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Community Committee

Leeds City Council

Inner East Community Committee

Burmantofts & Richmond Hill, Gipton & Harehills, Killingbeck & Seacroft

Meeting to be held in Civic Hall, Leeds LS1 1UR
Thursday, 30th November, 2017 at 5.30 pm

Councillors:

A Khan (Chair)	Burmantofts and Richmond Hill;
R Grahame	Burmantofts and Richmond Hill;
D Ragan	Burmantofts and Richmond Hill;
S Arif	Gipton and Harehills;
A Hussain	Gipton and Harehills;
K Maqsood	Gipton and Harehills;
C Dobson	Killingbeck and Seacroft;
G Hyde	Killingbeck and Seacroft;
B Selby	Killingbeck and Seacroft;

Please note: At 6.30 pm approximately, there will be an informal workshop on the theme of the Leeds Health and Care Plan, with Councillors, residents and stakeholders

Co-optees

Robert Field	Burmantofts & Richmond Hill CLT
Phil Rone	Burmantofts & Richmond Hill CLT

Agenda compiled by: Helen Gray 0113 3788657
Governance Services Unit, Civic Hall, LEEDS LS1 1UR
helen.gray@leeds.gov.uk
East North East Area Leader: Jane Maxwell Tel: 0113 336 7627
east.north.east@leeds.gov.uk

Images on cover from left to right:
Burmantofts and Richmond Hill - Burmantofts stone; East End Park
Gipton & Harehills - Fairway Hill; Bankstead Park
Killingbeck & Seacroft – Seacroft Hospital clock; Seacroft village green

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**CHAIRS OPENING REMARKS**	
2			**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)	
3			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
4			**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)	
5			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-18 of the Members' Code of Conduct.	
6			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
7			**OPEN FORUM** In accordance with Paragraphs 4:16 and 4:17 of the Community Committee Procedure Rules, at the discretion of the Chair a period of up to **10 minutes** may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Community Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair	
8			**MINUTES OF THE PREVIOUS MEETING** To confirm as a correct record the minutes of the previous meeting held 7th September 2017 (Copy attached)	1 - 8
9			**MATTERS ARISING** To note any matters arising from the minutes	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10	Burmantofts and Richmond Hill; Gipton and Harehills; Killingbeck and Seacroft		**LEEDS TRANSPORT CONVERSATION UPDATE AND INNER EAST TRANSPORT UPDATE** To consider the report of the Chief Officer, Highways and Transportation, following on from the report, presentation and workshop undertaken with Inner East Community Committee on 8th September 2016. The report provides an update on the Public Transport Investment Programme which was developed in response to the feedback from the Transport Conversation engagement process in the Summer/ Autumn 2016 and contains both the Leeds wide and Inner East responses. The report also includes: • An outline of Leeds wide transport improvements, the Public Transport Investment Programme (LPTIP - £173.5m) as well as other transport improvements within the Inner 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. (Report attached)	9 - 30
11	Burmantofts and Richmond Hill; Gipton and Harehills; Killingbeck and Seacroft		**WELLBEING REPORT - NOVEMBER 2017** To consider the report of the East North East Area Leader which contains details of the Wellbeing budget, including details of any new projects for consideration and information on any decisions taken by delegated authority since the last Community Committee meeting. (Report attached)	31 - 42

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12	Burmantofts and Richmond Hill; Gipton and Harehills; Killingbeck and Seacroft		**COMMUNITY COMMITTEE UPDATE REPORT - NOVEMBER 2017** To consider the report of the East North East Area Leader providing an update on the work programme of the Inner East Community Committee, including recent successes, current challenges and on-going pieces of work. (Report attached)	43 - 60
13			**LEEDS HEALTH AND CARE PLAN: INSPIRING CHANGE THROUGH BETTER CONVERSATIONS WITH CITIZENS** To consider the report of 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 with Community Committees in Spring 2017 - Inner East Community Committee considered the Leeds Plan and West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) on 23rd March 2017. (Report attached)	61 - 124
14			**COMMUNITY COMMENT** To receive any feedback or comments from members of the public on the reports presented to this Community Committee meeting. A time limit for this session has been set at **10 minutes.** Due to the number and nature of comments it will not be possible to provide responses immediately at the meeting; however, members of the public shall receive a formal response within 14 working days. If the Community Committee runs out of time, comments and feedback on the reports may be submitted in writing at the meeting or by email (contact details on agenda front sheet).	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
15			**DATE AND TIME OF NEXT MEETING** To note the date and time of the next meeting as Thursday, 22nd March 2018 at 6.00 pm **Please note:** ***At 6.30 pm approximately, there will be an informal workshop on the theme of the Leeds Health and Care Plan, with Councillors, residents and stakeholders***	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties – code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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INNER EAST COMMUNITY COMMITTEE

THURSDAY, 7TH SEPTEMBER, 2017

PRESENT: Councillor A Khan in the Chair

Councillors S Arif, C Dobson, R Grahame, G Hyde, K Maqsood, D Ragan and B Selby

IN ATTENDANCE Phil Rone – Burmantofts & Richmond Hill CLT
Bob Field - Burmantofts & Richmond Hill CLT

Approximately 30 representatives of the local community, partner organisations and stakeholders attended the meeting.

18 Chairs Opening Remarks
The Chair welcomed all present to the newly opened Deacon House Community Hub and brief introductions were made.

19 Appeals Against Refusal of Inspection of Documents
There were no appeals against the refusal of inspection of documents.

20 Exempt Information - Possible Exclusion of the Press and Public
The agenda contained no exempt information.

21 Late Items
No late items of business were added to the agenda.

22 Declarations of Disclosable Pecuniary Interests
There were no declarations of disclosable pecuniary interest.

23 Apologies for Absence
Apologies for absence were received from Councillor A Hussain.

24 Open Forum
Members of the public addressed the meeting under the provisions of Paragraphs 4.16 and 4.17 of the Community Committee Procedure Rules (Open Forum):
Leeds South & East Food Bank – Following on from the meeting held 23rd March 2017 (minute 62 refers) Bob Field provided an update on recent media coverage; operational challenges and supply & demand issues relating to Leeds South & East Food Bank and Fare Share provision. Mr Field issued an urgent plea for support and donations to ensure that supplies had the widest reach as possible.

Discussions considered the role of Food Share – a project which encourages allotments, kitchen gardeners, schools & organisations to donate surplus produce to local charities – and whether the Community Committee (CC) could consider supporting organisations seeking to affiliate to the scheme. The role of the Food Aid Network as a mechanism to establish contingency

plans across the network to ensure supply met demand was also considered. It was noted that the matter would be referred on to the Financial Inclusion Team who could then advise on how the CC could support work to ensure food provision reaches smaller, local suppliers.

It was also noted that the Council would launch a food donation scheme in Council buildings to support Fare Share from 11th September to 6th October 2017. Fare Share will distribute food donations appropriately across the city and it was suggested that co-ordination was required across the network to secure the most needed items. Additionally, Members requested a list of Food Banks located within East Leeds and details of how to make financial contributions to the Food Banks.

The matter was referred to the Area Management Team to pursue.

25 Minutes of the Previous Meeting

RESOLVED – The minutes of the meeting held 15th June 2017 were agreed as a correct record

26 Matters Arising

Minute 7 – Highways - Councillor Ragan reported on a recent site visit undertaken with co-optees and highways officers to review local roads and traffic management schemes in the Burmantofts & Richmond Hill ward. A formal response from Highways & Transportation on the findings of the visit would be received in due course.

Later in the meeting Richard Matthews (resident) expressed concern over the standard of highway improvement works undertaken by sub contractors for the Council; work monitoring and health & safety concerns. Issues included outdated signage not being removed and the poor standard of pavements which are a particular concern for blind and partially sighted people. Having noted the comments, Members agreed to request a response to the issues raised from Highways Services.

Minute 10 – Appointment of Co-optees – Neil Young, Area Officer, reported that no further co-optee nominations had been received and he reiterated the request for volunteers; particularly from the Killingbeck & Seacroft ward.

27 Changes to Clusters and Appointments for 2017/18

Further to minute 11 of the meeting held 15th June 2017, Gillian Mayfield, Area Head, Targeted Services (ENE), presented the report of the Director of Children and Families on the recent changes to the Cluster Partnerships within the Inner East area. The report sought consideration of appointments to the following Clusters:

Inner East Cluster – 1 Member each Burmantofts & Richmond Hill and Gipton & Harehills wards

2gether Cluster – 1 Member from Gipton & Harehills ward

At the time this item was discussed, only Councillor Arif from the Gipton & Harehills ward was in attendance at the meeting to be nominated to both

appointments. As a way forward, Councillor Arif agreed to confirm her appointment and to hold further discussions with ward colleagues; after which another nomination may be made.

During this item, the Committee noted a query regarding the Children & Families information provided within the Community Update Report (minute 29 refers). Appendix 3 of that report included an annual data profile of outcomes for children and young people in Inner East area.

