Public Document Pack

Community Committee

Leeds CITY COUNCIL

Outer North East Community Committee

Alwoodley, Harewood, Wetherby

Meeting to be held in the Civic Hall, Leeds on Monday, 11th December, 2017 at 5.30pm (Committee Room No.4)

Councillors:

N Buckley	Alwoodley;
D Cohen	Alwoodley;
P Harrand	Alwoodley;
R Procter	Harewood;
M Robinson	Harewood;
R. Stephenson	Harewood;
A Lamb	Wetherby;
J Procter	Wetherby;
G Wilkinson	Wetherby;





Co-optees

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East North East Area Leader: Jane Maxwell Tel: 336 7627

Images on cover from left to right:
Alwoodley - MAECare (Moor Allerton Elderly Care); Moor Allerton shopping centre
Harewood - rural landscapes; Harewood Arms
Wetherby – bridge over the River Wharfe; racehorse sculpture

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: **No exempt items or information have been identified on the agenda**	

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			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
5			**DECLARATION OF DISCLOSABLE PECUNIARY AND OTHER INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2000 and paragraphs 13-18 of the Members' Code of Conduct. Also to declare any other significant interests which the Member wishes to declare in the public interest, in accordance with paragraphs 19-20 of the Members' Code of Conduct	
6			**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 Area Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
7			**MINUTES OF THE PREVIOUS MEETING** To confirm as a correct record the minutes of the meeting held on 11th September 2017 (Copy attached)	1 - 8

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			**MATTERS ARISING FROM THE MINUTES** To consider any matters arising from the minutes (If any)	
9	Alwoodley; Harewood; Wetherby		**LEEDS TRANSPORT CONVERSATION UPDATE - PUBLIC TRANSPORT INVESTMENT PROGRAMME (£173.5M), OUTER NORTH EAST UPDATE, AND LEEDS TRANSPORT STRATEGY DEVELOPMENT** To consider a report by the Chief Officer Highways and Transport which provides an update on the Leeds Transport Conversation - Public Transport Investment programme (£173.5m), Outer North East area and Leeds Transport Strategy development. (Report attached)	9 - 34
10	Alwoodley; Harewood; Wetherby		**LEEDS HEALTH AND CARE PLAN: INSPIRING CHANGE THROUGH BETTER CONVERSATIONS WITH CITIZENS** To consider a report by the (Chief Officer Health Partnerships) which provides an overview of the progress made in shaping the Leeds Health and Care Plan following the previous conversation at the Committee in Spring 2017. (Report attached)	35 - 106
11	Alwoodley; Harewood; Wetherby		**NEIGHBOURHOOD PLANNING UPDATE** To receive a report from the Chief Planning Officer which provides an update on Neighbourhood Planning Activity in the Outer North East Area. (Report attached)	107 - 108

Item No	Ward/Equal Opportunities	Item Not Open		Page No
12	Alwoodley; Harewood; Wetherby		**RAISING AWARENESS OF WHAT IT MEANS IN PRACTICE TO BE A CORPORATE PARENT AND THE ROLE OF THE CORPORATE PARENTING BOARD.** To consider a report of the Chief Officer (Children and Families Directorate) which outlines the role of the Corporate Parenting Board and aims to increase understanding of the role of the Childrens Champion and what being a Corporate Parent means. (Report attached)	109 - 114
13	Alwoodley; Harewood; Wetherby		**OUTER NORTH EAST WELLBEING AND YOUTH ACTIVITY FUND BUDGETS** To consider a report by the Outer North East Area Leader which provides an update on the current position of the Outer North East Community Committee's budgets and sets out details of applications seeking Wellbeing Revenue Funding or Youth Activity Funding. (Report attached)	115 - 132
14	Alwoodley; Harewood; Wetherby		**COMMUNITY COMMITTEE UPDATE REPORT** To consider a report by the Outer North East Area Leader which provides an update on the on-going Work Programme of the Outer North East Community Committee. (Report attached)	133 - 140
15	Alwoodley; Harewood; Wetherby		**OUTER NORTH EAST PARISH AND TOWN COUNCIL FORUM** To consider a report by the East North East Area Leader which provides the Minutes from the latest meeting of the Outer North East Parish and Town Council Forum held on 7th September 2017 (Report attached)	141 - 148

Item No	Ward/Equal Opportunities	Item Not Open		Page No
16			**DATE AND TIME OF NEXT MEETING** To note that the next meeting will take place on Monday 19th March 2018 at 5.30pm (Venue to be confirmed) **Third Party Recording** Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties– code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

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OUTER NORTH EAST COMMUNITY COMMITTEE

MONDAY, 11TH SEPTEMBER, 2017

PRESENT: Councillor G Wilkinson in the Chair

Councillors N Buckley, D Cohen, P Harrand, A Lamb, J Procter, M Robinson and R. Stephenson

17 APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS

There were no appeals against the refusal of the inspection of Documents.

18 EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

There were no items identified where it was considered necessary to exclude the press or public from the meeting due to the confidential nature of the business to be considered.

19 LATE ITEMS

There were no late items.

20 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor R Procter and Jane Maxwell, Area Leader, East North East.

21 DECLARATION OF DISCLOSABLE PECUNIARY AND OTHER INTERESTS

There were no declarations of any disclosable pecuniary interests.

22 OPEN FORUM

In accordance with Paragraphs 4.16 and 4.17 of the Community Committee Procedure Rules, the Chair allowed a period of up to 10 minutes for Members of the Public to make representations or to ask questions on matters within the terms of reference of the Community Committee.

On this occasion, there were no matters raised under this item by Members of the Public.

23 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 12th June 2017 were confirmed as a true and correct record.

24 MATTERS ARISING FROM THE MINUTES

There were no issues raised under Matters Arising.

25 Community Committee - Outside Bodies

The City Solicitor submitted a report which set out details of a request from the Ancient Parish of Barwick in Elmet Trust which invited the Community Committee to consider making a nomination to the Trust as the current representative wished to stand down.

RESOLVED – That Dr Stella Walsh be nominated as Leeds City Council's representative on the Ancient Parish of Barwick in Elmet Trust

26 Employment and Skills Update

The Chief Officer Employment and Skills submitted a report which provided an update on Employment and Skills activity and key unemployment data for the Outer North East area.

In the absence of a representative from the department, Councillor M Robinson (Employment, Skills and Welfare Champion) spoke on the work of the East North East Employment & Skills Board and the current activity:

Referring to digital capacity Councillor Robinson said more work was required to improve the digital capacity particularly in the outer areas of the city.

It was noted that business engagement was currently not very good, Councillor Robinson expressed the view that a far stronger relationship was required if improved business engagement was to be achieved.

It was suggested that the involvement of the Chief Officer, Economy & Regeneration may be required.

The Chair thanked Councillor Robinson for the update

RESOLVED

(i) That the contents of the report by noted

(ii) That a further update report be brought back to the Committee in 12 months-time.

(iii) That the comments around Business Engagement be drawn to the attention of the Chief Officer, Economy & Regeneration

27 Neighbourhood Planning Update

The Neighbourhood Planning Officer submitted a report which provided an update on the neighbourhood planning activity in the Outer North East area of the city.

Ian Mackay, Neighbourhood Planning Officer, City Development addressed the Committee providing an update and commentary on the following:

Area	Progress	Current Activity	Points of interest
Aberford and District Parish Council	Pre-Submission Consultation undertaken by PC July-August 2017	PC to consider formal representations	The Draft Plan includes policies to shape the proposed allocation at Parlington, in the form of key guiding principles (this is not the preference of the Parish Council but it is included in the event of Parlington being allocated
Bardsey-cum-Rigton Parish Council	Referendum	Referendum 12th October	The Parish Council are keen to review the plan in the future and to revisit Local Green Space designations after the examiner did not recommend that any of the Local Green Space proposals were designated
Barwick in Elmet and Scholes Parish Council	Referendum	Referendum 12th October	A good examiners report with a relatively small number of proposed modifications
Boston Spa Parish Council	Referendum	Referendum 12th October	A good examiners report with a relatively small number of proposed modifications
Bramham-cum-Oglethorpe Parish Council	'Policy intentions' doc prepared	Preparing Pre-Submission draft for consultation	Good progress being made
Clifford Parish Council	Made	Made	Focus on delivery of housing and greenspace proposal
Collingham Parish Council	Made	Made	The examiner made a significant number of modifications to the plan
East Keswick Parish	Submission Plan	Preparing Submission draft	Good progress being made

Council			
Linton Parish Council	Judicial Review	High Court date to be confirmed	High Court decision will have implications for neighbourhood plans nationally (to be heard end Oct 2017
Scarcroft Parish Council	Pre-Submission Plan	Pre-Submission Consultation July – August	Good progress being made
Shadwell Parish Council	Draft Plan prepared 2015	Continue to progress	Continuing to progress
Thorner Parish Council	Pre-Submission Plan	Preparing for Pre-Submission Consultation	Continuing to progress
Thorp Arch Parish Council	Examination	The Plan is currently being Examined	Possibility of a legal challenge
Walton Parish Council	Pre-Submission Plan	Pre-Submission Consultation August – October 2017	The Plan is proposing to allocate three small housing sites. To be discussed at SAP hearing (representation from parish council) – Need to look at representations received and make any necessary adjustments to the plan
Wetherby Town Council	Submission Plan	Preparing to Submit Draft Plan to Town Council on 12th September 2017	Good progress being made

Councillor Buckley expressed disappointment at the omission of the Alwoodley Parish Council from the list.

In responding the Neighbourhood Planning Officer apologised for the omission, it was an oversight and an assurance was provided that Members would be circulated with the necessary update.

Referring to the referendum stage, Councillor J Procter sought clarification on the duration of the notification period.

In responding the Neighbourhood Planning Officer suggested that the notification period was 3 weeks.

RESOLVED –

(i) That the update be noted

(ii) That an update on the activity for Alwoodley Parish Council be circulated to Members

(iii) That a further update report be brought back to Members at the next meeting (December 2017)

28 Outer North East Wellbeing and Youth Activity Fund Budget

The East North East Area Leader submitted a report which provided an update on the current position of the Outer North East Community Committee's budgets and set out details of applications seeking Wellbeing Revenue Funding and Youth Activity Funding.

Appended to the report were copies of the following documents for information / comment of the meeting:

- An explanation on capital funding and eligible schemes (Appendix A referred)
- Outer North East Community Committee Wellbeing Revenue Budget (Appendix B referred)
- Outer North East Community Committee Youth Activity Funding (Appendix C referred)
- Outer North East Community Committee - Community Committee priorities (Appendix D referred)

Andrew Birkbeck, Area Improvement Manager, presented the report and responded to Members comments and queries.

Members sought clarification on the capital monies they received from the Capital Receipts Incentive Scheme.

Referring to paragraph 4 of the submitted, the Area Improvement Manager said Capital Wellbeing was allocated through the council's Capital Receipts Incentive Scheme (CRIS). 20% of receipts generated are retained locally up to a maximum of £100,000 per capital receipt. 15% was retained by the ward as additional Ward Based Initiative (WBI) funding and 5% was pooled across the Council and transferred to the Community Committees on the basis of need.

It was noted that of this pooled CRIS funding the Outer North East Community Committee received an allocation of 6.1%. Currently the Outer North East Community Committee had **£31,400** in its Capital Wellbeing budget.

Further discussions ensued on the contents of the report together with the appendices which included:

- Available funding for the current financial year.
- Clarification around some of the projects seeking financial assistance.

RESOLVED –

(i) That monies received via the Capital Receipts Incentive Scheme (CRIS) be allocated equally between the three Wards given it is generated via collective asset receipts.

(ii) To note the current budget position for 2017/18.

(iii) That the following project requesting Wellbeing Funding be determined as follows:

Project	Organisation	Amount Granted (£)
Moor Allerton Community Defibrillator	Moor Allerton Hub – LCC	£1,300
Moor Allerton Community Café	Moor Allerton Hub – LCC	£2,000
North West Leeds Country Park & Green Gateways Trail	Leeds City Council Parks & Countryside	Deferred, further details required
Activities for WISE	Wetherby In Support of the Elderly (WISE)	Deferred, further details required
Replacement Gas Boilers at Boston Spa Village Hall	Boston Spa Parish Council	Deferred, further details required
Wetherby Bike Trails – The Devil's Toenail	Singletraction (Wetherby Bike Trails)	Deferred, further details required
Wetherby Arts Festival 2017	Wetherby Arts Festival	£2,000

(iv) That the following project requesting Youth Activity Funding be determined as follows:

Project	Organisation	Amount Granted (£)
The Tempo FM Radio Academy	Tempo FM	£4,233

(v) To note that the following applications had been approved since the Community Committee on 12th June 2017 under the delegated authority of the Director of Communities and Environment

Project	Organisation	Amount Granted (£)
Moor Allerton Festival	Housing Leeds – Tenant & Community Engagement Team	£2,000
Tour in Town	Wetherby Town Council	£2,000
Wetherby Riverside Bandstand Events 2017	Wetherby Riverside Bandstand Trust	£1,000

29 Community Committee Update Report

The Area Leader submitted a report which provided an update on the Work Programme for the Outer North East Community Committee

The following document was appended to the report for information/ comment of the meeting:

- The minutes of the Outer North East Environmental Sub Group held on 18th May 2017 (Appendix A referred). It was noted that he Sub Group had recently met 7th September 2017.

Andrew Birkbeck, Area Improvement Manager, presented the report and highlighted the main issues which included:

- The ongoing highways maintenance programme
- The environment
- Greenspace
- Funding support for local projects

- The re-opening of Linton Bridge (Officially re-opened 2nd September 2017)
- Update on the discounted lettings policy
- Update on Social Media presence

With to Minute No.12 (ii) of the previous meeting and the request by Members for details about the projects approved by the Emmerdale Stakeholder Panel

The Area Improvement Manager reported that the requested information had been provided and was set out on page 39 of the submitted report.

RESOLVED –

(i) That the contents of the report be noted

(ii) That a letter be sent to the Chair of the Emmerdale Stakeholder Panel expressing this Committees thanks for providing the requested information

30 Outer North East Parish and Town Council Forum

The East North East Area Leader submitted a report which provided the Minutes from the latest meeting of the Outer North East Parish and Town Council Forum held on 20th April 2017.

RESOLVED –

(i) That the Minutes of the latest meeting of the Outer North East Parish and Town Council Forum held on 20th April 2017, be noted.

(ii) To support where appropriate, the Outer North East Parish and Town Council Forum in resolving any issues raised.

31 Date and Time of Next Meeting

RESOLVED – To note that the next meeting will take place on Monday, 11th December 2017 at 5.30pm (Venue to be confirmed)

Community Committee

Leeds CITY COUNCIL

Report of: Gary Bartlett, Chief Officer Highways and Transport

Report to: Outer North East Community Committee

Report author: Vanessa Allen, (0113 3481767)

Date: 11th December 2017 To note

Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Outer North 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 North 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 North 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 8th September 2016 and followed this up with a workshop (2nd November 2016). The following section details the feedback from the Transport Conversation and specifically the feedback from this committee and community area, as well as a summary of the Leeds wide transport proposals and development of a Leeds Transport Strategy.

Leeds Transport conversation introduction:

3. Progression of the Transport Conversation and the £173.5 million programme proposals was reported to Executive Board on the 14th December 2016, with the subsequent submission of the LPTIP business case to the Department of Transport on the 20th December 2016. 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 North 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 North 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 North East area is included as an appendix to this document. This showed that a total of 626 (8%) respondents to the Leeds Conversation questionnaire were from the Outer North East communities. The list below shows the top three priorities for transport investment indicated by 366 of the questionnaire respondents from Outer North East who responded to this question.

Top four comments	Outer North East %	Leeds %	
1. More reliable bus service	15	14	1
2. Invest in tram system	15	16	1
3. Improvements to cycling facilities	14	18	1
4. More frequent bus service	13	7	7

15. Support for a more frequent bus service and improved journey times/ more express services was significantly higher amongst Outer North East respondents than others. Respondents from the Outer North East also 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 North East for the delivery of transport investment mirrored those of respondents overall (see main report).

16. The questionnaire response also highlighted other key issues in Outer North West as being; more reliable bus and integrated ticketing; improved journey times; tackle traffic congestion and reduce car use in the City centre; better value for money; a longer term vision for the transport strategy but also short term schemes; consider all users; increase rail and cycle facilities; underground and Tram.

17. In addition to the questionnaire analysis there was further feedback received from this committee on the 12th September and a workshop on the 13th October, with the notes from the workshop included within the Appendix. The following locally specific summary of suggestions from the October workshop are included below *(see appendix for notes of the workshop)*.

Outer North East Transport Improvements suggested at Community Committee workshop 13th October

- Gap in public transport provision in north Leeds and community focused travel and links with other areas eg Harrogate and Tadcaster
- New rail stations
- Park and Ride and increase capacity of rail car parks for park and ride function
- Leeds Bradford Airport rail link from Arlington and road access improved from the NE of Leeds (i.e. via A659)?
- Wetherby by pass?
- Mass transit solutions need to be examined

18. **In overall summary;** A significantly greater number of Outer North East respondents cited the need to make bus services cheaper and better value for money as well as emphasising the importance of mass transit, rail and cycling improvements and a reduction in congestion. The workshop highlighted a number of suggestions for improving access to the airport and surrounding areas and reflected suggestions made in the questionnaire for mass transit, improved rail connections and the need for longer term and small scale short term solutions.

#LeedsTransport – £173.5m transport improvements:

19. As outlined above, the Transport Conversation identified that people overall in both Leeds and the Outer North East area wanted to see a better bus network, and cycle improvements and park and ride in the shorter term but also in the longer term wanted infrastructure improvements like a tram system.

20. 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.

21. 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 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:

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

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

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

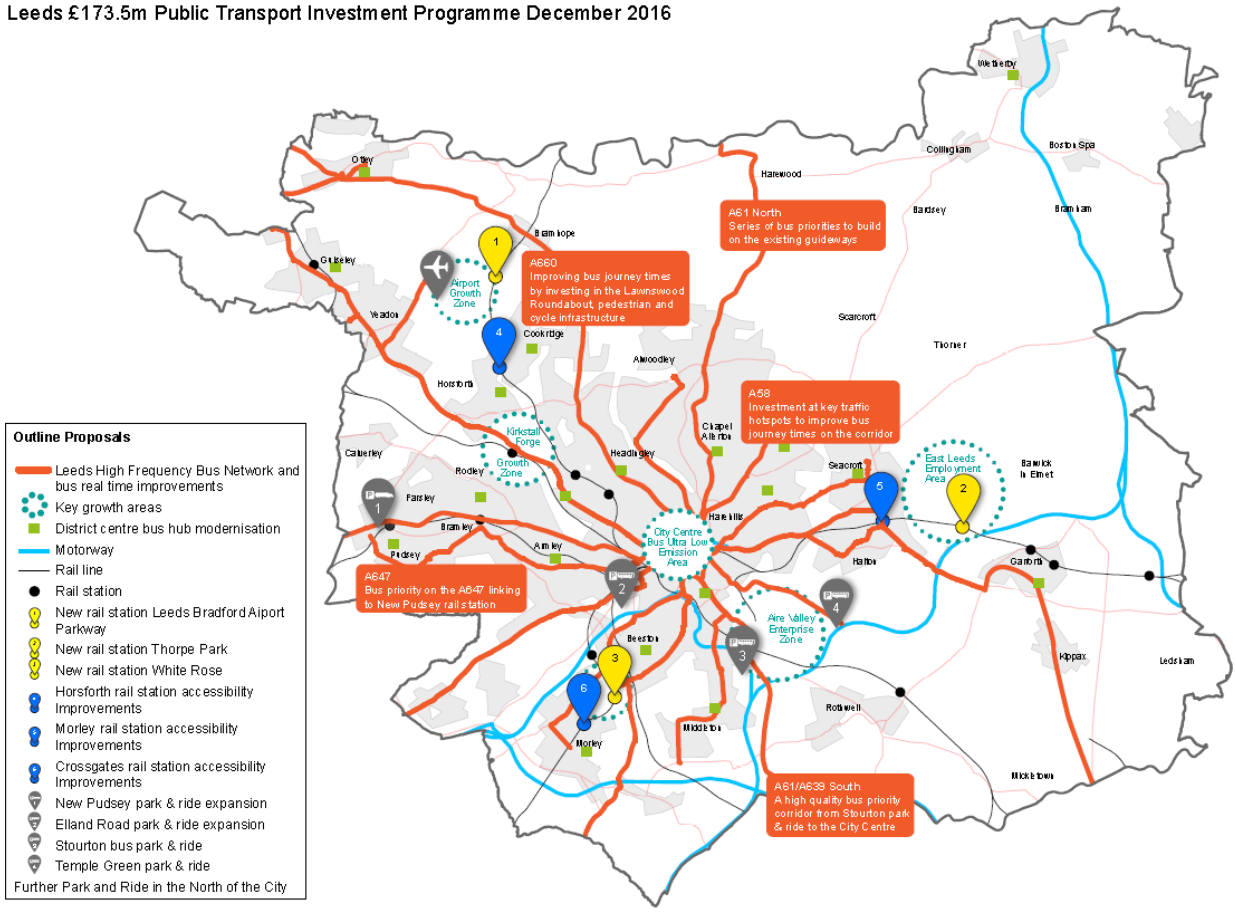
Key principles

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

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

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

Leeds £173.5m Public Transport Investment Programme December 2016



Transport improvements – for the Outer North East area:

22. The 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 major #LeedsTransport, appended to this report.

23. 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).

24. The following paragraphs describe the major schemes proposed, underway or recently completed in Outer North East Area.

25. **A61 Bus improvements;** As part of the proposals to develop a Quality Transport Corridor along the A61, Leeds City Council is examining ways to improve the route between Sheepscar Interchange (on the edge of Leeds city center) and Harewood, particularly for bus users. In addition to the A61 Scott Hall Road, this also includes consideration of Harrogate Road and Chapeltown Road through Chapeltown, Chapel Allerton and Moortown, as the principal parallel route served by buses.

26. Work to date has highlighted a range of issues to be addressed through the Quality Transport Corridor scheme. These include:
    - Significant delays and congestion at the Potternewton Lane junction with Scott Hall Road, particularly travelling towards Leeds in the morning peak period and travelling away from Leeds in the evening peak period. Queues on approach to the junction regularly extend beyond the length of the bus guideways, resulting in delays for both buses and general traffic.

27. **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.

28. 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.

29. 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.

30. **New buses and service improvements;** Bus operators in Leeds have been investing in new, cleaner, vehicles for their services that improve the customer offer. Many now come with audio and/or visual next stop announcements, have free wifi, improved seating and USB/wireless charging opportunities. Reallocation of buses within operator's fleets have also seen newer vehicles allocated to routes that serve Leeds. There is also commitments to further improvements to buses over the coming years through LPTIP and other funding streams. Continued network reviews to optimise travel times and serve more communities continue, along with the creation of fresh travel opportunities through new routes.

    - Transdev Service No36 (Leeds – Harrogate – Ripon) – Every 10 mins during the day (Mon – Sat) between Leeds and Harrogate (every other bus continues to Ripon). Three new buses introduced (same spec as the 2 year old vehicles, but with updated technology.

31. **Rail improvements:** Development of three new rail stations for key development and economic hubs serving Leeds Bradford Airport, **Thorpe Park** and White Rose.

32. **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.

33. 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.

34. 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.

35. 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.

36. **Further cycle improvements;** LCC have recently won funding from the Department of Transport (via the National Productivity Investment Fund) to deliver a segregated cycle route on the Leeds Outer Ring Road from the new junction created by the East Leeds Orbital Route to King Lane. The new facility will provide high quality facilities where modal choice for short journeys is currently limited, alongside the existing carriageway and tie into the ELOR Outer Ring Road Junctions which form the advanced element of the ELOR programme.

37. Traffic management: Leeds recently acquired funding to implement 'SCOOT' which is a traffic management system to help improve traffic efficiency across Leeds. The focus of the project investment is in North West Leeds extending from the city centre to Guiseley, covering the A65 and A657 corridors. SCOOT will be mostly implemented at 35 junctions and 20 pedestrian crossings. This will help to reduce delay and improve air quality creating a more productive and cleaner Leeds.

38. **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/**

39. ELOR Junction improvements; In advance of ELOR , improvements works will commence in the Winter 2017 at key junctions on the Outer Ring Road to the West including Roundhay Park Lane, Harrogate Rd 9A61) and King Lane/ Stonegate Road. These works will be ongoing for approximately 12 months. Alongside the main ELOR scheme the Council will propose changes to the Outer Ring Road which is replaced by the new road to address concerns raised following earlier consultation. These include developments to pedestrian and cycle facilities and environmental improvements to reflect its change in character to a more local route.

Leeds Transport Strategy:

40. 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.

41. 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 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.

42. 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

43. 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

44. The anticipated benefits for Leeds from the Transport Strategy development and LPTIP have the potential to contribute to the vision for Leeds 2030 to be the best city in the UK. Including the following Best Council objectives; promoting sustainable and inclusive economic growth, supporting communities and tackling poverty, building a child friendly city and contribute to the Councils cross cutting 'World- class events and a vibrant city center that all can benefit from' Breakthrough Project.'

45. 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

46. The first phase of the Transport Conversation showed that across Leeds and in Outer North East there was a similar call for both short and long term improvements; across the bus network improved cycle and walking facilities as well as looking at large scale infrastructure improvements. Although there was a particular emphasis in Outer North East on bus service, and mass transit and links with surrounding areas improvements.

47. 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.

48. 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 Inner East area over the next 20 years.
- To note the overall progression of Leeds Transport and £173.5m funding programme in Leeds overall.
- To note progression of the major transport schemes within the Outer North 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 North East Workshop – notes of workshop 12th October 2016
- Aecom analysis of Outer North East questionnaire responses
- Summary of Major Transport Schemes in Leeds

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
- WYCA website – Bus and Transport strategies http://www.westyorks-ca.gov.uk/transport/)

Outer North East Parish & Town Council Forum Notes
Date: Thursday 13th October 2016

Strategy

- Money spent in Leeds City Centre, less in outer areas.
- Gap in public transport provision in north Leeds.
- LCC Highways: Scheme prioritisation is important, rather than the funding source.
- Why only doubling the £173m (through contributions) and not treble?
  - LCC Highways: based on what we can achieve through known sources, if we can achieve more we'll do so.
- Why not borrow as rates are so low, or use pension funds to invest in transport schemes?
  - LCC Highways: borrowing and pension funds emerging through this conversation being held.
- Request that ELOR not using £173m money – LCC Highways confirmed.
- Request to rule out congestion charge for Leeds.
  - LCC Highways: Clean air zone will possibly involve a charge for taxis, HGVs, buses.

Bus

- Why has Leeds been slow in park and ride adoption as it has been shown to work well elsewhere?
  - LCC Highways: Initial concern regarding modal shift, difficult to predict how popular they will be.
- What is LCC's influence over buses?
  - LCC Highways: Discussion regarding current relationship and £173m investment - what can operators do that they currently don't?
  - Buses Bill brings potential of franchising, though question over powers if no elected mayor.
- Community focused travel (e.g. bus connections Shadwell to Wetherby and St James' Hospital).
- Train operators thought process can be viewed as positive and forward thinking, bus operators is a different, negative attitude, and do not consider the wider picture.
- Use wider verges to provide dedicated busways (e.g. outer ring road from Seacroft to West Park).
  - Comment that radial routes have more buses and greater demand, though verge principle still applies.
- Rail interchange to buses in Leeds City Centre – remoteness of bus station.
- Remember buses also serve locality areas and consideration required for cross border connections (i.e. Harrogate and Tadcaster).

Rail

- Increase capacity of station car parks (e.g. Garforth) for commuters from Barwick and Scholes.
- Is Micklefield still to be a hub station?
  - LCC Highways: looking at Thorpe Park.
  - Comment that this would benefit Cross Gates as well.

- LBIA rail link from Arlington?
  - LCC Highways: Topography constraints, although work ongoing regarding a short-medium term parkway solution.

Cycling and Walking

- City Connect appears to have little popularity, design is accidents waiting to happen, what is current & overall cost.
  - LCC Highways: Eastern section of city connect substantially complete.
  - LCC Highways: City Connect bid was ambitious and it is an innovative scheme that has had challenges and lessons learnt. Changing culture and promoting cycling a key element.
  - Missing fencing on Albion Street Clifford – can't be fixed as staff working on City Connect.
  - Minimum widths for cycle paths – sections look narrow – increased risk to cyclists – London has wider cycle lanes. Also dual direction lanes rather than with flow either side of main carriageway.
  - LCC Highways: Guidelines on what we can install, schemes are safety audited, though accidents can still happen

Highways

- Wetherby traffic congestion, needs a bypass.
- What about airport access from the NE of Leeds (i.e. via A659)?
  - LCC Highways: Dyneley Arms needs addressing.

Mass transit

- Underground and other major schemes – know the costs of such scheme if survey results suggest this type of intervention.

Leeds Transport Conversation

Outer North East Report – April 2017

1. Introduction

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

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

2. Please provide any further comments.

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

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

2. Outer North East

A total of 626 respondents (8%) to the Leeds Conversation were designated as Outer North East. Of those, 366 gave comments on their priorities for transport investment.

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

Priority 1: More reliable bus service: a more reliable bus service (15%) was the most frequently mentioned issue by Outer North East respondents, similar to others (14%). Some of the views regarding this priority are highlighted in the quotes below.

> *"We need a reliable bus service in place. In the past month (and I get a lot of lifts) I have had at least three buses not turn up; no explanation from First. We have one bus an hour - X98 to Deighton Bar from Leeds. It's very disappointing and it keeps disappearing. Wetherby is quite an isolated place when using public transport."*

> *"As a regular Leeds bus user I am generally happy with public transport, but it needs to be more reliable and run on time. There also needs to be an investment in customer service as it can be very poor quality."*

Priority 2: Invest in tram system: the second priority was for investment in a tram system, with 15% commenting on this compared to 16% of others. The comments below relate to suggestions made about such an investment.

