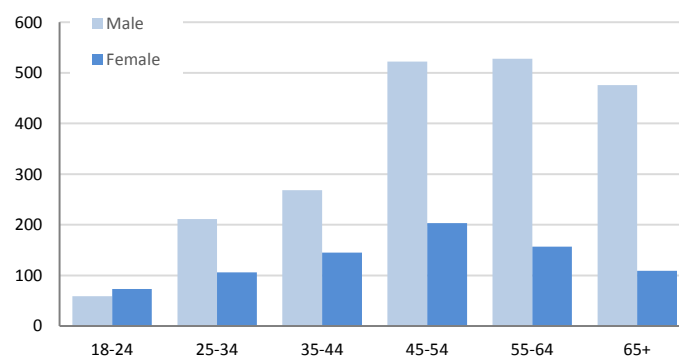
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within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

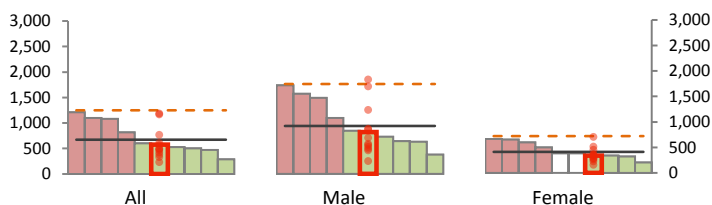
The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. 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 East	574	818	340
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**

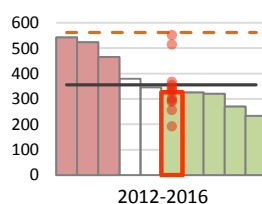
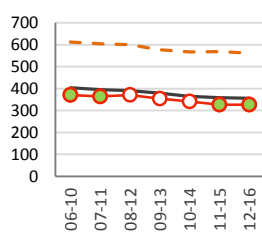
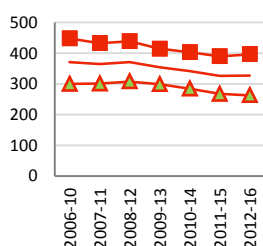
Shaded if significantly > Leeds

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)

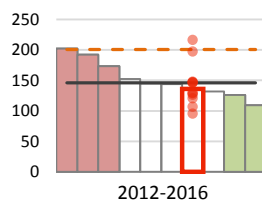
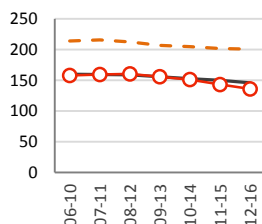
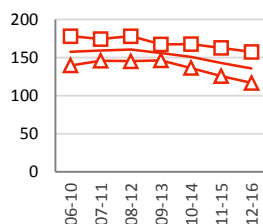
Outer East CC 327

Count of deaths in 2012-16 1,322

Leeds resident 356

Deprived fifth** 562

Cancer mortality - under 75s



Persons (DSR per 100,000)

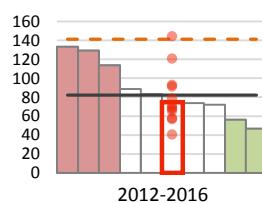
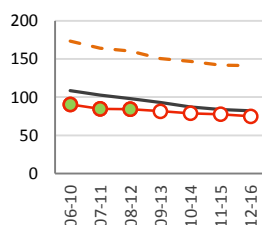
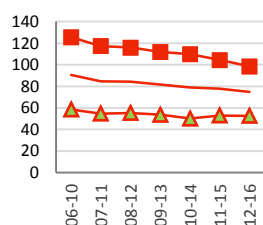
Outer East CC 136

Count of deaths in 2012-16 549

Leeds resident 146

Deprived fifth 201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)

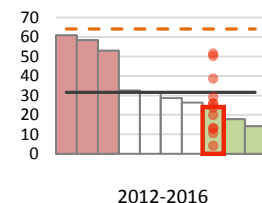
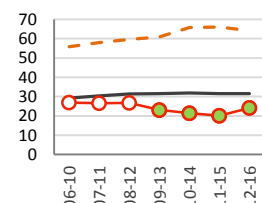
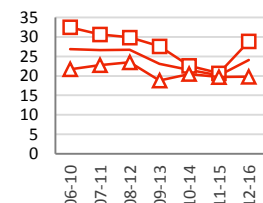
Outer East CC 75

Count of deaths in 2012-16 304

Leeds resident 82

Deprived fifth 141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)

Outer East CC 24

Count of deaths in 2012-16 97

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 East Community Committee

The health and wellbeing of the Outer East Community Committee contains wide variation across the full range of Leeds, overall in the mid range for the city. Only 8% of the population live in the most deprived fifth of Leeds**. Life expectancy for the Community Committee is not significantly different to Leeds overall but has been increasing until recently.

The age structure bears little resemblance to that of Leeds overall with more young children, fewer young adults and slightly greater proportions of those aged over 40. 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 similar picture.

GP recorded conditions show a mixed picture. Obesity and common mental health issues are significantly higher than Leeds and in both cases the 'Swarcliffe' MSOA is highest and second highest in the city. On the other hand, smoking, diabetes, and severe mental health are all well below the Leeds figures and for these the 'Halton Moor, Wykebecks' MSOA features highly.

Alcohol specific admissions are significantly below Leeds rates for this Community Committee, with widely distributed rates at MSOA level, the 'Halton Moor, Wykebecks' and 'Swarcliffe' MSOAs are again the highest.

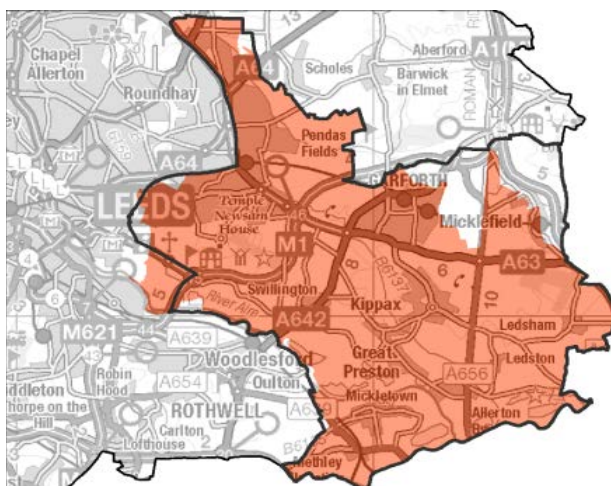
All-cause mortality for under 75s is significantly below the Leeds average and is following the Leeds trend downwards despite the same two MSOAs having very high rates. Both circulatory disease and cancer mortality shows a similar widely spread MSOA pattern. Respiratory disease mortality is now significantly better than the Leeds rate.

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 Seacroft Integrated Neighbourhood Team

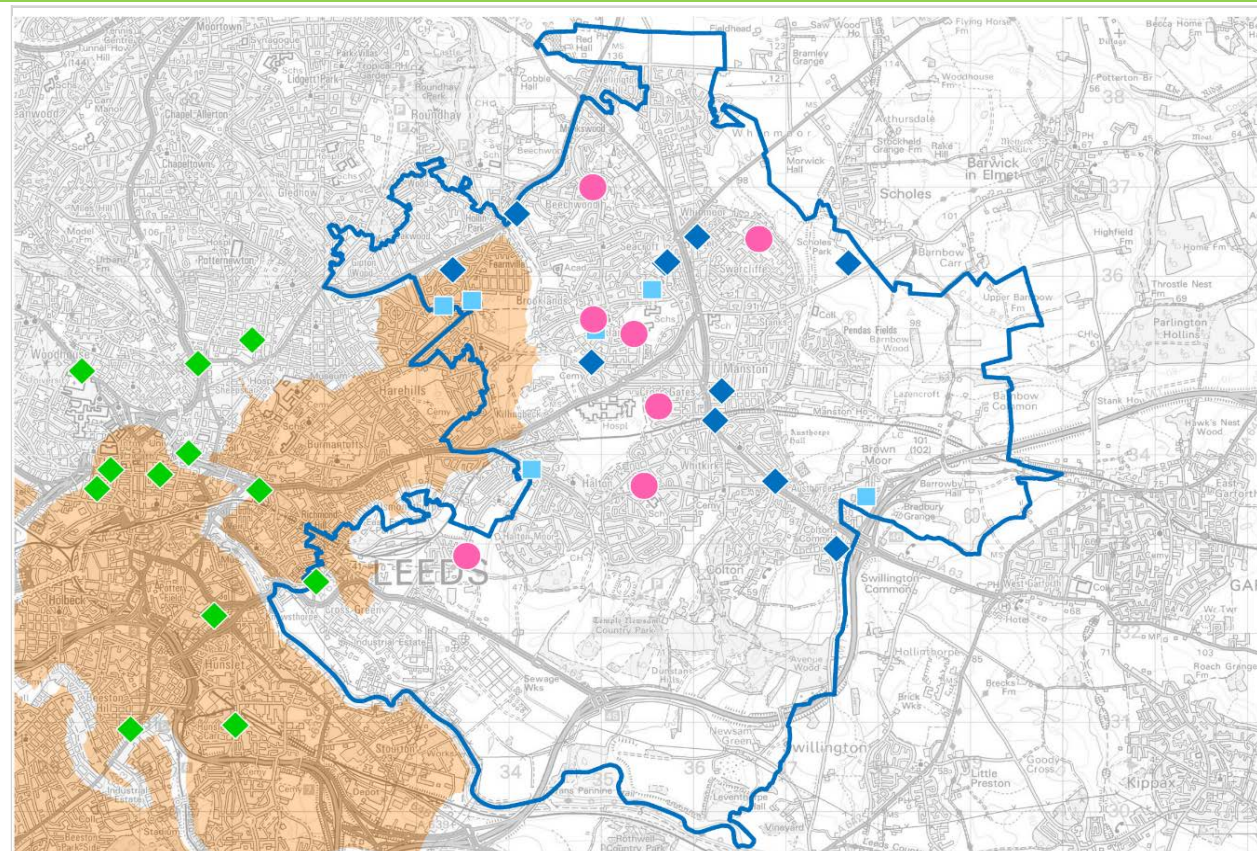
November 2017

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 an older age structure than Leeds, with no student and young adult bulge. It also has a slightly larger 'White British' ethnic group proportion than Leeds. 1 in 3 are living in most deprived fifth of Leeds, and over half the population living in the most deprived two fifths.

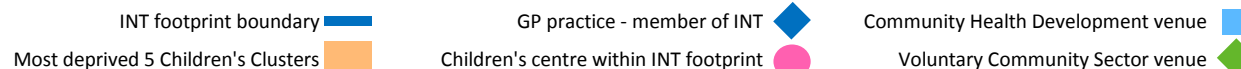
It has the largest number of elderly patients in the city despite being only 5th largest INT in total. GP recorded asthma rates are significantly above Leeds and are the only INT to have made this distinction. NEET rates are mixed but high despite above average primary school achievement perhaps indicating a changing picture. GP recorded Smoking, obesity, CHD, COPD and common mental health issues are all significantly above Leeds rates.

Social isolation index scores vary widely but do contain some of the very highest in the city. Despite GP recorded issues being high, general mortality rates are around Leeds rates. Male and female rates are very different with male rates for circulatory diseases mortality being significantly above Leeds and female rates significantly below. But in general mortality rates are only slightly higher than for Leeds.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Windmill Health Centre. Manston Surgery - Crossgates & Scholes. Oakwood Lane Medical Practice. Ashfield Medical Centre & Grange Medical Centre. Colton Mill And The Grange Surgeries. Park Edge Practice. Foundry Lane Surgery. Austhorpe View 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 Seacroft Integrated Neighbourhood Team

This profile presents a high level summary of data for the Seacroft 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.

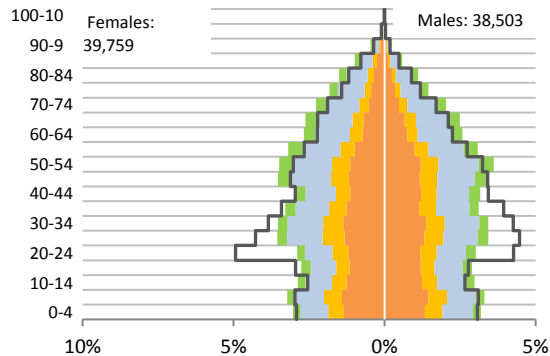
GP recorded ethnicity, top 5	% INT	% Leeds
White British	80%	62%
Other White Background	5%	9%
Pakistani or British Pakistani	2%	3%
Black African	2%	3%
Not Stated	2%	2%

(April 2017)

Population: 78,262 in April 2017

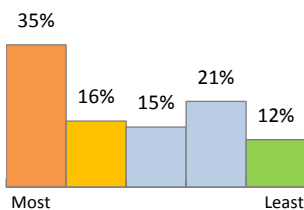
GP data

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.



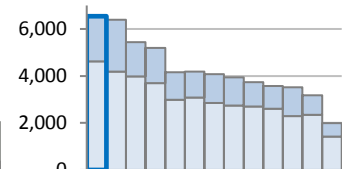
Deprivation distribution

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.