RESOLVED –

a) To note the information provided on the merger of the cluster partnerships formally known as CHESS and Networks to form the new 2gether Cluster
b) That Councillor S Arif be appointed to the 2gether Cluster and to note that further discussions with Gipton & Harehills ward Members will be held, after which another nomination may be made
c) To note the information provided regarding the Inner East Cluster and to confirm the following appointments
   - Councillor S Arif (Gipton & Harehills ward)
   - Councillor D Ragan (Burmantofts & Richmond Hill ward)
d) To note the intention for the Area Head, Targeted Services (ENE) to attend the Children and Young People advisory sub group to discuss the annual data profile of outcomes for children and young people in Inner East area, and for this to be reported back to the Committee in due course

28 Wellbeing Report September 2017

The East North East Area Leader submitted a report providing an update on the current position of the capital and revenue budget for the Inner East CC. the report noted the decisions regarding Wellbeing applications taken by delegated authority since the last meeting and outlined new applications for finding.

RESOLVED

a) To note the Wellbeing spend to date and current balances for the 2017/18 financial year as detailed in Appendix 1 of the report.
b) To note the new Wellbeing applications that have been received and the intention to undertake ward level consultation on these.
c) To note the decisions on funding applications made on behalf of the Community Committee by delegated authority since the date of the last meeting.

29 Community Committee Update report

Neil Young, Area Officer, presented an update report on the Inner East CC work programme, including recent successes and challenges and ongoing pieces of work. The report outlined follow up work undertaken since previous workshops and the work of the Committee's sub groups. Recent community events held during the summer were also featured. The CC noted an event to be held in Briggate, Leeds city centre on 14th October 2017, organised by the Financial Outreach Team to provide practical advice to people during the run-up to Christmas.

Members also discussed the replacement of the former Designated Public Places Orders (DPPO) with Public Space Protection Orders (PSPO) to cover issues related to alcohol; anti-social behaviour; crime and environmental crime. It was noted that the new PSPOs would be discussed at ward member briefings in the first instance, with a report to be presented to the Community Committee in due course.

Appendix 3 of the report included a schedule of outcomes for children and young people in the Inner East area and a request for further consideration of this information had been made earlier in the meeting
RESOLVED – That the contents of the report and the comments made during discussions be noted.

30 Employment and Skills Update

Councillor R Grahame, Community Champion for Employment, Jobs and Skills introduced the report of the Chief Officer, Employment & Skills Service. He emphasised the role of employment and skills in tackling poverty and child poverty.

Keri Evans, Communities & Partnerships Senior Manager, presented information on Employment & Skills Service activity within the Inner East area along with key unemployment data for the area. The report provided a breakdown by ward of people claiming Job Seekers Allowance (JSA) and Employment Support Allowance (ESA); and a comparison of 2016 against 2017 figures. Keri also highlighted the support available to encourage people into employment and the new programmes of delivery available with support from European Structural Investment Funding (ESIF).

Dominic Brook, Remploy, provided the meeting with information on Remploy's work providing employment related skills in order to support unemployed people with health issues or disabilities into work. Remploy also delivered the STEP (Skills, Training & Employment Pathways) programme in partnership with Leeds and Bradford Councils providing support to people who had been unemployed for over one year and who were over 25years old. Remploy provided individualised opportunities for clients by assessing their skill needs and employability; and linking them with other providers for various techniques/qualifications. Locally, Remploy worked with Tesco, Asda and McDonalds to provide work placement experience for clients.

Discussions covered the following issues:

- Young people 18-25 years – concern the report did not reference young people with a long term disability or complex
- Access – 292 courses were delivered in the area but issues of access via public transport and advertising the courses were raised. It was noted that a website would be launched in the coming week to advertise services and support available from Employment Skills Service. https://www.leedsadultlearning.co.uk/ This would include interactive maps showing locations and best route/method of travel to access the site.
- Individual assessments – each individual was assessed for their employability and specific needs, such as relevant courses/learning or

dyslexia, language barriers. Tutors would accommodate additional support that may be required to complete the course/qualification at the learners own speed.

- Members requested information on the number of courses and people supported through the ESOL (English for Speakers of Other Languages) course in the area.
- Influence over developers to employ local workforce. Members discussed recent new developments and the success or otherwise of the Council to influence developers to utilise the local workforce.

The CC received assurance that partners who worked with Leeds to provide training and employment paid the minimum wage and were encouraged to pay the living wage. Members also consider the impact of Brexit on funding for the schemes backed by European Union funding such as ESIF and requested a copy of the Council's contingency plan for post EU funding

RESOLVED

a) That the contents of the report and subsequent discussions be noted
b) To note the intention to receive a further Employment & Skills Update in 2018

31 Community Comment

The following matters were raised by Members of the public in relation to the formal Committee reports:

- Access to Apprenticeships for young people who have already completed a college course
- Access to learning for people without internet access and who may also require translation services
- Department of Work & Pensions terminology
- Access to opportunity for those people who may not visit the LCC community hub provision. Members requested further work on a communication management plan
- The need to take into account other service provider/health/care commitments during the working week when considering an individuals' employment suitability. Members agreed to further consider this at the appropriate advisory sub group
- Becky Wilson, Deputy Head of Shakespeare Primary School gave a brief update on a new charity established to supply beds and bedding for refugees setting up home in Leeds, seeking any form of support from the CC. Members noted the intention to introduce Becky to the Migrant Access Project.

Additionally, one member of the public raised highways issues which have been recorded under "Open Forum" (minute 24 refers)

32 Leeds Inclusive Growth Strategy

Simon Brereton, Head of LCC Innovation and Sector Development, presented a report on Leeds Inclusive Growth Strategy 2017-2033, which included '12 Big Ideas' to promote inclusive growth in the city. A copy of the executive summary was included as an appendix to the report, which was presented as the basis for discussion during the workshop session scheduled to follow the

formal meeting. The workshop would form part of the formal Strategy consultation process due to conclude on 19th October 2017.

In presenting the report, Simon highlighted the following key issues:

- The Strategy sought to ensure that the growth predicted for Leeds benefitted all residents
- 50,000 high quality jobs were predicted; Leeds had the challenge of ensuring its residents could fulfil those opportunities
- Young people = 16% of Leeds' population, investment in their future was required to ensure they were prepared for the city's future growth
- The Strategy had a 'people centred focus' – putting employers and people at the heart of education/better jobs,
- The Strategy's 'place centred focus' aimed to tackle the expansion of the city centre, to create jobs close to communities and support infrastructure to enable productivity

Having regard to the time left, the Chair opened the meeting to a general discussion on the Strategy which included consideration of the following:

- Support for small and medium sized business start-ups in local communities
- Transport infrastructure
- The impact of the regeneration of one community on neighbouring areas
- The likely impact of the West Yorkshire and Harrogate NHS Sustainable Transformation Plan in terms of shared services, patient access and infrastructure
- The challenge of encouraging employers to pay appropriate wages at more than the value of benefits system. This would encourage people into work and meet travel costs
- Leeds needed to tackle the education and vocational skills gap to ensure Leeds residents benefitted from the anticipated opportunities
- Recognition that the leisure and sport sector is the second largest job sector in Leeds
- Balance the needs of the projected city centre growth against those of the inner area communities affected by the expansion
- The Strategy encouraged employers to consider what action they could take - through individual action plans and employer pledges
- Comment that "in-work adult training" should be reintroduced

Members broadly felt that there wasn't sufficient time to discuss the Strategy thoroughly and requested that a further workshop(s) be arranged so that each community could discuss what it already has to offer and to identify its' needs in order to meet the aim of the Strategy. It was envisaged that young people and representatives of the education and transport sectors could be invited in order to promote discussion on how to link transport; jobs, education and skills effectively. Additionally, information would be sent to local community groups to encourage their participation. The outcomes of the follow-up work will be reported back to the Committee in due course.

RESOLVED –

a) To note the contents of the report and the discussions
b) To note the intention to arrange a further Inclusive Growth Strategy workshop(s) with the findings to be reported back to the Community Committee in due course.

33 Date and Time of next meeting

RESOLVED – To note the date and time of the next meeting as Thursday 30th November 2017 at 6.00pm

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Community Committee

Leeds CITY COUNCIL

Report of: Gary Bartlett, Chief Officer Highways and Transport

Report to: Inner East Community Committee

Report author: Vanessa Allen, (0113 3481767)

Date: 30th November 2017 To note

LeedsTransport Conversation update and Inner East transport update,

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 Inner 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 Inner 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 Inner 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. 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.

Transport Conversation: Leeds response

5. 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).

6. 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. 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 - Inner East response:

7. 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 Inner East area is included as an appendix to this document. This showed that a total of 136 respondents to the Leeds Conversation questionnaire were from the Inner East communities. The list below shows the top four priorities for transport investment indicated by 80 of the questionnaire respondents from Inner East who responded to this question.