> *"I think Leeds should invest in a tram service which is eco-friendly as well as can link different areas of the city. As it runs on the tracks and journey times can be reduced and there will be more confidence in people to take the tram."*

> *"I believe that consideration should again be given to a tram type system for Leeds connecting the city to outlying areas e.g. Crossgates, Horsforth, etc."*

Priority 3: Improvements to cycling facilities: though the third priority for Outer North East respondents was for improvements to cycling facilities, a significantly lower proportion cited (14% compared to 18% of others). The quotes below illustrate some of the improvements suggested.

> *"Make Leeds safe for cycling. Let us ride our bikes. Reallocate road space to make space for cycling."*

> *"Cycling combines effective transport with a great way to stay fit and healthy. Currently Leeds has a few brave souls willing to cycle on the main roads across the city, but I would like to see you invest a lot more in schemes to improve the safety of cycling and encourage others to take it up."*

More frequent bus services, investment in underground system and better connections with surrounding areas all featured in the top ten priorities raised by respondents in the Outer North East, but not overall (see main report).

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

	Outer North East	Others
1. More reliable bus service	15%	14%
2. Invest in tram system	15%	16%
3. Improvements to cycling facilities	14%	18%
4. More frequent bus service	13%	7%
5. Improve journey times/ more express services	11%	7%
6. Expanded Metro rail service	10%	9%
7. Invest in underground system	9%	5%
8. Cheaper/ better VFM (Bus)	8%	8%
9. Better connections with surrounding areas	8%	7%
10. Tackle traffic congestion, e.g. congestion charge, car share	7%	11%
Base: Respondents who provided a comment	**366**	**4179**

Green = statistically significant difference

At the end of the Leeds Conversation questionnaire respondents were given the opportunity to provide any other comments. 185 respondents from the Outer North East area gave a comment.

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

- Longer term vision for transport solutions needed (16%)
- Improvements to bus services/ network/ facilities (15%)
- Improvements to rail services/ network/ facilities (11%)

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

"Short term fixes are an unforgivable waste of money. In my opinion unless the council foresees Leeds burning to the ground in the next five years we should always look to planning to improve our future in the long term in a way which will benefit us all in decades to come."

"As before, so much room for improvement to be made to existing bus services. Buses would be better in public control - like in London."

"There is no rail service in Leeds ONE. I would like to see more of a hub and spoke type of service with local buses which link up with trunk services, such as Coastliner. Being on the edge of West Yorkshire means that our local services are delivered by North Yorkshire, East Yorkshire and West Yorkshire. A more joined up approach is required."

There were a few of noticeable differences in the top priorities cited by respondents in the Outer North East. In particular, a significantly lower proportion of respondents raised the need to reduce car use in the city centre and tackle congestion (6% compared to 12% of others).

Conversely, the need to develop a comprehensive public transport network across the city and implement an underground/ monorail system featured in the top ten priorities raised by respondents in the Outer North East, but not overall (see main report).

Table 2: Top Ten Other Comments in Outer North East

	Outer North East	Others
1. Longer term vision for transport solutions needed	16%	18%
2. Improvements to bus services/ network/ facilities	15%	17%
3. Improvements to rail services/ network/ facilities	11%	15%
4. Improvements to cycling facilities, e.g. cycle lanes, priority at junctions	11%	9%
5. Implement tram system/ rapid mass transit	9%	12%
6. Deliver several small scale joined up schemes	9%	8%
7. Consider needs of all users, e.g. commuters, residents, visitors, etc.	8%	9%
8. Develop comprehensive public transport network across the city	8%	5%
9. Implement underground/ monorail system	8%	6%
10. Reduce car use in city centre/ tackle congestion, e.g. restrict access, reduce speeds, Park and Ride	6%	12%
Base: Respondents who provided a comment	**185**	**2138**

Green = statistically significant difference

Summary
Support for a more frequent bus service and improved journey times/ more express services was significantly higher amongst Outer North East respondents than others. Respondents from the Outer North East also 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 North East for the delivery of transport investment mirrored those of respondents overall (see main report).

#LeedsTransport - Scheme Summary

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

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

Bus network Improvements:

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

- **City centre bus gateways** - Simplifying the road layouts to reduce congestion, upgrading the pedestrian environment, improving signage and legibility and redesigning stop infrastructure is proposed at the following key gateway locations: The Headrow; Infirmary Street / Park Row; Vicar Lane (Corn Exchange) / Boar Lane / Lower Briggate

- **New CCTV contracts:** WYCA has let a new contract to manage and replace all its CCTV installations across West Yorkshire. The new system will be digital and fibre (rather than analogue) and will provide higher quality live camera feeds and improved evidence gathering facilities. The system will also allow WYCA to provide WIFI for customers in the bus stations.

- **Leeds City Bus Station Exit Works:** Highway improvement works have been undertaken along St Peter Street and to the existing bus station exit. The completed works provide improved exit arrangements for buses, better journey times for passengers and an improved controlled pedestrian crossing and route to the bus station and city centre. Improved access arrangements are also provided for coaches using the coach station.

- **Senior Travel Passes**: To make it easier for people to order new Passes or renew their existing ones, West Yorkshire Combined Authority has introduced online applications but can still apply for Senior Passes at Bus Station Travel Centres.

New bus provision: Bus operators in Leeds have been investing in new, cleaner, vehicles for their services that improve the customer offer. Many now come with audio and/or visual next stop announcements, have free Wi-Fi, improved seating and USB/wireless charging opportunities. Reallocation of buses within operator's fleets have also seen newer vehicles allocated to routes that serve Leeds. There is also commitments to further improvements to buses over the coming years. With continued network reviews to optimise travel times and serve more communities, along with the creation of fresh travel opportunities through new routes.

- **Arriva** - 37 new buses to replace older vehicles have been introduced onto routes into Leeds (some with audio & visual next stop announcements). Newer buses allocated to other routes into Leeds as a result.
- **Yorkshire Tiger** - New buses to replace older vehicles have been introduced for the Airport services (737/747 services) linking Leeds, Bradford and Harrogate.
- **Transdev** – Replacement of old buses with new/newer vehicles on their services into Leeds, some with visual and audio next stop announcements. Network expansion has seen new travel opportunities introduced.
- Additional investment of £71m by **First group** to provide **284 brand new, comfortable, and environmentally clean buses with free wi-fi and contact-less payments** USB charge points, Next Stop audio visual announcements, extra comfort seating and a new striking livery which will achieve close to a 90% reduction in NOx emissions by 2020. A recent tour of the new demonstration bus was launched on the 29th September which travelled throughout the Leeds District and into all 10 Community Committee areas. The first 34 buses (out of 284) arrive in December with the remaining buses by 2020. The first communities to benefit will be those using the routes 1 Beeston – Leeds – Holt Park & 6 Leeds - Holt Park.

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

Rail and Station Improvements: there has been a substantial growth in rail travel in recent years and the industry is now planning for further growth into the future. This is reflected in the requirements for the new franchises which require the provision of additional capacity for travel into and out of Leeds during the peak periods. Rail commuters into Leeds will benefit from a 52% increase in the number of seats in the morning peak on Trans-Pennine Express trains, and a 40% increase in the number of passengers that can be carried on Northern trains by the end of 2019[1]. This is equivalent to capacity for an additional 13,000 passengers – a 50% increase above current (Autumn 2015) levels[2]. This will be rolled out over a number of years with the Dec 2017 timetable bringing additional capacity for some 2,200 passengers.

This will deliver over 500 new-build carriages, including brand new high spec 125mph intercity bi-mode trains (that run on both diesel and electric) for TransPennine Express, and a mix of new electric and diesel units for Northern. The Pacer units currently in use on the Northern network will be completely phased out by 2020. Trains will be longer with more seats, particularly on the most crowded routes into the North's largest cities. Northern stations will be improved, with at least £30 million of investment across the franchise.

New Stations

- Leeds rail growth package with the recent opening of two new stations at **Kirkstall Forge** opened in (19.06.16) and **Apperley Bridge** (13.12.15) with associated car parks providing a new park and rail option, and unlocking the development of new homes and jobs. Monitoring and evaluation work is being carried out to assess the performance of Kirkstall Forge and Apperley Bridge rail stations. The work includes household surveys to determine if commuters have changed their travel behaviour and rail platform surveys to gather information on reasons for travel, and how the journey was made prior to the stations opening.

- Development of **three new rail stations** for key development and economic hubs serving Leeds Bradford Airport, Thorpe Park and White Rose.
    - A parkway station serving Leeds Bradford Airport providing a rail link for airport passengers, supporting employment growth surrounding the airport and providing strategic park & ride for the city and surrounding districts.
    - A new station at Millshaw to improve connectivity to the employment area around the White Rose retail centre.
    - A new station at Thorpe Park, linked to employment and housing growth areas with a park & ride facility.

Station Improvements

- **Rail Station Car Park Expansions:** Work has started on a £32m programme of car park extensions at a number of rail stations throughout West Yorkshire, using land owned by Network Rail or local authorities. Increased car parking capacity will enhance accessibility to the rail network and support sustainable employment growth in the main urban centres. The car parks will provide: additional standard and blue badge parking bays, CCTV, lighting, drainage and future proofing for Electric Vehicle (EV) charging points. Stations included in the programme are as followed in Leeds: Guiseley, Morley, Outwood.

- Car park expansion is also proposed at **New Pudsey** from 452 existing spaces with an additional number of spaces to be defined but likely to double capacity.

New and Refurbished Trains

- **Pacer trains** (over 30 years old) will be withdrawn from service by 2020. A fleet of 98 new trains and 243 upgraded trains across the Northern franchise area will be provided by 2020.
- **Northern Connect** is Northern Rail's brand name for a group of specific routes which will run on the longer journeys in the franchise from December 2019. The investment and improvements will include: new / improved services from Leeds to York, Bradford, Wakefield, Sheffield and Nottingham; 12 new and upgraded services, most hourly; Over 90% operated with new trains; 36 Connect Stations with consistent, higher standards;
- **Northern** recently launched their tenth refurbished train as part of an ongoing refurbishment programme. Refurbished trains have a new interior including new floor coverings, repainted carriages and new seating; they are fully accessible and have free Wi-Fi. New LED lighting has also been fitted, and refurbished toilets include improved baby changing facilities.
- **TransPennine Express (TPE)** have also launched a phased refurbishment programme, with two newly refurbished 185 trains now operating on the network, with further refurbished trains to be added to the network on average every ten days. The upgrades include new seats throughout, leather seats in first class, standard plug and USB sockets at every pair of seats in standard and first class, as well as bigger tables to allow more space for laptops and other devices. Free high speed Wi-Fi will also be available. Additionally between 2018 and 2020, TPE will introduce three new train fleets, including enabling existing class 185 trains to be increased from three to six carriages incrementally.

Strategic Rail network

- **HS2** is the catalyst for accelerating and elevating the Leeds City Region's position as an internationally recognised place of vitality, connecting the North and creating an inclusive, dynamic economy, accessible to all. In July 2017 the Department for Transport reaffirmed its support for HS2 Phase 2b and confirmed the preferred route for the full Y network – the Eastern Leg to Leeds and the Western Leg to Manchester. This enables preparations for the third HS2 hybrid Bill, which is intended to go to Parliament in autumn 2019 and will enable construction to commence in 2023 with train services to Leeds and Manchester commencing in 2033.
- **Leeds Station** is one of the most important pieces of transport infrastructure in the country, and one of the busiest train stations. With proposals for HS2, HS3 and rail growth, a masterplan is helping to guide this future development representing £500 million including
    - Station Campus, including a centre for new commercial, residential and leisure activity, and 3m sq.ft. of new commercial and retail space within the station district.
    - Multiple entrances including Northern and South Bank entrances
    - Common Concourse – to ensure a seamless interchange between HS2 and the current station, a new shared common concourse is proposed.
    - Neville Street will be pedestrianised (potential for mass transit route),
    - Dark Arches are transformed into new retail leisure spaces

- The **southern entrance to Leeds Station** opened early 2016 (03.01.16) supports Leeds ambition to double the size of the City Centre by regenerating the Southbank.
- **Northern Powerhouse Rail** (NPR) or also referred to as HS3 is a major strategic rail programme developing a new east-west rail link (Transport for the North (TfN). NPR is designed to transform the northern economy and meet the needs of people and business through improved connectivity between the key economic centres of the North. The programme promises radical changes in service patterns, and target journey times and includes commitments to a Trans Pennine Route and Calder Valley Line upgrades. The next phase of NPR work will focus on the overall NPR network, with a preferred network "shape" expected to emerge in around February 2018.
- **Calder Valley Line:** The Calder Valley line is a two-track railway line running from Manchester Victoria to Leeds, connecting Preston, Blackburn, Accrington and Burnley with Halifax, Bradford and Leeds via Hebden Bridge. Over the coming years a series of improvements will be delivered on the Calder Valley line to reduce journey times and improve connectivity and commuter travel services between the key towns and cities. Improvements include upgrades to the tracks and signalling system of the line and the new station at Low Moor, which opened in April 2017.

Active Travel – Cycle and Walking improvements:

- LPTIP initiative will involve improvements to key public transport corridors (A58 north-east, A6, north and south, A647 and A660), improving provision for pedestrians and cyclists along these corridors.
- A programme of **20 mph speed limits** around schools aims to improve child safety and provide opportunities for children to travel actively.
- **City Connect Cycle Superhighway**. See **City Connect website**: West Yorkshire Combined Authority is working with Leeds and other Local Authority partners across the district to deliver the CityConnect programme. It will bring about increased levels of cycling and walking through improvements to infrastructure and activity to enable more people to access to a bike. The Phase 1 schemes in Leeds include; Leeds & Bradford Cycle Superhighway; Kirkstall Shipley Canal Towpath upgrade; Increased cycle parking; Leeds Community Cycle Hub and Activity Centre.
- 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 second phase of the CityConnect cycle superhighway project in Leeds includes 7km of superhighway to the North and South of Leeds City Centre; the delivery of works within the City Centre which comprise of extensions of the superhighway routes into the city from the west and east, links to the emerging education quarter in the south of the city and the first sections of a cycle loop around the city at Wellington /Northern Street. It is expected works will commence in late October with completion by the end of 2018. Plans and further details can be found at www.cyclecityconnect.co.uk/Leedscitycentre
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- The programme is also supported by a Comms and Engagement project, which encourages and enables people to make journeys by bike or on foot. Working with schools, businesses and communities, there have been over 16,000 engagements made through the project. Nine schools have so far signed up to the Bike Friendly Schools project, which launched in March 2017, including Pudsey Primrose Hill and Stanningley Primary. These schools are benefitting from cycle training as well improved cycle storage. 62 businesses are currently engaged in the Bike Friendly Business programme, with 14 accredited so far. In November 2017, a community grants scheme was launched aimed at helping groups in communities deliver activity to promote getting to work and training through active means.

- Recent **segregated cycle facilities** have started to be used on other routes, for example on Kirkstall Road and Regent Street.

- £3.2m to introduce segregated provision for cyclists on the **outer ring road** between (A61) Alwoodley and (A58) Whinmoor.

- **Cycling Starts Here** cycling strategy, ambitious plans for a comprehensive Core Cycle network, including up to 6 cycle superhighways and a network of on street and 'green' routes – Also drafting a Local Cycling and Walking Infrastructure Plan which will identify routes and improvements.

- **Public bike share** scheme proposals under exploration.

Major New Roads:

- **East Leeds Orbital Road:** will connect the Outer Ring Road at Red Hall around the east side of Leeds joining a new Manston Lane Link Road (MLLR) and connecting through Thorpe Park into junction 46 of the M1 motorway. ELOR will be a 7.5km dual carriageway which will provide the capacity to support increased traffic from allocated development in the East Leeds Extension (ELE) and vehicular access into the development areas as well reducing the impact of traffic growth on the existing highway network. The package of improvements will cost £116 million, to be funded by the West Yorkshire Plus Transport Fund and by housing developments in the East Leeds Extension.

- **A65-Airport-A658 Link Road and wider connectivity:** Improving access to Leeds Bradford Airport and enhancing transport choices in north-west Leeds. This scheme is part of a long-term development vision which includes a proposed new railway station and rail park and ride serving the airport, the proposed airport employment hub, junction upgrades (including Dyneley Arms) and new pedestrian/cycle connections. The airport is of significant importance to the Leeds City Region economy, contributing over £100million a year, and is one of the fastest-growing airports in the UK. The current 3.3 million passengers per year are predicted to rise to 9 million by 2050. To support the future growth of the airport and to address current congestion issues, three highway improvement options were put forward for consultation in 2016 and are being developed ready for a further proposed consultation. The scheme will be funded primarily through the West Yorkshire Plus Transport Fund managed by WYCA.

Leeds City Centre / South Bank

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

Local pinch point schemes

- Orbital improvement signalisation schemes at Thornbury, Rodley and Horsforth to tackle congestion and improve cycle and pedestrian accessibility and safety.

Strategic junction and corridor improvements

- **A6110 South Ring Road Schemes:** Junction, corridor improvements.
- **Corridors improvement programme**: area wide approach to providing low and medium cost highway interventions applied comprehensively across a range of key strategic highway corridors at Dawsons Corner, Dyneley Arms, Fink Hill, and along the A653 Leeds - Dewsbury Corridor.

- Dawsons Corner: is a key strategic node on the Leeds road network and work is underway to deliver a fully remodelled and enlarged signalised junction, which provides:
  - More capacity on each approach arm
  - Enhanced at-grade cycle facilities for the Leeds-Bradford Cycle Superhighway
  - Landscaping and other "green streets" features.
  - Pedestrian crossing facilities and footways to provide better connections with New Pudsey station.

Aire Valley

- Highways improvements to access development areas in the Leeds City Region.

Air Quality

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

Community Committee

Leeds CITY COUNCIL

Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Outer North 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: 11 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 North 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 North 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.

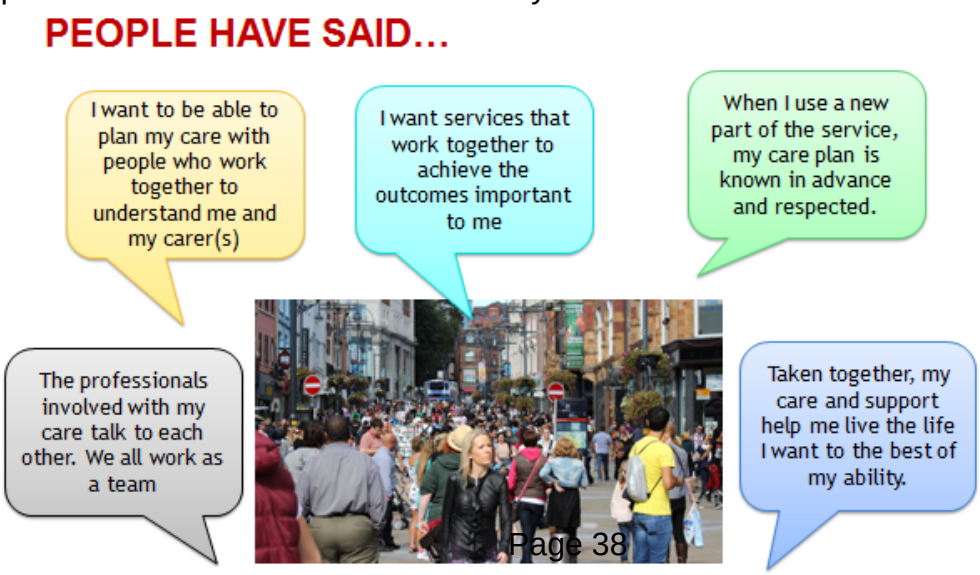
3.4 The Leeds Plan conversation has been supported by partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch and Youthwatch Leeds, Third Sector in addition to local area Community Committees. Discussion at Leeds City Council Executive Board on 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.



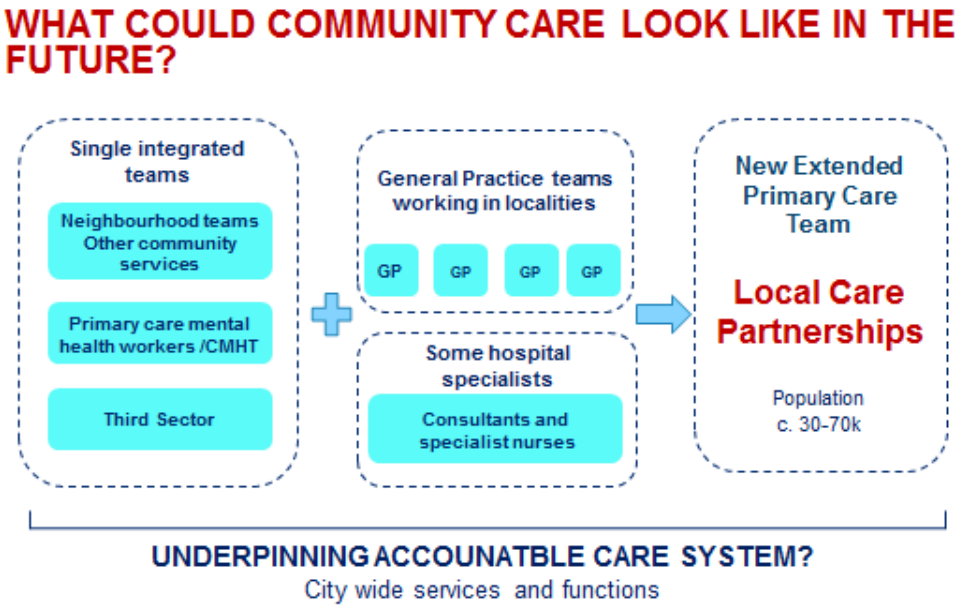
4.2 The starting point to changes in Leeds is the already established pioneering integrated health and social care teams linked to thirteen neighbourhoods (Integrated Neighbourhood Teams). This means that the basis of joint working between community nursing and social workers and other professionals 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.

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.



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 North 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 North East Community Committee Public Health Profile and Draft Area overview profiles for Wetherby, Kippax and Meanwood Integrated Neighbourhood Teams (INTs)

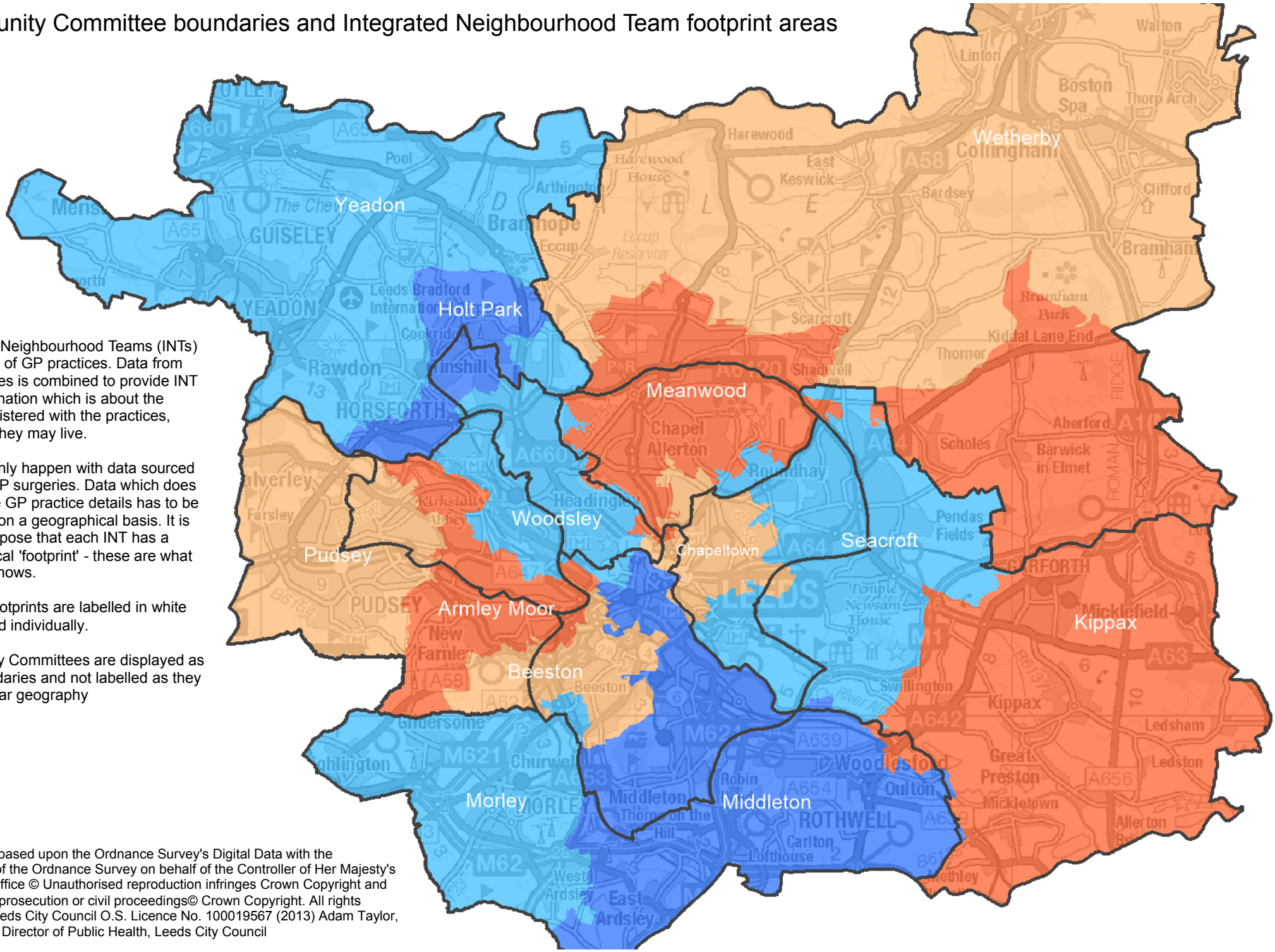
The Leeds public health intelligence team produce public health profiles at various local geographies Middle Layer Super Output Area, Ward and Community Committee.

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 North East Community Committee Public Health Profile
- Draft Area overview profiles for Wetherby, Kippax and Meanwood 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 familar geography

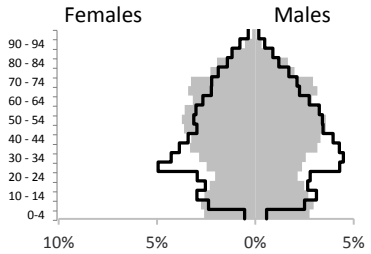
Area overview profile for Outer North East Community Committee

This profile presents a high level summary of data sets for the Outer North 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: 64,225 32,908 31,317



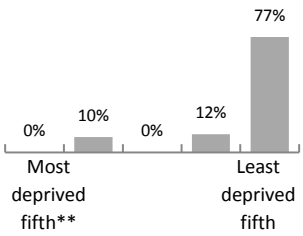
Comparison of Community Committee and Leeds age structures in April 2017. Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	5,126	79%	71%
Indian	341	5%	2%
Pakistani	272	4%	7%
Any other white background	211	3%	5%
Any other Asian background	111	2%	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	6,225	96%	87%
Urdu	77	1%	3%
Panjabi	49	1%	1%
Arabic	39	1%	1%
Kurdish	33	1%	0%

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

GP recorded ethnicity, top 5	% Area	% Leeds
White British	74%	62%
Not Recorded	5%	6%
Other White Background	5%	9%
Indian or British Indian	3%	2%
(blank)	2%	4%

(April 2017, top 5 in Community committee, and corresponding Leeds values)

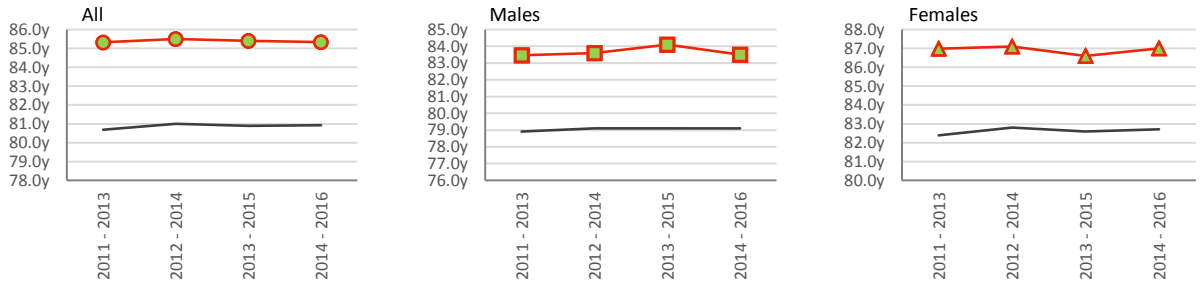
Life expectancy at birth, 2014-16 ranked Community Committees *ONS and GP registered populations*

(years)	All	Males	Females
Outer North East CC	85.3	83.5	87.0
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?"

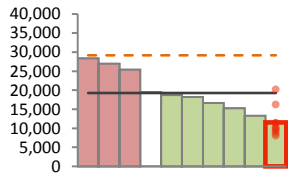
The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

Life expectancy in this Community Committee is significantly better than that of Leeds and it has been this way since 2011-13.