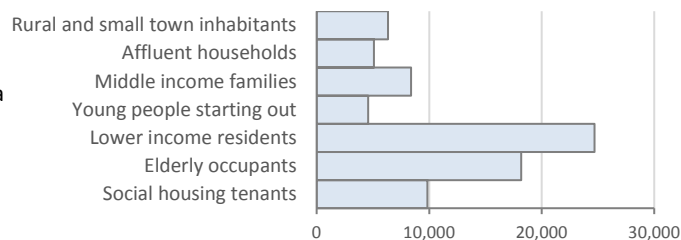


Mosaic Groups in this INT population

(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)

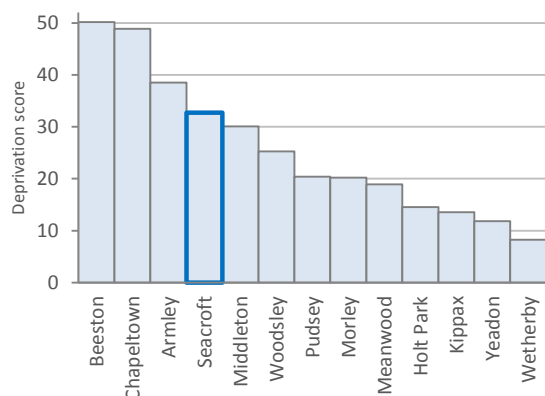
Age Band	Woodsley	Chapelton	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	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 Seacroft INT

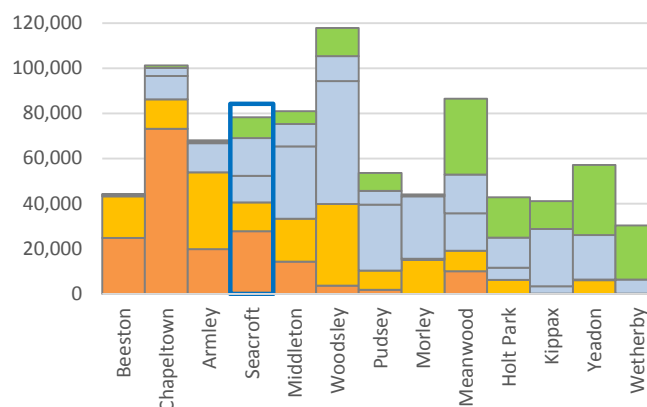
IMD2015 and GP data

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 32.7, ranked number 4 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

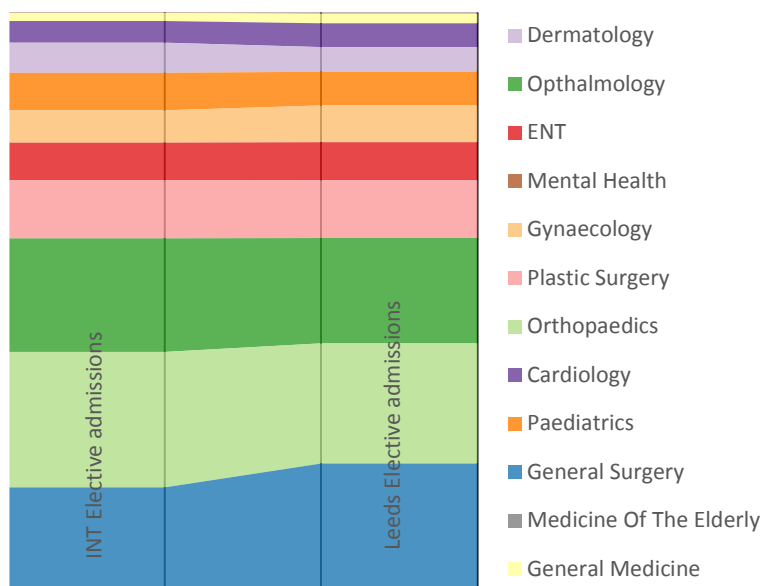


Hospital admissions for this INT by specialty (2016/17)

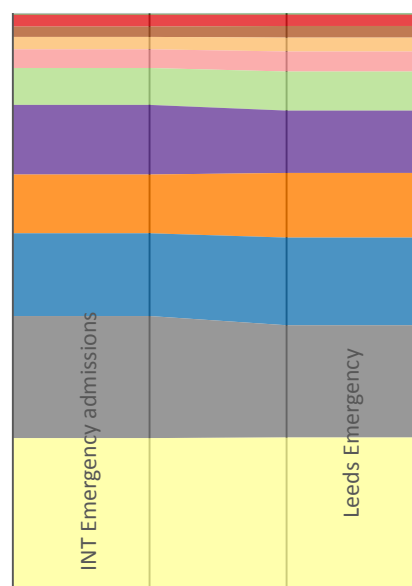
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

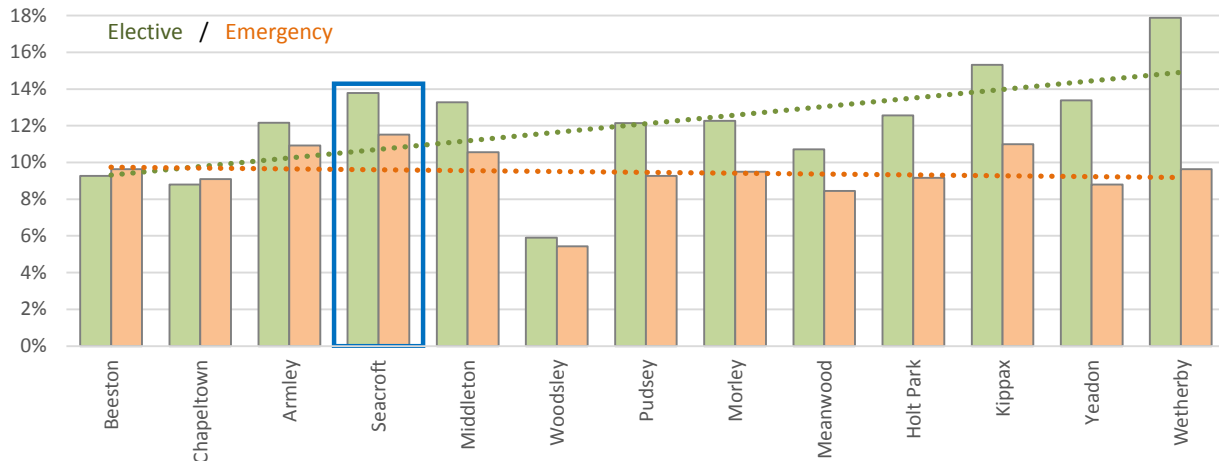


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st Orthopaedics	13%	11%
2nd Ophthalmology	11%	10%
3rd General Surgery	10%	12%
4th Plastic Surgery	5%	5%
5th ENT	3%	4%

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

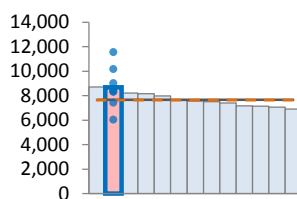


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

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

GP data



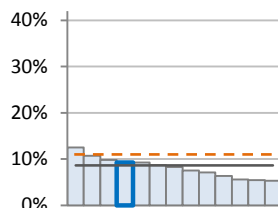
Asthma - under 16s

INT	8,672
Leeds registered	7,659
Deprived fifth**	7,633
INT count	1,096

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.

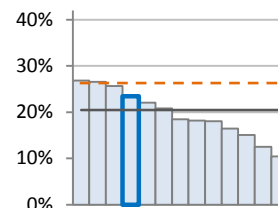
Child obesity 2015-16 ✖

NCMP, aggregated from LSOA to INT boundary



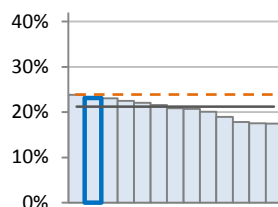
Obesity in Reception year

INT	9.2%
Leeds registered	8.6%
Deprived fifth**	11.0%
101 of 1095 children in INT	



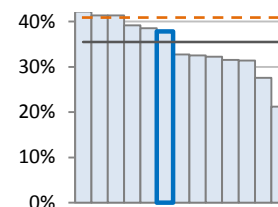
Obesity in Year 6

INT	23.5%
Leeds registered	20.5%
Deprived fifth**	26.3%
232 of 988 children in INT	



Obese or overweight, Reception year

INT	23.1%
Leeds registered	21.2%
Deprived fifth**	23.9%
253 of 1095 children	



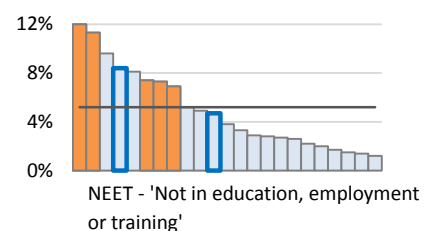
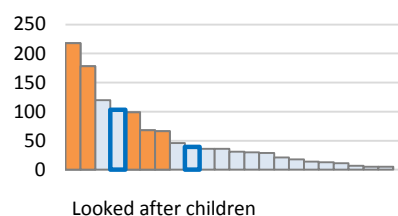
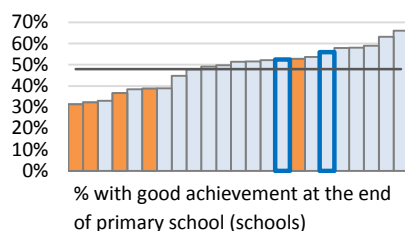
Obese or overweight, Year 6

INT	37.9%
Leeds registered	35.5%
Deprived fifth**	40.9%
374 of 988 children	

Children's cluster data ✖

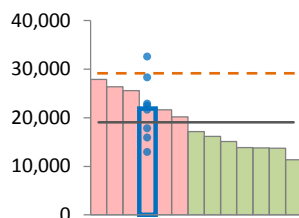
Children and Young People's Plan Key Indicator Dashboard July 2017

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.



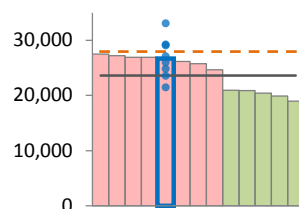
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	21,907
Leeds registered	19,045
Deprived fifth**	29,163
<i>INT count</i>	<i>13,895</i>



Obesity (BMI>30)

INT	26,662
Leeds registered	23,606
Deprived fifth**	27,951
<i>INT count</i>	<i>14,978</i>

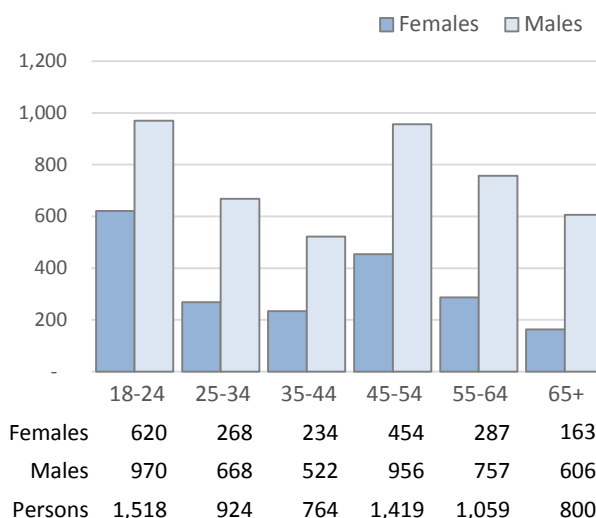
(Within the population who have a recorded BMI)

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.

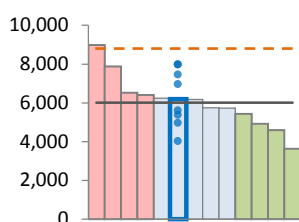
The table and chart below show the **predicted numbers of adults in this INT registered population** who would score 8 or higher.



Long term conditions, adults and older people

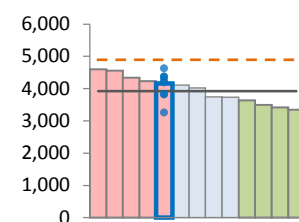
GP data

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



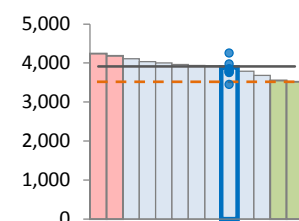
Diabetes

INT	6,199
Leeds registered	6,021
Deprived fifth**	8,802
<i>INT count</i>	<i>4,497</i>



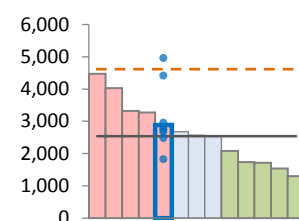
CHD

INT	4,156
Leeds registered	3,926
Deprived fifth**	4,894
<i>INT count</i>	<i>2,981</i>



Cancer

INT	3,889
Leeds registered	3,915
Deprived fifth**	3,519
<i>INT count</i>	<i>2,792</i>



COPD

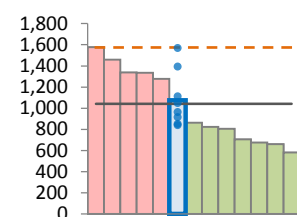
INT	2,887
Leeds registered	2,537
Deprived fifth**	4,617
<i>INT count</i>	<i>2,069</i>

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

Long term conditions, adults and older people continued

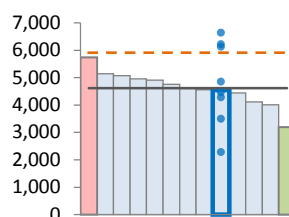
GP data (January 2017)

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



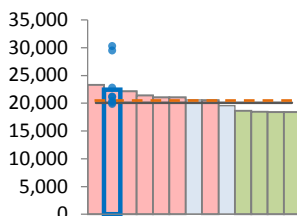
Severe mental health

INT	1,075
Leeds registered	1,042
Deprived fifth**	1,574
<u>INT count</u>	<u>784</u>



Dementia (65+)

INT	4,550
Leeds registered	4,618
Deprived fifth**	5,911
<u>INT count</u>	<u>660</u>



Common mental health

INT	22,460
Leeds registered	20,060
Deprived fifth**	20,496
<u>INT count</u>	<u>16,571</u>

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.