Top four comments	Inner East %	Leeds %
1. More reliable bus service	21%	14%
2. Invest in tram system	21%	16%
3. Cheaper/ better value for money (Bus)	15%	8%
4. Improvements to cycling facilities	14%	18%

8. The questionnaire response also highlighted other key issues as being; A more reliable bus service was the top priority for investment and was mentioned more frequently by Inner East respondents than others. Respondents from the Inner East also raised the need to invest in a tram or rapid mass transit system services in both open ended questions. The need for bus services to be cheaper and better value for money was also highlighted by a significantly higher proportion of respondents. Furthermore, improved bus stock/ bus stop facilities and better connections with surrounding areas were issues particular to this area.

9. The top three priorities for respondents from the Inner East for the delivery of transport investment mirrored those of Leeds respondents overall (see main report). In addition, there were suggestions to build on existing infrastructure and make use of the latest technology.

10. In addition to the questionnaire analysis there was further feedback received from this committee on the 08·09.16 and the 02.11.16 workshop. The feedback from these meetings was included as part of the overall assessment within the Transport Conversation and included the following general issues of poor bus reliability, marginalised communities, bus fares too high, simplified ticketing.. The following locally specific summary of suggestions from the 2nd November workshop are included below *(see appendix for notes of the workshop).*

Inner East Transport Improvements suggested at Community Committee workshop

- Expansion of access bus service
- Better bus links with St James
- Expanded rail services
- Better links between the bus and train station
- Better use of technology

#LeedsTransport – £173.5m transport improvements:

11. In response to the issues raised by the Transport Conversation, 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. The headline proposals are included in the table below;

Rail improvements:

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

Bus Improvements:

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

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

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

Mass Transit:

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

Cycling and Active Travel:

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

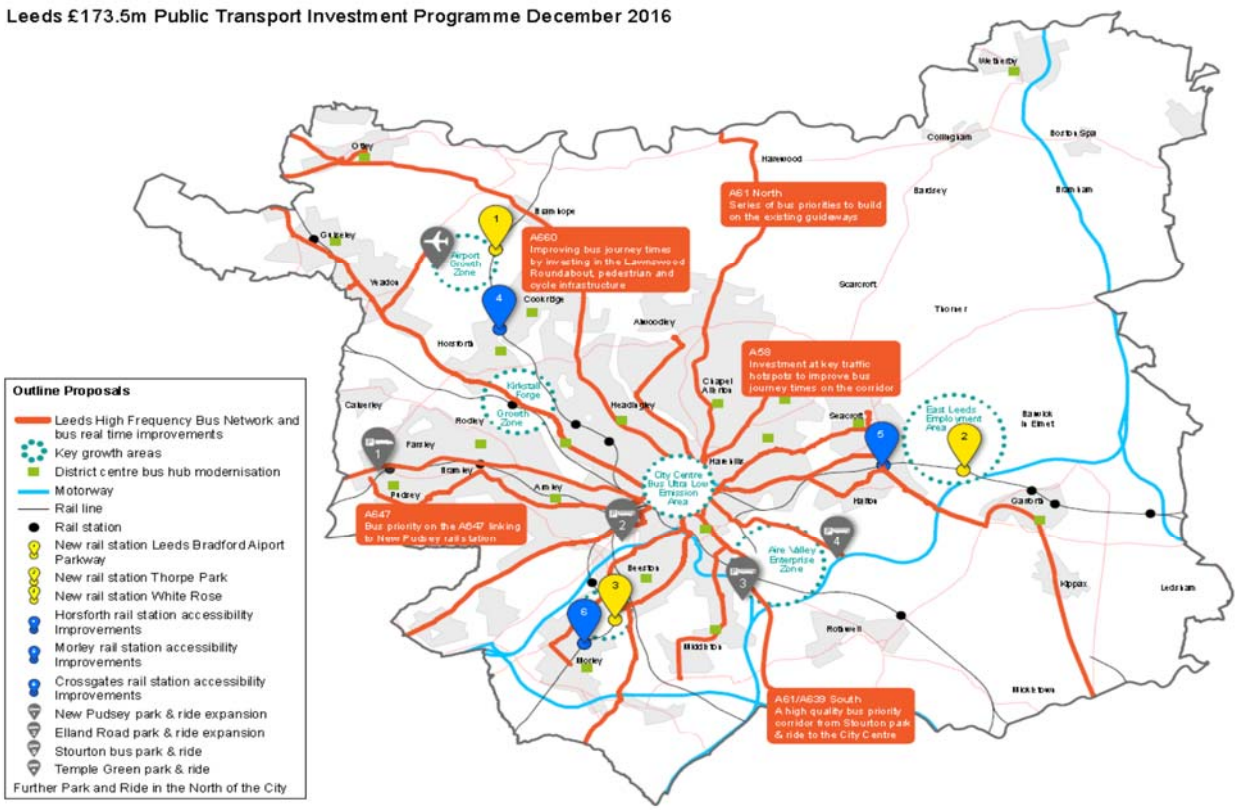
Transport Hubs and Connecting Communities: The LPTIP Programme also includes a significant focus on improving the bus offer for the City. Alongside the bus corridor and City Centre improvement works, there is also an opportunity to enhance and improve interchange facilities and identify gaps in the transport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

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



12. The LPTIP proposals described above are not the only programme of transport improvements proposed in Leeds. There are also an extensive range of other transport schemes over the next few years that are either recently implemented, under construction or under planning and are listed as a summary of the Leeds Transport – scheme summary, appended to this report. This list shows that there are substantial schemes underway in Leeds, however there are more planned to be taken forward through the emerging Leeds Transport Strategy which is covered below (para 31).

Transport improvements – for the Inner East area:

13. 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.

14. 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.

15. 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.

16. New buses and service improvements;
    - Coastliner (services 840, 843, 845 (York, Malton & East Coast))– Replacement of some of the Coastliner fleet, introducing the new vehicles in late 2016/early17. The buses have visual announcements, higher specification interior than vehicles these buses replace.

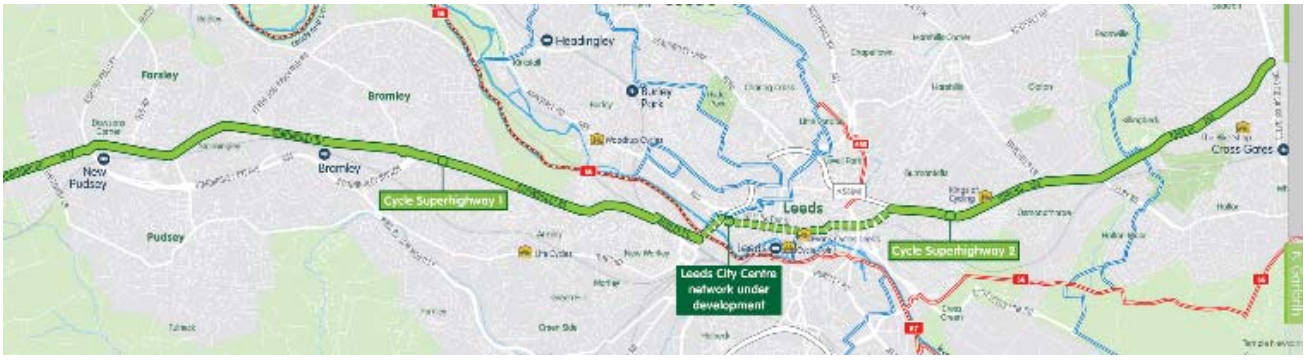
    - Service 70/71 (Leeds – Wetherby – Harrogate) – Newer vehicles, better interior specification compared to previous buses and route(s) now branded.

    - New twin-deck vehicles (with a higher interior specification that the vehicles they replaced) for services 163/166 (Leeds – Cross Gates – Garforth – Kippax – Castleford) upgraded to Sapphire brand with audio/visual announcements.

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

18. **City Cycle Connect Superhighway**. The West Yorkshire Combined Authority's City Connect programme completed the Bradford to Leeds Cycle Superhighway in July 2016. 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. Phase 2 of CityConnect projects has started construction, with works

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



19. **Temple Green park and ride;** The 1000 new car parking spaces complements the Elland Road Park and Ride (opened in 2014), catering for trips from the north and east of the city, with access via junction 45 of the M1. It provides a high frequency, express bus service using comfortable modern vehicles (using existing and additional bus priority measures) to give an average journey time of 15 minutes to the city centre from the Temple Green site. The £8.5m scheme opened Monday 19 June 2017.

20. **Leeds Transport Strategy:** 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.

Corporate considerations

21. **Equality and diversity / cohesion and integration;** Improving public transport, will improve local connectivity and in turn increases access to employment, education, and leisure services and facilities for all equality groups.

22. **Council policies and city priorities;** 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.

23. **Conclusion;** The first phase of the Transport Conversation showed that across Leeds and in Inner East there was a similar call for both short and long term improvements; across the bus network, rail services, reduced traffic congestion; improved cycle and walking facilities as well as looking at large scale infrastructure improvements. Although there was a particular emphasis in Inner East on bus service network improvements.