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

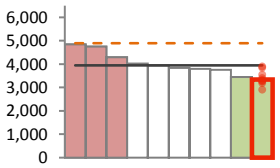
GP data



Smoking (16y+)

Outer North East CC	11,504
Leeds	19,265
Deprived fifth**	29,163

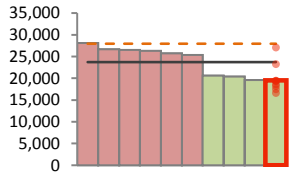
(April 2017)



CHD

Outer North East CC	3,342
Leeds	3,947
Deprived fifth	4,894

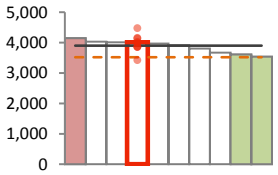
(January 2017)



Obesity (16y+ and BMI>30)

Outer North East CC	19,542
Leeds	23,722
Deprived fifth	27,951

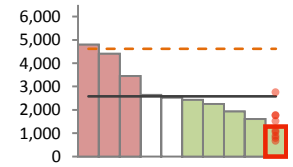
(April 2017)



Cancer

Outer North East CC	4,007
Leeds	3,899
Deprived fifth	3,519

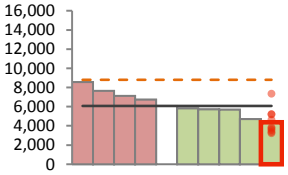
(January 2017)



COPD

Outer North East CC	1,291
Leeds	2,580
Deprived fifth	4,617

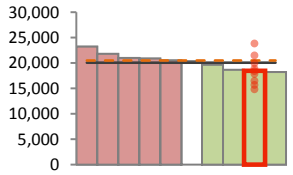
(April 2017)



Diabetes

Outer North East CC	4,370
Leeds	6,076
Deprived fifth	8,802

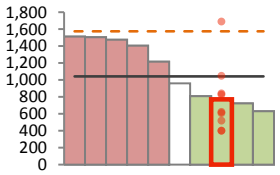
(April 2017)



Common mental health

Outer North East CC	18,465
Leeds	20,060
Deprived fifth	20,496

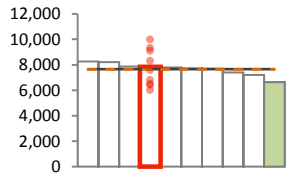
(January 2017)



Severe mental health

Outer North East CC	772
Leeds	1,042
Deprived fifth	1,574

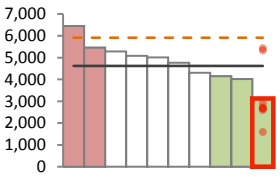
(January 2017)



Asthma in children

Outer North East CC	7,841
Leeds	7,659
Deprived fifth	7,633

(October 2016)



Dementia (over 65s)

Outer North East CC	3,120
Leeds	4,618
Deprived fifth	5,911

(January 2017)

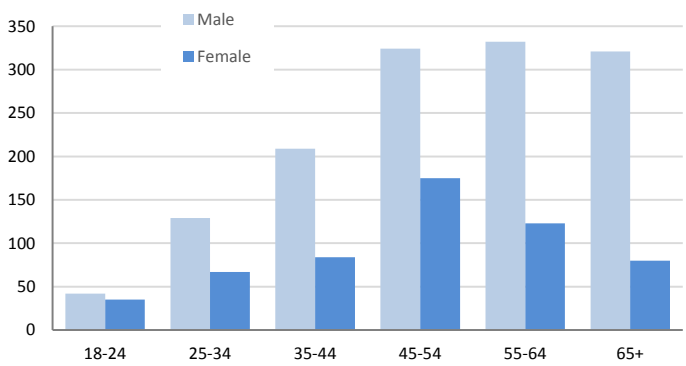
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within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

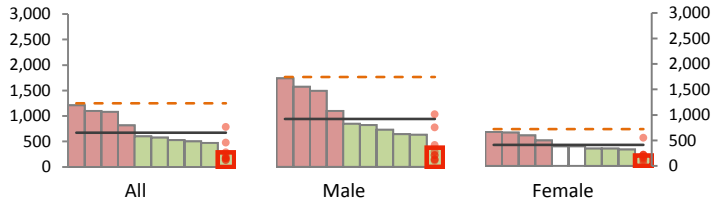
The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

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 North East	284	373	203
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?"

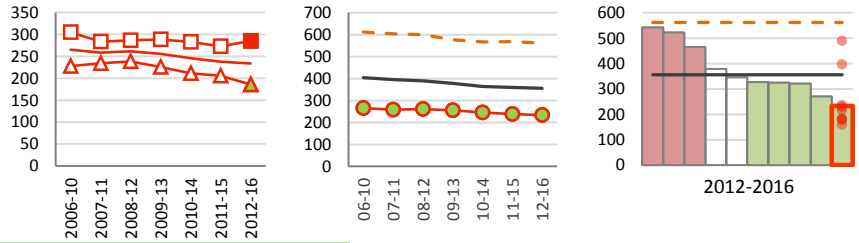
Persons
Leeds
Deprived fifth**

Shaded if significantly > Leeds
Shaded if significantly < Leeds

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

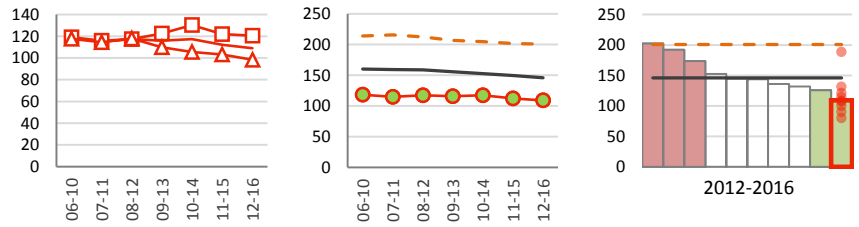
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



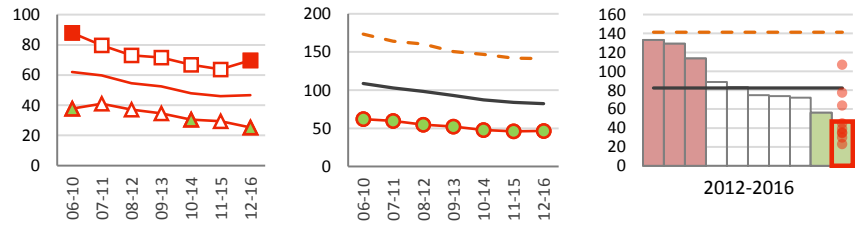
Persons (DSR per 100,000)	
Outer North East CC	234
Count of deaths in 2012-16	*733*
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



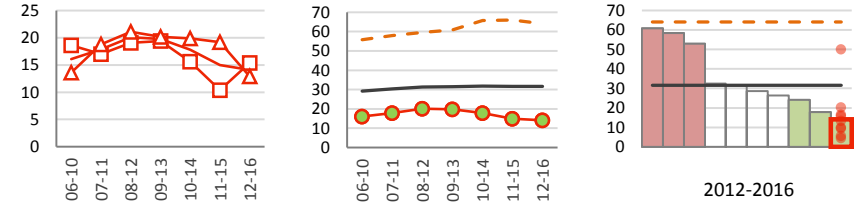
Persons (DSR per 100,000)	
Outer North East CC	109
Count of deaths in 2012-16	*347*
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Outer North East CC	47
Count of deaths in 2012-16	*149*
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Outer North East CC	14
Count of deaths in 2012-16	*46*
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 North East Community Committee

The health and wellbeing of the Outer North East Community Committee contains some variation but overall looks very healthy within the city. It is the smallest Community Committee and none of the population live in the most deprived fifth of Leeds**. Life expectancy is the highest of any Community Committee and has been significantly higher than Leeds for many years.

The age structure bears very little resemblance to that of Leeds overall with more very young children, many fewer young adults and greater proportions of those aged over 40. GP recorded ethnicity shows the Community Committee to have slightly 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.

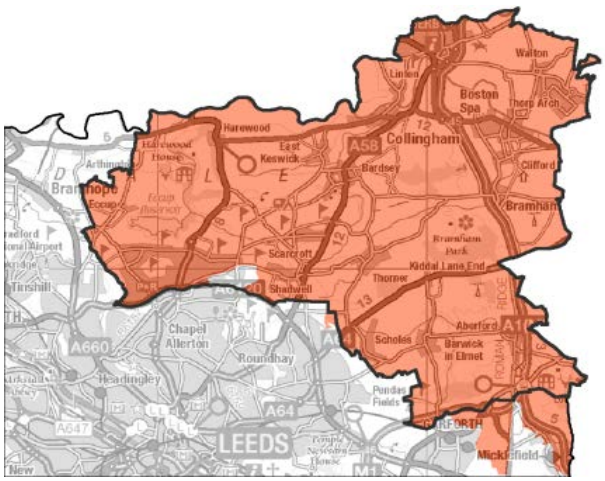
GP recorded smoking, obesity, CHD, COPD, diabetes, and dementia rates are the lowest of all Community Committees with the 'Moor Allerton' MSOA being the highest in each case.

The alcohol dependency test shows a very strong gender bias and much lower numbers of young drinkers than most Community Committees. Alcohol specific admissions are concentrated at the very low end except for the Moor Allerton MSOA which is higher than Leeds rates for males, females, and overall.

All-cause mortality for under 75s is well below the Leeds average and has been for many years. Only two MSOAs are above Leeds – 'Wetherby East, Thorp Arch' and 'Moor Allerton'. Cancer, circulatory, and respiratory disease mortality rates are also the lowest Community Committee rates in the city. The same two MSOAs feature as the highest two in the Community Committee in each case here.

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.*



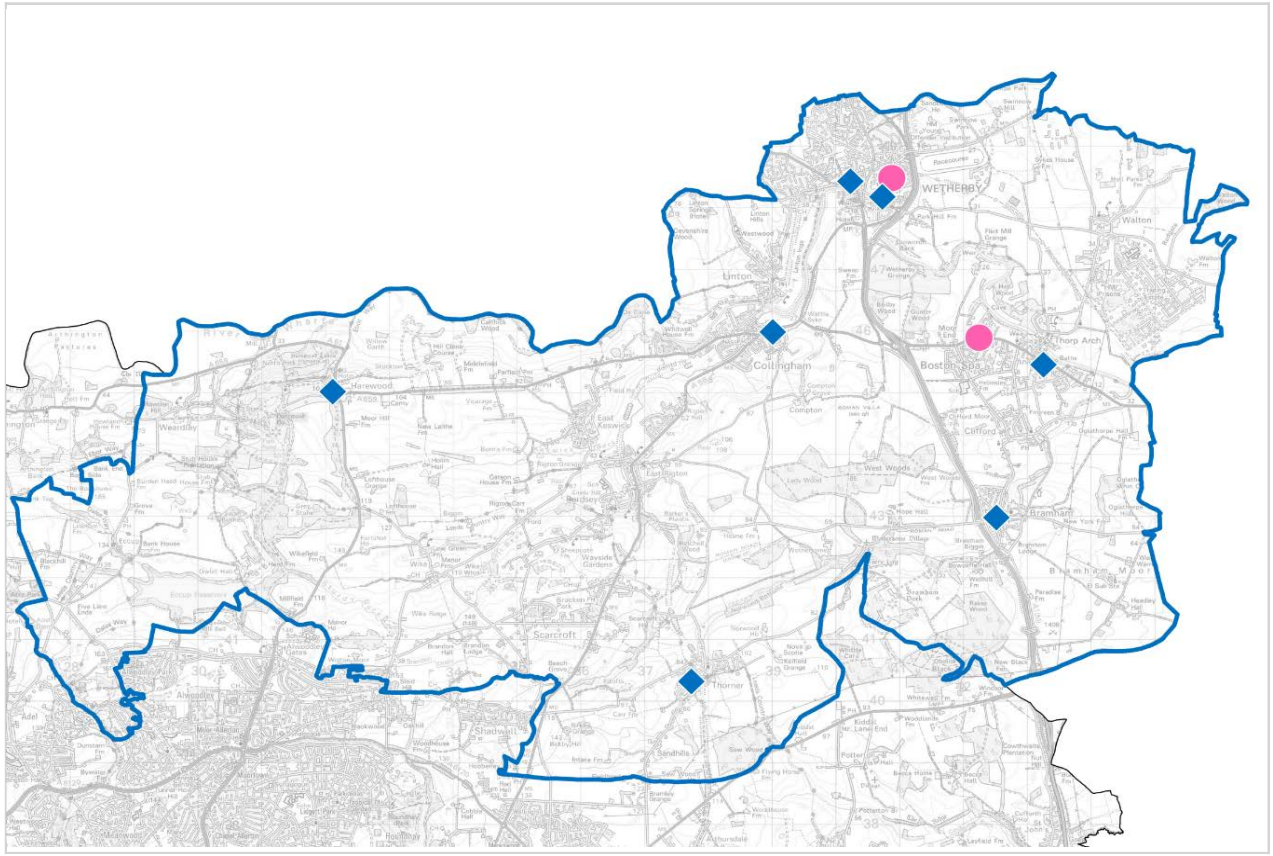
Area overview profile for Wetherby Integrated Neighbourhood Team

November 2017

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

The INT has a very noticeable difference in age structure to Leeds, much older population with lower proportions of children and under 45s. It also has a much larger 'White British' ethnic group proportion than Leeds. It is the INT with the most noticeable differences to Leeds for both elective and emergency admissions.

This INT has the highest GP recorded asthma rate in the city. Despite the lack of deprivation, social isolation index scores do include a couple of small areas with very high scores. Mortality rates don't show such an extreme difference between sexes, and overall rates are significantly below Leeds.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Collingham Church View Surgery & Thorner Surgery. Crossley Street Surgery. Spa Surgery. Wetherby Surgery - Wetherby. Bramham Medical Centre.

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

INT footprint boundary
Most deprived 5 Children's Clusters
GP practice - member of INT
Children's centre within INT footprint
Community Health Development venue
Voluntary Community Sector venue

Area overview profile for Wetherby Integrated Neighbourhood Team

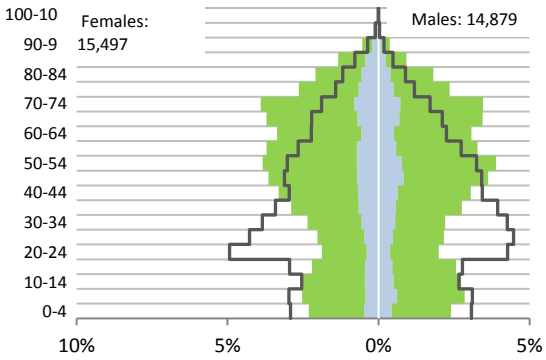
This profile presents a high level summary of data for the Wetherby Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 30,376 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.

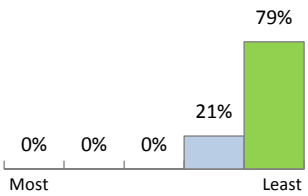


GP recorded ethnicity, top 5	% INT	% Leeds
White British	83%	62%
Not Recorded	8%	6%
Other White Background	3%	9%
Not Stated	2%	2%
Unknown	1%	1%

(April 2017)

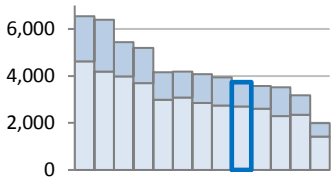
Deprivation distribution

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



Aged 74+ *(April 2017)*

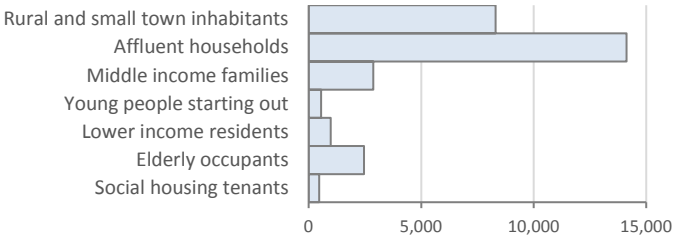
INTs ranked by number of patients aged over 74.
74y-84y in dark green,
85y and older in light green.



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)*

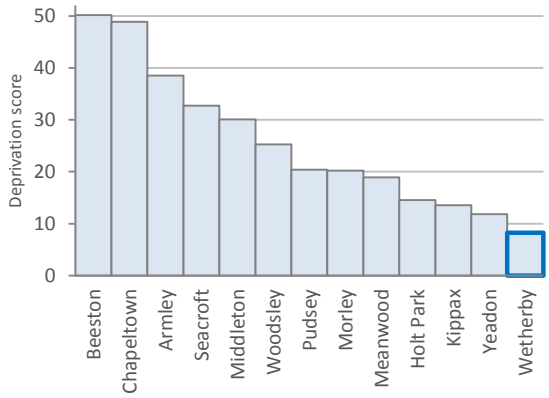
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	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 Wetherby INT

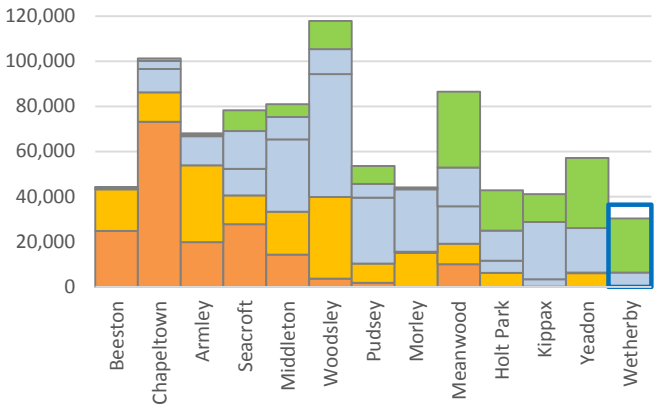
IMD2015 and GP data

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 8.3, ranked number 13 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

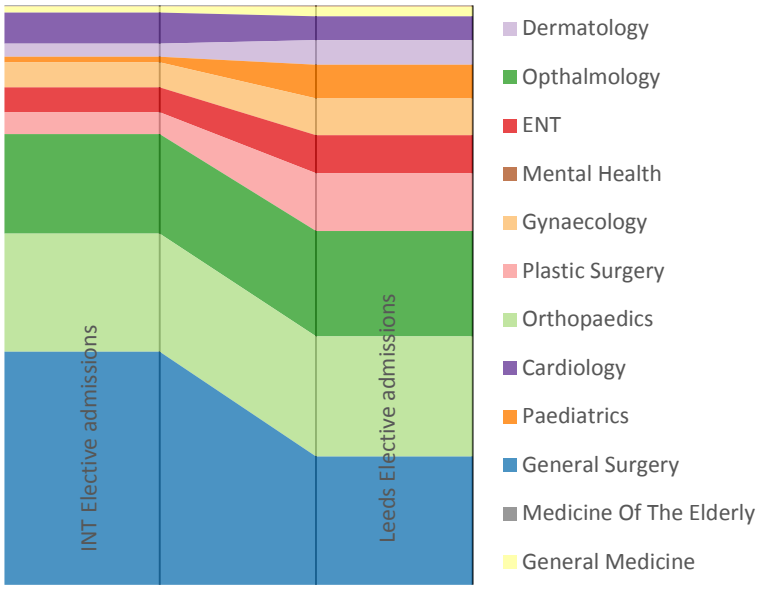


Hospital admissions for this INT by specialty (2016/17)

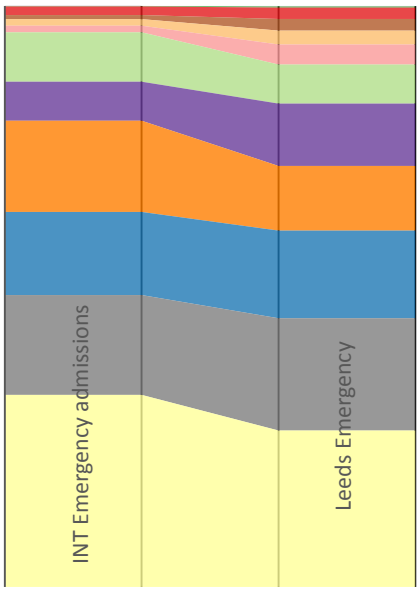
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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 us 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

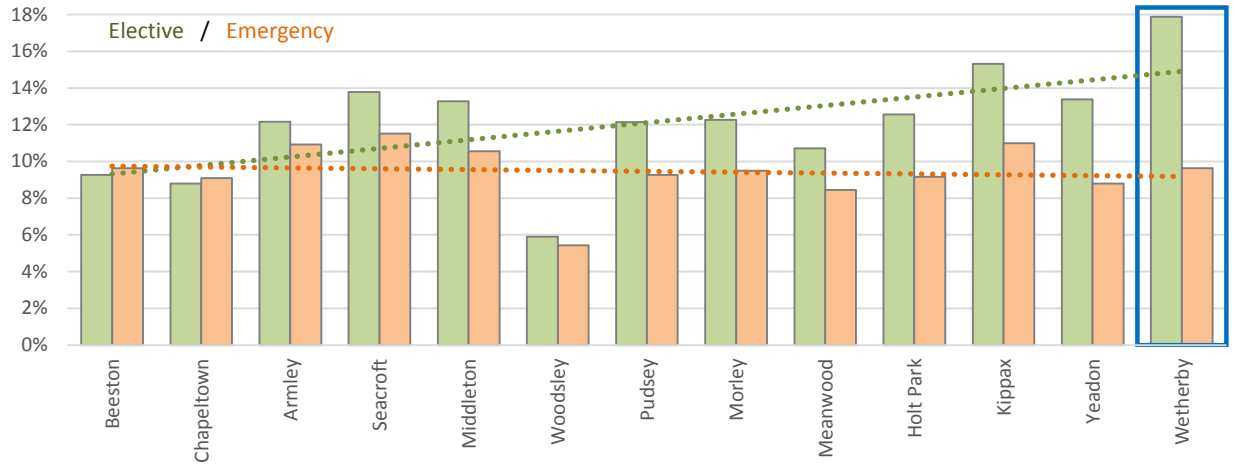


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Surgery	*22%*	12%
2nd	Orthopaedics	*11%*	11%
3rd	Opthalmology	*9%*	10%
4th	Cardiology	*3%*	2%
5th	Gynaecology	*2%*	3%

INT Emergency admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Medicine	*26%*	*16%*
2nd	Medicine Of The Elderly	*13%*	*12%*
3rd	Paediatrics	*12%*	*7%*
4th	General Surgery	*11%*	*9%*
5th	Orthopaedics	*7%*	*4%*

Elective and emergency admission *rates* and deprivation

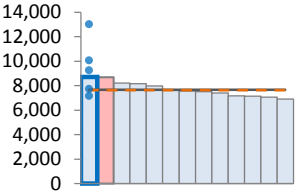
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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*

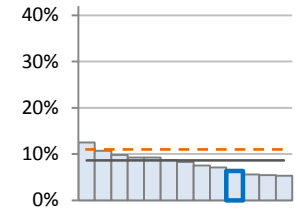


Asthma - under 16s

INT	8,705
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*348*

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.

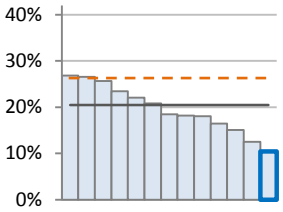
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	6.3%
Leeds registered	8.6%
Deprived fifth**	11.0%

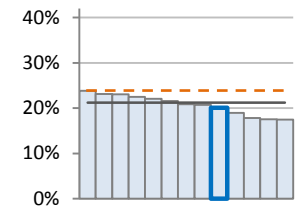
18 of 284 children in INT



Obesity in Year 6

INT	10.4%
Leeds registered	20.5%
Deprived fifth**	26.3%

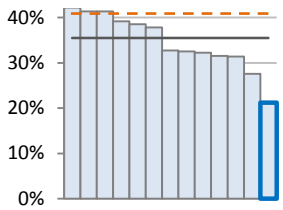
27 of 259 children in INT



Obese *or* overweight, Reception year

INT	20.1%
Leeds registered	21.2%
Deprived fifth**	23.9%

57 of 284 children



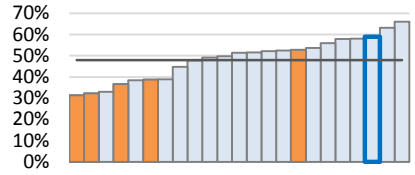
Obese *or* overweight, Year 6

INT	21.2%
Leeds registered	35.5%
Deprived fifth**	40.9%

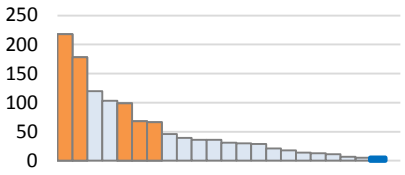
55 of 259 children

Children's cluster data ⚡ — *Children and Young People's Plan Key Indicator Dashboard July 2017*

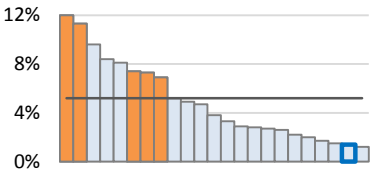
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



% with good achievement at the end of primary school (schools)



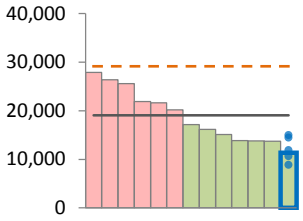
Looked after children



NEET - 'Not in education, employment or training'

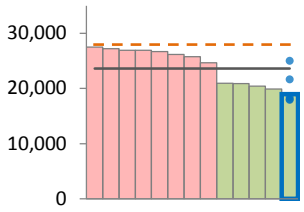
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	11,346
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*2,685*



Obesity (BMI>30)

INT	18,985
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*4,547*

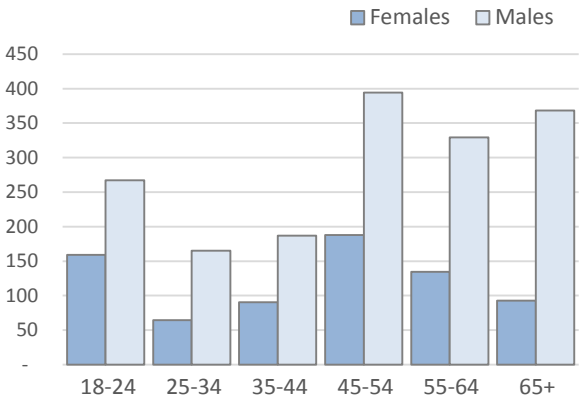
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

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

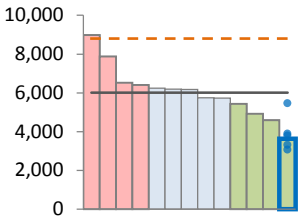


	18-24	25-34	35-44	45-54	55-64	65+
Females	159	64	90	188	134	93
Males	267	165	187	394	329	368
Persons	404	225	284	586	479	469

Long term conditions, adults and older people

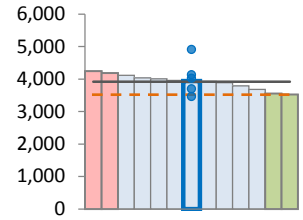
GP data

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



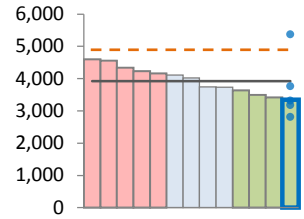
Diabetes

INT	3,638
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*1,371*



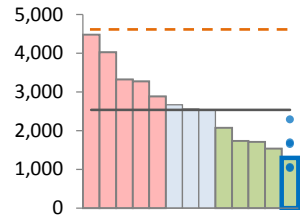
Cancer

INT	3,939
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,491*



CHD

INT	3,344
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*1,336*



COPD

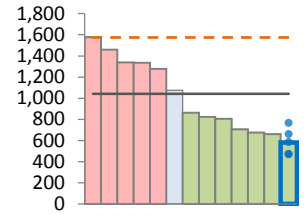
INT	1,295
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*514*

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

Long term conditions, adults and older people continued

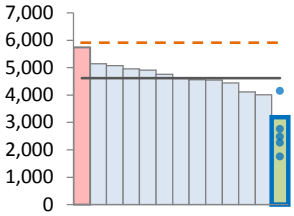
GP data (January 2017)

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



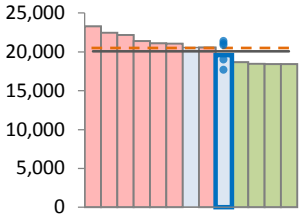
Severe mental heath

INT	582
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*188*



Dementia (65+)

INT	3,194
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*261*



Common mental health

INT	19,584
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*6,135*

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.