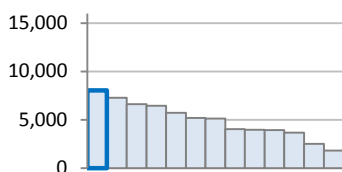
****Most deprived fifth, or quintile of Leeds** - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ✖

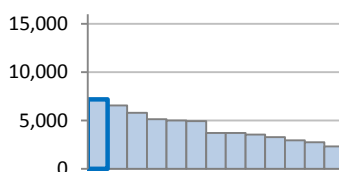
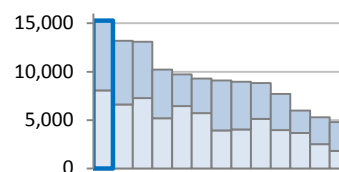
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness

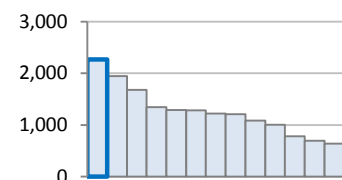
Life limiting illness, under 65



Life limiting illness, over 65

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

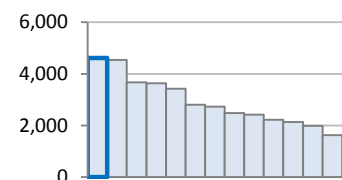
Carers providing 50+ hours care/week ✖



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+ ✖



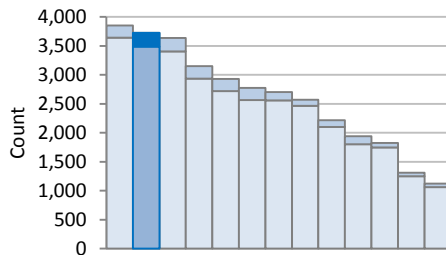
	number	rank
Limiting Long Term Illness - All Ages	15,257	1
Limiting Long Term Illness - under 65	8,056	1
Limiting Long Term Illness - 65+	7,201	1
Providing 50+ hours care/week	2,268	1
One person households aged 65+	4,613	1

People living with frailty and 'end of life'

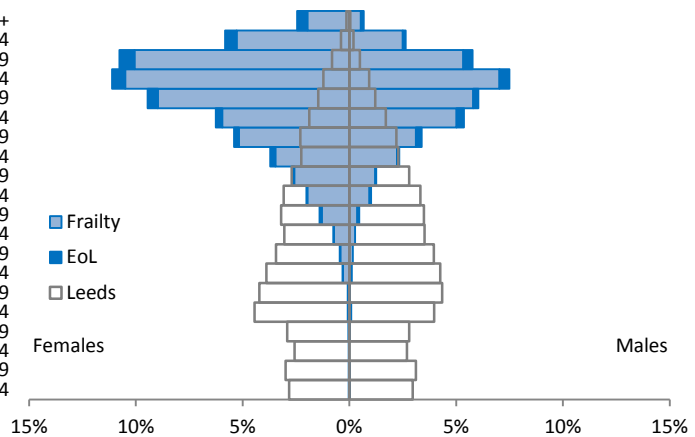
Leeds data model September 2016 cohort

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

Total: 3,726. Frailty 3,489. End of life 237



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

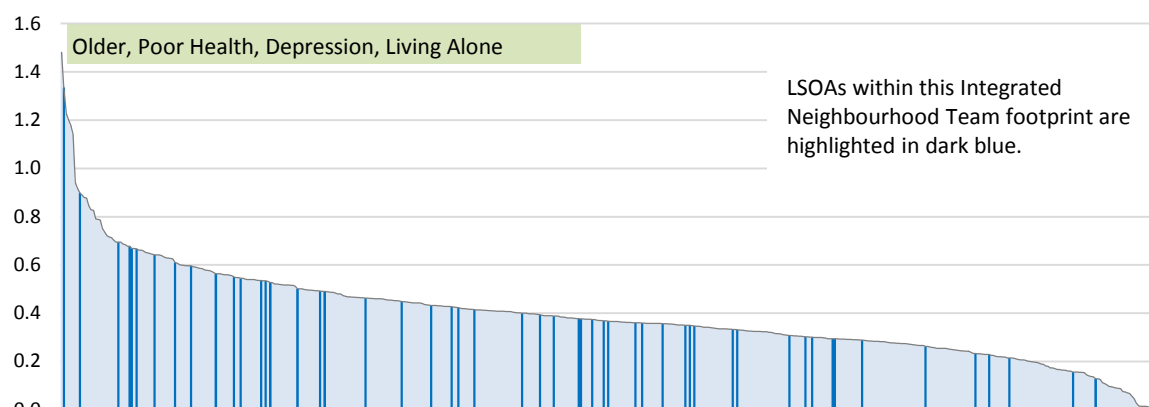
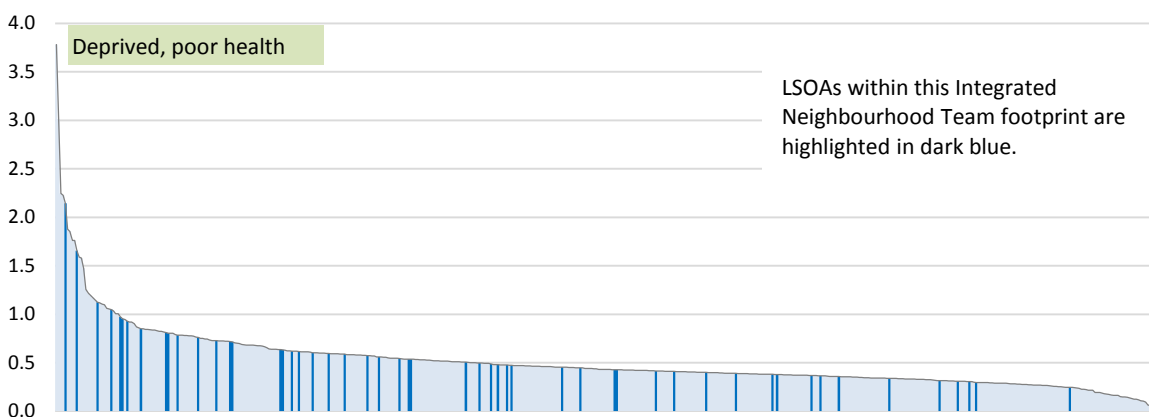


Social Isolation Index ✕

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"

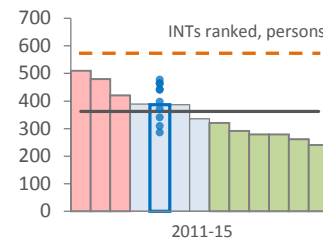
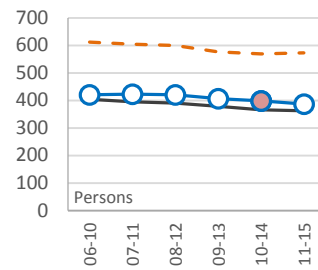
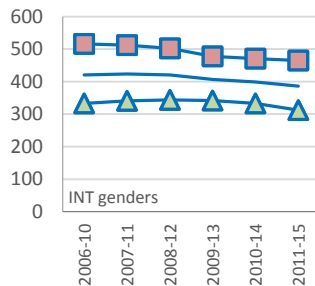
- INT persons
- Leeds
- Deprived fifth of Leeds**

Shaded if significantly above Leeds

Shaded if significantly below Leeds

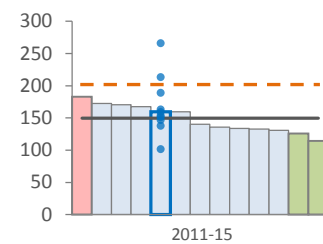
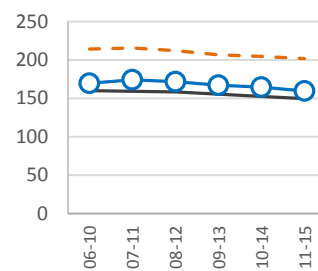
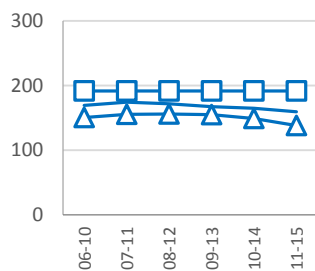
"Where is this INT in relation to the others, and Leeds"

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

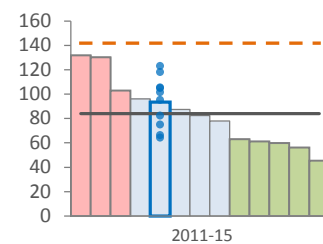
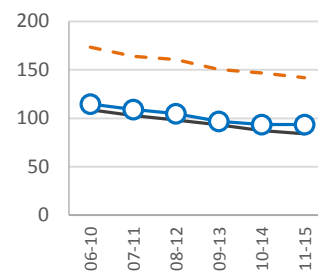
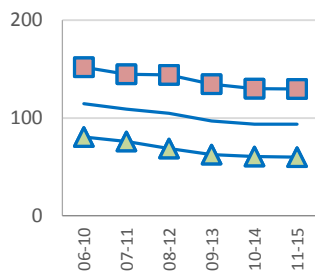
Persons (DSR per 100,000)

INT	387
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>1,191</i>

Cancer mortality

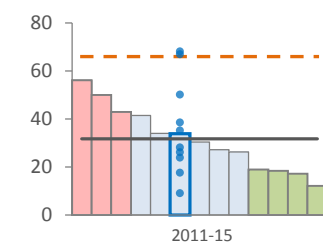
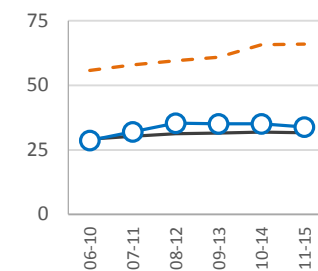
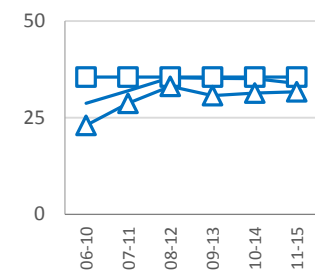
Persons (DSR per 100,000)

INT	160
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>485</i>

Circulatory disease mortality

Persons (DSR per 100,000)

INT	94
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>287</i>

Respiratory disease mortality

Persons (DSR per 100,000)

INT	34
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>102</i>

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

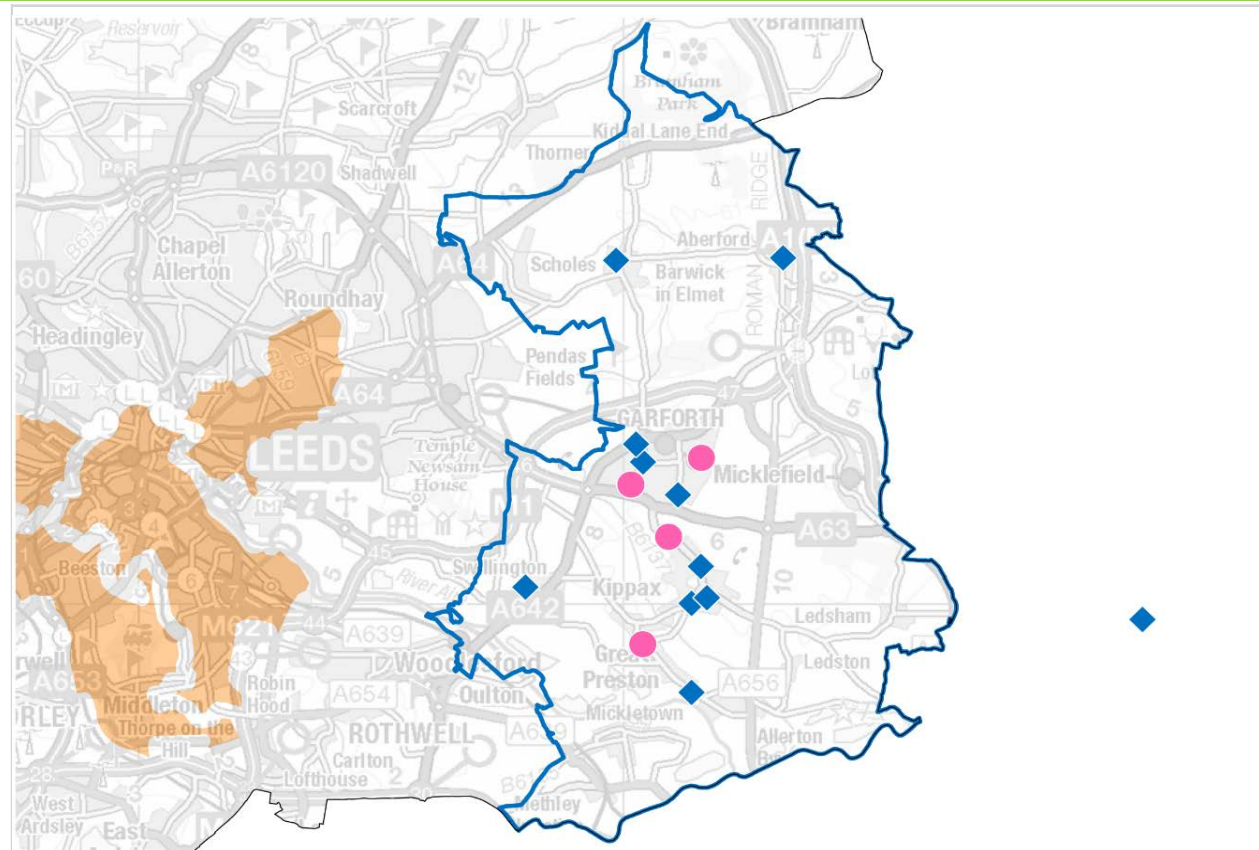
Area overview profile for Kippax Integrated Neighbourhood Team

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.