24. 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. 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 LPTIP Schemes in Leeds overall.
- To note progression of the major transport schemes within the Inner 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

- Inner East Workshop – notes of workshop 12th October 2016
- Aecom analysis of Inner West questionnaire responses
- Summary of Major Transport Schemes in Leeds – Extract from Leeds interim Transport Strategy (see below).

Background information

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

#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:

New Stations

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

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

Station Improvements

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

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

- By 2023 all **rail stations will become accessible** including upgrades planned at Cross Gates, Morley and Horsforth.

- **Northern Stations Improvement Fund:** Within the Northern Franchise there is a Stations Improvement Fund of £38m. The majority of money is aimed at middle and smaller sized stations and is focussed on bringing facilities and standards up to a consistent level, looking at areas such as seating, information, lighting and security. Station investment will also include additional ticket machines and improved accessibility. The project is progressing well with 36 stations due to be completed by the end of 2017 as part of phase one, with the remainder phased for implementation up until March 2020. The following stations in the Leeds district are included in the programme: Phase 1, Bramley, Micklefield. Phase 2 Burley Park, Cross Gates, East Garforth, Garforth, Guiseley, Headingley, Horsforth, Morley, Woodlesford.

New and Refurbished Trains

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

Strategic Rail network

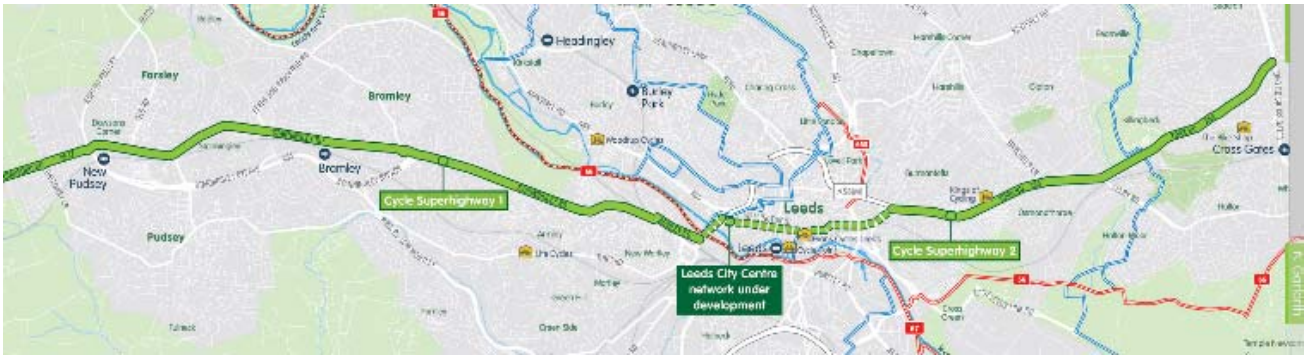
- **HS2** is the catalyst for accelerating and elevating the Leeds City Region's position as an internationally recognised place of vitality, connecting the North and creating an inclusive, dynamic economy, accessible to all. In July 2017 the Department for Transport reaffirmed its support for HS2 Phase 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

- 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.

Leeds Transport Conversation

Inner 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 Inner East.

2. Inner East

A total of 136 respondents (2%) to the Leeds Conversation were designated as Inner East. Of those, 80 gave comments on their priorities for transport investment.

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

Priority 1: More reliable bus service: a more reliable bus service (21%) was the most frequently mentioned issue by Inner East respondents, which was a slightly higher proportion than others (14%). The quotes below illustrate the impact poor reliability has on respondents from the Inner East.

> *"I would love to use the bus to and from the city centre more often, but quite apart from bad weather conditions, another disincentive is when you wait for the bus and it is either late or does not turn up. This sometimes happens on Stoney Rock Lane."*

> *"I find it shocking that Leeds public transport is just so poor. I live in East Leeds and the local transport is just so poor. The services are cancelled or are late! When I finish work I run to get the bus, again only to find it is cancelled and when you ask the bus company, they respond with a standard pathetic letter blaming a problem. It would be good if First buses could be opened up to competition. I am certain services would improve. Also, the City Council needs to charge pensioners 10/20p per bus journey to help raise much needed funds."*

Priority 2: Invest in tram system: the second priority was for investment in a tram system with 21% commenting on this compared to 16% of others. The comments below relate to suggestions made about such an investment.

> *"We need trams again. It is vital that a city of this size has a good tram/metro network like all other major cities in the UK and Europe."*

> *"The priority for Leeds HAS to be the development of a high quality rapid mass transit system, such as a tram, which will provide quick, reliable easy to use, well connected, environmentally friendly links between the city centre and local centres of population and employment. Ideally this would be publicly run to make it affordable and to prevent the extraction of profit at the expense of service quality and re-investment. Importantly, a tram (or similar fixed infrastructure network) would also encourage regeneration and investment in the areas it would serve, as fixed infrastructure provides confidence for businesses and individuals to invest, which bus services do not. This would help stalled projects, such as the South Bank."*

Priority 3: Cheaper/ better value for money (Bus): 15% of Inner East respondents cited cheaper/ better value for money for bus travel, compared to 8% of others. Some of the views regarding this priority are highlighted in the quotes below.

> *"The cost of using a bus is too high, so I use my car which works out cheaper."*

> *"Cheaper bus journeys. Buses should be free for kids. [It is] cheaper for me to park in Leeds than bring my family to town by bus and I only live two miles from town."*

Improved bus stock/ bus stop facilities and better connections with surrounding areas both featured in the top ten priorities raised by respondents in the Inner East, but not overall (see main report).

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

	Inner East	Others
1. More reliable bus service	21%	14%
2. Invest in tram system	21%	16%
3. Cheaper/ better value for money (Bus)	**15%**	8%
4. Improvements to cycling facilities	14%	18%
5. Improve journey times/ more express services	10%	7%
6. Improvements to pedestrian facilities	9%	7%
7. Improve bus stock/ bus stop facilities	8%	3%
8. Expanded Metro rail service	8%	9%
9. Cheaper/ better value for money (General)	8%	7%
10. Better connections with surrounding areas	8%	7%
Base: Respondents who provided a comment	**80**	**4465**

Green = statistically significant difference

At the end of the Leeds Conversation questionnaire respondents were given the opportunity to provide any other comments. 42 respondents from the Inner 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 Inner East but not the top ten of respondents overall (see main report). However, most of the comments received were very similar to those of other respondents; including the **top three priorities:**

- Improvements to bus services/ network/ facilities (10 respondents) (24%)
- Longer term vision for transport solutions needed (9 respondents) (21%)
- Improvements to rail services/ network/ facilities (6 respondents) (14%)

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

"Improve bus routes. Some routes have more than one bus available to them. Sometimes you see two buses coming at once that are the same number bus, which means only one bus is really getting filled when the empty bus could be used on another route."

"Planning for the future is key. When you look at other large cities like Leeds (e.g. Manchester/Birmingham), they are years ahead whilst Leeds gets left behind with a struggling support network of public transport. We need to focus on big schemes that will push us years into the future."

"I realise the money available is not huge. However, just having the buses running to time would help. Also, more trains covering areas like East End Park would just be ace and other areas in inner Leeds. The trains tend to be more reliable than the buses."

Respondents from the Inner East were more likely to suggest utilising or building on existing infrastructure. Similarly, respondents from the Inner East made more suggestions for using the latest technology, such as apps, charging points, WiFi and visual maps.

Table 2: Top Ten Other Comments in Inner East

		Inner East*	Others
1.	Improvements to bus services/ network/ facilities	24%	16%
2.	Longer term vision for transport solutions needed	21%	18%
3.	Improvements to rail services/ network/ facilities	14%	15%
4.	Implement tram system/rapid mass transit	12%	11%
5.	Consider needs of all users, e.g. commuters, residents, visitors, etc.	12%	9%
6.	**Use/ build on existing infrastructure**	**7%**	2%
7.	Deliver several small scale joined up schemes	7%	9%
8.	**Use of latest technology, e.g. apps, charging points, WiFi, visual maps**	**7%**	1%
9.	**Criticism regarding money wasted on previous schemes**	5%	6%
10.	Improvements to ticketing, e.g. affordability, fare structure, VFM	5%	7%
Base: Respondents who provided a comment		**42**	**2281**

*Caution small base

Green = statistically significant difference

Summary
A more reliable bus service was the top priority for investment and was mentioned more frequently by Inner East respondents than others. Respondents from the Inner East also raised the need to invest in a tram or rapid mass transit system services in both open ended questions. The need for bus services to be cheaper and better value for money was also highlighted by a significantly higher proportion of respondents. Furthermore, improved bus stock/ bus stop facilities and better connections with surrounding areas were issues particular to this area.

The top three priorities for respondents from the Inner East for the delivery of transport investment mirrored those of respondents overall (see main report). In addition, there were suggestions to build on existing infrastructure and make use of the latest technology.