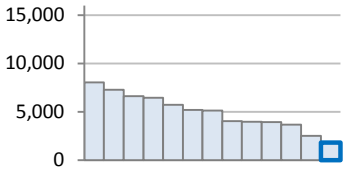
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

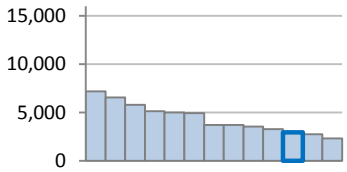
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by *number* of people reporting life limiting illness

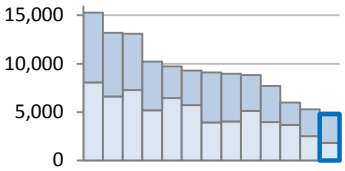
Life limiting illness, under 65



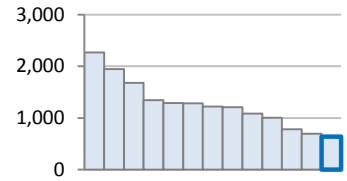
Life limiting illness, over 65



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



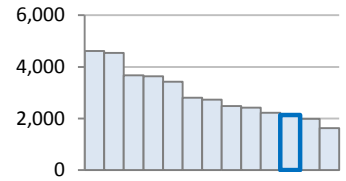
Carers providing 50+ hours care/week ⊁



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+ ⊁



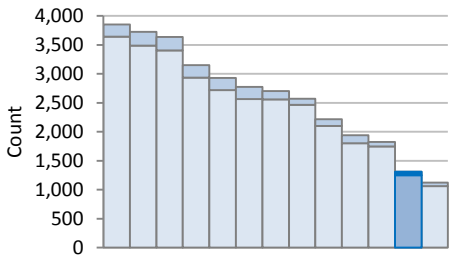
	number	rank
Limiting Long Term Illness - All Ages	*4,777*	13
Limiting Long Term Illness - under 65	*1,808*	13
Limiting Long Term Illness - 65+	*2,969*	11
Providing 50+ hours care/week	*636*	13
One person households aged 65+	*2,141*	11

People living with frailty and 'end of life'

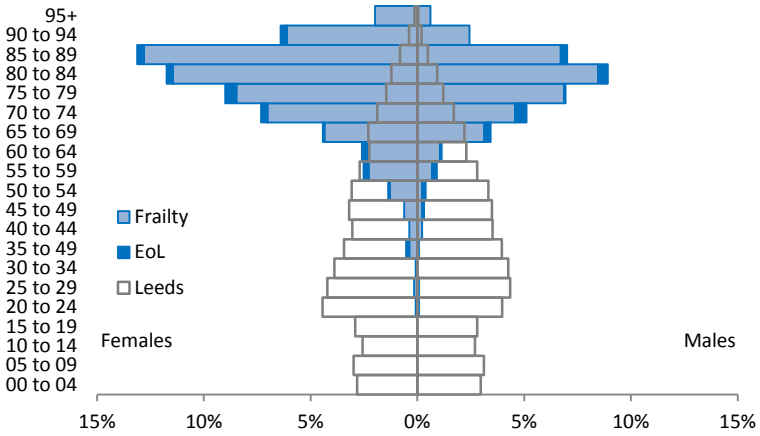
Leeds data model September 2016 cohort

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

Total: 1,311. Frailty 1,248. End of life 63



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

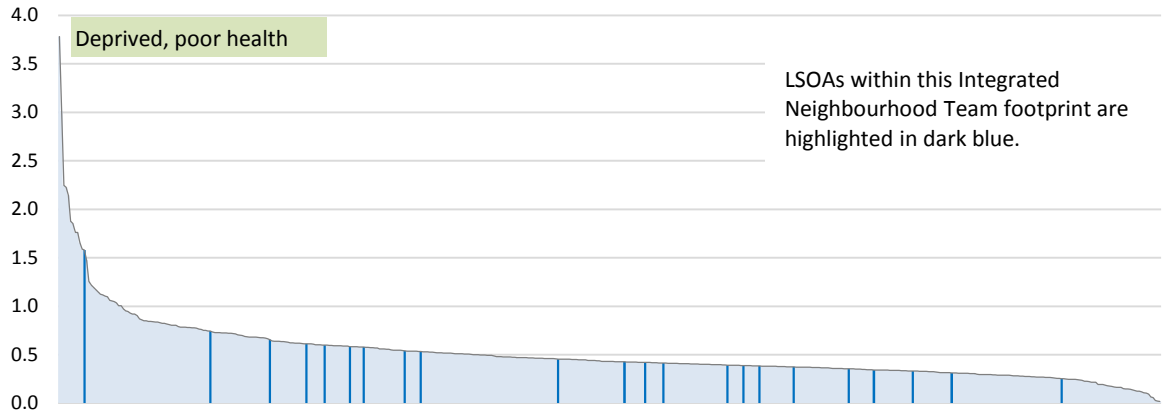


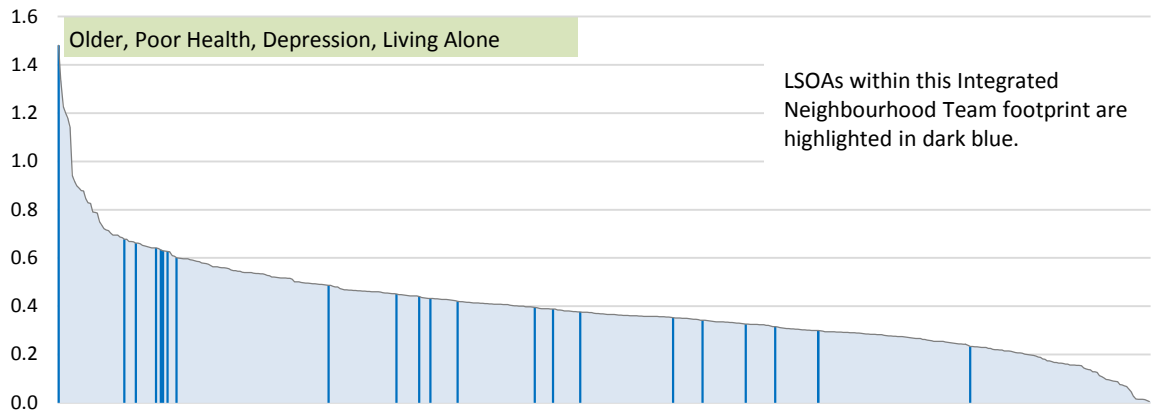
Social Isolation Index ⊀

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**

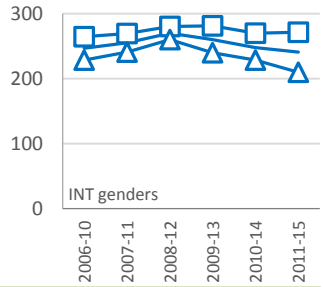
Shaded if significantly above Leeds

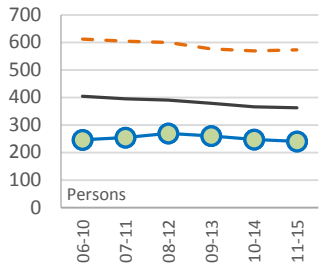
Shaded if significantly below Leeds

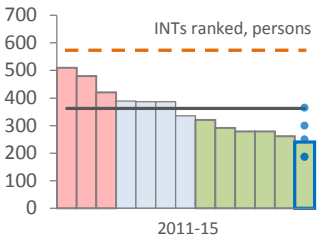
"Where is this INT in relation to the others, and Leeds"

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

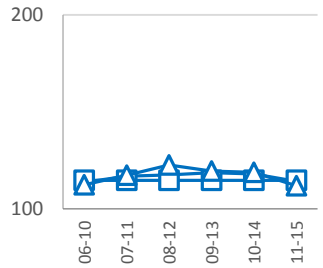


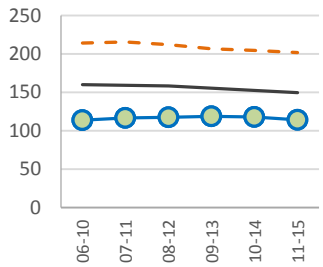


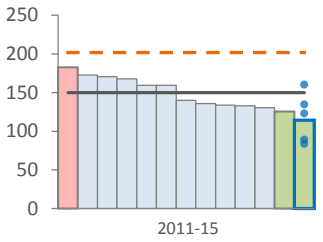


Persons (DSR per 100,000)	
INT	241
Leeds resident	363
Deprived fifth**	573
INT count	*377*

Cancer mortality

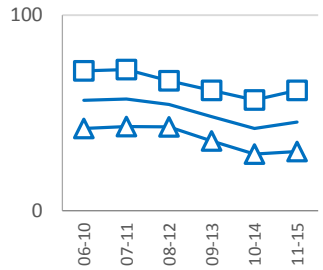


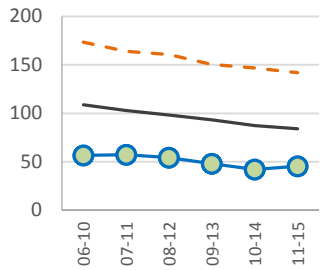


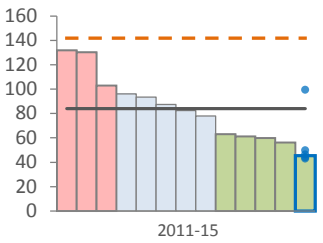


Persons (DSR per 100,000)	
INT	114
Leeds resident	150
Deprived fifth**	202
INT count	*183*

Circulatory disease mortality

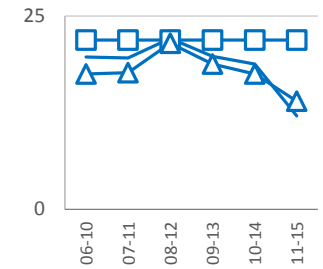


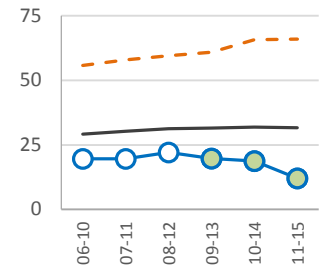


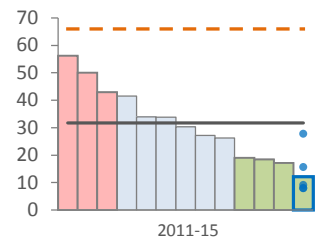


Persons (DSR per 100,000)	
INT	45
Leeds resident	84
Deprived fifth**	142
INT count	*73*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	12
Leeds resident	32
Deprived fifth**	66
INT count	*20*

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

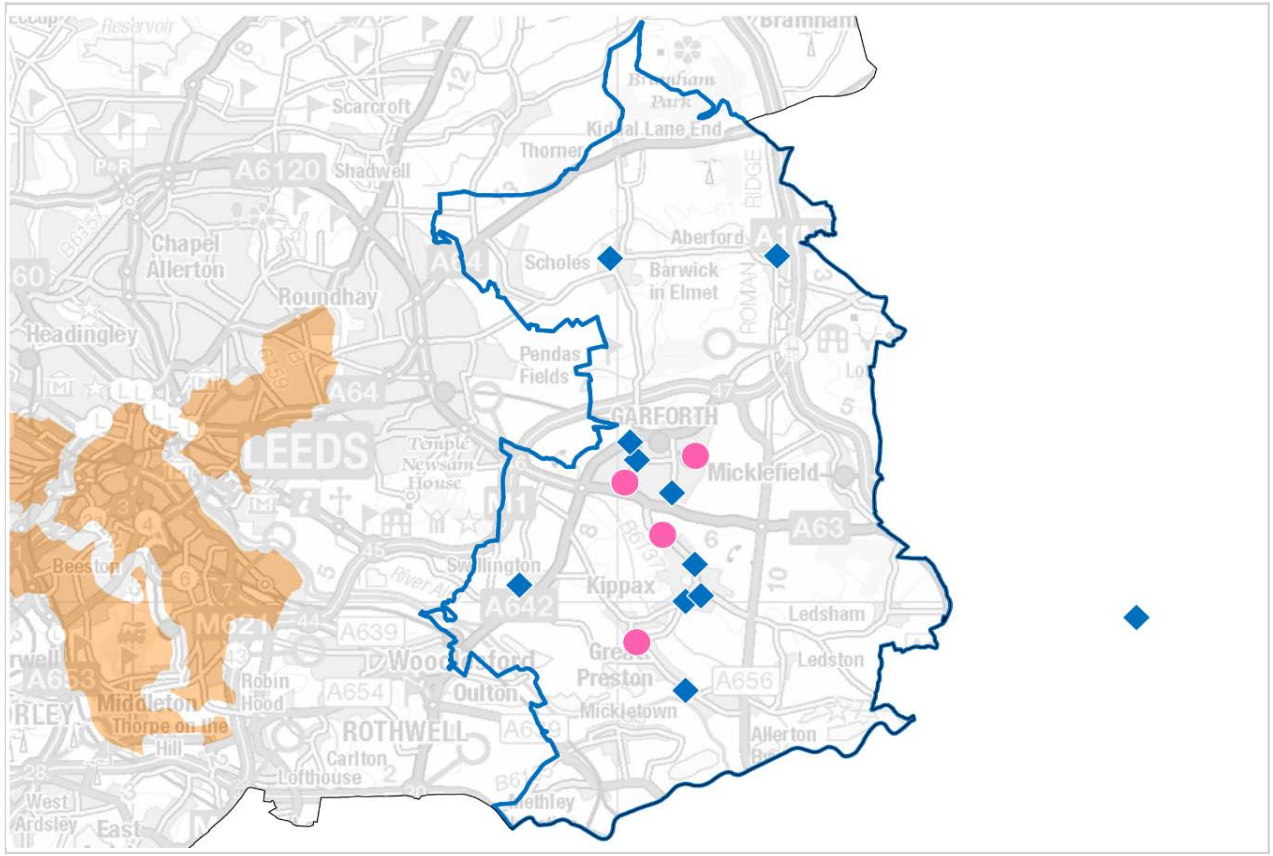
Area overview profile for Kippax Integrated Neighbourhood Team

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.

INT footprint boundary

Most deprived 5 Children's Clusters

GP practice - member of INT

Children's centre within INT footprint

Community Health Development venue

Voluntary Community Sector venue

Area overview profile for Kippax Integrated Neighbourhood Team

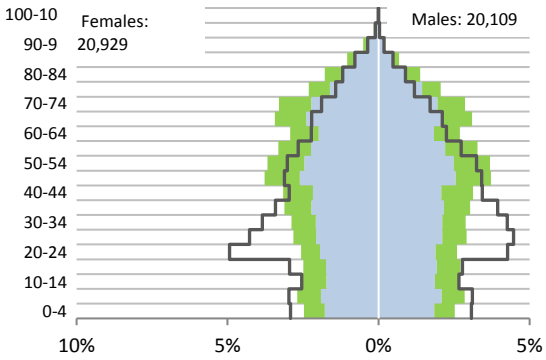
This profile presents a high level summary of data for the Kippax Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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.

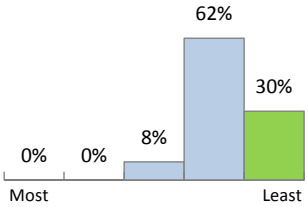


GP recorded ethnicity, top 5	% INT	% Leeds
White British	88%	62%
Not Recorded	6%	6%
Other White Background	2%	9%
Not Stated	1%	2%
Unknown	0%	1%

(April 2017)

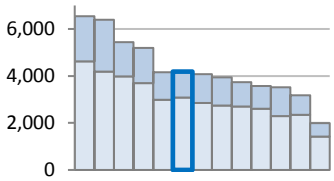
Deprivation distribution

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



Aged 74+ *(April 2017)*

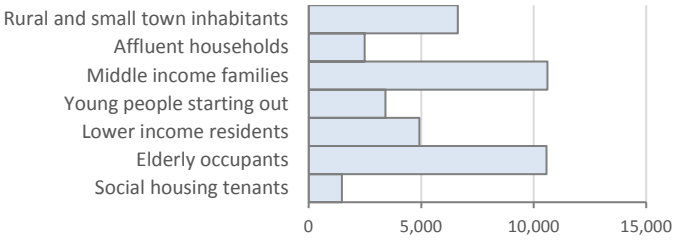
INTs ranked by number of patients aged over 74.
74y-84y in dark green,
85y and older in light green.



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)*

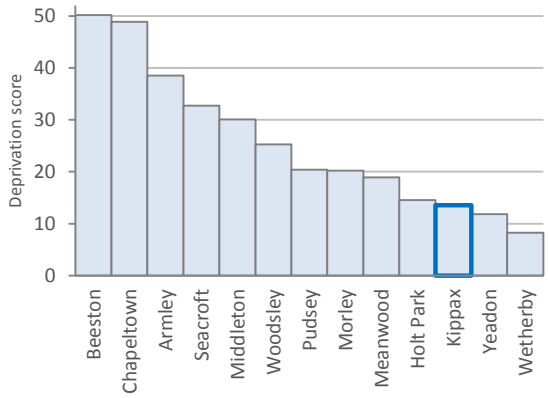
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	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

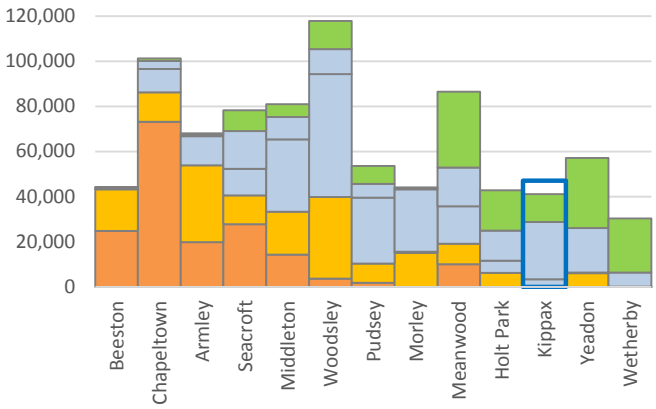
IMD2015 and GP data

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

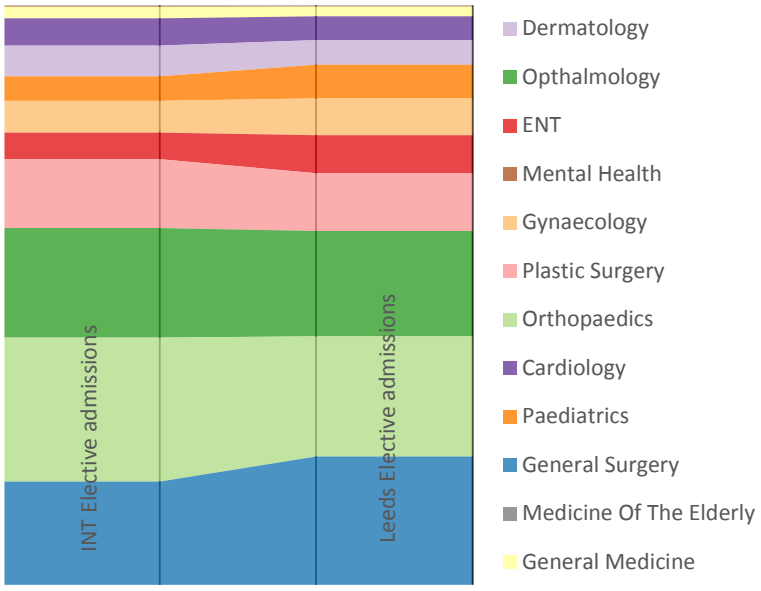


Hospital admissions for this INT by specialty (2016/17)

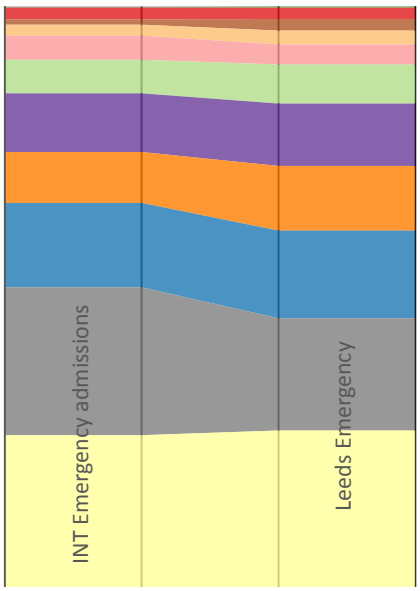
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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 us 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

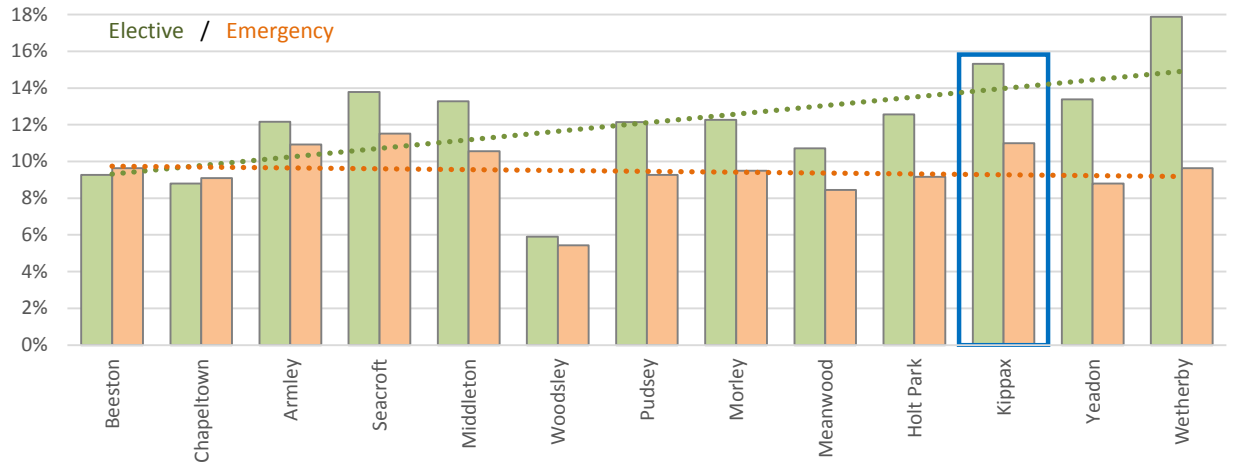


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	Orthopaedics	*13%*	11%
2nd	Opthalmology	*10%*	10%
3rd	General Surgery	*10%*	12%
4th	Plastic Surgery	*6%*	5%
5th	Gynaecology	*3%*	3%

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

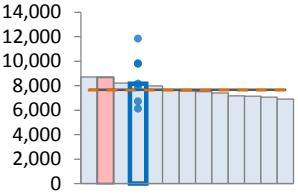
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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*

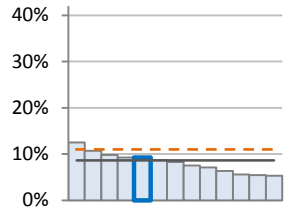


Asthma - under 16s

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.

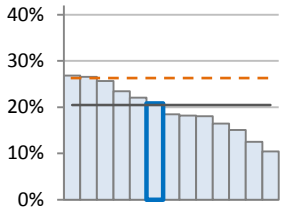
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	9.2%
Leeds registered	8.6%
Deprived fifth**	11.0%

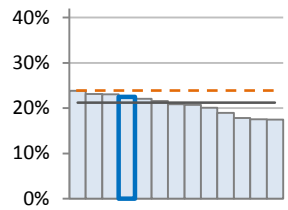
52 of 564 children in INT



Obesity in Year 6

INT	20.8%
Leeds registered	20.5%
Deprived fifth**	26.3%

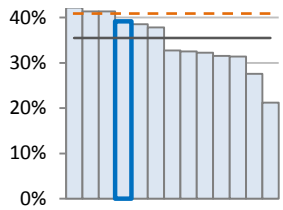
105 of 505 children in INT



Obese *or* overweight, Reception year

INT	22.5%
Leeds registered	21.2%
Deprived fifth**	23.9%

127 of 564 children



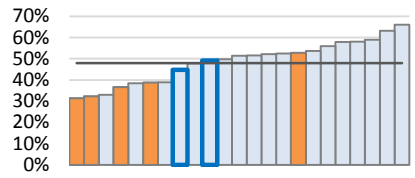
Obese *or* overweight, Year 6

INT	39.2%
Leeds registered	35.5%
Deprived fifth**	40.9%

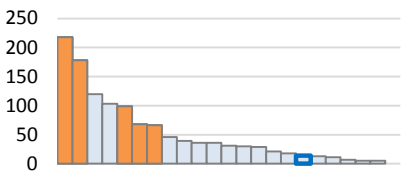
198 of 505 children

Children's cluster data ⚡ — *Children and Young People's Plan Key Indicator Dashboard July 2017*

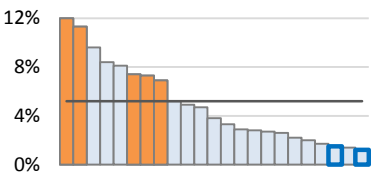
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



% with good achievement at the end of primary school (schools)



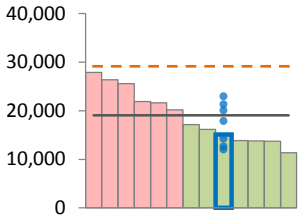
Looked after children



NEET - 'Not in education, employment or training'

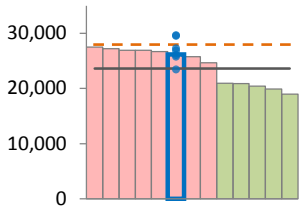
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	15,122
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*5,045*



Obesity (BMI>30)

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

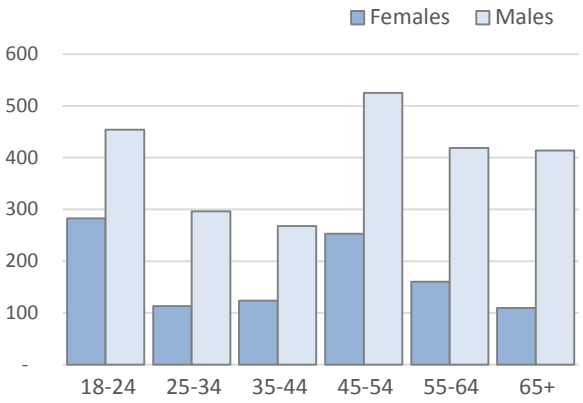
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

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

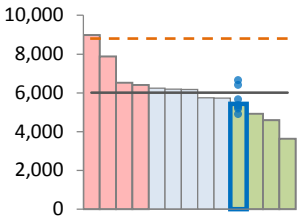


	18-24	25-34	35-44	45-54	55-64	65+
Females	282	113	124	253	160	109
Males	454	296	268	525	418	413
Persons	701	399	397	785	588	540

Long term conditions, adults and older people

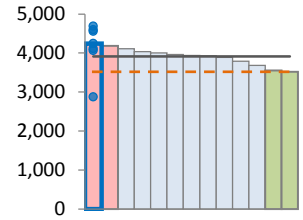
GP data

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



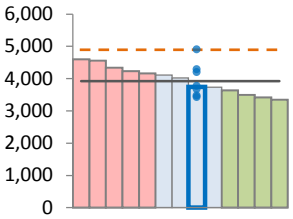
Diabetes

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



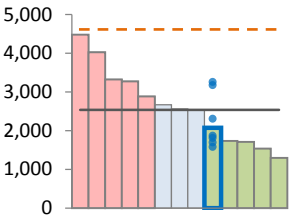
Cancer

INT	4,241
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,919*



CHD

INT	3,742
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*1,721*



COPD

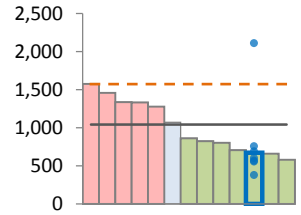
INT	2,077
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*958*

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

Long term conditions, adults and older people continued

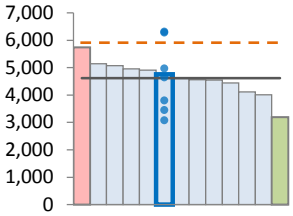
GP data (January 2017)

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



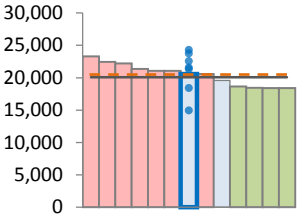
Severe mental heath

INT	676
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*278*



Dementia (65+)

INT	4,753
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*423*



Common mental health

INT	20,581
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*8,335*

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.

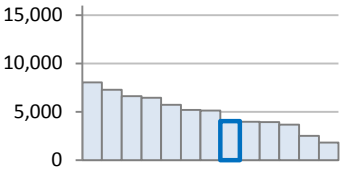
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

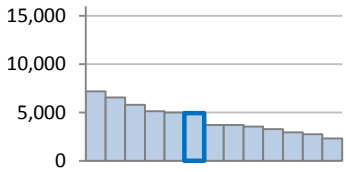
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by *number* of people reporting life limiting illness

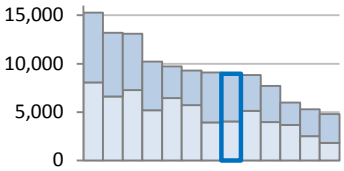
Life limiting illness, under 65



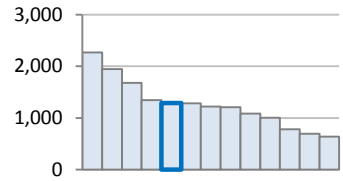
Life limiting illness, over 65



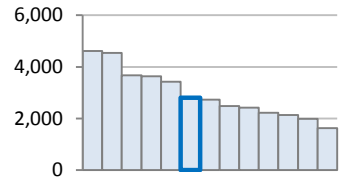
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



Carers providing 50+ hours care/week ⊁



One person households aged 65+ ⊁



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.