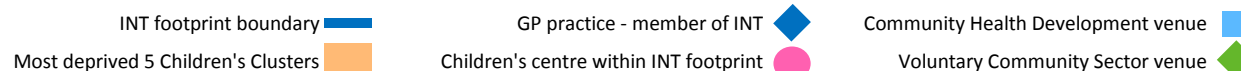
The INT has an older age structure than Leeds, with lower proportions of children and no student and young adult bulge. It has a much larger proportion of "White British" than in Leeds overall, and a lower proportion of "Other White Background". The obesity rate is significantly above Leeds, which is a little out of character for a population with generally good to average health indicators and low deprivation.

The INT has the highest cancer rate in Leeds, but there is a strong inverse relationship with deprivation and cancer diagnosis and so this is likely to reflect good levels of screening and GP attendance (Cancer mortality is quite low in this INT as a result) A few small areas in the INT footprint score very highly in the 'Older, poor health, depression, living alone' social isolation index.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Gibson Lane Practice. The Practice Radshan House. Garforth Group Medical Practice. Nova Scotia Medical Centre. Kippax Hall Surgery. Moorfield House Surgery. Swillington Health Practice.

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 Kippax Integrated Neighbourhood Team

This profile presents a high level summary of data for the Kippax 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.

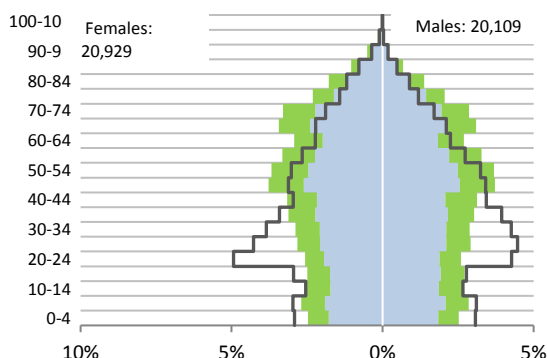
All INTs are ranked to display variation across Leeds and this one is outlined in blue. Practices belonging to this INT are shown as individual blue dots. Actual counts are shown in blue text. Leeds overall is shown as dark grey, the most deprived fifth of Leeds** is shown in orange.

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

Population: 41,038 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.

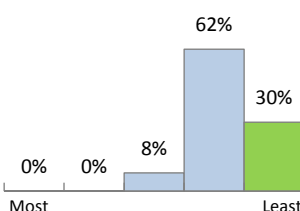


GP recorded ethnicity, top 5	% INT	% Leeds
White British	88%	62%
Not Recorded	6%	6%
Other White Background	2%	9%
Not Stated	1%	2%
Unknown	0%	1%

(April 2017)

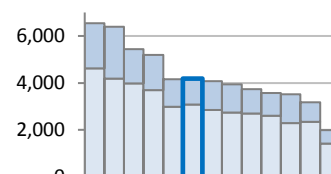
Deprivation distribution

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.

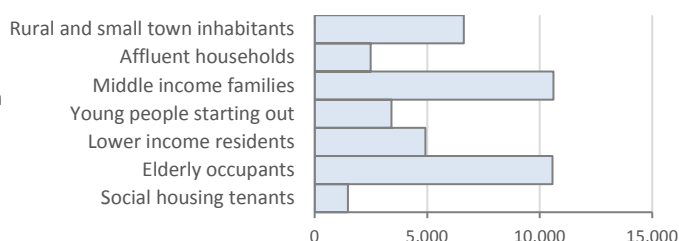


Mosaic Groups in this INT population

(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)

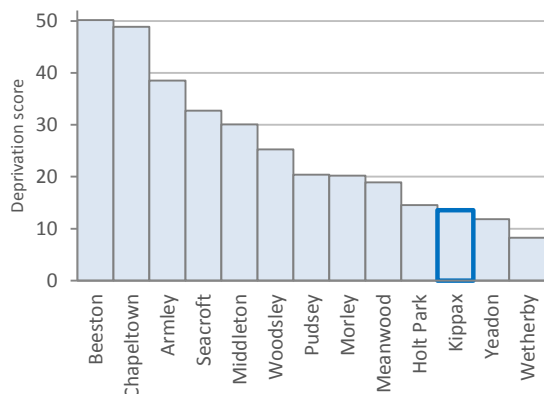
Age Band	Woodsley	Chapelton	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	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 Kippax INT

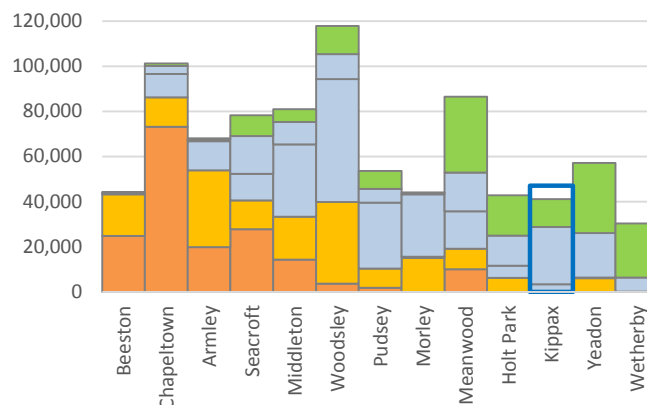
IMD2015 and GP data

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 13.6, ranked number 11 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

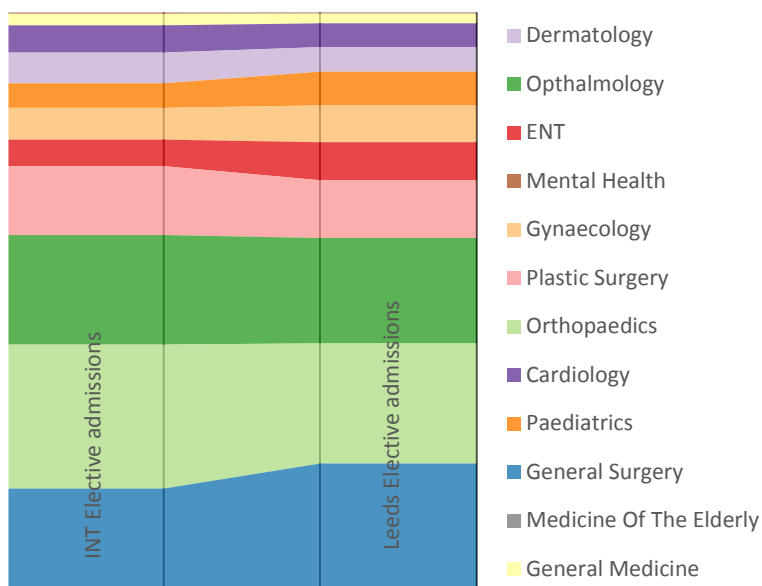


Hospital admissions for this INT by specialty (2016/17)

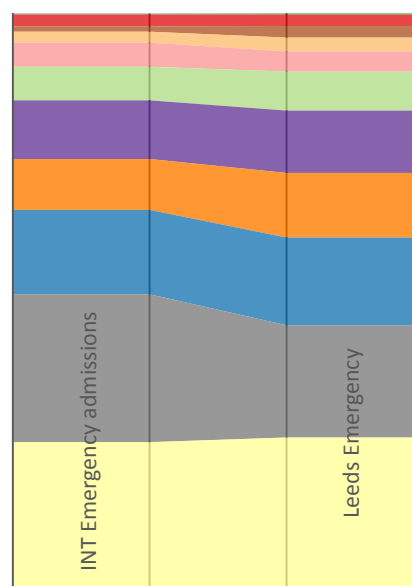
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

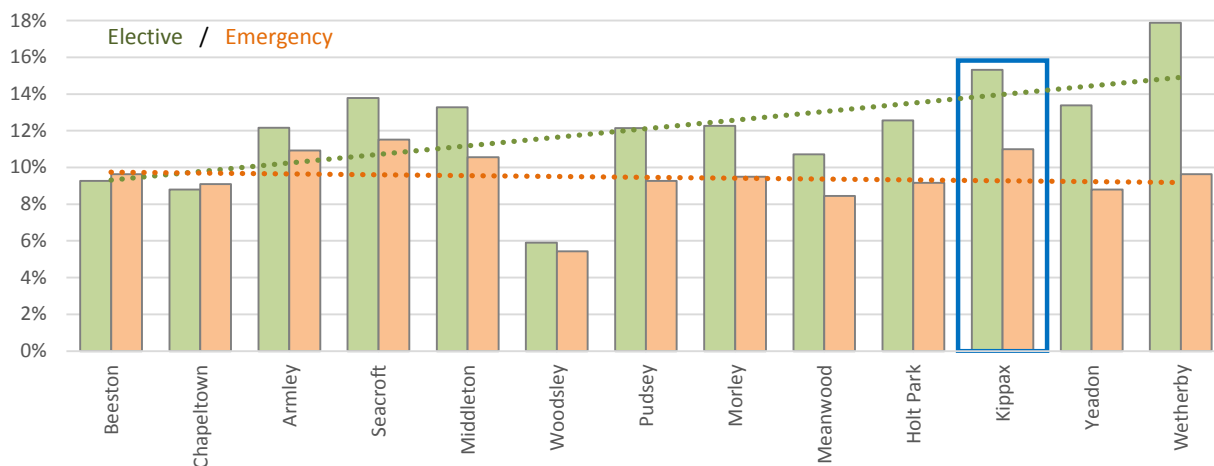


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st Orthopaedics	13%	11%
2nd Ophthalmology	10%	10%
3rd General Surgery	10%	12%
4th Plastic Surgery	6%	5%
5th Gynaecology	3%	3%

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

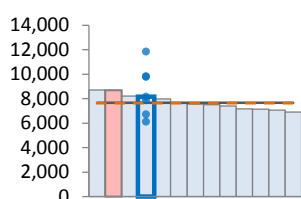


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

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

GP data



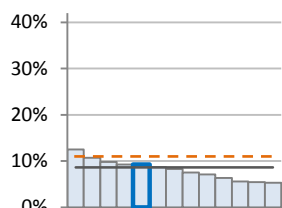
Asthma - under 16s

INT	8,162
Leeds registered	7,659
Deprived fifth**	7,633
INT count	437

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.