Inner East Community Committee Workshop Notes
Venue: Vinery Terrace, Richmond Hill
Wednesday 2nd November 2016

Bus:

- Access issues – court cases on wheelchairs. First come first served is the bus company's policy and so wheelchair users can be left at the bus stop.
- Most buses in Lincoln Green and no link between the inner core and York Road.
- Need more people on the buses.
- Buses for people with no choice, but should not be just about that.
- Cars won't let the buses out – inconsiderate.
- Services cancelled because of drivers. Bus costs too high – now uses a car because cheaper.
- To get to St James' – a tortuous journey, bus services reduced and bus drivers changed.
- Why not have a contactless card system like in London? - In London they are not deregulated.
- Services at Cross Green have worsened.
- Difficult to top up MetroCard, needed to go to bus station.
- Parking along both sides of the street – doesn't give good access to buses.
- Reluctant to use buses because dirty and not nice to use.
- Bus drivers have altered – there are some signs of improvement. Need to look at relationship with operators – drivers not happy.
- Bus operators have said that they have given drivers more training but not seeing it.

Access bus:

- Best services are community buses, accessed on a regular basis – needs to connect more transport hubs. Even limited to access into town.
- Access Bus – works well.
- Access Bus OK system but need to phone up a week ahead to book it. Expansion of the Access Bus required.

Rail:

- Rail stations deteriorating.
- Inner East needs new train stations - Osmondthorpe previously had one 20 years ago.
- Better link between train and bus station.

Technology:

- Need ongoing consultations with Apps – like 'how's my driving' – so ongoing.

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Community Committee

Report of: Jane Maxwell, East North East Area Leader

Report to: Inner East Community Committee – Burmantofts & Richmond Hill, Gipton & Harehills and Killingbeck & Seacroft

Report author: Neil Young, Area Officer, Tel: 0113 3367629

Date: 30th November 2017 **To Note**

Wellbeing Report – November 2017

Purpose of this report

The purpose of this report is to provide Members of the Inner East Community Committee with an update on the 2017/18 Wellbeing budget, including details of any new projects for consideration and to inform the committee of decisions taken by delegated authority since the last community committee meeting.

Main Issues

1. This report provides Elected Members with an update on the current position of the capital and revenue budget for the Inner East Community Committee.

2. Applications for funding received since the date of the last community committee are included in the report.

3. The report notes decisions regarding Wellbeing applications taken by delegated authority since the last Inner East Community Committee.

Options

Wellbeing applications received since date of last Community Committee meeting

1. The following Wellbeing applications have been received since the date of the last community committee. Some of these applications have been approved since being received. Others are currently undergoing consultation with the relevant ward members.

2. **Project:** 16 Days of Action – Various Activities
   Organisation: Communities Team and partners
   Wards affected: All Inner East
   Amount requested: £1,500
   Projected year of spend: 2017/18
   Decision (in principle): Approved

3. **Project:** Bumps and Babes in Seacroft
   Organisation: LCC – Active Leeds
   Wards affected: Killingbeck & Seacroft
   Amount requested: £ 1,800
   Projected year of spend: 2017/18
   Decision (in principle): Deferred

4. **Project:** Mobile Flood Lighting for Girls Rugby
   Organisation: East Leeds Rugby Club
   Wards affected: Burmantofts & Richmond Hill
   Amount requested: £ 1,356
   Projected year of spend: 2017/18
   Decision (in principle): Approved

5. **Project:** Community Ambassadors Programme
   Organisation: Youth Association
   Wards affected: Killingbeck & Seacroft
   Amount requested: £ 3,401
   Projected year of spend: 2017/18
   Decision (in principle): Approved

6. **Project:** Inner East Youth Summit
   Organisation: Communities Team
   Wards affected: All Inner East
   Amount requested: £ 1,500
   Projected year of spend: 2017/18
   Decision (in principle): Pending

7. **Project:** Football Coaching and Social Development Plan
   Organisation: Street Work Soccer
   Wards affected: Burmantofts & Richmond Hill
   Amount requested: £ 4,800
   Projected year of spend: 2017/18
   Decision (in principle): Pending

Wellbeing projects for 2017/18 approved by delegated decision

8. Following consultation with the relevant ward members, the following projects have been approved by Delegated Decision since the last community committee meeting, authorising revenue spend from the 2017/18 Wellbeing budget:

9. **Project:** Harehills Festival 2017
   Organisation: Communities Team
   Wards affected: Gipton & Harehills

Amount awarded: £ 2,000
Projected year of spend: 2017/18
Decision: Approved

10. **Project:** Bonfire Night 2017 Activities
Organisation: Communities Team and partners
Wards affected: Gipton & Harehills
Amount awarded: £ 2,582
Projected year of spend: 2017/18
Decision: Approved

11. **Project:** RadhaRamen Festival 2017
Organisation: RadhaRamen Society
Wards affected: Gipton & Harehills, Burmantofts & Richmond Hill
Amount awarded: £ 800
Projected year of spend: 2017/18
Decision: Approved

12. **Project:** Lincoln Green Flowerbeds and Signs
Organisation: Communities Team and Housing Leeds
Wards affected: Burmantofts & Richmond Hill
Amount awarded: £ 920
Projected year of spend: 2017/18
Decision: Approved

13. **Project:** Gipton & Harehills Soccer Project
Organisation: Street work Soccer
Wards affected: Gipton & Harehills
Amount awarded: £ 6,000
Projected year of spend: 2017/18
Decision: Approved

14. **Project:** Community Ambassadors Programme
Organisation: Youth Association
Wards affected: Killingbeck & Seacroft
Amount awarded: £ 3,401
Projected year of spend: 2017/18
Decision: Approved

15. **Project:** Improvements to Community Facilities
Organisation: Leeds Al-Khidmat Centre
Wards affected: Gipton & Harehills
Amount awarded: £ 2,500
Projected year of spend: 2017/18
Decision: Approved

16. **Project:** 16 Days of Action – Various Activities
Organisation: Communities Team and partners
Wards affected: All Inner East
Amount requested: £1,500
Projected year of spend: 2017/18
Decision (in principle): Approved

17. The Community committee is asked to note that after further consideration and consultation with the relevant ward members, the following project for which funding was previously approved has subsequently been cancelled. The funding has been reapportioned to the ward Wellbeing account.

    Project: Boggart Drive Fencing
    Organisation: Communities Team and Housing Leeds
    Wards affected: Killingbeck & Seacroft
    Amount requested: £ 4,700
    Projected year of spend: 2017/18

18. For ease of reference, the previously noted Wellbeing applications can be found in a summarised grid attached to this report at Appendix A.

19. Current spends to date for the Wellbeing and Youth Activity Fund budgets are attached as **Appendix 1**. The committee is asked to note these.

20. On 10th November, Inner East members met to discuss arrangements for the allocation of Community Infrastructure Levy (CIL) funding within the community committee, with a view to determining what basis individual receipts will be allocated. Some options that have been put forward for determining this are:

    - Parity – Any CIL Neighbourhood Fund allocation be split equally between each Ward
    - Population – Distributed on a basis of population by Ward
    - Postcode – Using the origin of the development as a guide as to where the CIL Neighbourhood Fund should be spent
    - Need – Any CIL Neighbourhood Fund is allocated where infrastructure is most needed; perhaps supported by a cross-ward working group arrangement?

    Members concluded that the issue required some further thought and discussion and therefore committed to having further meetings to facilitate a decision. It is anticipated that a formal decision on the outcome of these discussions will be brought to the next community committee meeting in March 2018.

Corporate considerations

1. Wellbeing funding is used to support the annual priorities agreed by Elected Members at the March meeting of the Inner East Community Committee. The annual priorities support the Council's Vision for Leeds 2011 to 2030 and Best Council Plan 2013-17.

2. Youth Activity Funding supports the Children and Young People's plan outcome – 'Children and Young People Have Fun Growing Up'.

3. Sometimes decisions need to be made between formal meetings of the Community Committee and therefore the Area Leaders have delegated authority from the Assistant Chief Executive (Citizens and Communities) to approve spend outside of the Community Committee cycle. All delegated decisions are

taken within an appropriate governance framework and must satisfy the following conditions:

a. consultation must be undertaken with all committee/relevant ward members prior to a delegated decision being taken;

b. a delegated decision must have support from a majority of the Community Committee Elected Members represented on the committee (or in the case of funds delegated by a Community Committee to individual wards, a majority of the ward councillors), and;

c. details of any decisions taken under such delegated authority will be reported to the next available Community Committee meeting for Members' information.

4. The Community Committee, supported by the Communities Team East North East, has delegated responsibility for taking of decisions and monitoring of activity relating to utilisation of capital and revenue Wellbeing budgets (including the Youth Activity Fund) within the framework of the Council's Constitution (Part 3, Section 3D) and in accordance with the Local Government Act 2000.

5. In line with the Council's Executive and Decision Making Procedure Rules, agreed at Full Council May 2012, all decisions taken by Community Committees are not eligible for Call In.

6. There is no exempt or confidential information in this report.

Conclusion

The Wellbeing fund and Youth Activity Fund provides financial support for projects in the Inner East area which support the priorities set annually by the Inner East Community Committee. This report sets out the current Wellbeing budget position, including new applications, and also notes recent decisions on funding applications made by delegated authority.