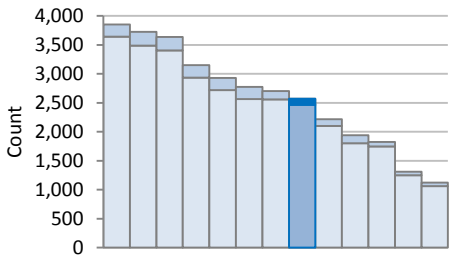
	number	rank
Limiting Long Term Illness - All Ages	*8,965*	8
Limiting Long Term Illness - under 65	*4,033*	8
Limiting Long Term Illness - 65+	*4,932*	6
Providing 50+ hours care/week	*1,290*	5
One person households aged 65+	*2,808*	6

People living with frailty and 'end of life'

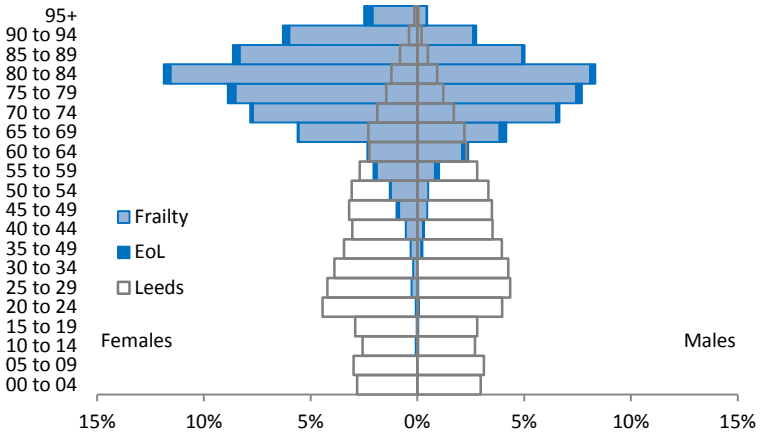
Leeds data model September 2016 cohort

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



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

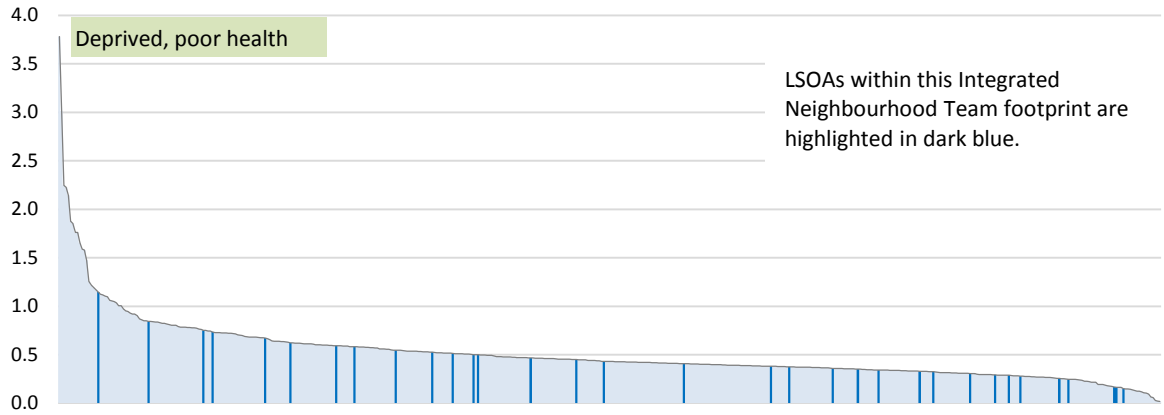


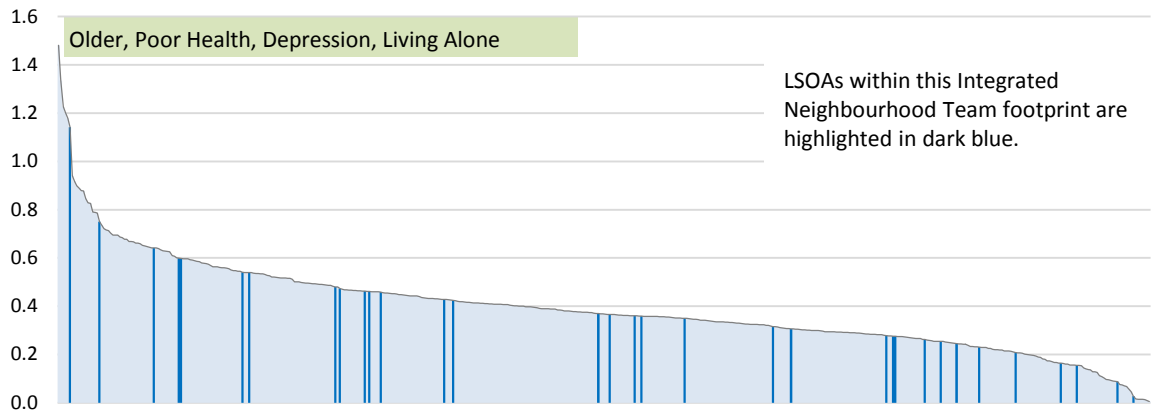
Social Isolation Index ⊀

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**

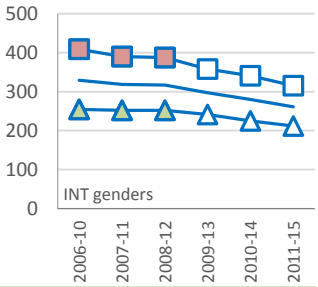
Shaded if significantly above Leeds

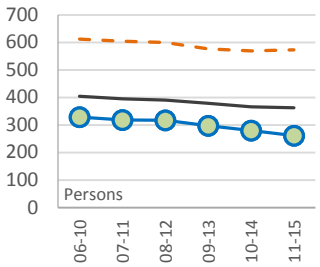
Shaded if significantly below Leeds

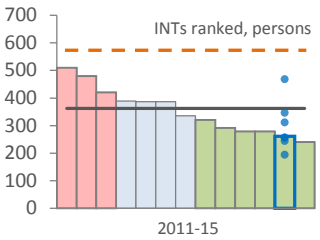
"Where is this INT in relation to the others, and Leeds"

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

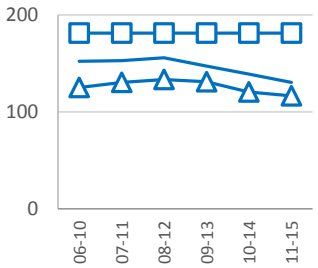


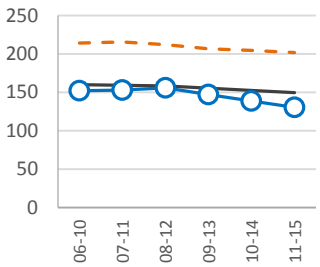


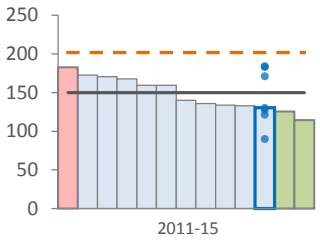


Persons (DSR per 100,000)	
INT	261
Leeds resident	363
Deprived fifth**	573
INT count	*512*

Cancer mortality

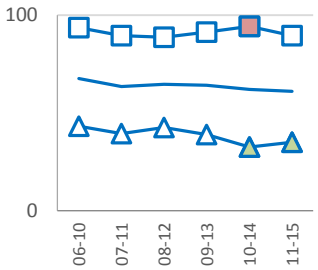


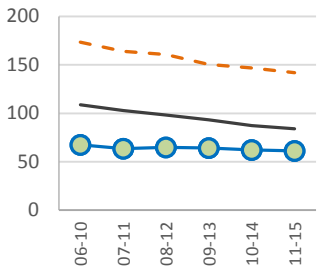


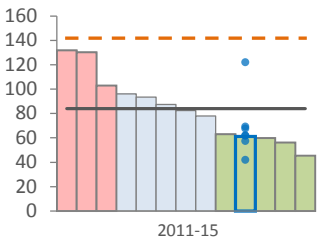


Persons (DSR per 100,000)	
INT	131
Leeds resident	150
Deprived fifth**	202
INT count	*257*

Circulatory disease mortality

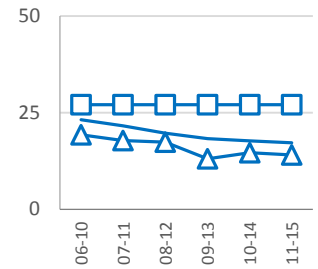


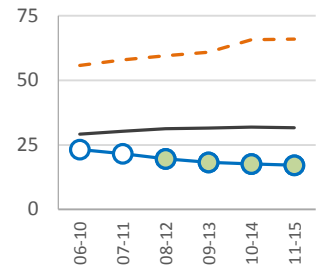


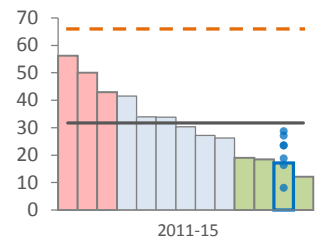


Persons (DSR per 100,000)	
INT	61
Leeds resident	84
Deprived fifth**	142
INT count	*121*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	17
Leeds resident	32
Deprived fifth**	66
INT count	*35*

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

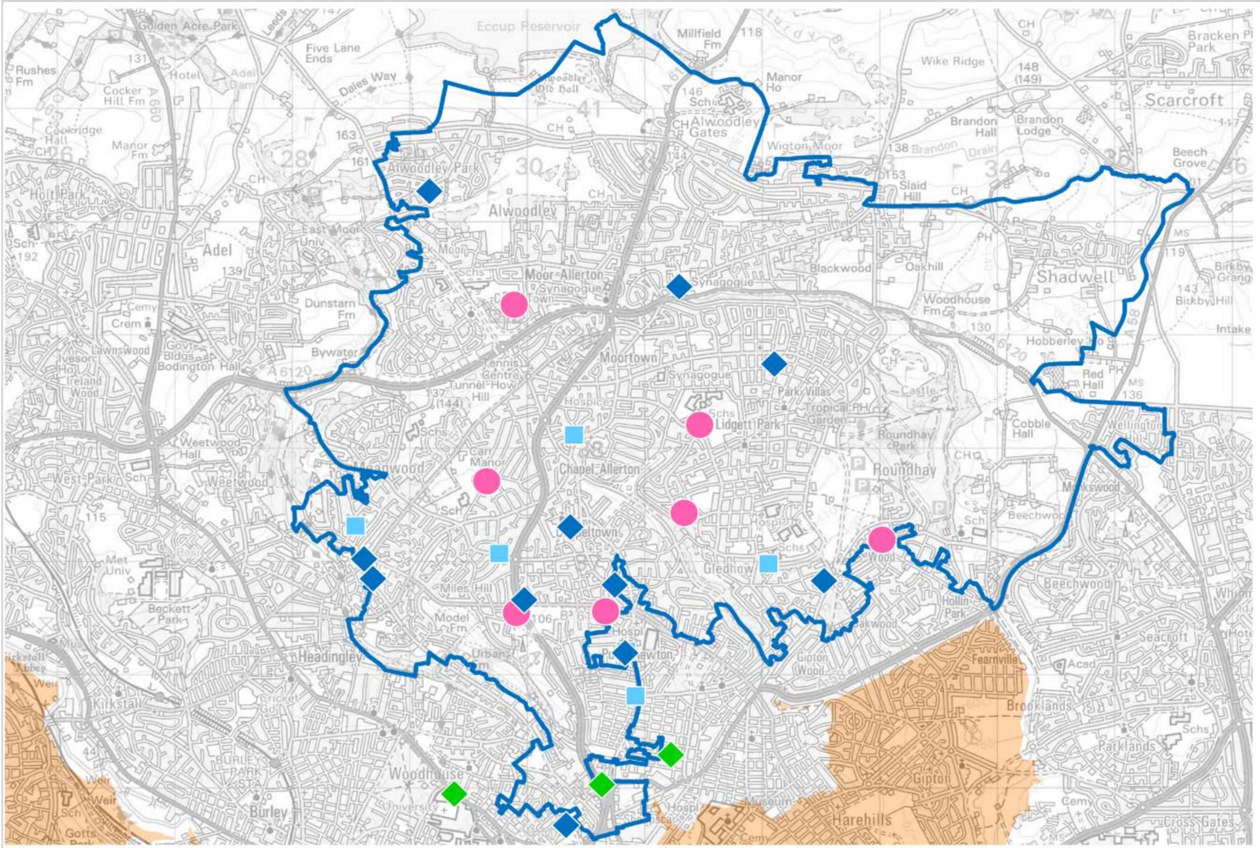
Area overview profile for Meanwood Integrated Neighbourhood Team

November 2017

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

The INT has a large non-deprived population but 1 in 5 of the population are living in the most deprived two fifths of Leeds, so very varied conditions in this INT. Non white ethnic groups are more represented in the INT than Leeds as a whole. It is the second largest INT in the city for actual numbers of elderly patients - aged 74 and above.

One children's cluster which overlaps the INT area has relatively weak primary school achievement rates, and the 3rd largest 'Looked after Children' count in the city. Many GP recorded conditions are around average or better than the city, but 'Severe Mental health' issues are actually significantly above Leeds. Social isolation scores vary widely from some of the very highest to the very lowest. General mortality rates are significantly below Leeds, but male and female rates are very different with male rates for circulatory disease mortality being significantly above Leeds and female rates significantly below.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Rutland Lodge Medical Centre. The Avenue Surgery. Allerton Medical Centre. Shadwell Medical Centre. Meanwood Group Practice. The Street Lane Practice. Oakwood Surgery. Newton 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.

INT footprint boundary | GP practice - member of INT | Community Health Development venue
Most deprived 5 Children's Clusters | Children's centre within INT footprint | Voluntary Community Sector venue

Area overview profile for Meanwood Integrated Neighbourhood Team

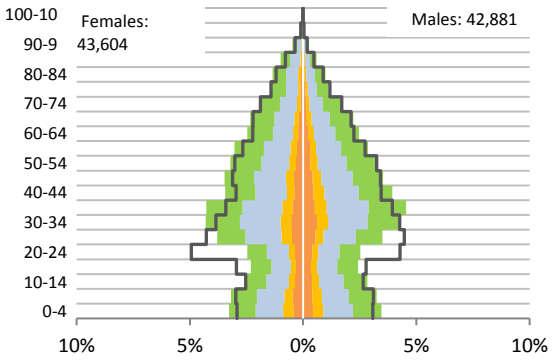
This profile presents a high level summary of data for the Meanwood Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 86,485 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.

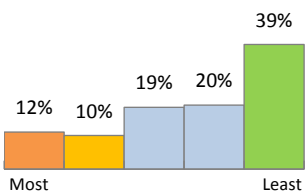


GP recorded ethnicity, top 5	% INT	% Leeds
White British	56%	62%
Other White Background	12%	9%
Indian or British Indian	6%	2%
Pakistani or British Pakistani	6%	3%
Other Asian Background	2%	2%

(April 2017)

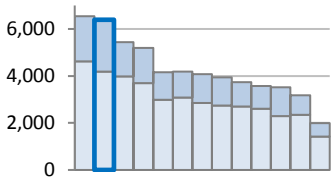
Deprivation distribution

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



Aged 74+ *(April 2017)*

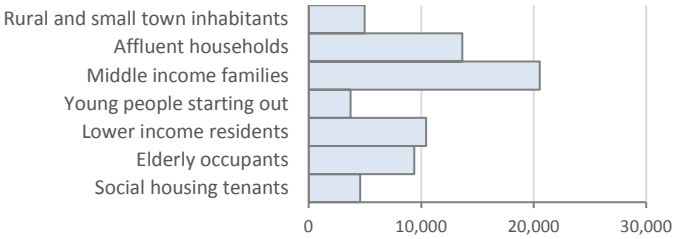
INTs ranked by number of patients aged over 74.
74y-84y in dark green,
85y and older in light green.



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)*

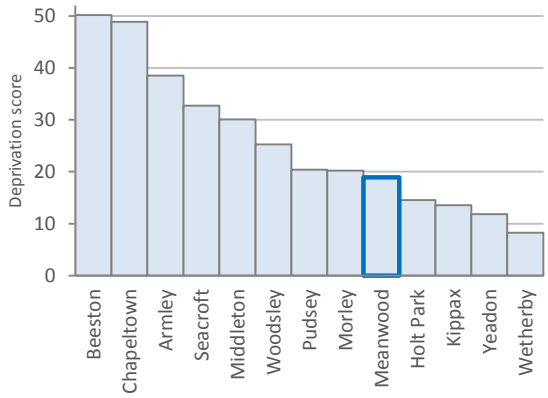
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	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 Meanwood INT

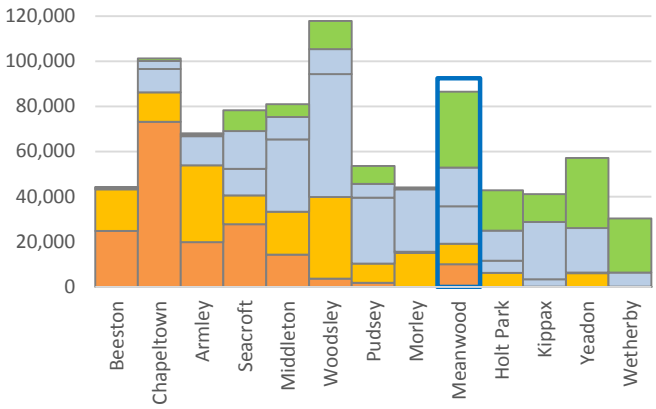
IMD2015 and GP data

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 18.9, ranked number 9 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

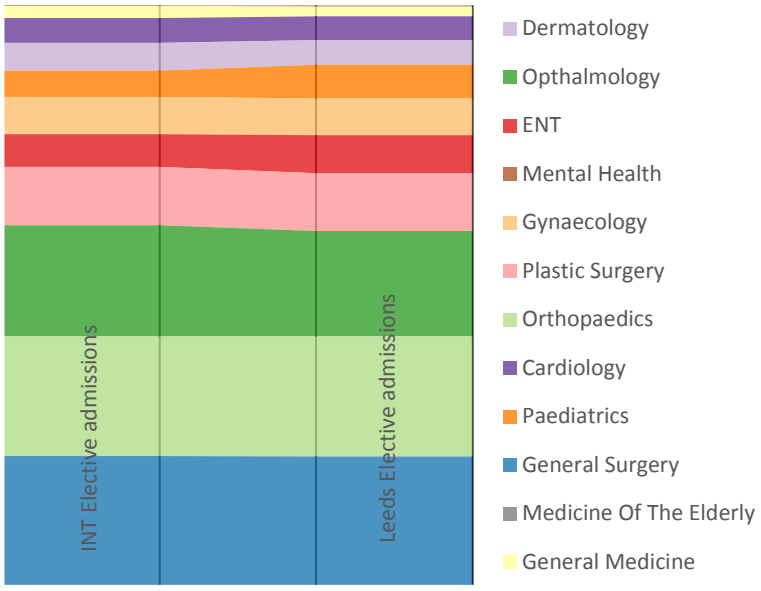


Hospital admissions for this INT by specialty (2016/17)

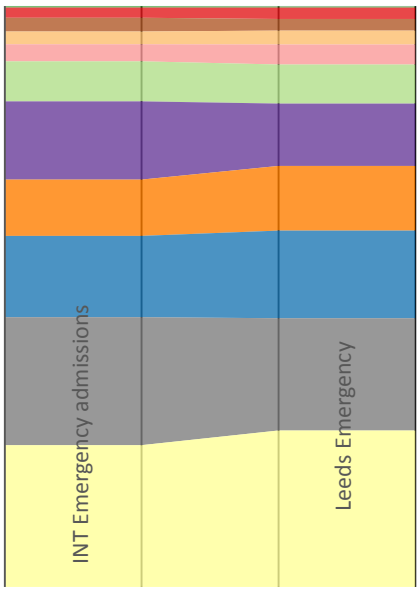
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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 us 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

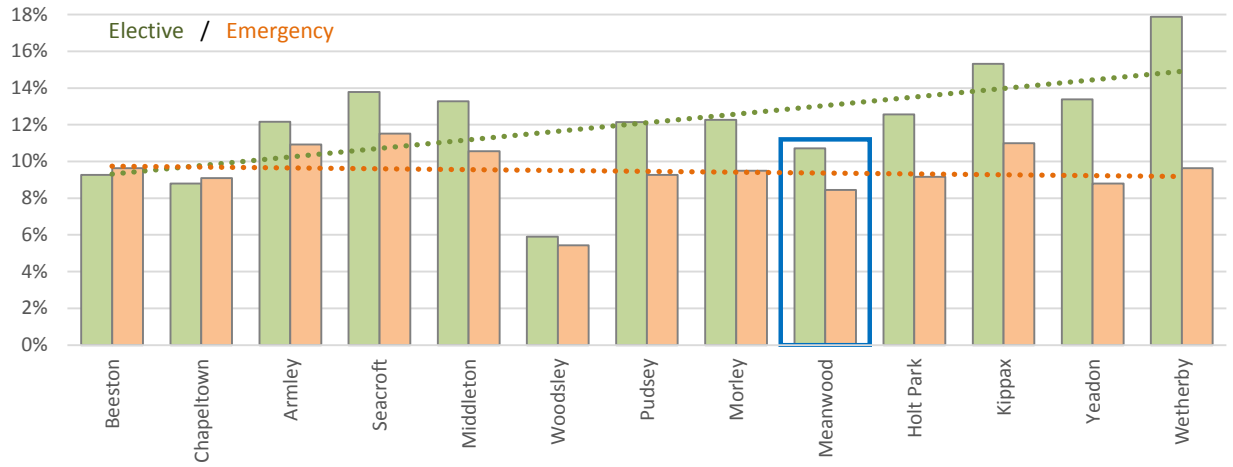


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Surgery	*13%*	12%
2nd	Orthopaedics	*12%*	11%
3rd	Opthalmology	*11%*	10%
4th	Plastic Surgery	*6%*	5%
5th	Gynaecology	*4%*	3%

INT Emergency admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Medicine	*14%*	*16%*
2nd	Medicine Of The Elderly	*13%*	*12%*
3rd	General Surgery	*8%*	*9%*
4th	Cardiology	*8%*	*7%*
5th	Paediatrics	*6%*	*7%*

Elective and emergency admission *rates* and deprivation

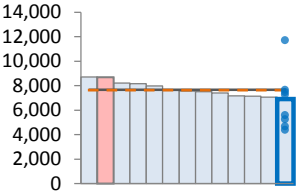
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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*

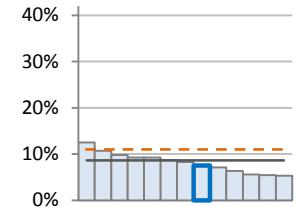


Asthma - under 16s

INT	6,905
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*957*

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.

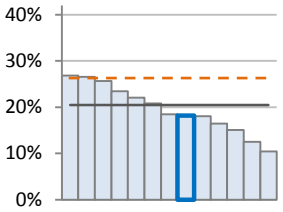
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	7.5%
Leeds registered	8.6%
Deprived fifth**	11.0%

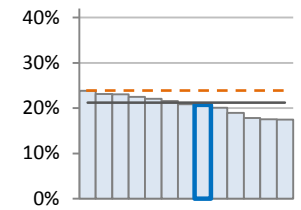
80 of 1063 children in INT



Obesity in Year 6

INT	18.2%
Leeds registered	20.5%
Deprived fifth**	26.3%

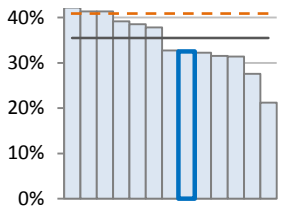
150 of 824 children in INT



Obese *or* overweight, Reception year

INT	20.7%
Leeds registered	21.2%
Deprived fifth**	23.9%

220 of 1063 children



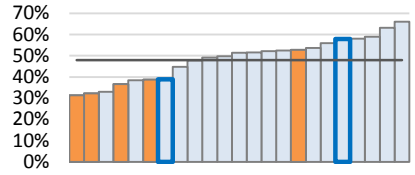
Obese *or* overweight, Year 6

INT	32.5%
Leeds registered	35.5%
Deprived fifth**	40.9%

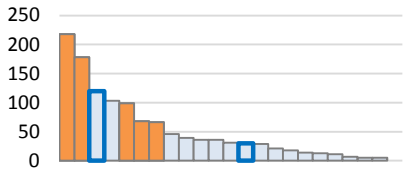
268 of 824 children

Children's cluster data ⚡ — *Children and Young People's Plan Key Indicator Dashboard July 2017*

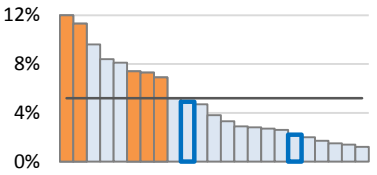
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



% with good achievement at the end of primary school (schools)



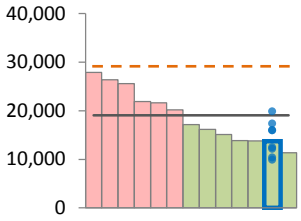
Looked after children



NEET - 'Not in education, employment or training'

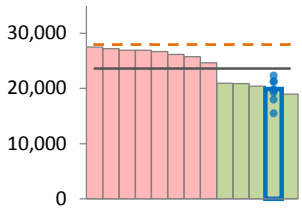
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	13,731
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*9,858*



Obesity (BMI>30)

INT	19,885
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*12,094*

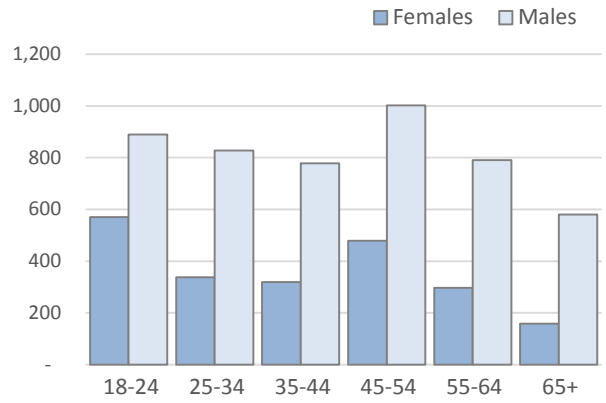
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

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

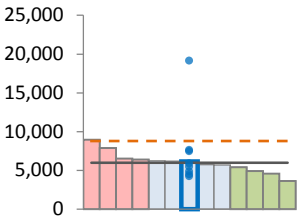


	18-24	25-34	35-44	45-54	55-64	65+
Females	570	338	319	478	297	159
Males	890	827	778	1,001	790	581
Persons	1,394	1,155	1,091	1,491	1,100	772

Long term conditions, adults and older people

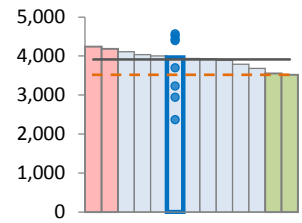
GP data

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



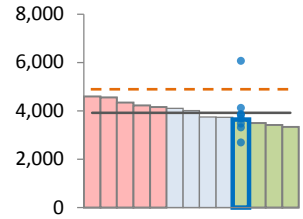
Diabetes

INT	6,178
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*4,562*



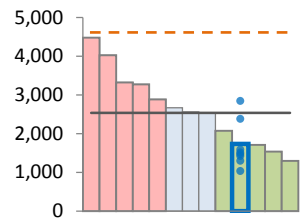
Cancer

INT	3,959
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*2,864*



CHD

INT	3,639
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*2,598*



COPD

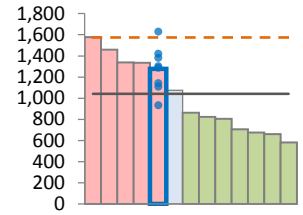
INT	1,737
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*1,227*

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

Long term conditions, adults and older people continued

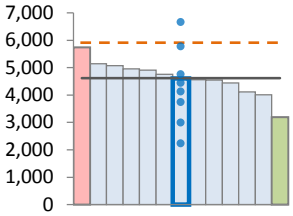
GP data (January 2017)

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



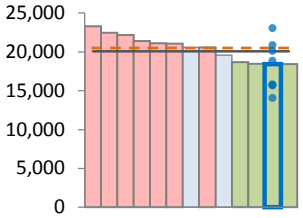
Severe mental heath

INT	1,279
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*1,031*



Dementia (65+)

INT	4,603
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*688*



Common mental health

INT	18,420
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*15,247*

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.

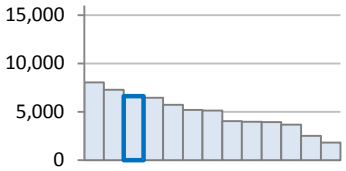
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

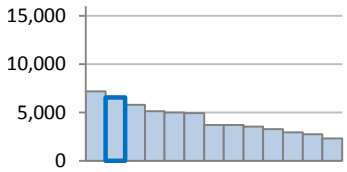
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by *number* of people reporting life limiting illness

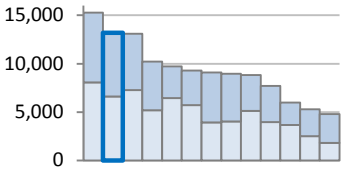
Life limiting illness, under 65



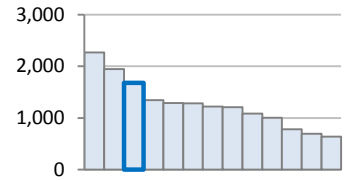
Life limiting illness, over 65



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



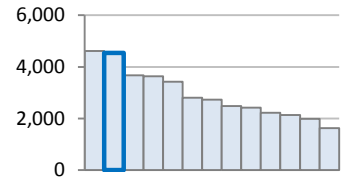
Carers providing 50+ hours care/week ⊁



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+ ⊁



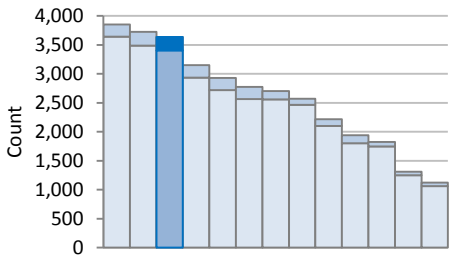
	number	rank
Limiting Long Term Illness - All Ages	*13,192*	2
Limiting Long Term Illness - under 65	*6,610*	3
Limiting Long Term Illness - 65+	*6,582*	2
Providing 50+ hours care/week	*1,678*	3
One person households aged 65+	*4,546*	2

People living with frailty and 'end of life'

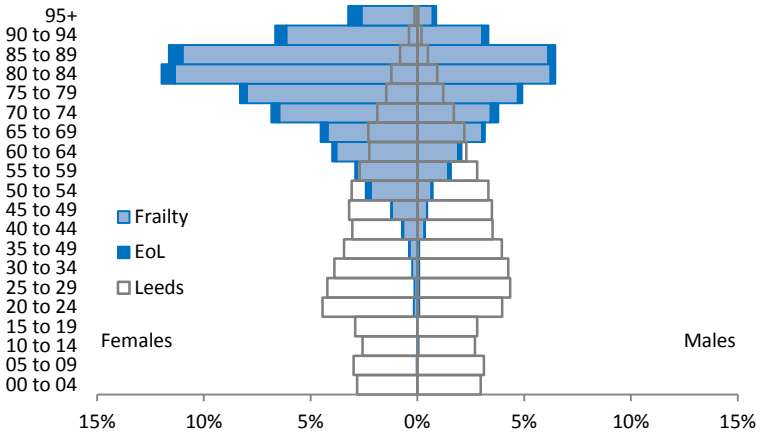
Leeds data model September 2016 cohort

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

Total: 3,637. Frailty 3,407. End of life 230



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

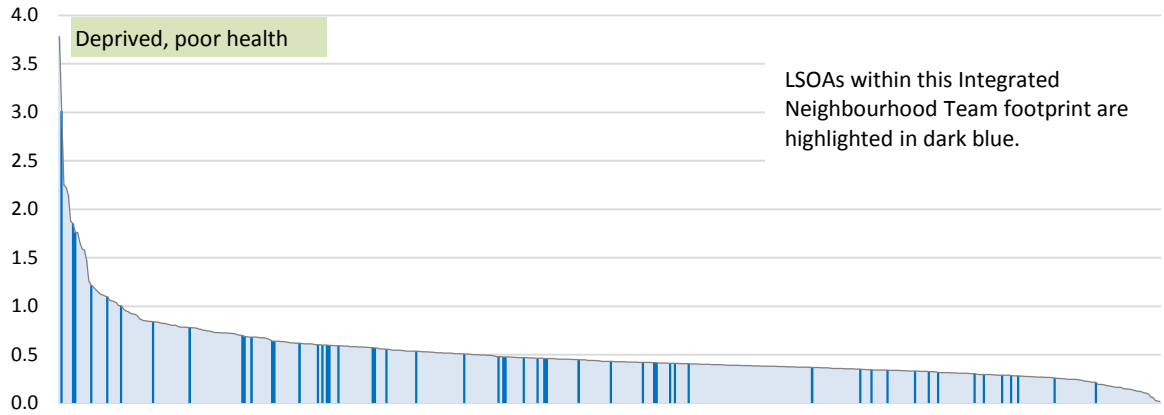


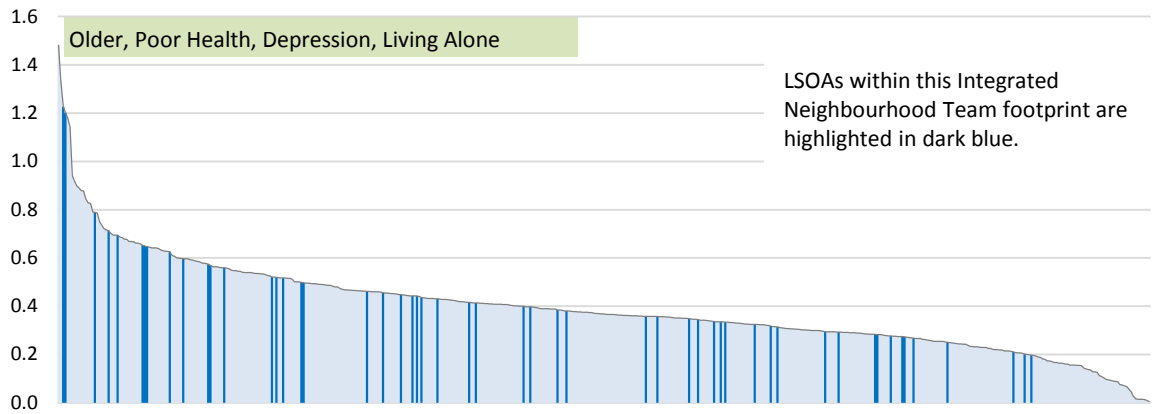
Social Isolation Index ⊀

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.