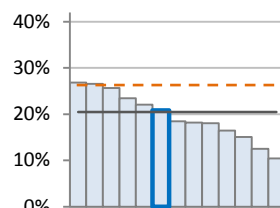
Child obesity 2015-16 ✕

NCMP, aggregated from LSOA to INT boundary



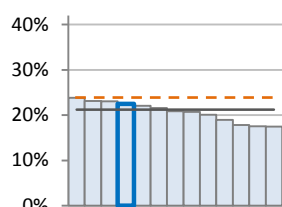
Obesity in Reception year

INT	9.2%
Leeds registered	8.6%
Deprived fifth**	11.0%
52 of 564 children in INT	



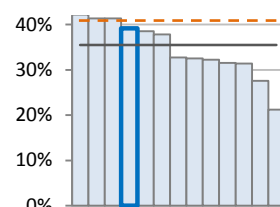
Obesity in Year 6

INT	20.8%
Leeds registered	20.5%
Deprived fifth**	26.3%
105 of 505 children in INT	



Obese or overweight, Reception year

INT	22.5%
Leeds registered	21.2%
Deprived fifth**	23.9%
127 of 564 children	



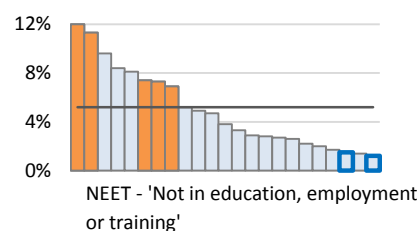
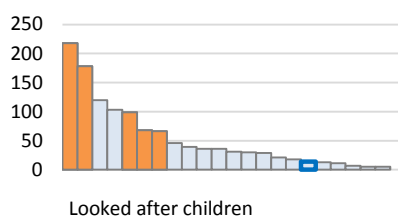
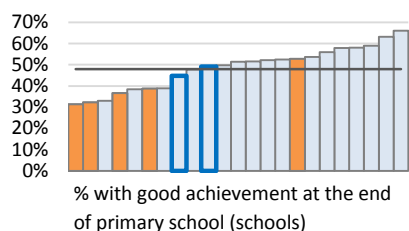
Obese or overweight, Year 6

INT	39.2%
Leeds registered	35.5%
Deprived fifth**	40.9%
198 of 505 children	

Children's cluster data ✕

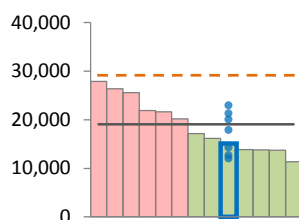
Children and Young People's Plan Key Indicator Dashboard July 2017

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.



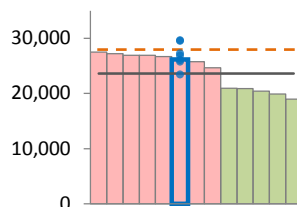
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	15,122
Leeds registered	19,045
Deprived fifth**	29,163
<u>INT count</u>	<u>5,045</u>



Obesity (BMI>30)

INT	26,159
Leeds registered	23,606
Deprived fifth**	27,951
<u>INT count</u>	<u>8,450</u>

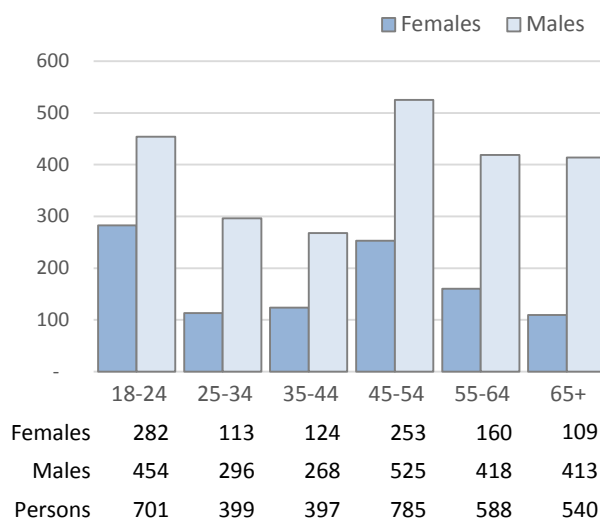
(Within the population who have a recorded BMI)

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.

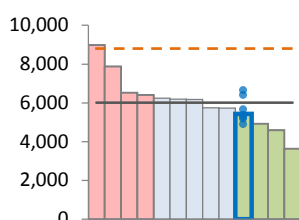
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

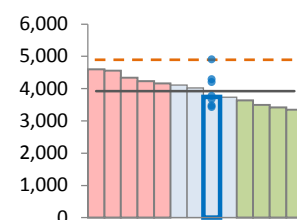
GP data

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



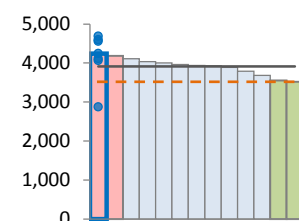
Diabetes

INT	5,431
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>2,443</u>



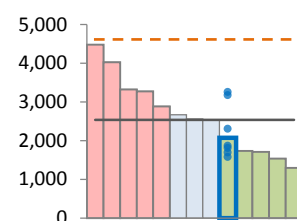
CHD

INT	3,742
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>1,721</u>



Cancer

INT	4,241
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>1,919</u>



COPD

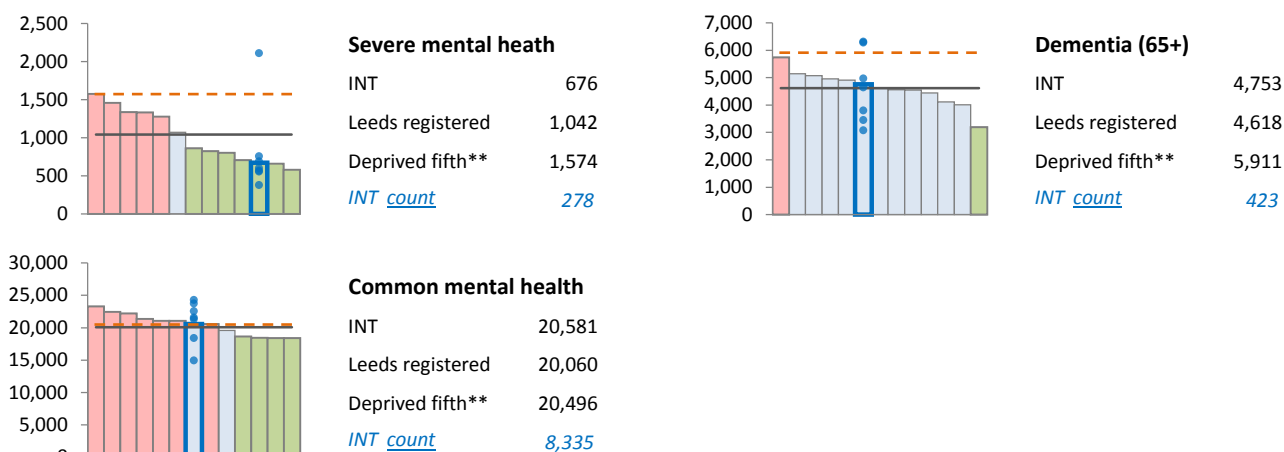
INT	2,077
Leeds registered	2,537
Deprived fifth**	4,617
<u>INT count</u>	<u>958</u>

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)



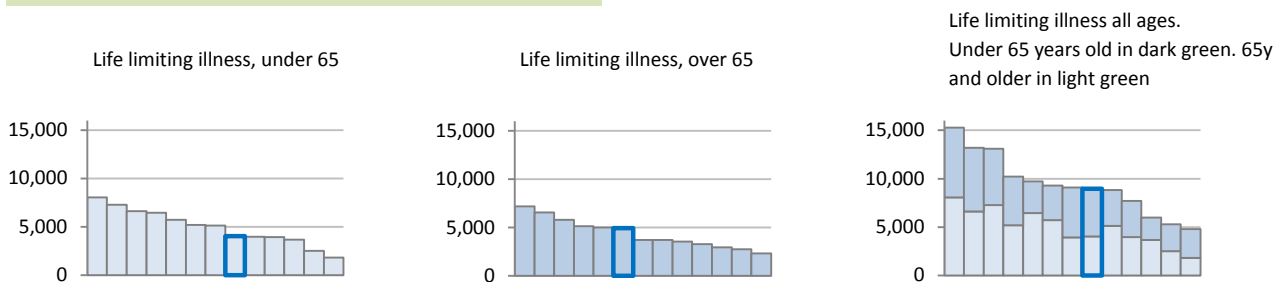
The GP data charts show all 13 INTs in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant 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.

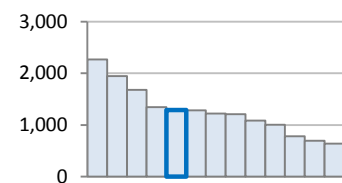
Life limiting illness ✖

Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness



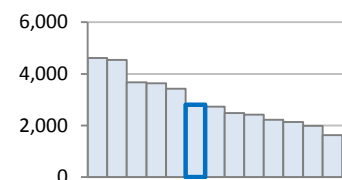
Carers providing 50+ hours care/week ✖



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+ ✖



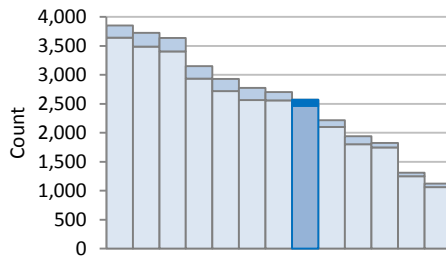
	number	rank
Limiting Long Term Illness - All Ages	8,965	8
Limiting Long Term Illness - under 65	4,033	8
Limiting Long Term Illness - 65+	4,932	6
Providing 50+ hours care/week	1,290	5
One person households aged 65+	2,808	6

People living with frailty and 'end of life'

Leeds data model September 2016 cohort

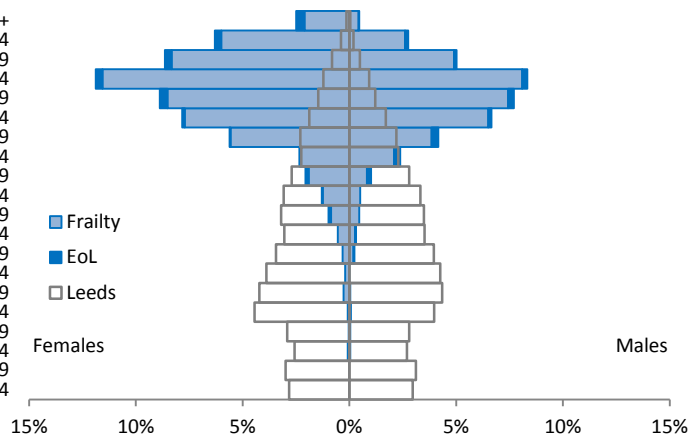
Leeds Integrated Neighbourhood Teams ranked by combined count of End of Life and Frailty populations.

Total: 2,569. Frailty 2,465. End of life 104



95+
90 to 94
85 to 89
80 to 84
75 to 79
70 to 74
65 to 69
60 to 64
55 to 59
50 to 54
45 to 49
40 to 44
35 to 49
30 to 34
25 to 29
20 to 24
15 to 19
10 to 14
05 to 09
00 to 04

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

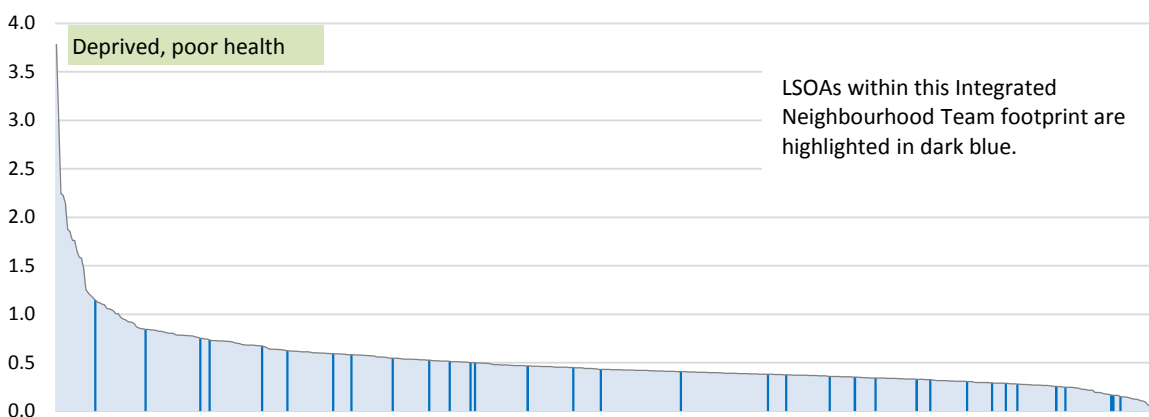


Social Isolation Index ✕

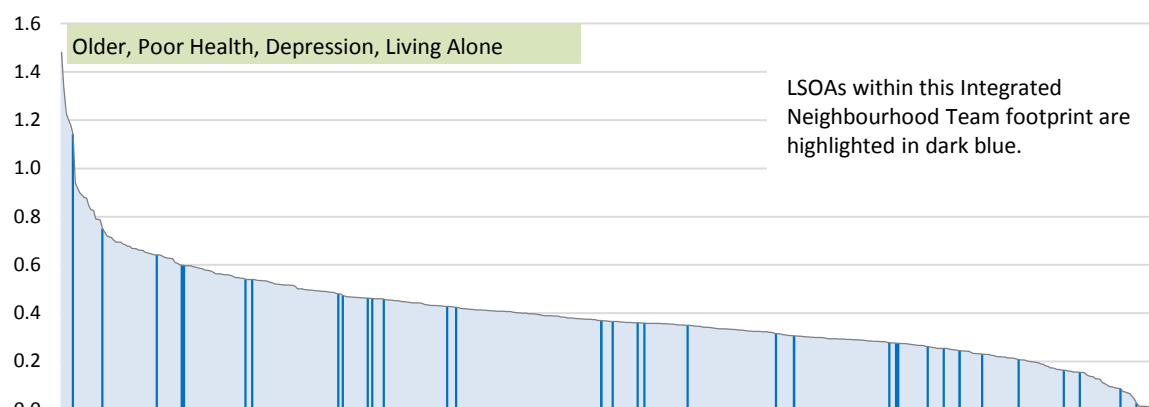
LSOAs in INT footprint

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.