Recommendations

Members are asked to:

1. Note the Wellbeing spend to date and current balances for the 2017/18 financial year (Appendix 1).

2. Note new Wellbeing applications that have been received since the date of the last community committee meeting and the intention to undertake ward level consultation on these.

3. Note decisions taken on funding applications made by delegated authority, in line with the agreed 'minimum conditions'.

4. Note the discussions to date regarding the allocation of Community Infrastructure Levy (CIL) in Inner East.

5. Consider a new Wellbeing application (point 6) for the 2017 Inner East Youth Summit.

Background information

Revenue

- Each of the ten Community Committees receives an annual allocation of revenue funding. The amount of funding for each Community Committee is determined by a formula based on 50% population and 50% deprivation in each area, which has been previously agreed by the Council's Executive Board.

- It has been agreed that the revenue wellbeing budget for this Community Committee for 2017/18 is £173,110. Carryover of both uncommitted and committed revenue funds from 2016/17 has also continued as well as any underspends. The total budget for 2017/18 is £277,110. It must be noted by the Community Committee that this figure includes schemes approved and ongoing from 2016/17 which are carried forward to be paid.

- As agreed at the March 2017 meeting of the Inner East Community Committee, once the agreed topsliced projects are removed the remaining budget will be split three ways between the wards. The amount available for each ward to spend in 2017/18 as well as the amounts remaining per ward is detailed in **Appendix 1.**

- The Wellbeing Fund Large Grant programme supports the social, economic and environmental wellbeing of a Community Committee area by funding projects that contribute towards the delivery of local priorities. 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.

- 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.

- Wellbeing fund applications are considered at the relevant Ward Member meetings, wherever possible, for Elected Members recommendations prior to the Community Committee meeting.

Small Grants

- Community organisations can apply for a small grant to support small scale projects in the community. A maximum of one grant of up to £500 can be awarded to any one group in any financial year, to enable as many groups as possible to benefit. These are approved by Councillors outside of the Community Committee meeting and are funded from a small grant pot set aside by Elected Members from their Ward allocation.

Community Engagement

- The Inner East Community Committee approved an amount of £3,000 at its March 2017 meeting to spend on community engagement activities. This allocation is split equally between the three Wards.

- The funds are to be spent on room hire, refreshment and stationary costs associated with community meetings.

Crime and Grime Tasking

- Each of the priority neighbourhoods in the Inner East area has a multi-agency tasking team which focuses on tackling crime, anti-social behaviour and environmental problems. Ward members have set aside a portion of their Ward allocation to support the work of these teams; this pot is managed by the ENE Communities Team.

Project Monitoring Update

- Projects which are awarded wellbeing funding are required to submit project monitoring returns giving details of what the project has achieved.

Capital Receipts Programme

- The establishment of a Capital Receipts Incentive Scheme (CRIS) was approved by Executive Board in October 2011. The key feature of the scheme is that 20% of each receipt generated will be retained locally for re-investment, subject to maximum per receipt of £100k, with 15% retained by the respective Ward – via the existing Ward Based Initiative Scheme - and 5% pooled across the Council and distributed to Wards on the basis of need.

- Future allocations will take place on a quarterly basis following regular update reports to Executive Board. As agreed previously by the Inner East Community Committee, all new allocations are to be divided equally between the three Wards.

Youth Activity Fund

- For 2017/18, the Community Committee has been allocated £55,740 of new Youth Activity Funding (YAF). This pot of money is specifically ring-fenced for universal youth activity related projects for 8-17 year olds.

- As agreed previously by the Community Committee, all new allocations are to be divided equally between the three Wards. Details of the current balance of Youth Activity Fund (YAF) are shown in Appendix 1.

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Appendix A - Inner East Wellbeing applications received and outcomes

Organisation	Project	Funding requested	Decision/Outcome
Communities Team and partners	16 Days of Action – Various Activities	£1,500	Approved
LCC – Active Leeds	Bumps and Babes in Seacroft	£ 1,800	Deferred
East Leeds Rugby Club	Mobile Flood Lighting for Girls Rugby	£ 1,356	Approved
Youth Association	Community Ambassadors Programme	£ 3,401	Approved
Street Work Soccer	Football Coaching and Social Development Plan	£ 4,800	Pending
Communities Team	Harehills Festival 2017	£ 2,000	Approved
Communities Team and partners	Bonfire Night 2017 Activities	£ 2,582	Approved
RadhaRamen Society	RadhaRamen Festival 2017	£ 800	Approved
Communities Team and Housing Leeds	Lincoln Green Flowerbeds and Signs	£ 920	Approved
Street Work Soccer	Gipton & Harehills Soccer Project	£ 6,000	Approved
Leeds Al-Khidmat Centre	Improvements to Community Facilities	£ 2,500	Pending
Communities Team and Housing Leeds	Boggart Drive Fencing	£ 4,700	Cancelled
Communities Team	Inner East Youth Summit	£ 1,500	Pending

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Funding / Spend Items	Burmantofts & Richmond Hill	Gipton & Harehills	Killingbeck & Seacroft	Ward 4	Area Wide	Total
Wellbeing Balance b/f 2016/17	£ 32,187.77	£ 21,649.27	£ 50,163.70	£ -	£ -	£ 104,000.74
Wellbeing New Allocation for 2017/18	£ 57,704.00	£ 57,703.00	£ 57,703.00	£ -	£ -	£ 173,110.00
Total Wellbeing Spend	£ 89,891.77	£ 79,352.27	£ 107,866.70	£ -	£ -	£ 277,110.74
2016-17 approved b/f for paying in 2017/18	£ 26,459.43	£ 10,033.15	£ 19,820.72	£ -	£ -	£ 56,313.30
Amount budget available for schemes 2017/18	£ 63,432.34	£ 69,319.12	£ 88,045.98	£ -	£ -	£ 220,797.44

Reference number	2016/17 Projects (b/f)	Burmantofts & Richmond Hill	Gipton & Harehills	Killingbeck & Seacroft	Ward 4	Area Wide	Total	Priority key	New Priorities
IE.14.38.LG	Positive Activties for Refugees	-£ 1,000.00	-£ 1,250.00	£ -	£ -	£ -	-£ 2,250.00	1	B
IE.15.28.LG	Digital Passport	£ -	£ -	£ 3,917.28	£ -	£ -	£ 3,917.28	1	F
IE.16.03.LGb	Domestic Violence Pack Gipton/Seacroft	£ -	£ -	£ -	£ -	£ -	£ -	1	A
IE.16.04.LG.z	Room Hire for March CC Shine	£ 213.43	£ 213.43	£ 213.44	£ -	£ -	£ 640.30	1	B
IE.16.08.LG	Community Voices	£ 1,000.00	£ 2,000.00	£ -	£ -	£ -	£ 3,000.00	1	B
IE.16.09.LG	Up Our Street	£ 3,754.00	£ -	£ -	£ -	£ -	£ 3,754.00	1	B
IE.16.16.LG	Community Participation & Learning Programme	£ 800.00	£ 800.00	£ 800.00	£ -	£ -	£ 2,400.00	1	H
IE.16.18.LG	Space for me to Grow	£ 1,000.00	£ -	£ -	£ -	£ -	£ 1,000.00	1	C
IE.16.26.LG	Zest Youth and Health Projects	£ 3,750.00	£ -	£ -	£ -	£ -	£ 3,750.00	2	B
IE.16.28.LG	South Seacroft Friends & Neighbours / Transport	£ -	£ -	£ 3,840.00	£ -	£ -	£ 3,840.00	5	H
IE.16.30.LG	Opportunity Shops: Gipton, Harehills and Seacroft	£ -	£ 8,000.00	£ 8,000.00	£ -	£ -	£ 16,000.00	1	F
IE.16.34.LG	Youth Integration Continuation	£ 2,700.00	£ -	£ -	£ -	£ -	£ 2,700.00	1	B
IE.16.37.LG	Community Multi Use Games Pitch	£ 5,000.00	£ -	£ -	£ -	£ -	£ 5,000.00	1	B
IE.16.38.LG	Leodis GRID	£ 442.00	£ -	£ -	£ -	£ -	£ 442.00	1	F
IE.16.40.LG	Phase 2 Feasibility Study	£ -	£ -	£ 3,000.00	£ -	£ -	£ 3,000.00	1	E
IE.16.42.LG	NEETs Project (A64 York Road Corridor).	£ 2,500.00	£ -	£ -	£ -	£ -	£ 2,500.00	2	D
IE.16.43.LG	Richmond Hill – Fitter, happier, heathier	£ 2,000.00	£ -	£ -	£ -	£ -	£ 2,000.00	1	B
IE.16.45.LG	Working Wardrobe Employability Scheme	£ 1,500.00	£ -	£ -	£ -	£ -	£ 1,500.00	4	F
IE.16.47.LG	2 Way Street - Brighter, Cleaner, Greener Burmantofts	£ 2,500.00	£ -	£ -	£ -	£ -	£ 2,500.00	1	C
IE/16/25/SG	Eastern European Information Videos	£ 250.00	£ 250.00	£ -	£ -	£ -	£ 500.00	1	B
IE/16/30/SG	StreetDoctors Sessions 2017	£ 50.00	£ 100.00	£ 50.00	£ -	£ -	£ 200.00	1	C
IE.16.01.SG	PHAB Youth Group Grant for Qualified Youth Workers	£ -	-£ 80.28	£ -	£ -	£ -	-£ 80.28		B
	Total of schemes approved in 2016-17	£ 26,459.43	£ 10,033.15	£ 19,820.72	£ -	£ -	£ 56,313.30		