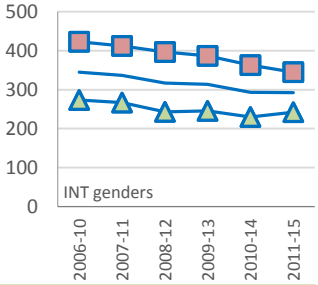
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

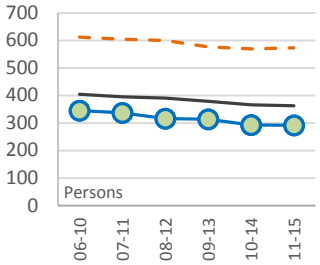
Mortality, under 75s, age standardised rates per 100,000

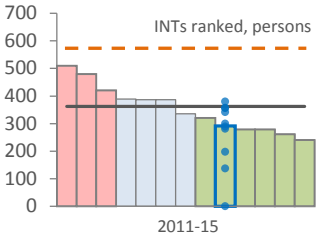
ONS and GP registered populations

"How different are the sexes in this INT"	*"How different is this INT to Leeds"*	*"Where is this INT in relation to the others, and Leeds"*
INT Males	INT persons	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.
INT Females	Leeds	
INT Persons	Deprived fifth of Leeds**	
Shaded if significantly above Persons	Shaded if significantly above Leeds	
Shaded if significantly below Persons	Shaded if significantly below Leeds	

All cause mortality

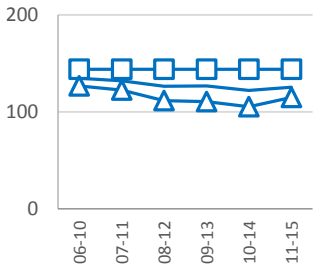


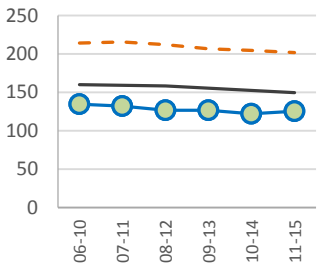


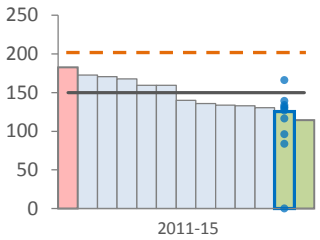


Persons (DSR per 100,000)	
INT	292
Leeds resident	363
Deprived fifth**	573
INT count	*872*

Cancer mortality

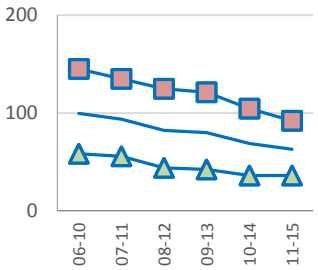


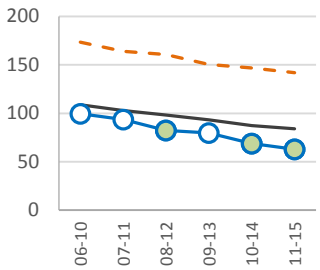


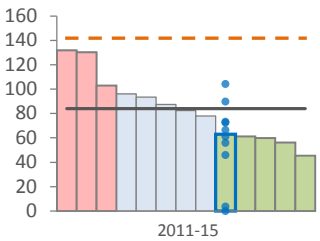


Persons (DSR per 100,000)	
INT	126
Leeds resident	150
Deprived fifth**	202
INT count	*371*

Circulatory disease mortality

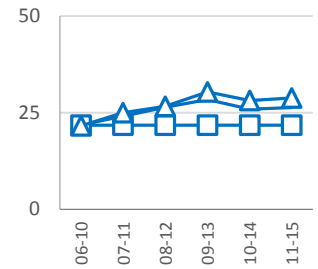


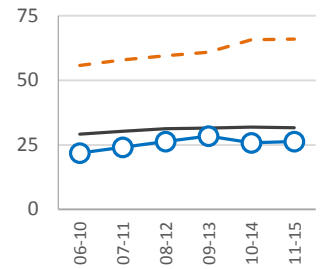


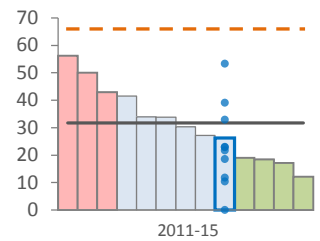


Persons (DSR per 100,000)	
INT	63
Leeds resident	84
Deprived fifth**	142
INT count	*185*

Respiratory disease mortality

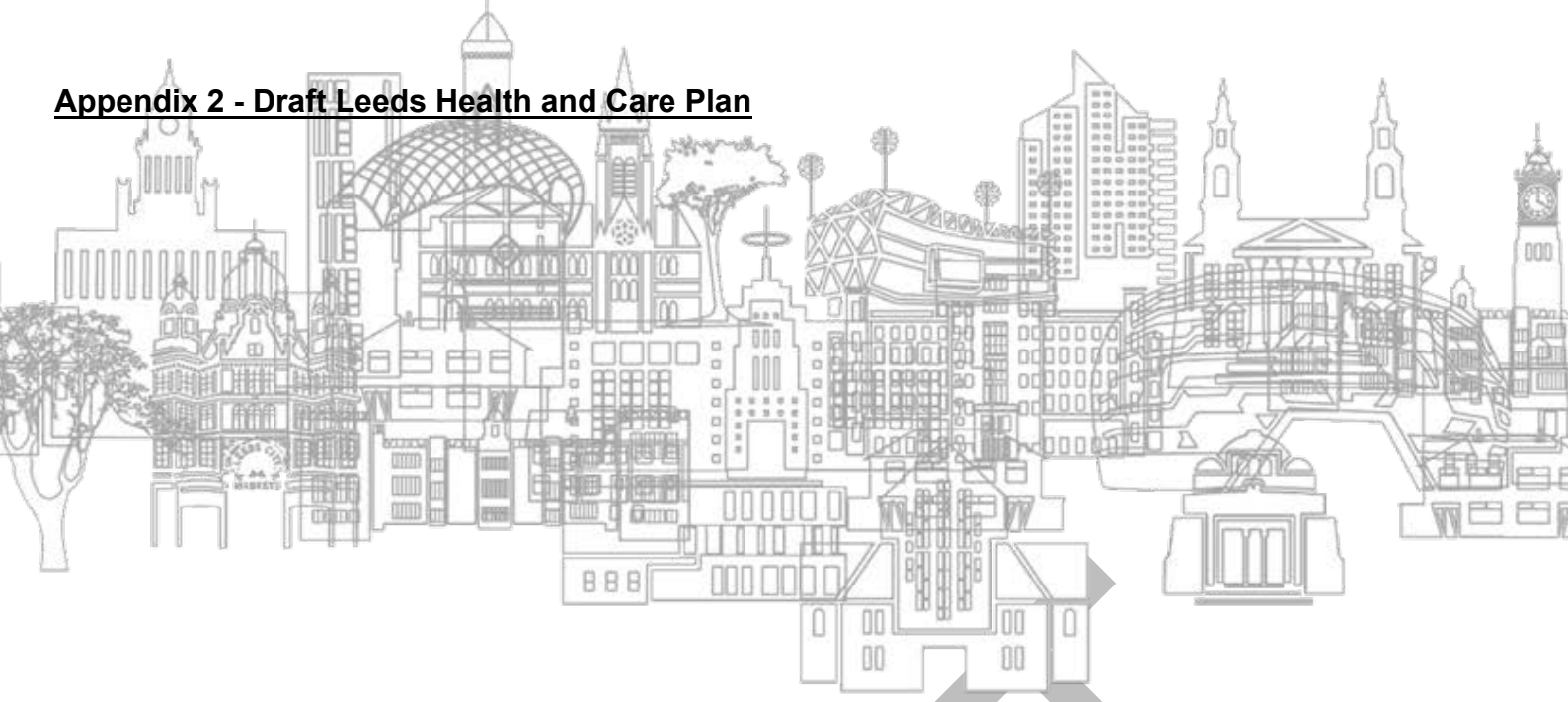






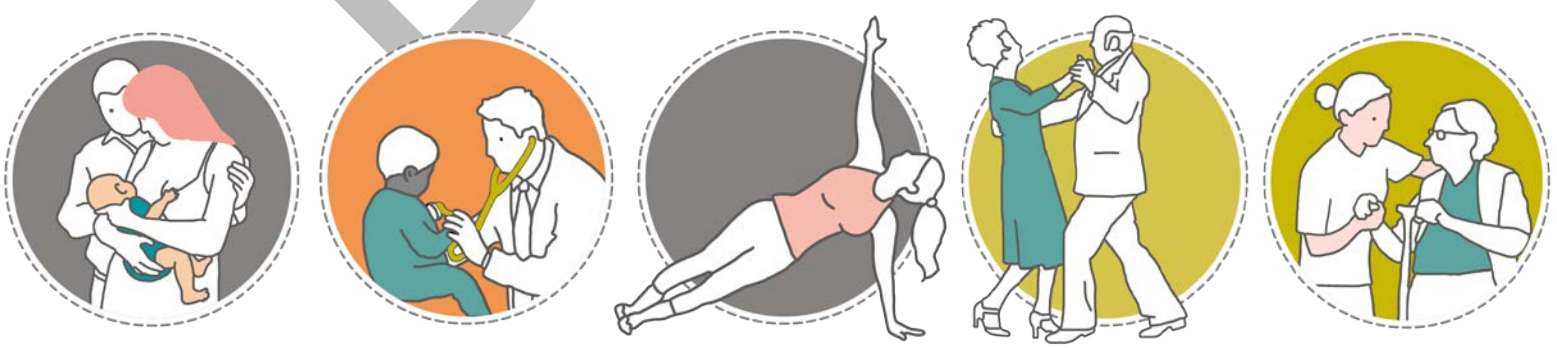
Persons (DSR per 100,000)	
INT	26
Leeds resident	32
Deprived fifth**	66
INT count	*73*

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:

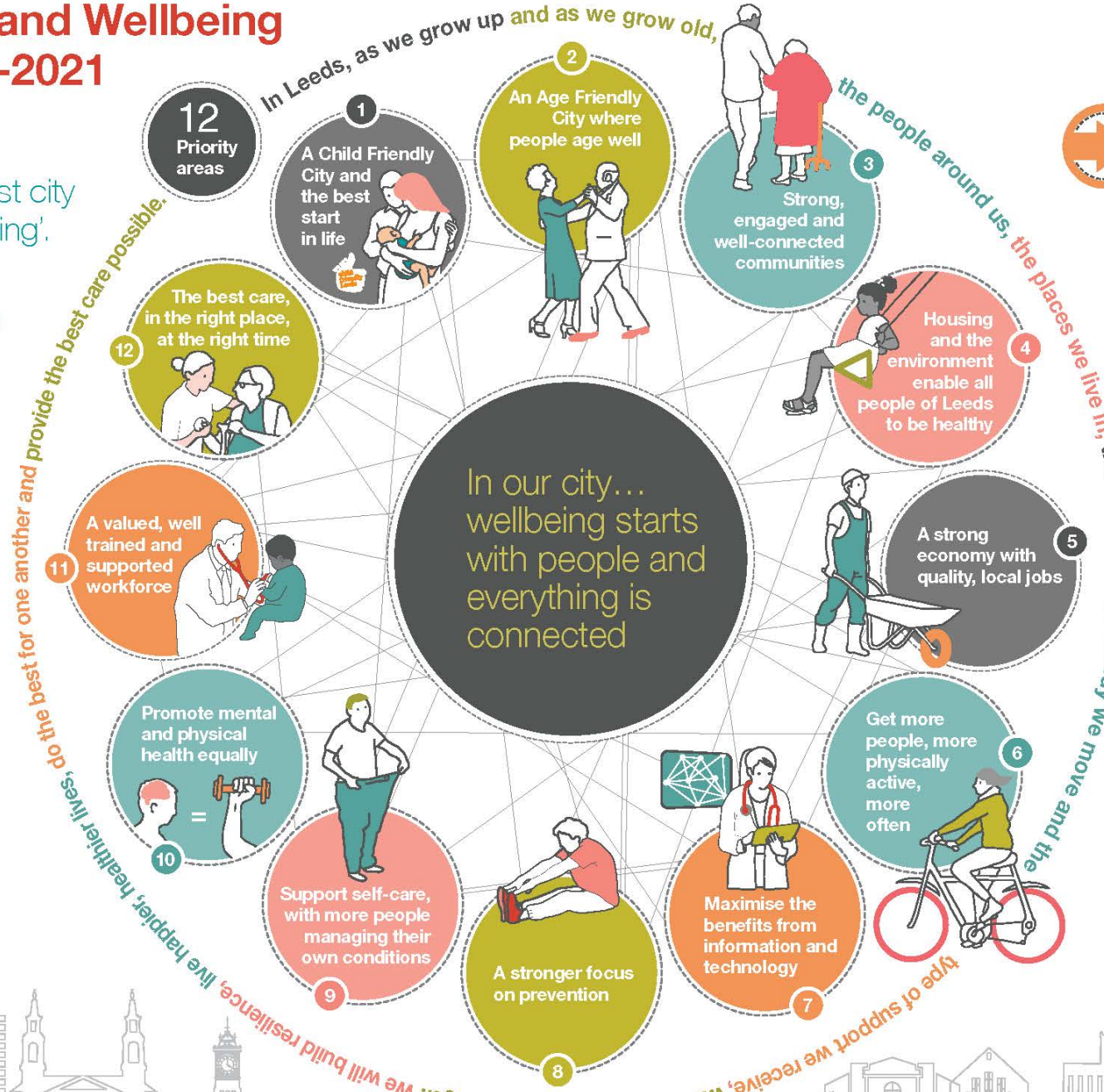
'Leeds will be the best city for health and wellbeing'.

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

Draft version 4 – 16/11/2017

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, carers 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…	**Prevention** **"Living a healthy life to keep myself well"**	**Self-Management and Proactive Care** **"Health and care services working with me in my community"**	**Optimising Secondary Care** **"Go to a hospital only when I need to"**	**Urgent Care and Rapid Response** **"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 give every child the "Best Start" in life, specifically the crucial period from pregnancy to the age of two through early identification and targeted support. 2. We will ensure that people understand the benefits of being physical active. We will create environments that encourage people to build physical activity into their everyday life. 3. We will ensure that people who smoke and/or drink harmful amounts of alcohol are identified and supported to stop smoking and reduce their alcohol intake. 4. We will have a new single, easy-to-access service in place by October 2017 to support people to live healthier lifestyles with a specific focus on those at high risk of developing respiratory, cardio-vascular conditions. 5. We will have a new "Better Together" service in deprived neighbourhoods. It will use a community development approach to work with individuals, groups and communities to address issues that lead to poor health, such as poverty, unemployment, relationships and housing.	1. We will increase the number of people living with frailty able to live a fulfilling and active life for longer in their own homes. To achieve this, services will work together in communities in new, more efficient ways through a focus on individual and community strengths. 2. We will increase the numbers of people who are at high risk of developing diabetes and those living with diabetes accessing education and support programmes by 25% from 2017/18 to 2018/19. The aim of this is increase their knowledge about their risks and their conditions and their ability to manage these better. 3. We will enhance local services that improve you and your family's ability to manage your health. We will focus initially on people with muscle and joint problems and test out a new approach by March 2019. We will expand the approach to other services where it works well. 4. We will increase the number of people with diabetes and breathing difficulties who are supported by their healthcare professional to set and meet personal goals about their health and mental wellbeing. We will expand this approach to other people where it works well too.	1. We will work with health professionals to reduce the number of unnecessary routine appointments for patients, both before and after hospital treatments. 2. We will improve the way in which we provide care for people with mental health conditions by reducing the number of people sent outside Leeds to have treatment, and through increasing provision within the Leeds community. 3. We will work to ensure that money spent on prescribed medicines is evidence-based, clinically appropriate and consistent through better working with patients, health professionals and all providers. 4. We will provide more advice from consultants to the patient's GP (and primary care team) so they can manage more of the patient's needs in the community. 5. Whilst maintaining the quality and safety of care for all patients, we will work to reduce their length of stay in hospital by ensuring processes and systems are better streamlined whilst still meeting their needs. 6. We will improve the ways in which we test for cancer, provide treatment and offer support to patients after they have had a cancer diagnosis.	1. We will provide clearer information on how to access the urgent healthcare available to support patients and professionals to make good choices from a comprehensive range of high-quality services. 2. We will review all the locations and services where patients presenting with an urgent care need are assessed. This will support the move of care from a hospital to a community-based setting. 3. We will review all our urgent and non-planned care pathways to optimise patient care, promote self management and manage crisis. 4. We will change the way we organise services by connecting all urgent health and care services together to meet people's mental, physical and social needs, ensuring that people can use 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 and growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology.

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

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 £'

Having the best connected city using digital technology to improve health and wellbeing in innovative ways

Contents

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.

"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

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.

- 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 of 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.

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.

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.

The NHS Constitution

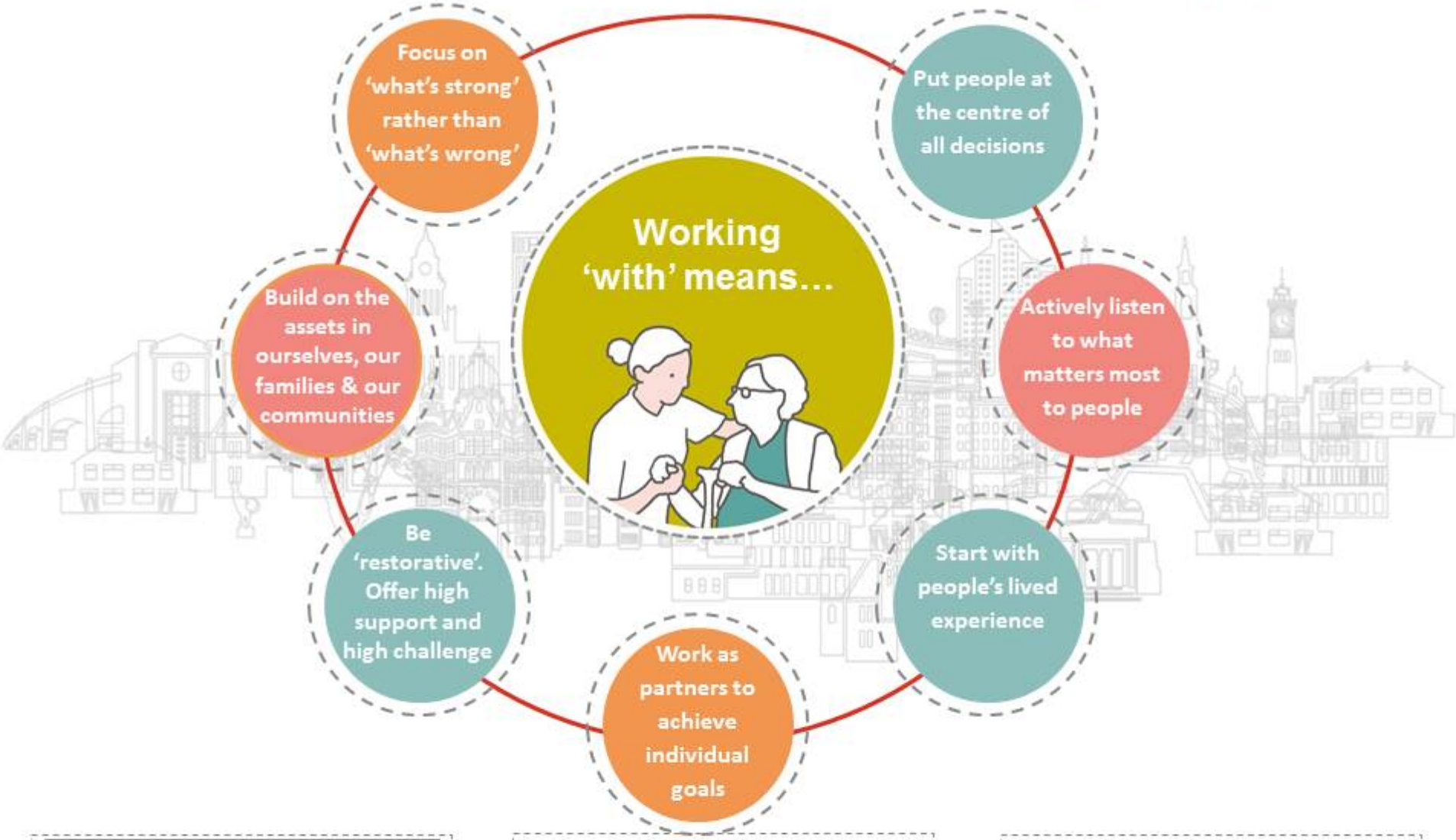
Patients and the public: our responsibilities

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



In Leeds we believe wellbeing starts with people: The connections, conversations and relationships between services and citizens and between people in their families and communities have a huge impact on us all.

Quality conversations make a difference, especially when used positively by services to work 'with' people to find solutions rather than things being done 'to' people or 'for' them.

Our commitment to working with people is about bringing these beliefs to life, by developing the skills and mind-set across Leeds' health and care workforce to use solutions that work *with* people wherever it is safe, appropriate and the right thing to do.

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.

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.*

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.

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 heath 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

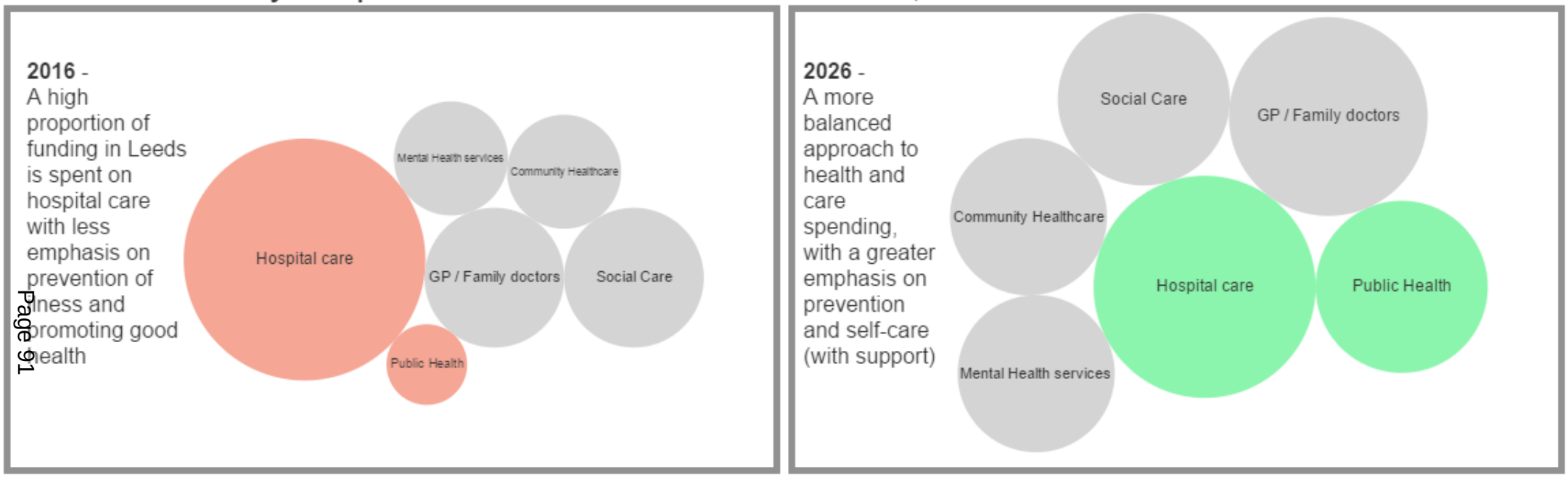


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

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.

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

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.

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.

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.

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.

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.

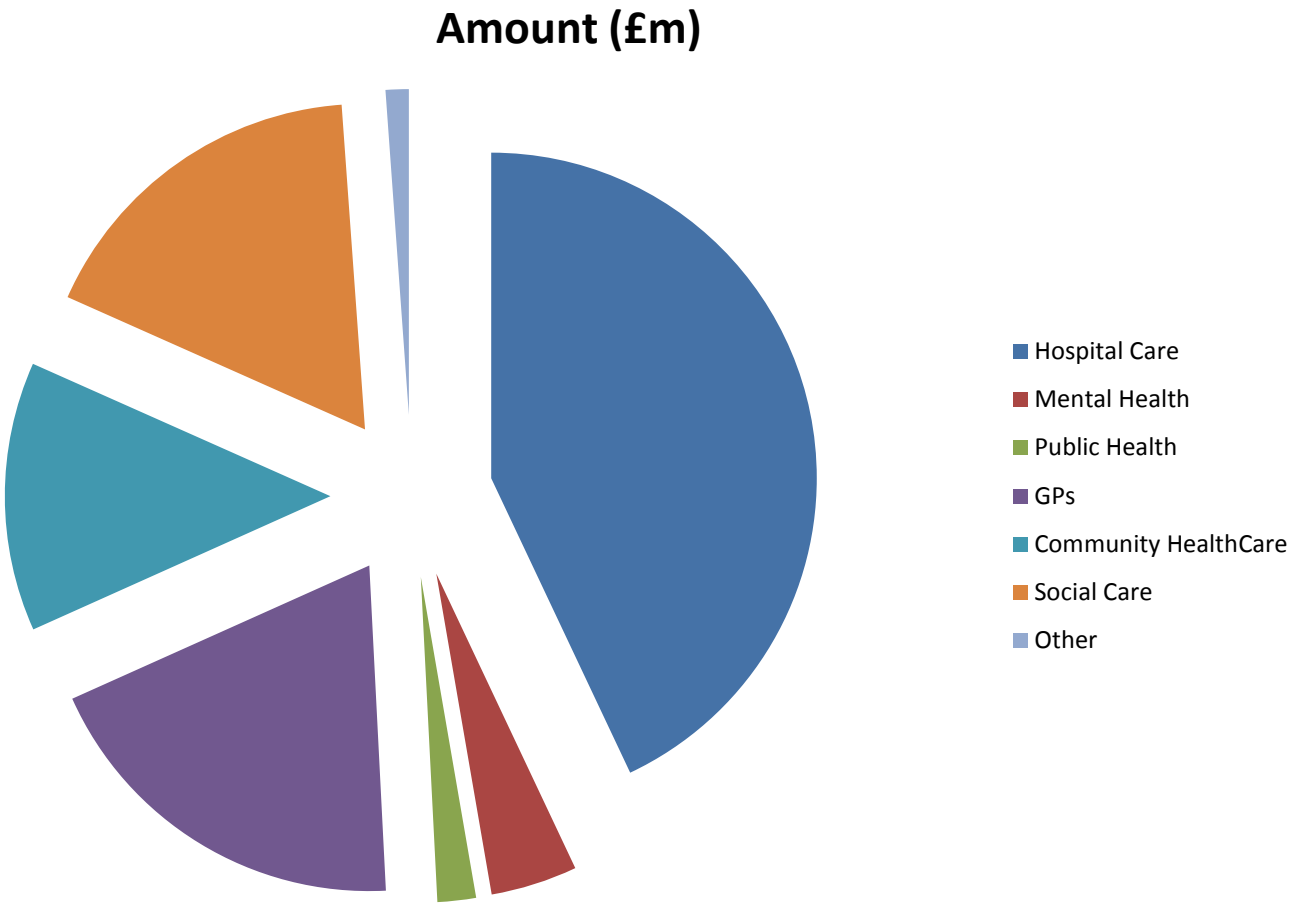


Figure 3 – Indicative spending of health and care funding in Leeds

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.