LSOAs within this Integrated Neighbourhood Team footprint are highlighted in dark blue.

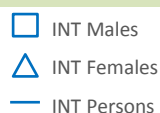


LSOAs within this Integrated Neighbourhood Team footprint are highlighted in dark blue.

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

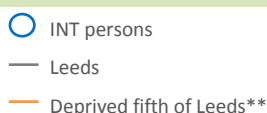
Mortality, under 75s, age standardised rates per 100,000

ONS and GP registered populations

"How different are the sexes in this INT"

Shaded if significantly above Persons

Shaded if significantly below Persons

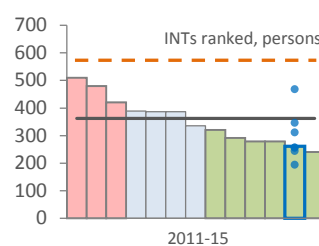
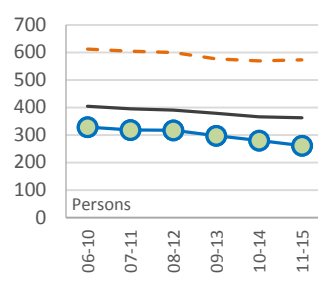
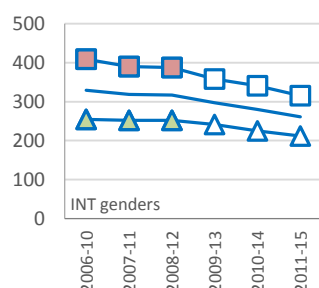
"How different is this INT to Leeds"

Shaded if significantly above Leeds

Shaded if significantly below Leeds

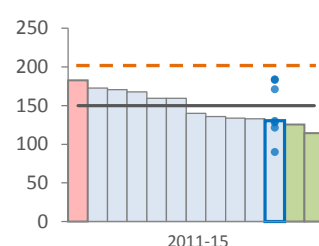
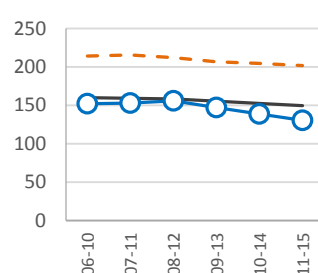
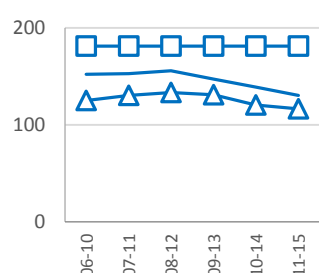
"Where is this INT in relation to the others, and Leeds"

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

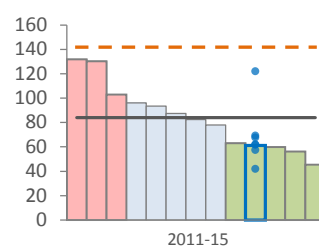
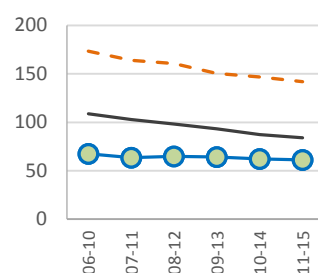
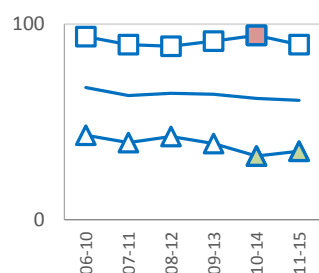
Persons (DSR per 100,000)

INT	261
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>512</i>

Cancer mortality

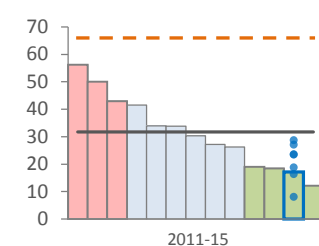
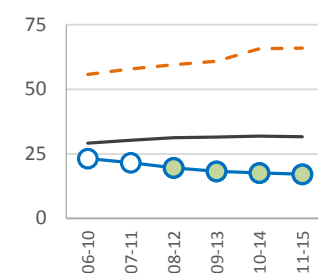
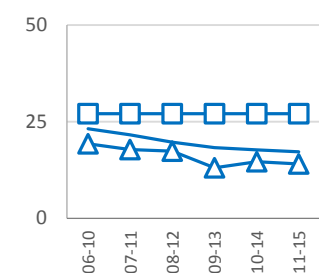
Persons (DSR per 100,000)

INT	131
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>257</i>

Circulatory disease mortality

Persons (DSR per 100,000)

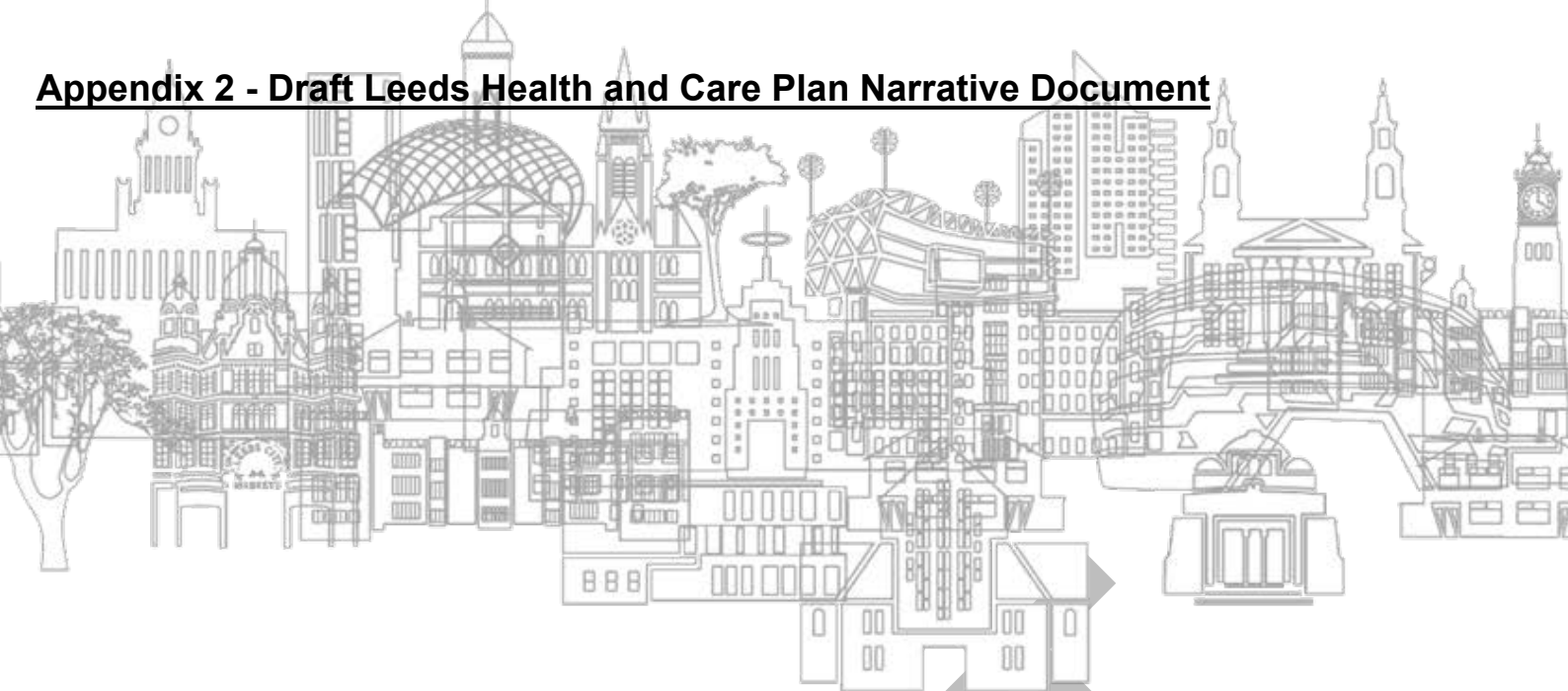
INT	61
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>121</i>

Respiratory disease mortality

Persons (DSR per 100,000)

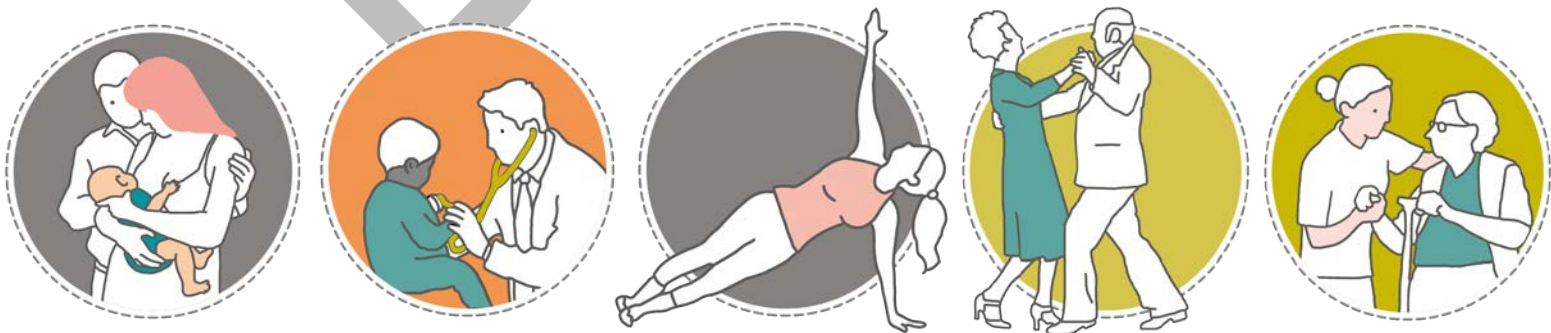
INT	17
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>35</i>

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:

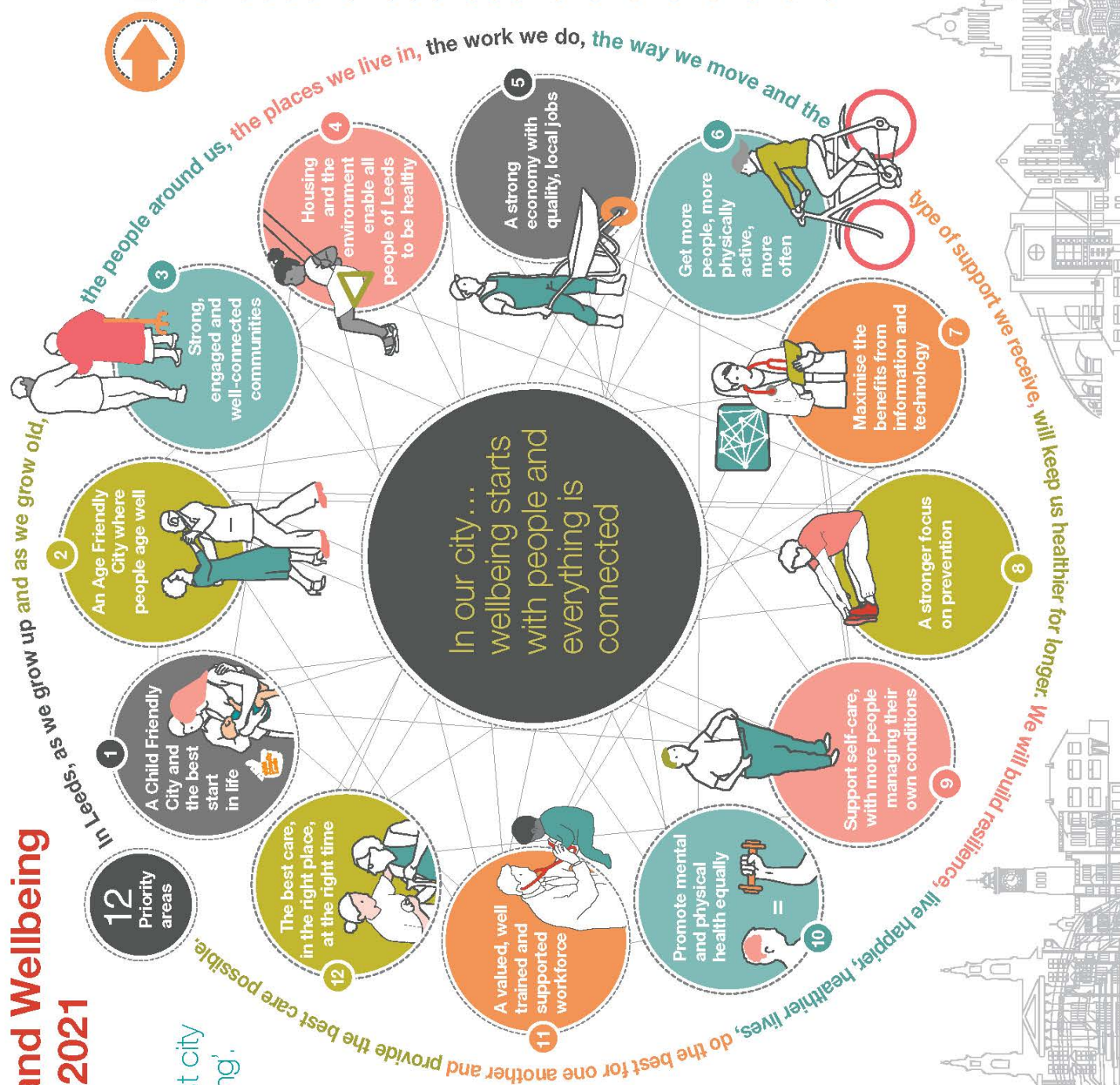
'Leeds will be the best city for health and wellbeing'.