Reference number	2017/18 Projects Approved	Burmantofts & Richmond Hill	Gipton & Harehills	Killingbeck & Seacroft	Ward 4	Area Wide	Total	Priority key	New Priorities
IE.17.01.LG	Neighbourhood Area Officers	£ 26,788.66	£ 26,788.66	£ 26,788.68	£ -	£ -	£ 80,366.00	1	B
IE.17.02.LG	Small Grants	£ 7,000.00	£ 7,000.00	£ 2,000.00	£ -	£ -	£ 16,000.00	1	B
IE.17.03.LG	Tasking	£ 3,000.00	£ 3,000.00	£ 3,000.00	£ -	£ -	£ 9,000.00	1	A
IE.17.04.LG	Community Engagement	£ 1,000.00	£ 1,000.00	£ 1,000.00	£ -	£ -	£ 3,000.00	1	B
IE.17.05.LG	Inner East CCTV	£ 5,333.33	£ 5,333.34	£ 5,333.33	£ -	£ -	£ 16,000.00	1	A
IE.17.06.LG	Seacroft Summer & Winter Gala's 2017	£ -	£ -	£ 1,680.00	£ -	£ -	£ 1,680.00	1 & 2	B
IE.17.07.LG	New Data Base and Computers	£ -	£ -	£ 500.00	£ -	£ -	£ 500.00	1	H
IE.17.08.LG	MCS Youth Provision - Bilal Centre	£ -	£ 5,000.00	£ -	£ -	£ -	£ 5,000.00	1	D
IE.17.09.LG	Ashton Road Planter	£ -	£ 1,198.00	£ -	£ -	£ -	£ 1,198.00	1	C
IE.17.10.LG	PHAB Youth Group - Grant for Qualified Youth Workers	£ 276.70	£ 276.70	£ 276.72	£ -	£ -	£ 830.12	5	B
IE.17.11.LG	Leodis Grid	£ 1,243.00	£ -	£ -	£ -	£ -	£ 1,243.00	1	F
IE.17.12.LG	Gipton Gala	£ -	£ 1,000.00	£ -	£ -	£ -	£ 1,000.00	1	B
IE.17.13.LG	Community Participation & Learning Programme 2017/18	£ 1,400.00	£ 1,400.00	£ -	£ -	£ -	£ 2,800.00	1	H
IE.17.14.LG	Money Buddies	£ 3,376.00	£ -	£ -	£ -	£ -	£ 3,376.00	4	F
IE.17.15.LG	Tea Time Club	£ 2,300.00	£ -	£ -	£ -	£ -	£ 2,300.00	1	B
IE.17.16.LG	Mural & Mosaic for Glensdale Mount	£ 1,000.00	£ -	£ -	£ -	£ -	£ 1,000.00	1	C
IE.17.17.LG	Harehills Festival - Awaiting Approval	£ -	£ 2,000.00	£ -	£ -	£ -	£ 2,000.00		B
IE.17.18.LG	Football coaching and skills summer camp Gipton and Harehills	£ -	£ 1,920.00	£ -	£ -	£ -	£ 1,920.00	2	B
IE.17.19.LG	Cafe and Community Hub	£ -	£ -	£ 4,000.00	£ -	£ -	£ 4,000.00	1	F
IE.17.20.LG	Friday Youth Hub	£ -	£ -	£ 5,880.00	£ -	£ -	£ 5,880.00	2	B
IE.17.21.LG	Boggart Hill Fencing	£ -	£ -	£ -	£ -	£ -	£ -	1	A
IE.17.22.LG	Harehills Bonfire Night Activities 2017	£ -	£ 2,582.00	£ -	£ -	£ -	£ 2,582.00		A
IE.17.23.LG	RadhaRaman Festival 2017	£ -	£ 800.00	£ -	£ -	£ -	£ 800.00		E
IE.17.24.LG	Lincoln Green Flowerbeds and 3 signs	£ 920.00	£ -	£ -	£ -	£ -	£ 920.00		E
IE.17.25.LG	Gipton & Harehills Soccer Project	£ -	£ 6,000.00	£ -	£ -	£ -	£ 6,000.00		B
	Total of schemes approved in 2017-18	£ 53,637.69	£ 65,298.70	£ 50,458.73	£ -	£ -	£ 169,395.12		

Total Spend for 2017-18 (incl b/f schemes from 2016-17)	£ 80,097.12	£ 75,331.85	£ 70,279.45	£ -	£ -	£ 225,708.42	
Total Budget Available for projects 2017-18	£ 89,891.77	£ 79,352.27	£ 107,866.70	£ -	£ -	£ 277,110.74	
Remaining Budget Unallocated	£ 9,794.65	£ 4,020.42	£ 37,587.25	£ -	£ -	£ 51,402.32	
Youth Activity Fund						£ 77,918.79	2

	Old Key		
1	Supporting Communities and Tackling Poverty	£ 188,210.58	1
2	Being a Child Friendly City	£ 91,968.79	2
3	Dealing Effectively with the City's Waste	£ -	3
4	Promoting Sustainable and Inclusive Economic Growth	£ 4,876.00	4
5	Delivery of the Better Lives Programme	£ 4,670.12	5
6	Becoming a more Efficient and Enterprising Council	£ -	6

£ 289,725.49

	New Priority Key 2017/18		
a	Be safe and feel safe	£ 27,582.00	a
b	Enjoy happy, healthy, active lives	£ 139,990.14	b
c	Live in good quality, affordable homes within clean and well cared for pla	£ 5,898.00	c
d	Do well at all levels of learning and have the skills they need for life	£ 7,500.00	d
e	Enjoy greater access to green spaces, leisure and the arts	£ 4,720.00	e
f	Earn enough to support themselves and their families	£ 30,478.28	f
g	Move around a well-planned city easily	£ -	g
h	Live with dignity and stay independent for as long as possible	£ 9,540.00	h

Funding / Spend Items	Burmantofts & Richmond Hill	Gipton & Harehills	Killingbeck & Seacroft	Ward 4	Area Wide	Total
Balance Brought Forward from 2016-17					£ 26,384.69	£ 26,384.69
New Allocation for 2017-18				£ -	£ 55,740.00	£ 55,740.00
Total available (inc b/f bal) for schemes in 2017-18	£ -	£ -	£ -	£ -	£ 82,124.69	£ 82,124.69
Schemes approved 2015-16 to be delivered in 2017-18	£ -	£ -	£ -	£ -	£ 10,631.54	£ 10,631.54
Total Available for New Schemes 2017-18	£ -	£ -	£ -	£ -	£ 71,493.15	£ 71,493.15

Reference number	2016/17 Projects (b/f)	Burmantofts & Richmond Hill	Gipton & Harehills	Killingbeck & Seacroft	Ward 4	Area Wide	Total	New Priorities
IE.16.01.YF	Ramadan Youth Sessions	£ -	£ -	£ -	£ -	£ 3,765.00	£ 3,765.00	b
IE.16.07.YF	Bicycle Build Workshop	£ -	£ -	£ -	£ -	£ 1,500.00	£ 1,500.00	d
IE.16.08.YF	Youth Projects: How fit is your mind/Body and Mind	£ -	£ -	£ -	£ -	£ 526.94	£ 526.94	b
IE.16.14.YF	Inner East DJ Workshops	£ -	£ -	£ -	£ -	£ 2,593.20	£ 2,593.20	d
IE.16.15.YF	Harehills' Travels	£ -	£ -	£ -	£ -	£ 1,146.40	£ 1,146.40	b
IE.16.16.YF	Leeds United Foundation	£ -	£ -	£ -	£ -	£ 1,100.00	£ 1,100.00	b
	Total of Schemes Approved brought forward 2016-17	£ -	£ -	£ -	£ -	£ 10,631.54	£ 10,631.54	