Figure 4: Draft Leeds Health and Care Plan & West Yorkshire & Harrogate Health and care Partnership priorities

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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Outer North East Community Committee 11th December 2017

Neighbourhood Planning Update

Bardsey cum Rigton

Stage: Plan Made

- The Plan went to referendum on 12th October and the results were as follows:

Response	Votes
Yes	745 (93.82%)
No	49 (6.18%)
Turnout	40.12%

- The Plan was made by the Council on 6th November 2017.

Boston Spa

Stage: Plan Made

- The Plan went to referendum on 12th October and the results were as follows:

Response	Votes
Yes	865 (89%)
No	107 (11%)
Turnout	27.17%

- The Plan was made by the Council on 6th November 2017.

Barwick in Elmet and Scholes

Stage: Plan Made

- The Plan went to referendum on 12th October and the results were as follows:

Response	Votes
Yes	1335 (92.77%)
No	104 (7.23%)
Turnout	35.72%

- The Plan was made by the Council on 6th November 2017.

Linton

- We are expecting news from the High Court in due course and officers will provide an update at Committee.

Thorp Arch

Stage: Referendum

- The Referendum is scheduled for 7th December 2017, officers will provide an update on the Results at Committee.

Alwoodley

Stage: Examination

- The Plan has been submitted for Examination. The Regulation 16 Publicity closed on Monday 27th November 2017.
- 8 representations have been submitted from both statutory consultees and local residents.
- Chris Collison has been appointed as the Independent Examiner.
- The final Examiner's Report should be published before Christmas.
- It is expected that the Referendum (subject to the Plan passing Examination) will be before March 2018.

Wetherby

Stage: to be Submitted for Examination

- The Plan will shortly be submitted for Examination.
- Three potential Independent Examiners have put themselves forward for the Examination.
- It is expected that the Regulation 16 Publicity period will run to the New Year, and that the Examination will take place early in the New Year.
- On that basis, and owing to Electoral Services' commitments for the Local Elections, it is expected that the Referendum (subject to the Plan passing Examination) could be held towards the end of May 2018.

Others

- Aberford are finalising the Submission Draft Plan.
- East Keswick are currently re-drafting their Plan and are considering going back out to Pre-Submission Consultation on the changes before submitting the Plan.
- Scarcroft are finalising the Submission Draft Plan.
- Walton are finalising the Submission Draft Plan, it is expected that they will submit early in the New Year.
- Bramham Parish Council is due to commence the Pre-Submission Consultation on the Plan in January 2018.
- Thorner Parish Council is currently preparing the Pre-Submission Plan and will be conducting Pre-Submission Consultation in due course.
- Shadwell Parish Council are currently producing an early draft Plan.

Community Committee

Leeds CITY COUNCIL

Report of: Sue Rumbold – Chief Officer (Children and Families Directorate)

Report to: Outer North East Community Committee

Report author: Hannah Lamplugh Voice Influence and Change Lead 07891279304

Date: 11th December 2017 For decision

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

Purpose of report:

1. This report briefly outlines the role of the Corporate Parenting Board and aims to increase understanding of the role of the Childrens Champion and what being a Corporate Parent means.
2. Cllr Dan Cohen is children's champion for the Outer North East and member of the Corporate Parenting Board (CPB). In September and November 2016 members of the Corporate Parenting Board were invited to attend an induction session planned by Rob Murray (Head of Service for Looked After Children), Jancis Andrew (Head of Virtual School) and Hannah Lamplugh (Voice and Influence Lead). In December 2016 young people on the Have a Voice Council (Children in Care Council) and Care Leavers Council took over the Corporate Parenting Board. Prior to this meeting they asked members of the Corporate Parenting Board to let them know three things they planned to do as a result of the induction session which included the following suggestions:

- Explain to members of my community committee what my role on the corporate parenting board means in practice.
- Request for all community committee reports to consider and record the impact of decisions on looked after children and care leavers.
- Share and explain the looked after children and young people's promise, care leavers pledge and new belongings action plan with your community committee.

As a result of these suggestions, Cllr Cohen requested support to run an awareness raising session for all members of the Outer North East Community Committee, using activities that were developed for the induction session and takeover meeting.

Background information:

What is corporate parenting?

3. When a child or young person cannot live with their birth family for whatever reason and becomes looked after, parental responsibility transfers to the local authority; this is referred to as corporate parenting. For the first time the Children and Social Work Act April 2017 provides clarity and guidance on the principles of a corporate parent for local authorities in England which include:

(a)to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;

(b)to encourage those children and young people to express their views, wishes and feelings;

(c)to take into account the views, wishes and feelings of those children and young people;

(d)to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;

(e)to promote high aspirations, and seek to secure the best outcomes, for those children and young people;

(f)for those children and young people to be safe, and for stability in their home lives, relationships and education or work;

(g)to prepare those children and young people for adulthood and independent living.

For more information and guidance
https://www.legislation.gov.uk/ukpga/2017/16/introduction

https://consult.education.gov.uk/children-in-care/corporate-parenting-the-local-offer-and-personal-a/

4. Leeds City Council Officers and elected members of the local authority have a responsibility to take the same interest in the views, progress, attainments and wellbeing of looked after children and young people as a responsible parent could be expected to have for their own children. Corporate parenting also extends to care leavers, as the local authority retains a level of responsibility for former looked after children up to the age of 21, or 24 for those in full time education. Good corporate parenting involves championing the rights of looked after children and care leavers, and ensuring that they have access to good services and support from the local authority, partner agencies and individual lead practitioners.

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

with looked after children, including schools and healthcare practitioners), officers and staff within the local authority deliver services and support on behalf of their elected members.

The function and focus of the Corporate Parenting Board

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

Key Functions of the Corporate Parenting Board

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

Contextual information about the Outer North East community committee area

8. 12,200 young people live in the Outer North East area, approximately 7.5 per cent of the city's under-18 population. There are 24 primary schools, four secondary schools, three children's centres, and two children's homes within the boundaries of the Outer North East community committee area. 92 per cent of primary schools, and three-quarters of the secondary schools are rated as good or better by Ofsted; both of the children's homes are rated good or better by Ofsted.

35 (almost three per cent) of the 1,256 children looked after at the end of September 2017 are in a placement within the Outer North East boundaries. Half are in a Leeds

City Council foster placement with the other half spread across a range of different placements. Table one contains more detail.

Table one: children looked after by type of placement, at 30 September 2017

Type of placement	Outer North East	Leeds Total
Foster placement with relative or friend	1	232
Leeds City Council foster placement	18	619
Other foster placement (Independent Fostering Agency/voluntary or third sector)	1	150
Homes	2	40
Placed with own parents or other person with parental responsibility	1	73
Other	12	142
Total	*35*	*1,256*

Data source: Mosaic (Children's Social Work Service case management system), September 2017

10. Outcomes of the session:

- Greater awareness of the characteristics and outcomes of looked after children
- Increased understanding of what corporate parenting means in practice and the new Corporate Parenting Principles (Children and Social Work Act 2017)
- Informed about the different levels of corporate parenting responsibility
  Universal responsibility – applicable to all councillors and LCC employees,
  Targeted responsibility e.g. Corporate Parenting Board Members, Governors
  Specialist responsibility e.g. the Lead Member for Children's Services.
- More informed about number of looked after children, children's homes, and Foster Carer support groups in your area.
- Received a pack of information which will include a guide on being a corporate parent, glossary of terms, information about Have a Voice Council and Care Leavers Council and the Local Authorities' promise to Looked After Children and Young People

11. Agenda for the 60 minute session:

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

a. Consultation and engagement

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

Young people helped developed the quiz .

b. Equality and diversity / cohesion and integration

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

c. Council policies and city priorities

This section is not relevant to this report.

d. Resources and value for money

This section is not relevant to this report.

e. Legal implications, access to information and call in

This report does not contain any exempt or confidential information.

f. Risk management

This section is not relevant to this report.

12. Conclusion

Recommendations

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

Community Committee reports to consider and record the impact of decisions on looked after children and care leavers –where this is relevant.

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Community Committee

Leeds CITY COUNCIL

Report of: Jane Maxwell, East North East Area Leader

Report to: Outer North East Community Committee – Alwoodley, Harewood & Wetherby Wards

Report author: Andrew Birkbeck, Area Improvement Manager, 0113 3367642

Date: 11th December 2017 **For Decision**

Outer North East Wellbeing and Youth Activity Fund budgets

Purpose of report

1. The report provides Members with an update on the current position of the Outer North East Community Committee's budgets and sets out applications for Wellbeing Revenue Funding and Youth Activity Funding for consideration by the Community Committee.

Main issues

2. Wellbeing Revenue – the amount of revenue funding for each Community Committee is determined by a formula based on 50% population and 50% deprivation in each area.

3. The allocation for the Outer North East Community Committee for 2017/18 is £70,380. The Community Committee apportions this budget between the three wards on a population basis (Source: 2011 Census).

4. Capital Wellbeing – this is allocated through the council's Capital Receipts Incentive Scheme (CRIS). 20% of receipts generated are retained locally up to a maximum of £100,000 per capital receipt. 15% is retained by the ward as additional Ward Based Initiative (WBI) funding and 5% is pooled across the Council and transferred to the Community Committees on the basis of need.

5. Of this pooled CRIS funding the Outer North East Community Committee receives an allocation of 6.1%. Currently the Outer North East Community Committee has **£33,300** in its Capital Wellbeing budget. A further explanation on capital funding and eligible schemes is attached at **Appendix A** for Members consideration.

6. At the September meeting of the Community Committee, Members agreed to split this funding allocation equally between the three Wards. An allocation of **£11,100** per Ward.

7. On the 21St October 2015 the council's executive board approved a process for the allocation of CIL in Leeds. Any planning application approved prior to the 6th April 2015 do not qualify for a CIL contribution. As part of this payment schedule, Leeds City Council retains up to 70-80% centrally, 5% for administration and 15-25% goes to a Community Committee or the relevant Town or Parish Council. This 15-25% of the CIL receipt (25% if there is an adopted neighbourhood plan, 15% if there isn't) is known as the 'Neighbourhood Fund'. In the absence of a Town or Parish Council, the Neighbourhood Fund element of CIL is allocated to the Community Committee.

8. In the case of the Outer North East Community Committee the committee's CIL Neighbourhood Funding stream is only generated by receipts from the part of Alwoodley Ward that isn't parished. All other parts of the Outer North East area are parished and thus the CIL Neighbourhood Fund will be paid directly to the geographically relevant Town and Parish Council.

9. The Current CIL Neighbourhood Fund balance for the Outer North East Community Committee is highlighted in the table below:

	CIL Invoiced				**CIL Collected**			
Community Committee	2015/16	2016/17	2017/18	Total	2015/16	2016/17	2017/18	Total
Outer North East	0.00	£140,462	£154,169	£294,632	0.00	£37,551	0.00	£37,551

10. Youth Activity Fund (YAF) – this funding is determined by the number of children and young people aged 8 – 17. The allocation for the Outer North East Community Committee for 2017/18 is £32,490. The committee apportions this budget between the three wards using the 8 – 17 year old population figures (Source: GP Data 2012).

11. More detailed information about the spending against the 2017/18 budget is available in the appendices to this report. (**Appendix B** – Wellbeing Revenue; **Appendix C** - Youth Activity Funding).

Wellbeing Funding

Current Wellbeing budget position

12. A year end reconciliation of the Wellbeing budget has been completed and taking into account carry-forward figures, the current position for December 2017 is highlighted overleaf:

Ward	Total carry forward (including schemes from 2016/17 to be paid for in 2017/18)	Total budget remaining (2017/18 allocation plus unallocated carry forward less new approvals)
Alwoodley	£24,377	£ 8,448
Harewood	£21,115	£ 32,081
Wetherby	£22,521	£ 27,250

13. The following 13 Wellbeing applications are for consideration by the Community Committee from the 2017/18 budget:

Ward(s)	Organisation	Project	Total cost	Amount applied for	Ward Member recommendation
Alwoodley	Leeds City Council Parks & Countryside	Northwest Leeds Country Park & Green Gateways Trail	£1152.78 £4272.78	£1152.78 £4272.78	Deferred pending more information.
Alwoodley	Leeds Jewish Housing Association	Burton Mews CCTV	£1,242.85	£1,242.85	To be confirmed.
Harewood	Bardsey Bowling Club	New Machinery Shed and electrical upgrade	£2,091	£2,091	To be confirmed.
Harewood	Barwick & Elmet and Scholes Parish Council	Barwick & Scholes Allotments	£10,000	£10,000	To be confirmed.
Harewood	Collingham with Linton Parish Council	Collingham with Linton Christmas Village Project	£9,480	£6,900	To be confirmed.
Harewood	Leeds City Council Highways Services	X 3 Speeds Indication Device (SIDS)	£8,490	£8,490	To be confirmed.
Harewood	Scholes Bowling Club	Essential Bowling Club Equipment	£745.20	£745.20	To be confirmed.
Harewood	Thorner Parish Council	Thorner Playground equipment	£72, 375	£15,295	To be confirmed.

		refurbishment			
Harewood	LCC Highways Services	Thorner Lane & Weardley Lane improvement works	£6,500	£6,500	To be confirmed.
Wetherby	Leeds City Council Parks and Countryside Service	Quarry Hill Surfacing Works	£5,000	£4,000	Supported - £4,000 contribution.
Wetherby	Wetherby In Support of the Elderly (WISE)	Activities for WISE	£4,000	£3,600	Refused – Lack of information forthcoming despite repeated requests.
Wetherby	Boston Spa Parish Council	Replacement Gas Boilers at Boston Spa Village Hall	£16,374	£8,187	Supported - £4,000 contribution.
Wetherby	SingletrAction (Wetherby Bike Trails)	Wetherby Bike Trails – The Devil's Toenail	£20,000	£5,000	Supported - £5,000 contribution.

Youth Activity Fund

Current Youth Activity Fund budget position

14. The year-end reconciliation of the Wellbeing budget and Youth Activity Fund has been completed and taking into account carry-forward figures, the current position for December 2017 is highlighted below:

Ward	**Carry forward (including schemes from 2016/17 to be paid for in 2017/18)**	**Total budget remaining (2017/18 allocation plus unallocated carry forward less new approvals)**
Alwoodley	£7,150	£ 7,696
Harewood	£11,047	£ 11,150
Wetherby	£9,747	£ 20,144

15. The following Youth Activity Fund application is for consideration by the Community Committee from the 2017/18 budget:

Ward(s)	Organisation	Project	Total cost	Amount applied for	Ward Member Recommendation
Wetherby	Tempo FM – Wetherby Community Radio Limited	Professional Interviewing Skills & Training (Purchase of equipment – capital spend)	£8,777	£8,777	To be confirmed.

Delegated Decisions

16. The following application have been approved since the Outer North East Community Committee held on 11th September 2017.

Ward(s)	Organisation	Project	Total cost	Amount applied for	Amount approved
Alwoodley	Leeds City Council Parks & Countryside Service	Thackrah Court Tree works	£810	£810	£810

a. These approvals were made under the delegated authority of the Director for Communities and Environment due to the need for a financial decision (Wellbeing Fund, Youth Activity Fund, Community Infrastructure Levy Neighbourhood Fund) to be made before the next scheduled Committee round. Ward Members have been consulted and were supportive of the applications highlighted in paragraph 11.

b. As agreed at June 2016 meeting (Minute No. 17v) of the Outer North East Community Committee, in order for a delegated decision to be enacted, all three Ward Members must unanimously agree to support an application either at a Ward Members meeting or via email.

Conclusion

17. The Wellbeing Fund programme supports the social, economic and environmental wellbeing of a Community Committee area by funding projects that contribute towards the delivery of local priorities (Outlined in **Appendix D**). A group applying to the Wellbeing fund must fulfil various eligibility criteria including evidencing appropriate management arrangements and finance controls are in place; have relevant policies to comply with legislation and best practice e.g. safeguarding and equal opportunities; and be unable to cover the costs of the project from other funds.

18. Projects eligible for funding could be community events; environmental improvements; crime prevention initiatives or opportunities for sport and healthy activities for all ages. In line with the Equality Act 2010 projects funded at public expense should provide services to citizens irrespective of their religion, gender, marital status, race, ethnic origin, age, sexual orientation or disability; the fund cannot be used to support an organisation's regular business running costs; it cannot fund projects promoting political or religious viewpoints to the exclusion of others; projects must represent good value for money and follow Leeds City Council Financial Regulations and the Council's Spending Money Wisely policy; applications should provide, where possible, three quotes for any works planned and demonstrate how the cost of the project is relative to the scale of beneficiaries; the fund cannot support projects which directly result in the business interests of any members of the organisation making a profit.

19. The report has set out the current budget position, applications recently approved through delegated decisions in consultation with Ward Members and funding applications for the Community Committee's consideration.

Recommendations

20. The Community Committee is asked to:

    a. Note the current budget position for 2017/18;

    b. Note the CIL Neighbourhood Fund balance for the Outer North East Community Committee as highlighted in paragraph 8.

    c. Consider the 13 Wellbeing Revenue applications and one Youth Activity application set out at paragraphs 9 and 11 and approve, where appropriate, the amount of grant to be awarded;

    d. Note the application that has been approved since the Community Committee met in September 2017 under the delegated authority of the Director of Communities and Environment.

WBI guidance notes for ward councillors 2015

1. Introduction

1.1 The Ward Based Initiative (WBI) scheme was first introduced in 2008-09, to provide councillors with funding to progress minor capital schemes within their wards.

1.2 The establishment of a Capital Receipts Incentive Scheme (CRIS), approved by Executive Board in October 2011, is being administered under the WBI scheme. The key feature of CRIS is that 20% of each eligible receipt generated will be retained locally for re-investment, subject to a maximum per receipt of £100k, with 15% retained by the respective ward and 5% pooled across the council and distributed to wards on the basis of need via community committees. Some receipts are excluded from the scheme and these are largely receipts that are already assumed to fund the council's budget or are earmarked in some other way to previous or future spend. Any land sale valued less than £10,000 is, by statute definition, revenue income and is therefore not eligible for CRIS.

1.3 CRIS injections to the capital programme are made half yearly and are allocated equally to each councillor within the respective ward.

2. Eligible schemes

2.1 The expenditure must be for the acquisition or improvement of any council asset or, in the case of a grant to a community or voluntary organisation, must be for works to their premises that will result in reduced running costs and must fall within the definition of capital expenditure as set out in the capital finance regulations. This includes:

- the purchase or laying out of land
- the purchase or refurbishment of buildings to enhance the building rather than maintain it
- the purchase of equipment for council use (schools, libraries, community centres – for schools, see paragraph 5.8)
- CCTV.

2.2 Schemes must be consistent with existing targets and priorities set out in the council's policy framework and with departmental asset management plans.

2.3 Schemes must provide benefit to whole wards or communities and not confer private benefit to individuals or small groups of individuals. Councillors should consider whether the scheme is one in which they have a disclosable pecuniary interest (DPI). The categories of DPI are:

- Employment, office, trade, profession or vocation
- Sponsorship
- Contracts
- Land
- Licences
- Corporate tenancies
- Securities.

The Localism Act came into force on the 1 July 2012. This removed the personal and prejudicial elements from the National Code of Conduct and replaced them

with a declaration of any DPI. Councillors (or their spouse or civil partner) are no longer under any obligation to declare their involvement with any organisation unless they work for the organisation or have shares of more than £25,000 in the organisation. Where councillors have a DPI they should also ensure that it is recorded in the register of interests.

3. Financial criteria

3.1 The total scheme cost will be inclusive of fees for design and supervision and any other associated costs (planning permissions, building regulations).

3.2 Schemes must result in no additional revenue costs for the council, unless these can be met from within existing departmental budgets.

3.3 Joint sponsorship of projects can be made with other ward members.

4. Joint funded schemes

4.1 Departments can joint fund WBI schemes, only if such a programme of works is included in the capital programme. Any such matched funding by the sponsoring department would require that additional authority to spend be obtained independently of the WBI scheme in line with normal governance procedures.

5. Initiating schemes

Work on LCC land or property

Applications must be made through the relevant sponsoring department and should be made on a WBI scheme submission form, attached at appendix A.

5.1 It is essential that proposals complement existing departmental service plans and strategies. Therefore, councillors should discuss the scheme proposals with the head of service or nominated officer. That officer will be able to advise on:

- the council's legal powers for such expenditure
- the estimated capital costs
- the potential revenue costs (and the likely ability of the service to meet those costs)
- whether the proposals are likely to secure approval.

5.2 The formal submission document, signed by the councillor(s) is to be forwarded to the sponsoring department. Where the form is signed by 1 or 2 councillors, the form should indicate whether the other ward councillor(s) have been made aware of the proposals. The head of service with responsibility for the asset must approve it as being within current council policies, in the interests of the council and as involving no more expenditure than is proportionate to the benefit to be achieved and is satisfied that there are no other reasons (including alternative proposals) which make it inappropriate to approve the proposal.

5.3 Full details of the scheme should be provided to determine:

- whether and how the proposal meets the WBI eligibility criteria
- whether and how the proposal meets the WBI financial criteria
- whether and how proposals are consistent with existing targets and priorities set out in the council's policy framework and with departmental asset management plans

- whether any CCTV project meets the community safety criteria, details of which are available from the community safety officer
- that schemes relating to schools meet the criteria (see paragraph 5.8)
- that schemes with matched funding identify that the funding has been agreed by all parties.

Any useful background information such as site drawings, plans and photographs in support of the application should also be provided. Insufficient details can unfortunately delay the progress of a scheme whilst clarification is sought.

Work to non-LCC land or property (for example a community or voluntary organisation)

These applications should be made on the same WBI scheme submission form, attached at appendix A. However, the community or voluntary organisation must complete a WBI grant application form, attached at appendix B.

5.4 There is no need to directly involve a sponsoring department when making an application to provide a grant to a community or voluntary organisation. It is the responsibility of the community or voluntary organisation to evidence the savings on running costs.

5.5 Once an application is approved, the grant payment will be processed on the condition that evidence of expenditure incurred is subsequently provided in line with the following conditions:

- Grant payment under £5,000 – payment will be made directly to the community or voluntary organisation, which must then provide evidence of expenditure as soon as they are able, after the works have been completed.
- Grant payment over £5,000 – evidence of expenditure must be supplied before payment is made. In special cases, part payment can be made if this causes financial difficulties to smaller organisations.

5.6 **CCTV schemes**

All WBI proposals for CCTV schemes must comply with the council's criteria for CCTV schemes as advised by the community safety officer.

5.7 **Energy efficiency schemes**

In order to support the sustainability agenda, match funding from the council's energy efficiency reserve is available for eligible WBI schemes. The reserve was established to provide pump priming funding to energy efficiency initiatives. All proposals should be discussed in the first instance with the sponsoring department who will advise on the merits of the proposal and on whether match funding would be available. In the majority of cases, funding will be made available as a loan, with a maximum payback period of five years. After the payback period, the service area will benefit from the ongoing efficiencies and the energy efficiency reserve will ultimately become self-sustaining.

Another priority area is renewable energy technologies. For advice on such capital investment, please contact the climate change officer.

5.8 **Schools**

All WBI proposals relating to schools must be assessed by the built environment service within children's services using the six criteria set out as follows (the criteria will rank equally in determining whether the proposal will be supported):

1. Condition
The proposal should relate to building condition issues categorised as poor and identified as priority 1 or 2 as identified by the condition surveys carried out as part of developing education's asset management plan.

2. OFSTED identified premises deficiencies
The proposal should address premises deficiencies identified in the school OFSTED report that would directly contribute to the raising of standards.

3. Curriculum computers
A priority for support would be for schools which fall below a minimum ratio of computers to pupils of
1:12 in Primary Schools and
1:8 in High Schools.
Proposals should be justified in terms of the overall deficiency of equipment at a school or to support the essential renewal or replacement of equipment in line with the school ICT development plan.

4. Capital for revenue savings
Proposals should be cost effective in reducing future revenue expenditure, for example energy efficiency schemes, and may also contribute to improving the learning environment.

5. School security
Proposals should improve the security and safety of pupils, staff, premises or equipment. Evidence of priority need should be supported by a high level of reported incidents.

6. Developments or improvements to facilities
Proposals to contribute to improved educational standards or to promote social inclusion will require the endorsement of Childrens Services Asset Management Board (CSAMB).

5.9 **Grants for facilities co-located with schools**

Proposals which are for a facility based on a school site, for example a sports facility or a community centre, will not automatically be subject to the same prioritisation criteria as school schemes. The position will depend on the particular arrangements in force on each site. Where a grant is proposed for such facilities, then officer advice should be sought at the outset to clarify the position.

6. Approvals process

6.1 When received, the application will be checked to make sure:

- there are sufficient funds available for the proposal to qualify within the financial limits
- that the proposal meets the eligibility and financial criteria outlined above
- that it is within the legal powers of the council to make the grant

- external organisations in receipt of grant awards will be required to enter into a legal agreement with the council to protect the council's investment in the future. Legal requirements will be scaled dependant on the level of council investment.

6.2 The proposal will then be submitted to the deputy Chief executive or, under the scheme of delegation, chief officer audit and investment for approval.

Until all necessary approvals have been obtained, no firm commitments of funding can be given.

7. Final approval scheme

7.1 Following the above approvals, a scheme will be set up in the council's capital programme under the sponsoring service area and the scheme will proceed like any other council capital scheme. This means that the council's financial procedure rules and contract procedure rules must be followed with regard to tendering and appointment of contractors.

7.2 If, during the WBI process, it becomes apparent that the WBI element of a joint funded scheme exceeds or will exceed the approved amount, the head of the sponsoring service will seek agreement from the councillor(s) to the revised cost before proceeding further (subject to the additional funds being available).

7.3 Schemes that do not meet the WBI criteria will get the option of funding the scheme by other funding sources such as through the Members Improvements in the Community and the Environment (MICE) Scheme. MICE Funding is used for low value schemes and can be used on both capital and revenue projects. If a WBI submission does not get approved then MICE may be suggested as an option.

8. Position statements

8.1 The chief officer audit and investment will maintain a record of the value of schemes relating to each ward, will undertake scheme monitoring and will provide other financial monitoring information as required.