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

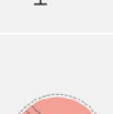
By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest

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

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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

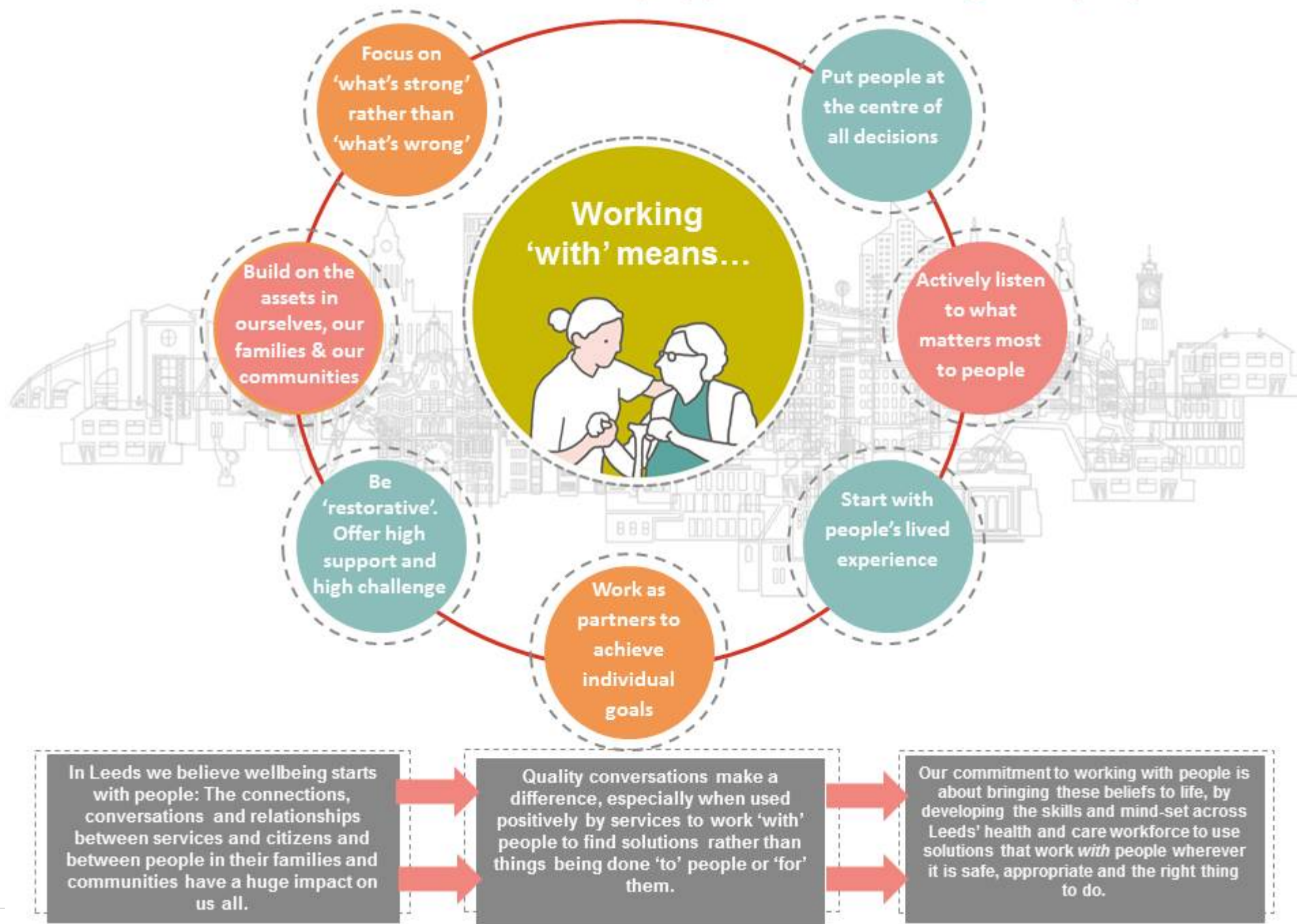
Patients and the public: our responsibilities

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

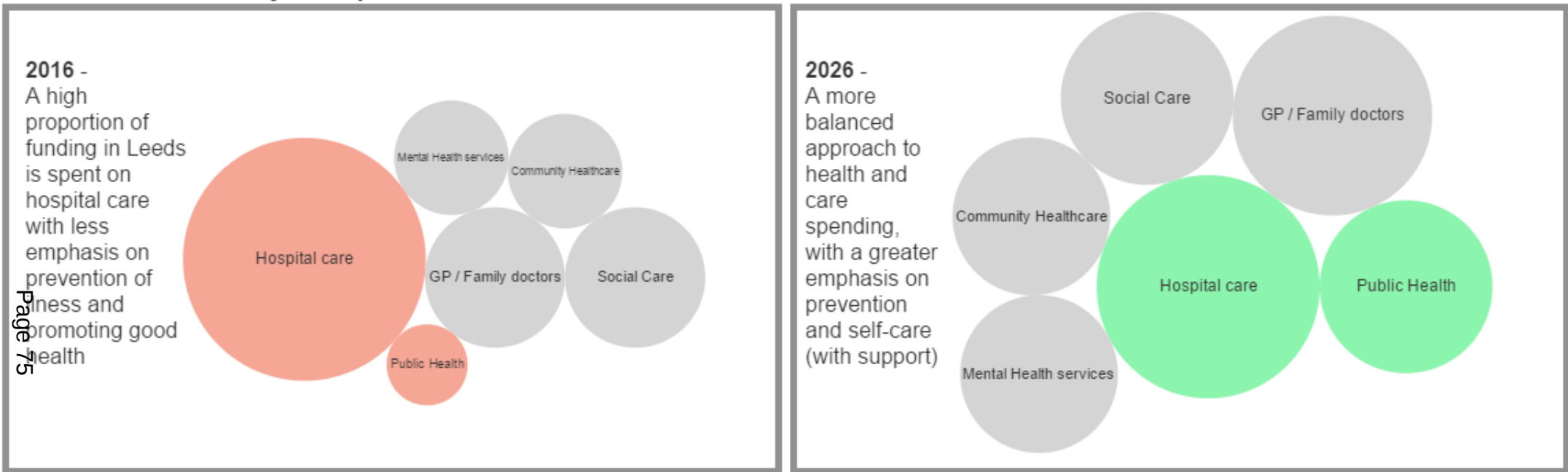


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

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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)

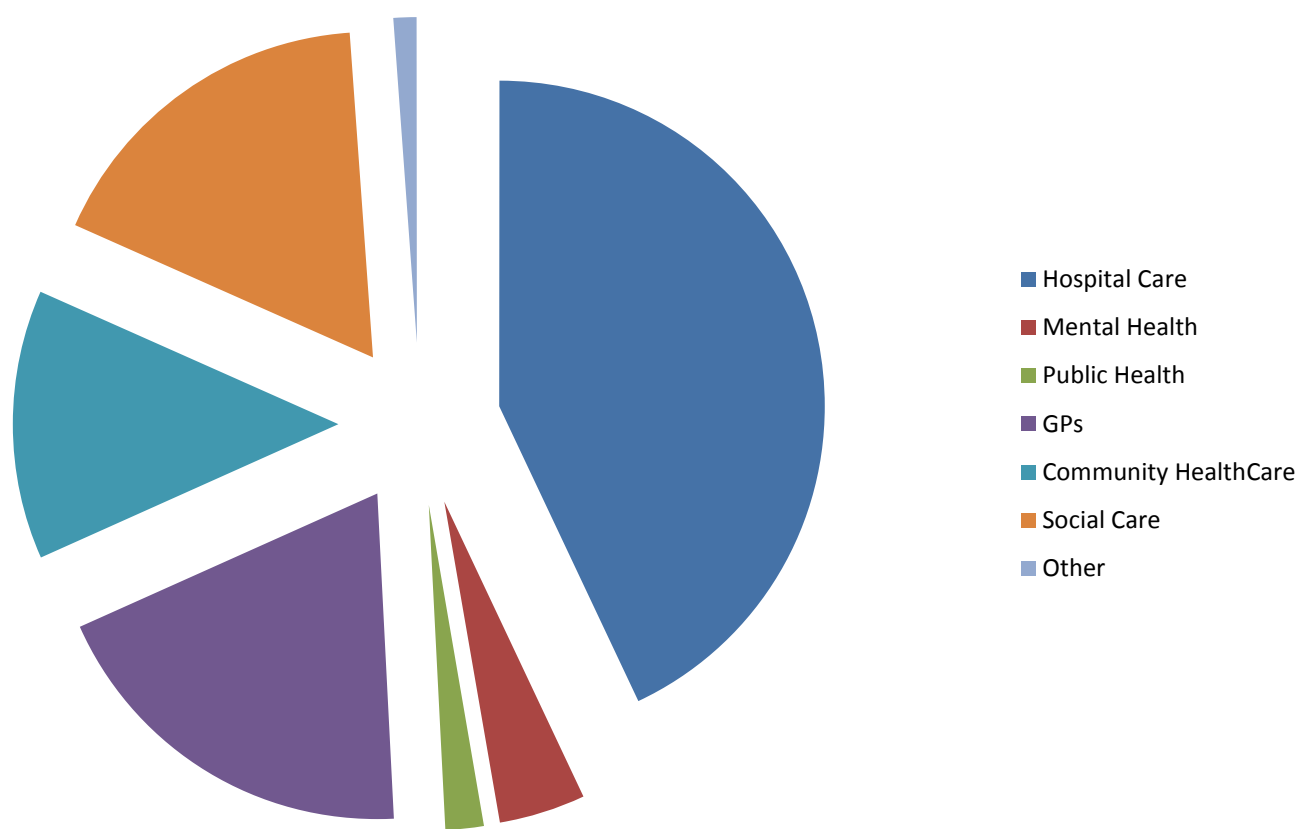


Figure 3 – Indicative spending of health and care funding in Leeds

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 East Community Committee

Report author: Vanessa Allen, (0113 3481767)

Date: 5th December 2017 To note

Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Outer East 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 East 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 within the Outer East area.
 - Bus improvements including First Bus committed to spending £71m on buying 284 new greener buses.
 - 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 6th September 2016 and followed this up with a workshop (6th September 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. The programme was developed in response to the feedback from the Transport Conversation engagement process in the Summer/ Autumn 2016 and both the Leeds wide and Outer East response is outlined in the report.
4. 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. Further details can be found in the main report on the Leeds Transport webpage (see background information).
5. The Transport Conversation utilised a wide range of media and consultation methods to reach as many Leeds residents, businesses and visitors as possible. This process 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. There was also a young person's survey conducted jointly by Leeds City Council and WYCA.
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 East 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 East area is included as an appendix to this document. This showed that a total of 478 (6%) respondents to the Leeds Conversation questionnaire were from the Outer East communities. The list below shows the top three priorities for transport investment indicated by 275 of the questionnaire respondents from Outer East who responded to this question.

Top four comments	Outer East %	Leeds %	
1. Invest in tram system	18%	16%	16%
2. More reliable bus service	15%	14%	14%
3. Criticism of cycling improvements/ waste of money	14%	6%	6%

15. In overall summary, support for investing in a tram system was mentioned more frequently by Outer East respondents than others. Respondents from the Outer East raised the need to invest in a tram system/ rapid mass transit in both open ended questions. The top three priorities for respondents from the Outer East for the delivery of transport investment mirrored those of respondents overall (see main report). However, respondents from the Outer East also had significantly heavier criticism of the money spent on cycling improvements to date.

16. In addition to the questionnaire analysis there was further feedback received from this committee on the 6th September workshop. The feedback from these meetings was included as part of the overall assessment within the Transport Conversation and included the following general issues of poor bus frequency, marginalised communities and concerns around housing allocations. The following locally specific summary of suggestions from the September workshop are included below (*see appendix for notes of the workshop*).

Outer East Transport Improvements suggested at Community Committee workshop – 6th September

- Garforth Rail station inaccessible
- Light rail from Allerton Bywater to Kippax to Garforth or Middleton?
- Rail links to Leeds Bradford Airport
- Bus service times
- Extend cycle routes
- Oyster card system
- Traffic lights at Charlie Sweeps Corner?

#LeedsTransport – £173.5m transport improvements:

17. As outlined above, the Transport Conversation identified that people overall in both Leeds and the Outer East 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.
18. 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.
19. 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 provision for pedestrians and cyclists along these corridors.

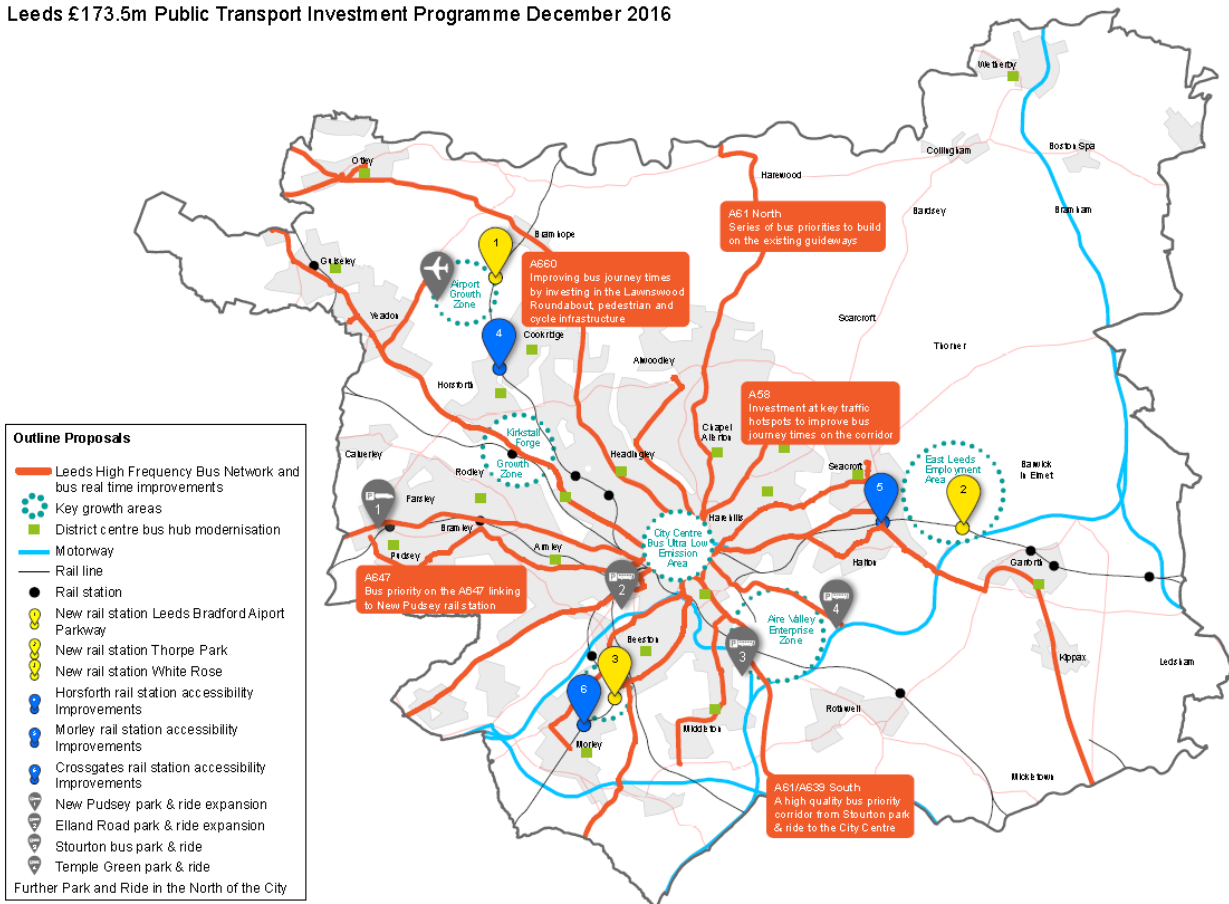
Transport Hubs and Connecting Communities: The LPTIP Programme also includes a significant focus on improving the bus offer for the City. Alongside the bus corridor and City Centre improvement works, there is also an opportunity to enhance and improve interchange facilities and identify gaps in the transport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



20. 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 of the Leeds Transport – scheme summary, appended to this report.

21. 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 East area:

22. **A58 Bus corridor improvements:** As part of LPTIP ambitions to develop a Quality Transport Corridor along the A58, Leeds City Council is examining ways to improve the route between Leeds city centre and Roundhay/Oakwood, particularly for bus users. This includes the two principal routes served by buses; namely Easterley Road-Harehills-Beckett Street (via St. James's Hospital), and Roundhay Road-Harehills-North Street.

23. Work to date has highlighted a range of issues to be addressed through the Quality Transport Corridor scheme. These include:

- Significant delays and congestion along Beckett Street outside St James's Hospital at peak times, with some of the worst inbound delays occurring during the evening peak period.
- Further delays in Harehills due to limited road space and complex demands for pedestrian and vehicle movements between the various businesses and side streets.
- Delays along Roundhay Road, with high demand stops around the Enfield Centre and various junction issues extending north between Barrack Road and Roseville Road. This section also suffers a high number of accidents, increasing the need for road safety measures.

- Slow bus journey times on approaches to Fforde Greene, in-part caused by on-street parking preventing available road space being used as efficiently as possible.

24. Work is currently underway to develop a range of indicative concepts with the potential to address the above issues and improve the route for all road users. Consultation to canvass views on these initial concepts will be undertaken early in the new year.

25. New buses and service improvements;

- Coastliner (services 840, 843, 845 (York, Malton & East Coast))– Replacement of some of the Coastliner fleet, introducing the new vehicles in late 2016/early17. The buses have visual announcements, higher specification interior than vehicles these buses replace.
- Service 70/71 (Leeds – Wetherby – Harrogate) – Newer vehicles, better interior specification compared to previous buses and route(s) now branded.
- New twin-deck vehicles (with a higher interior specification than the vehicles they replaced) for services 163/166 (Leeds – Cross Gates – Garforth – Kippax – Castleford) upgraded to Sapphire brand with audio/visual announcements.

26. **Cross Gates station – accessibility works;** By 2023 all rail stations will become accessible including upgrades planned at Cross Gates, Morley and Horsforth.

27. **City Cycle Connect Superhighway.** The West Yorkshire Combined Authority's City Connect programme completed the Bradford to Leeds Cycle Superhighway in July 2016 funded by a central government funding pot for cycling. A programme of monitoring and evaluation supports the programme and is ongoing. Automatic Cycle Counters have been installed at points across the route and over 400,000 trips by bike have been recorded since opening. The funding for the cycling was allocated directly from central government funding for cycling and could not have been spent on other infrastructure.

28. Phase 2 of CityConnect projects has started construction, with works starting in Leeds City Centre in October to link the Cycle Superhighways, visit segregated route through the city centre. The works will also link to the emerging education quarter and cycle loop around Leeds. This phase of works is expected to be complete in Summer 2018. Plans and further details can be found at www.cyclecityconnect.co.uk/Leedscitycentre



29. **Temple Green park and ride;** The 1000 new car parking spaces complements the Elland Road Park and Ride (opened in 2014), catering for trips from the north and east of the city, with access via junction 45 of the M1. It provides a high frequency, express bus service using comfortable modern vehicles (using existing and additional bus priority measures) to give an

average journey time of 15 minutes to the city centre from the Temple Green site. The £8.5m scheme opened Monday 19 June 2017 and is being delivered as part of the West Yorkshire Transport Fund.



Park and Ride is an important element of the Transport Strategy for Leeds, with parking capacity for the city centre vital for the economy of the city. Park and Ride schemes help to reduce congestion and improve the city's air quality by reducing the number of cars entering the city centre.

30. **Northern Park and Ride;** Following the opening of Elland Road and Temple Green Park & Ride sites (in July 2014 and June 2017 respectively), the Public Transport Proposals identified above include examination of further Park & Ride opportunities, coverings both rail and bus modes. These include a bus based Park and Ride at Stourton to the south of Leeds City Centre, a parkway station near Leeds Bradford Airport which would operate as a Park and Ride in both directions and increased station parking at New Pudsey station.
31. Also included is a proposal for a new Park & Ride site in north Leeds. This quadrant of the city (roughly between the A65 and the A64) is poorly served by heavy rail, public transport is bus based and the radial routes are heavily congested in peak times.
32. Such a site would be a further development of the Park & Ride strategy for the city, and complement the existing and proposed bus and rail Park & Ride opportunities and enhancements across the city. Park & Ride also contributes to the wider connectivity aims of the city and city region, and provides connectivity opportunities to HS2 and the remodelled Leeds Station.
33. A number of sites are currently being considered in the north Leeds study area, which broadly comprises the area bordered by the North Yorkshire/Harrogate border in the north, the A64 in the east, the A58(M)/A64(M) Inner ring Road in the south and the A65 in the west. The site needs to be in a location which avoids pulling too much traffic through the built up area while being close enough to the city center to allow an attractive onward connection to be provided. It also needs to have enough space to provide parking for at least 400 cars.
34. **ELOR;** The ELOR 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 ELE and vehicular access into the development areas as well reducing the impact of traffic growth on the existing highway network.



An artist impression which shows what the road, surrounding landscaping and bridge crossings could look like.

Construction is currently programmed to start in Spring 2018 with completion by the end of 2021.

The planning application for ELOR has now been submitted, you can view and comment on the application via the [Planning Portal](#) using application reference **17/04351/**

#LeedsTransport Strategy:

35. 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.
36. 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 meters 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.

37. 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

38. 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

39. 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 centre that all can benefit from' Breakthrough Project.

40. 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

41. The first phase of the Transport Conversation showed that across Leeds and in Outer East there was a similar call for both short and long term improvements; across the bus network, rail services, reduced traffic congestion; improved cycle facilities (as well as criticisms of spending money on cycling) as well as looking at large scale infrastructure improvements such as a tram

system. Although there was a particular emphasis in Outer East on bus service network improvements.

42. 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.

43. 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 East 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 East 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 East Workshop – notes of workshop 6th September 2016
- Aecom analysis of Inner West 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/>

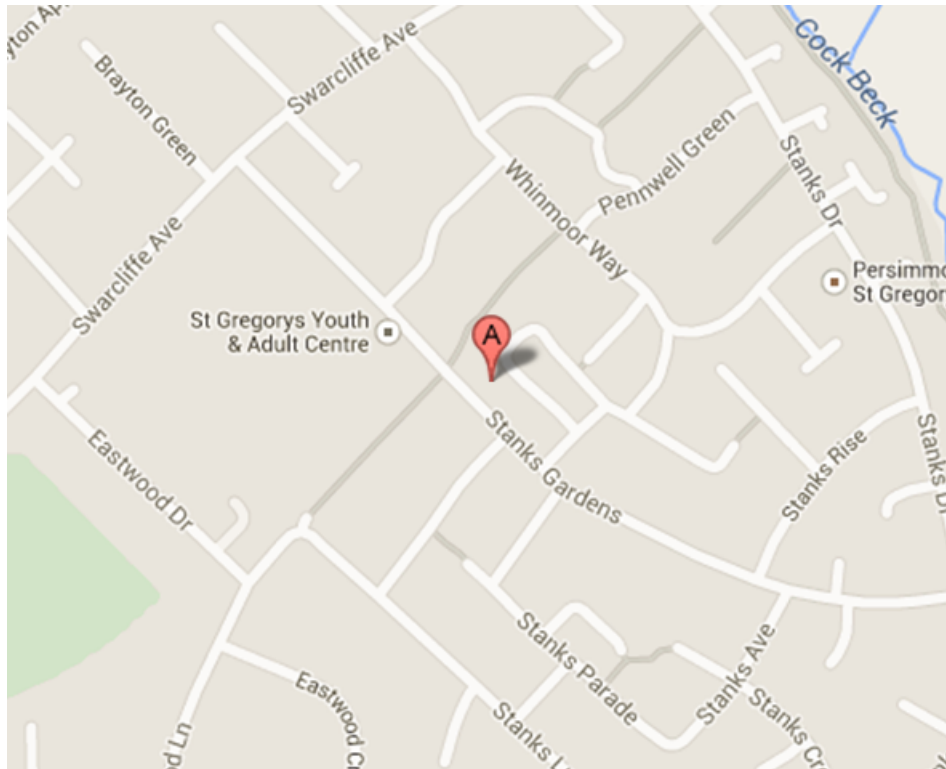
Leeds Transport Conversation – Outer East Update

How Outer East views are helping shape Leeds' transport policies

Time	Agenda Item	
from 4.45pm	Refreshments available in foyer	All attending
5.15pm	Welcome	Cllr Mary Harland
5.20pm	Introduction to workshop	Cllr Peter Gruen
5.30pm	Update on Transport Conversation	Gary Bartlett
5.50pm	Additional update from WYPTE	Dave Pearson
5.55pm	Questions and Answers	All
6.10pm	Young people's thoughts on Leeds' transport	Swarcliffe Youth Matters
6.20pm	Response	Cllr Peter Gruen / Panel
6.30pm	Conclusion	Cllr Mary Harland

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Swarcliffe Community Centre (main hall), Stanks Gardens, Swarcliffe, Leeds, LS14 5LS



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