9. Contact points

9.1 WBI matters will be co-ordinated by the same staff that administer the MICE Scheme. They are within the capital and treasury section of audit and investment, part of the strategy and resources directorate

2 Floor West
Civic Hall
LS1 1UR

Tel: 0113 24 74770
Email: MICE@Leeds.gov.uk

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Funding / Spend Items	Alwoodley	Harewood	Wetherby	Ward 4	Area Wide	Total
Wellbeing Balance b/f 2016/17	£ 24,377.16	£ 24,227.96	£ 85,209.48	£ -	£ -	£ 133,814.60
Wellbeing New Allocation for 2017/18	£ 26,744.00	£ 21,115.00	£ 22,521.00	£ -	£ -	£ 70,380.00
Total Wellbeing Spend	£ 51,121.16	£ 45,342.96	£ 107,730.48	£ -	£ -	**£ 204,194.60**
2016-17 approved b/f for paying in 2017/18	£ 9,432.95	£ 1,824.00	£ 72,880.00	£ -	£ -	£ 84,136.95
Amount budget available for schemes 2017/18	£ 41,688.21	£ 43,518.96	£ 34,850.48	£ -	£ -	**£ 120,057.65**

2016/17 Projects (b/f)	Alwoodley	Harewood	Wetherby	Ward 4	Area Wide	Total
Wetherby & District Development Fund	£ -	£ -	£ 69,880.00	£ -	£ -	£ 69,880.00
Building Capacity and Developing Skills	£ 1,820.00	£ -	£ -	£ -	£ -	£ 1,820.00
Grit Bin Programme	£ 4,942.95	£ -	£ -	£ -	£ -	£ 4,942.95
Transport & catering costs for the over 60's section	£ 1,200.00	£ -	£ -	£ -	£ -	£ 1,200.00
Wetherby Christmas Lights	£ -	£ -	£ 3,000.00	£ -	£ -	£ 3,000.00
MAECare online	£ 1,470.00	£ -	£ -	£ -	£ -	£ 1,470.00
Essential Bowling Green Equipment	£ -	£ 1,824.00	£ -	£ -	£ -	£ 1,824.00
Total of schemes approved in 2016-17	**£ 9,432.95**	**£ 1,824.00**	**£ 72,880.00**	**£ -**	**£ -**	**£ 84,136.95**

2017/18 Projects Approved	Alwoodley	Harewood	Wetherby	Ward 4	Area Wide	Total
Skips and Grit Bins	£ 1,000.00	£ 1,000.00	£ 1,000.00	£ -	£ -	£ 3,000.00
Small Grants	£ 2,500.00	£ 2,500.00	£ 2,500.00	£ -	£ -	£ 7,500.00
Community Engagement	£ 100.00	£ 100.00	£ 100.00	£ -	£ -	£ 300.00
Additional Funding for Building Capacity	£ 4,000.00	£ -	£ -	£ -	£ -	£ 4,000.00
Speed Indication Display Cameras	£ 6,220.00	£ -	£ -	£ -	£ -	£ 6,220.00
Little Monsterz / Little Bakers / Slurp	£ 4,000.00	£ -	£ -	£ -	£ -	£ 4,000.00
Refurb shop as Community Hub	£ 1,000.00	£ -	£ -	£ -	£ -	£ 1,000.00
Building Capactiy and Sharing Skills	£ 4,000.00	£ -	£ -	£ -	£ -	£ 4,000.00
Creating Patchwork Quilts on the Beds	£ 919.42	£ -	£ -	£ -	£ -	£ 919.42
Disabled Toilet Facilities	£ 2,000.00	£ -	£ -	£ -	£ -	£ 2,000.00
Leeds Cambridge Initiative	£ 1,390.00	£ -	£ -	£ -	£ -	£ 1,390.00
Wayside Mount Bridleway Enhancement	£ -	£ 2,837.50	£ -	£ -	£ -	£ 2,837.50
Renovation & Repainting of 2 Tennis Court Playing Surfaces	£ -	£ 4,000.00	£ -	£ -	£ -	£ 4,000.00
Moor Allerton Festival	£ 2,000.00	£ -	£ -	£ -	£ -	£ 2,000.00
Tour in the Town	£ -	£ -	£ 2,000.00	£ -	£ -	£ 2,000.00
Wetherby Riverside Bandstand	£ -	£ -	£ 1,000.00	£ -	£ -	£ 1,000.00
Moor Allerton Community Defibrillator	£ 1,300.00	£ -	£ -	£ -	£ -	£ 1,300.00
Moor Allerton Community Café	£ 2,000.00	£ -	£ -	£ -	£ -	£ 2,000.00
Wetherby Arts Festival 2017	£ -	£ 1,000.00	£ 1,000.00	£ -	£ -	£ 2,000.00
Thackrah Court Tree Works	£ 810.00	£ -	£ -	£ -	£ -	£ 810.00
Total of schemes approved in 2017-18	**£ 33,239.42**	**£ 11,437.50**	**£ 7,600.00**	**£ -**	**£ -**	**£ 52,276.92**

Total Spend for 2017-18 (incl b/f schemes from 2016-17)	**£ 42,672.37**	**£ 13,261.50**	**£ 80,480.00**	**£ -**	**£ -**	**£ 136,413.87**
Total Budget Available for projects 2017-18	**£ 51,121.16**	**£ 45,342.96**	**£ 107,730.48**	**£ -**	**£ -**	**£ 204,194.60**
Remaining Budget Unallocated	**£ 8,448.79**	**£ 32,081.46**	**£ 27,250.48**	**£ -**	**£ -**	**£ 67,780.73**

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Outer North East Community Committee - 11th Dec 2017 **Appendix C**

Funding / Spend Items	Alwoodley	Harewood	Wetherby	Ward 4	Area Wide	Total
Balance Brought Forward from 2016-17	£ 7,150.11	£ 16,739.42	£ 20,630.93	£ -	£ -	£ 44,520.46
New Allocation for 2017-18	£ 11,696.00	£ 11,047.00	£ 9,747.00	£ -	£ -	£ 32,490.00
Total available (inc b/f bal) for schemes in 2017-18	£ 18,846.11	£ 27,786.42	£ 30,377.93	£ -	£ -	**£ 77,010.46**
Schemes approved 2015-16 to be delivered in 2017-18	£ 7,150.00	£ 5,870.00	£ 6,000.00	£ -	£ -	£ 19,020.00
Total Available for New Schemes 2017-18	£ 11,696.11	£ 21,916.42	£ 24,377.93	£ -	£ -	**£ 57,990.46**

2016/17 Projects (b/f)	Alwoodley	Harewood	Wetherby	Ward 4	Area Wide	Total
After School Dance Clubs	£ -	£ 520.00	£ -	£ -	£ -	£ 520.00
Zone Engage	£ 2,350.00	£ -	£ -	£ -	£ -	£ 2,350.00
Lego Club	£ -	£ 350.00	£ -	£ -	£ -	£ 350.00
The Tempo FM Radio Academy	£ -	£ -	£ 1,000.00	£ -	£ -	£ 1,000.00
JIGSAW Ensuring the wellbeing of young people	£ 4,800.00	£ -	£ -	£ -	£ -	£ 4,800.00
EPOSS Holiday Activity Programme	£ -	£ 5,000.00	£ 5,000.00	£ -	£ -	£ 10,000.00
Total of Schemes Approved brought forward 2016-17	**£ 7,150.00**	**£ 5,870.00**	**£ 6,000.00**	**£ -**	**£ -**	**£ 19,020.00**

2017/18 Projects	Alwoodley	Harewood	Wetherby	Ward 4	Area Wide	Total
Thorner Junior Youth Provision Club	£ -	£ 4,900.00	£ -	£ -	£ -	£ 4,900.00
Scholes Village Gala	£ -	£ 550.00	£ -	£ -	£ -	£ 550.00
Climbing Wall at Barwick Maypole Festival 2017	£ -	£ 750.00	£ -	£ -	£ -	£ 750.00
Junior Outreach Programme	£ -	£ 2,790.41	£ -	£ -	£ -	£ 2,790.41
Increasing Young People's Participation in Tennis 2017	£ -	£ 1,775.50	£ -	£ -	£ -	£ 1,775.50
Chabad Lubavitch Summer Schemes	£ 1,500.00	£ -	£ -	£ -	£ -	£ 1,500.00
Leeds Rhinos Summer Camp	£ 2,500.00	£ -	£ -	£ -	£ -	£ 2,500.00
The Tempo FM Radio Academy	£ -	£ -	£ 4,233.00	£ -	£ -	£ 4,233.00
Total 2017/18 Projects	**£ 4,000.00**	**£ 10,765.91**	**£ 4,233.00**	**£ -**	**£ -**	**£ 18,998.91**

Total Spend for 2017-18 (incl b/f schemes from 2016-17)	**£ 11,150.00**	**£ 16,635.91**	**£ 10,233.00**	**£ -**	**£ -**	**£ 38,018.91**
Total Budget Available for projects 2017-18	**£ 18,846.11**	**£ 27,786.42**	**£ 30,377.93**	**£ -**	**£ -**	**£ 77,010.46**
Remaining Budget Unallocated	**£ 7,696.11**	**£ 11,150.51**	**£ 20,144.93**	**£ -**	**£ -**	**£ 38,991.55**

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Appendix D

Outer North East Community Committee Priorities 2017/18

THEME - linked to the Best Council Plan 2017/18 (click here)	OBJECTIVES
Good Growth **&** **Transport & Infrastructure**	• Improve the opportunities for local people seeking work by offering local information and advice. • Link up with local businesses to encourage their support for local communities. • Help people to broaden their horizons and develop new skills through volunteering opportunities. • Encourage shoppers and visitors to the historic town of Wetherby by promoting the town and improving car parking. • Support Town and Parish councils in the production of Neighbourhood Development Plans which enable local communities to shape and influence future development. • Encourage efficient, reliable public transport to improve access to services and employment for local people. • Support highways improvements which meet the needs of the local communities. • Improve the business and leisure environment for local communities through working with partners to improve broadband connectivity.
Resilient Communities	• Offer support to local organisations to enable them to offer a range of sports, arts and leisure activities for everyone. • Reduce crime and anti-social behaviour levels through a partnership approach to problem solving and information sharing in the Wetherby & Harewood and Alwoodley neighbourhood policing areas. • Work in partnership with the local community to sustain a clean and tidy streetscape and high quality public green spaces that the whole community can enjoy and take pride in. • Provide regular support for Town and Parish Councils through servicing the quarterly Outer North East Town and Parish Council Forum and providing information on activities, funding and volunteering opportunities. • Support the work of the Moor Allerton Partnership (MAP) network.
Child-Friendly City	• Offer young children the best start in life through the services and activities offered by Alwoodley, Boston Spa and Wetherby Children's Centres. • Reduce the numbers of young people at risk of becoming NEET (not in education, employment or training) through providing appropriate advice and guidance in learning, training and employment. • Improve children's behaviour, school attendance and academic results by providing support and activities for children, young people and their families. • Provide opportunities for young people to have fun. • Give young people the opportunity to have their say about what happens in their local community.
Health & Wellbeing **&** **Better Lives**	• Support voluntary organisations including MAECare and Wetherby in Support of the Elderly (WISE), who provide services for vulnerable people. • Advise people on living safely in their own homes through promotion of schemes such as home security checks and fire safety checks. • Encourage active lifestyles for everyone through supporting and promoting local advice sessions and activities.

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Community Committee

Leeds CITY COUNCIL

Report of: Jane Maxwell, East North East Area Leader

Report to: Outer North East Community Committee – Alwoodley, Harewood and Wetherby Wards

Report author: Andrew Birkbeck, Area Improvement Manager, Tel: 0113 3367642

Date: 11th December 2017 **To Note**

Community Committee Update Report

Purpose of report

1. This report provides an update on the on-going work programme of Outer North East Community Committee.

Main issues

2. Tasking meetings for both Alwoodley and Harewood & Wetherby Wards have taken place in both September and November 2017.

3. Tasking meetings are an opportunity for the Police, Ward Members, council officers and partner agencies to discuss and co-create actions to address emerging and on-going crime and environmental issues in the local area.

4. For all the latest information and developments regarding community safety matters in the Outer North East area please visit: https://www.facebook.com/WYPLeedsOuterNorthEast/?fref=ts

5. The Outer North East Environment Sub Group met on 23rd November 2017. The sub group is chaired by Cllr Gerald Wilkinson, the Outer North East Community Champion for Environmental Services.

6. Ward Members, officers from the Communities Team, Housing Leeds, East North East Locality Team, Parks and Countryside and Waste Management Services were all in attendance.

7. The minutes of the Outer North East Environment Sub Group meeting held on the 7th September 2017 are attached at **Appendix A**. Minutes of the November meeting will be presented to a future meeting of the Community Committee.

8. A series of Ward Member meetings have been held since the last meeting of the Community Committee.

9. Alwoodley Ward Members will meet on 11th December 2017. Local issues to be discussed include highways maintenance, grit bins, greenspace, the environment and Wellbeing finance.

10. Harewood Ward Members meetings were held on both the 13th September 2017 and 30th November 2017. As well as Wellbeing finance, subjects for discussion included traffic management issues, council housing and mobile library provision in the Harewood Ward.

11. Wetherby Ward Members met on 13th October 2017. Items discussed included community hubs, mobile library provision, greenspace, highways improvements and Wellbeing finance.

12. An Emmerdale Stakeholder Panel meeting was held on 7th September 2017. This panel considered six projects that had been put forward by eligible groups and organisations since the last meeting in July. The panel made the following decisions:

Name of project	**Applicant**	**Amount applied for (£)**	**Panel decision (including amount awarded)**
Bridleway Enhancement at Wayside Mount	Residents of Wayside Mount, Bardsey	£16,600 + VAT	This application was not supported by the panel as it was not seen to be of sufficient public benefit. Cllr R Procter abstained from voting on this item.
Repairs project of Grade 2 listed building	St Oswalds Church, Collingham	£26,000	Site visit conducted by Stephen Bolton and Kate Hill. As a result the panel agreed to support a £10,000 contribution in the form of a grant.
Ginnel improvements as well as improvement	East Keswick Parish	£40,000	The panel agreed a £6,300 contribution

works to section of Ebor Way (520m)	Council		towards the ginnel works. Roger Brooks (LCC, PROW officer) to come to a future meeting to discuss the Ebor Way element.
Bingley Ginnel Restoration	Bardsey Parish Council	£11,160	Applicants to be signed posted to 'heritage volunteers' and the panel to re-consider if application is reduced.
Shadwell Library Restoration – Ceiling Repair Works	Shadwell Independent Library	£5,580	The panel supported this application in full - £5,580. The panel also wanted to re-iterate that this the last application they would receive from the library.
Cottage in the Wall enabling works	Harewood Estate	£50,000 (approx.) + VAT	Panel agreed to support the enabling works to allow a survey to take place. £50,000 (approx.) + VAT but more detail needed on exact price. Harewood Estate to submit invoice and also send survey report to Phil Ward, Conservation Officer at LCC.

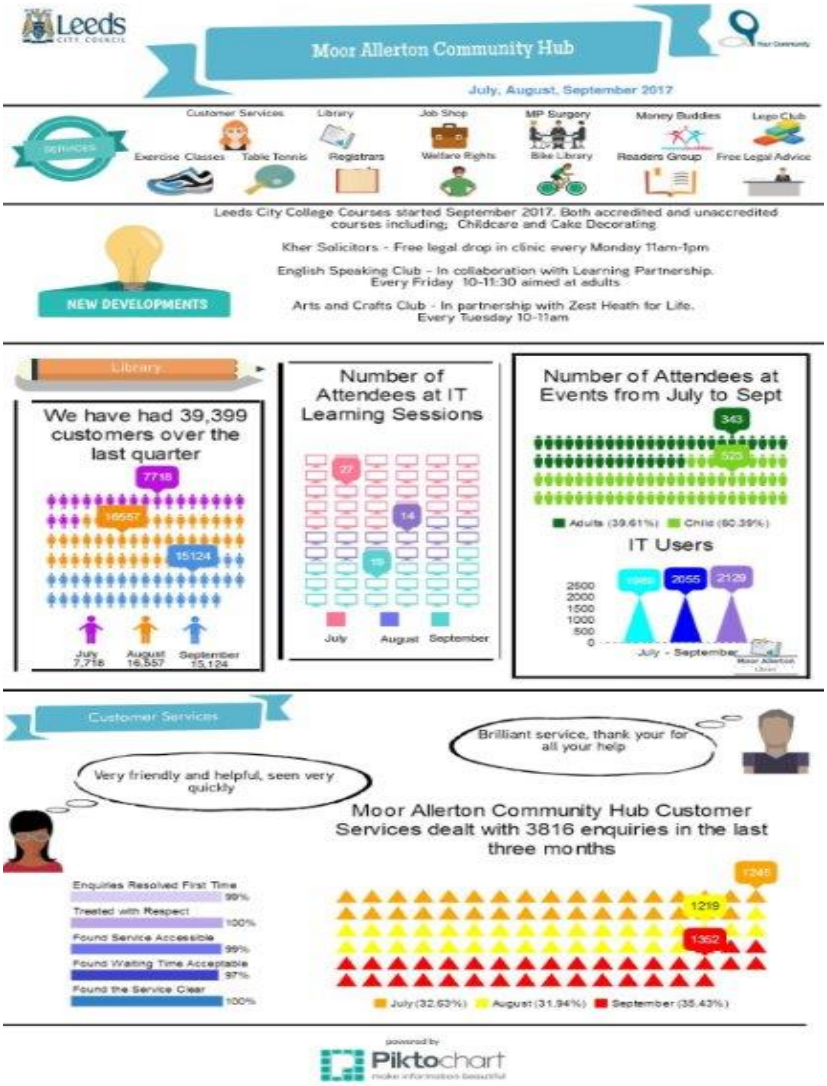
13. The purpose of the panel is to help steer and allocate the S106 funding stream that has arisen to help mitigate any impact that the Emmerdale film set may have. The Chair, Cllr Rachel Procter, has resolved to utilise this funding stream to its full potential over the coming years to best benefit not only the Harewood estate and its environs, but also the wider Harewood Ward.

14. Transport and highways issues have been at the forefront of Elected Members agendas in both October and November. On the 19th October, a meeting of the Wetherby Transport Group took place in Walton. This grouping is made up of representatives of the area's Town and Parish Council's, Ward Members and local volunteers. The focus of the transport group is to investigate solutions to long-standing transport issues in the Wetherby Ward.

15. On 2nd November there was a Boston Spa highways consultative forum held at Boston Spa Village Hall. Attended by the local parish council, Wetherby Ward Members and representatives from both Leeds City Council's Highways Services and Communities Teams', the meeting discussed a range of options for allocating S106 monies arising from a local development.

16. A meeting held on the afternoon of the 14th November saw Harewood Ward Members, representatives from local Parish Councils and officers from Highways Services come to together to discuss highway maintenance concerns in the Harewood Ward.

17. Work at the Moor Allerton Hub is continuing to flourish. The infographic below highlights some of activity that has taken place there during the busy Summer period (July, August and September 2017).



Moor Allerton Partnership (MAP)

18. Since the last meeting of the partnership in December 2015, the local landscape has changed and a number of new partners and community groups have emerged. In summer 2017, a piece of work was carried out by Preet Matharu from the council's Communities Team to meet with local groups and partners to ascertain what they considered to be the current issues facing the area. This collective then came together on 1st August 2017, to have the first MAP meeting in almost two years

19. Notable changes have taken place in the Moor Allerton area in the last 18 months, supported and funded by Alwoodley Ward Members. The Lingfield Living Local centre has been renovated and opened up the community hub. The aim of the hub is to provide provision for the residents of the Lingfield estate. Across the road from the hub is the Lingfield Centre. Moor Allerton Library has also relaunched as a community hub, which provides a number of council services under one roof. The community hub manager has worked with staff, the Communities Team and other providers to put on extra provision, such as exercise classes for the community.

20. The local residents group, Cranmer Call has a number of activities taking place from the Moortown Methodist church. Other partners that form part of the Moor Allerton Partnership are MaeCare, Community Links, Zest – Health for Life, West Yorkshire Police, foodbanks, Housing Leeds and Moortown Baptist Church.

21. At the time of writing the Outer North East Facebook page has 180 Likes. Since the September Community Committee, the Communities Team have posted over 38 items that have had a reach of over 8,140 (although it should be noted that this will include a high proportion of re-visits to site from the same people). To date, this three month period has resulted in the largest collective reach the Outer North East Facebook page has ever had, doubling all previous efforts.

22. Since the last meeting in September, members of the Communities Team (ENE) have been managing and populating the Facebook page that has been established for the Outer North East Community Committee as a means for communicating with partners, 3rd sector organisations and local residents.

23. Posts on both Twitter and Facebook are on a variety of subjects relevant to the Outer North East area including job opportunities, funding support, open days, local service provision, consultations and sporting activities. For more details visit:

    - Link to the Facebook Page for the Inner East Community Committee: https://www.facebook.com/LCCOuterNE
    - Link to the Your Community Twitter Page: https://twitter.com/@_YourCommunity

24. An example of the potential of social media as a means for engagement is highlighted overleaf. This particular post from the 2nd October 2017 reached 588 people.

Conclusion

25. There are a number of actions on-going to achieve the Community Committee priorities and fulfil its work programme but despite this, the Community Committee recognises that there is still a significant amount of work to be done.

Recommendations

26. That Members note the contents of the report and make comment where appropriate.

Meeting Notes

Appendix A

1.0	**Welcome, introductions, apologies**	
	Attendees: Cllr Gerald Wilkinson; Cllr Neil Buckley; Cllr Matthew Robinson; Susan Hardy; Paul Ackroyd; Eliot Whitely; Andrew Birkbeck Apologies: Graham Berwick; Beverley Kirk	
2.0	**Minutes of the Last Meeting and Matters Arising**	**Actions**
2.1	6.3 – A replacement bin on Stables Lane, Boston Spa would be in place in the next two weeks.	
3.0	**Waste and Recycling**	
3.1	SH presented a short report on refuse collection data for the period between June – August 2017.	
3.2	Ward Members raised queries around the August "spike" in missed bins that SH agreed to report back on.	**SH**
3.3	The issue of brown bin/garden waste collections was again raised by Ward Members, who expressed concern about rationalising the current offer.	
3.4	Cllr Robinson asked the cost of a "one-off" brown bin round. SH said this would be circa £20,000.	
4.0	**Parks & Countryside**	
4.1	PH gave an update on parks and countryside related issues in the patch, which included the action taken to address travellers using Alwoodley Village Green, Wetherby food festival and Yorkshire In Bloom.	
4.2	PH added the service would be recruiting 5 apprentices in the coming year.	
4.3	The Redhall 'Glass House' would officially be opening on 5th October 2017.	
4.4	Cllr Wilkinson asked if a friends of group could be set-up re Deepdale play area in Boston Spa. A site visit is to take place.	**Cllr W/PA**
5.0	**Grounds maintenance**	
5.1	PA reported that there had been no complaints re grass cutting and the rough linear work had now been done.	
6.0	**Environmental Services Delegation**	
6.1	Cllr Buckley raised the issue of Buckstone Copse and the need for maintenance to be done on this orphan land. PA suggested the Woodland Trust as an option. The same issue also applies to Johnson's Shaft, again in Alwoodley.	
6.3	EW said the Engine Shed in Wetherby was been looked at for illegal advertising for a wrestling event.	
7.0	**A.O.B**	
7.1	Brown bin collections will cease between 2nd December 2017 – 26th February 2018.	
8.0	**Date and Time of Next Meeting**	
	Thursday 23rd November 2017 at 2.30pm in Reginald Centre	

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Community Committee

Report of: Jane Maxwell, East North East Area Leader

Report to: Outer North East Community Committee – Alwoodley, Harewood & Wetherby

Report author: Andrew Birkbeck, Area Improvement Manager, 0113 3367642

Date: 11th December 2017 **To Note**

Outer North East Parish and Town Council Forum

Purpose of this report

1. The purpose of this report is to provide the Community Committee with the minutes from the latest meeting of the Outer North East Parish and Town Council Forum.

Background information

2. The Outer North East Parish and Town Council Forum provides an opportunity for the parish and town councillors from Alwoodley, Harewood and Wetherby Wards to:

- Receive presentations and hold discussions on issues of common interest;
- Share information and good practice;
- Raise any issues of concern;
- The forum meets quarterly, with the position of chair rotating between the Wards.

Main issues

3. The most recent meeting of the Forum took place at Wetherby Town Hall on 7th September 2017 and was chaired by Cllr John Procter (Wetherby Ward).

4. Agenda items discussed included the environment, community safety and the site allocations process.

5. The draft minutes of the meeting are attached at **Appendix A**.

6. The next meeting of the Forum will take place on 25th January 2018 at 7.30pm in Tree Tops Community Centre in Alwoodley Ward.

Corporate Considerations

Consultation and Engagement

7. In their role as democratically accountable bodies, local councils offer a means of shaping the decisions that affect their communities.

8. Parish and town councillors and their officers possess local knowledge which can help decision makers in the City Council to make more informed decisions and parishes have made it clear that they would like more influence on services which affect their communities. They offer a means of decentralising the provision of certain services and of revitalising local communities. In turn, the local councils recognise the strategic role of the Leeds City Council and the equitable distribution of services which it has to achieve.

Equality and Diversity / Cohesion and Integration

9. Attendance at the meeting is open to all town and parish councillors and the meetings are held a variety of venues throughout the three wards of Alwoodley, Harewood and Wetherby.

Council Policies and City Priorities

10. Leeds City Council and the local councils within its area share the common belief that working closely together plays a vital contribution to the wellbeing of the communities they serve.

11. To this end, Leeds City Council and the local councils in the Leeds City Council area have a Charter which sets our how they aim to work together for the benefits of local people: http://www.leeds.gov.uk/docs/Parish%20and%20Town%20Council%20Charter%202016.pdf

12. Leeds City Council and the local councils are committed to the principles of democratic local government. They are keen to see continued efforts made to improve our system of local democracy and to see greater public participation in and appreciation of this system.

Resources and Value for Money

10 The Parish and Town Council Forum is supported by an officer from the Communities Team (East North East).

Legal Implications, Access to Information and Call In

11 There are no significant legal implications.

Risk Management

12 There are no significant risks identified in this report.

Conclusions

13 The Outer North East Parish and Town Council Forum provides a place for the local councils to discuss issues of common interest and concern. It is supported by Ward Members and the Communities Team (East North East).

Recommendations

14 The Community Committee is requested to note the minutes of the Forum and, where appropriate, support the Outer North East Parish and Town Council Forum in resolving any issues raised.

Background documents[1]

15 None.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Outer North East
Parish and Town Council Forum

Aberford and District; Alwoodley; Bardsey cum Rigton; Barwick in Elmet & Scholes; Boston Spa; Bramham cum Oglethorpe; Clifford; Collingham with Linton; East Keswick; Harewood; Scarcroft; Shadwell; Thorner; Thorp Arch; Walton; Wetherby;

Thursday 7th September 2017 at 7:30pm
Wetherby Town Hall
Chair: Cllr John Procter (Wetherby Ward)

Cllr John Procter	Wetherby Ward
Cllr Gerald Wilkinson	Wetherby Ward
Cllr Matthew Robinson	Harewood Ward
Cllr Ruth Reed	Aberford & District PC
Cllr David Howson	Aberford & District PC
Cllr Glyn Davies	Barwick in Elmet & Scholes PC
Cllr Marina Heum	Boston Spa PC
Cllr Nicholas Fawcett	Clifford PC
Cllr Julian Holmes	Collingham with Linton PC
Cllr Alison Waterfield	East Keswick PC
Cllr Andrew Batty	East Keswick PC
Kevin Sedman	Clerk, Harewood PC
Cllr John Richardson	Thorp Arch PC
Cllr Harry Chapman	Wetherby Town Council
Iona Taylor	Clerk, Wetherby Town Council
Andrew Birkbeck	LCC Communities Team
PC Stephen Lane	West Yorkshire Police
PCSO Chris Barrett	West Yorkshire Police
Bev Kirk	LCC Environmental Action Service

Apologies: Cllr Alan Lamb (Wetherby Ward), Cllr Rachel Procter (Harewood Ward), Cllr Ryan Stephenson (Harewood Ward), Cllr Dan Cohen (Alwoodley Ward), Cllr Peter Harrand (Alwoodley Ward), Cllr Neil Buckley(Alwoodley Ward), Sgt Iain McKelvey, John Woolmer (LCC), Cllr Keith Dunwell (Aberford & District PC), Cllr Lyn Buckley (Alwoodley PC), Cllr Linda Flockton (Bardsey PC), Cllr Clare Hassell (Barwick-in-Elmet & Scholes PC), Keith Langley (Bramham PC & Barwick in Elmet & Scholes PC), Cllr Debbie Potter (Shadwell PC), Gina Carter (Scarcroft PC), Cllr Norma Harington (Wetherby TC)

1. Cllr John Procter welcomed everyone to the meeting and introductions were made

Andrew Birkbeck
Communities Team (East North East)
0113 3367642
Andrew.Birkbeck@leeds.gov.uk

2 **Apologies** given as overleaf.

3 **Minutes of last meeting**

3.1 Approved as an accurate record.

4 **Matters Arising**

4.1 Andrew Birkbeck informed the meeting that a short report was going to the Community Committee Chairs Forum regarding the proposed refresh of Leeds City Council's relationship with the Town & Parish Councils. A working group would be convened to help progress this work and representation would be sought from the Forum. **AB**

4.2 The Forum expressed their collective disappointment that the expected agenda item on flood risk management would not now happen because of officer capacity. Forum members asked that this be re-arranged for the next meeting in January 2018.

5. **Environmental issues – Bev Kirk (LCC, Environmental Action Service)**

5.1 Bev Kirk gave an update on environmental issues which included de-leafing, bulky waste collections and local staffing arrangements.

5.2 Brown bin collections are to cease from 2nd December 2017 until 26th February 2018: http://www.leeds.gov.uk/residents/Pages/brown-garden-waste-bin.aspx

5.3 The Forum expressed their collective disappointment of the council's decision to change their brown bin collection policy (specifically clawing back the number of bins per household). Cllr Procter said he would take this up on the Forum's behalf. **Cllr JP**

6 **Police Update – PC Stephen Lane and PCSO Chris Barrett**

6.1 PC Lane and PCSO Barrett presented a report on the latest crime statistics (available on request from Andrew.Birkbeck@leeds.gov.uk).

6.2 The Forum requested that speeding data (offences) in the Outer North East area be presented to a future meeting. **Police**

6.3 Cllr Wilkinson made reference to the recent Mint Festival and the traffic issues it caused in and around Wetherby. Police to bear this in mind as part of the de-briefing process.

7. **Community Infrastrcuture Levy**

7.1 Cllr John Procter raised the issue of CIL and the need for parishes to put its sepnding on their collective agendas. CIL Neighbourhood Fund payments are

now “live” and starting to filter through.

7.2 Cllr Procter advised that cross parish working was essential (citing an example of Clifford and Boston Spa Pcs as to how this could work) and any CIL spend should be well thought-out, not perceived as frivolous and given a strategic context, where appropriate.

7.3 Forum Members asked whom, if anyone, in Leeds City Council informs them of scheduled payements. Andrew Birkbeck said he would investigate and feedback in order to allow parishes to better forward plan. **AB**

7.4 The Forum acknowledged that in order to unlock some of the larger CIL funding held centrally by Leeds City Council the parishes would need to work to collaboratively on some of the broader issues that affect the Outer North East area.

8. Update from Town and Parish Councils

8.1 Barwick in Elmet & Scholes PC – Barwick Beer Festival on 9th September.

8.2 Boston Spa PC – PC looking to develop Stables Lane area with a walkway, wildlife garden and improved disabled access being mooted.

8.3 Clifford PC – PC are looking to do some improvements to their war memorials in time for Armistice Day. Cllr John Procter said the Wetherby Ward Cllrs would encourage applications for this and other related projects from parishes in the Wetherby Ward.

8.4 Harewood PC – PC developing a project to re-instate the bowling green and improve the tennis courts using S106 monies from the Emmerdale fund.

8.5 Thorp Arch PC – The public inquiry regarding Thorp Arch Estate and RockSpring’s appeal for non-determination was taking place in Boston Spa Village Hall over the next two weeks.

8.6 Wetherby TC – Projects being looked at included improvements to the playground and free Wi-Fi in the town centre. Cllr Wilkinson added that works to the flood damaged wall on Boston Road, Wetherby would be completed by mid-November 2017.

9. Any Other Business

9.1 The site allocations plan produced by Leeds City Council is currently being examined: http://www.leeds.gov.uk/council/Pages/Site-Allocations-Plan-Examination.aspx Whilst this process was being worked through there was some nervousness that developers would seek to progress schemes during the impasse.

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10. **Date and Time of next meeting**

10.1 Thursday 25th January 2018 at 7.30pm in Tree Tops Community Centre, Alwoodley Ward **AB**

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