Reference number	2017/18 Projects	Burmantofts & Richmond Hill	Gipton & Harehills	Killingbeck & Seacroft	Ward 4	Area Wide	Total	New Priorities
IE.17.01.YF	Next Generation	£ -	£ -	£ -	£ -	£ 2,907.00	£ 2,907.00	b
IE.17.02.YF	Lets Get Active	£ -	£ -	£ -	£ -	£ 5,673.25	£ 5,673.25	b
IE.17.03.YF	Summer Programme	£ -	£ -	£ -	£ -	£ 3,000.00	£ 3,000.00	b
IE.17.04.YF	G&H Children and Young People's Day	£ -	£ -	£ -	£ -	£ 1,000.00	£ 1,000.00	b
IE.17.05.YF	Girls Fun and Friendship	£ -	£ -	£ -	£ -	£ 5,245.00	£ 5,245.00	b
IE.17.06.YF	K&S Children and Young People's Day	£ -	£ -	£ -	£ -	£ 3,500.00	£ 3,500.00	b
IE.17.07.YF	BRH Coaching and Skills	£ -	£ -	£ -	£ -	£ 1,920.00	£ 1,920.00	d
IE.17.08.YF	K&S Coaching and Skills	£ -	£ -	£ -	£ -	£ 1,920.00	£ 1,920.00	d
IE.17.09.YF	Girls First	£ -	£ -	£ -	£ -	£ 2,324.00	£ 2,324.00	b
IE.17.10.YF	Richmond Hill Fun Days	£ -	£ -	£ -	£ -	£ 2,758.00	£ 2,758.00	b
IE.17.11.YF	Bicycle Build Workshop	£ -	£ -	£ -	£ -	£ 1,860.00	£ 1,860.00	d
IE.17.12.YF	Cycling Clubs in the Park	£ -	£ -	£ -	£ -	£ 3,700.00	£ 3,700.00	b
IE.17.13.YF	Ark Summer Youth Activities	£ -	£ -	£ -	£ -	£ 9,972.00	£ 9,972.00	b
IE.17.14.YF	Out of School Fun Activities	£ -	£ -	£ -	£ -	£ 3,246.00	£ 3,246.00	b
IE.17.15.YF	Reach	£ -	£ -	£ -	£ -	£ 3,840.00	£ 3,840.00	b
IE.17.16.YF	Summer Fun	£ -	£ -	£ -	£ -	£ 1,037.00	£ 1,037.00	b
IE.17.17.YF	Zest Youth Projects	£ -	£ -	£ -	£ -	£ 1,840.00	£ 1,840.00	b
IE.17.18.YF	Get Active Camps	£ -	£ -	£ -	£ -	£ 8,144.00	£ 8,144.00	b
IE.17.19.YF	Community Ambassadors Programme	£ -	£ -	£ -	£ -	£ 3,401.00	£ 3,401.00	d
	Total 2017/18 Projects	£ -	£ -	£ -	£ -	£ 67,287.25	£ 67,287.25	
	Total Spend for 2017-18 (incl b/f schemes from 2016-17)	£ -	£ -	£ -	£ -	£ 77,918.79	£ 77,918.79	
	Total Budget Available for projects 2017-18	£ -	£ -	£ -	£ -	£ 82,124.69	£ 82,124.69	
	Remaining Budget Unallocated	£ -	£ -	£ -	£ -	£ 4,205.90	£ 4,205.90	

New Priority Key 2017/18			
a	Be safe and feel safe	£ -	a
b	Enjoy happy, healthy, active lives	£ 64,724.59	b
c	Live in good quality, affordable homes within clean and well cared for places	£ -	c
d	Do well at all levels of learning and have the skills they need for life	£ 13,194.20	d
e	Enjoy greater access to green spaces, leisure and the arts	£ -	e
f	Earn enough to support themselves and their families	£ -	f
g	Move around a well-planned city easily	£ -	g
h	Live with dignity and stay independent for as long as possible	£ -	h

Report of: Jane Maxwell, East North East Area Leader

Report to: Inner East Community Committee – Burmantofts & Richmond Hill, Gipton & Harehills. Killingbeck & Seacroft wards

Report author: Neil Young, Area Officer, Tel: 0113 3367629

Date: 30th November 2017 **To Note**

Community Committee Update Report – November 2017

Purpose of report

This report provides an update on the work programme of the Inner East Community Committee and the Communities Team, including recent successes, current challenges and on-going pieces of work.

Main issues

1. Since the last Community Committee, work has progressed in a number of areas, including via ward member meetings and the local Neighbourhood Improvement Partnerships.

2. As part of the summer engagement offer the Communities Team planned and delivered Harehills Festival 2017. The Festival took place on 24th September 2017 in Banstead Park. The festival had its most successful year with over 3,000 people throughout the day, enjoying a wide range of activities including climbing wall, inflatables, donkey rides, litter picking races, guess the littering fine, planting your own pot and arts & crafts. Organisations and services distributed information including ‘My Harehills’ folders containing information relating to services and activities in Harehills. Several food stalls provided cultural food including Asian, Roma and Caribbean. Looking forward, the Communities Team will work with residents and local groups and organisations to create a ‘Harehills Festival Planning Group’ with the intention of forming a constituted group to take over the planning and running of the festival with support from ENE Communities Team.

3. Throughout summer 2017 a team of 10 young people undertook Youth Activity peer inspections across the city over 11 days, visiting activities that were funded through Youth Activity grants. The peer inspectors were age 8-17 years and representative of young people across the city. The inspections included questions about accessibility and inclusion, safety, advertising of events and value. The peer inspectors gained in confidence, knowledge and leadership and many of the inspectors completed their Leeds Youth Award level 1 and 2. The overall feedback from the inspections was that the events and activities were well attended and organised, enjoyed by attendees and would attend in the future. The peer inspectors have created a short film about the summer inspections to support the work they have carried out and to coincide with this report *https://www.youtube.com/watch?v=qDEX9QlCYd*

4. Housing Leeds have arranged and delivered a several environmental action days in Seacroft during October and November. These took place in the Eastdeans, Hansbys and the two Seacroft Gate blocks. The action day took place on Friday 27th October 2017. Community Payback were involved and undertook general cutting back of shrubs and greenery and cutting back grass encroachments on to pathways. LASBAT, Cleaner Leeds, Environmental Action Housing officers and the Hugo bus attended and assisted in the clean-up. A total of 4 skips were filled with waste and removed. A further multi-agency action day took place on 23rd November, tackling Foundry Mill Street, Foundry Mill Crescent, Foundry Mill Walk and Foundry Mill Terrace.

5. St. Hilda's Church Advice Drop-in in Cross Green will now run until the end of March 2018. The drop-in takes place every second and fourth Monday of the month 1pm-3pm. The drop-in is support by St. Vincent's, Connect for Health, Zest, Cross Green Community Group and Money Buddies. Advisors are available to discuss issues including money and debt, employment and training, local services and housing. Average attendance is 5 people per session and advice has been given on a range of issues including energy comparison, volunteering and employment opportunities, food banks and benefit entitlement, homelessness and domestic abuse. The Communities Team are working towards recruiting volunteers to hold a Community Drop-in to run on every first and third Monday of the month. Possible themes for the drop-in could be local history group, photography, coffee and a chat etc.

6. The East Leeds Debt Forum met on 14th November do discuss on-going partnership work around financial inclusion and personal financial management. The meeting of the group is an opportunity for services and organisations who work in this field to share information about on-going work and explore avenues for closer working and signposting. Amongst the issues discussed at the most recent meeting were advances in getting financial awareness issues into local schools. Leeds Credit Union now have links with 31 schools in Leeds, largely through their savings schemes.

7. The Joint Inner East and Inner North East Public Health workshop took place on Thursday 5th October 2017. The workshop included attendance from community champions, officers from Public Health and third sector heath partners. The workshop discussed continuing to cover the10% most deprived areas and moving from 4 partnerships to 2 networks that will cover Inner North East and Inner East. The rationale for this change is to develop a more flexible and efficient approach to partnership working, organisations spanning multiple areas, align with community committee areas and to evolve with changes in public health and local communities.

An overview of public health work and initiatives across Inner East is attached to this report as **Appendix 1**.

8. Following the confirmation in September that East Leeds had been successful in bringing in £1.5 million from the European Union's Community Led Local Development (CLLD) fund, plans have been progressing to establish the local infrastructure for administering the funding. A CLLD Programme Team has been brought together within the council as the accountable body to oversee the process and the membership of a Local Action Group (LAG) for East Leeds is also nearing completion. The LAG's membership is comprised of representatives from the public, private and voluntary sectors and it will act as a decision making body for funding applications that are received for employment and enterprise initiatives in East Leeds.

9. Leeds has submitted its first stage bid to become European Capital of Culture 2023. To celebrate, music, food, street entertainment and workshops took place on the 27th October 2018 as Quarry Hill was pedestrianised for the 'Big Send Off'. Live music from groups such as Power of 5, a band of youngsters from South Asian Arts UK performed and added to the great atmosphere as people enjoyed food and refreshments from Leeds Indie Food, North Brew Co. and local restaurants that attended the occasion. The West Yorkshire Playhouse also held activities for children during the event. The decision on the successful bidder is due in the midway through 2018.

10. The Inner East Housing Advisory Panel have received 31 funding applications from 1st April 2017 to 3rd November 2017. The Inner East Panel covers the Killingbeck and Seacroft ward. From the 31 applications received to date 4 were deferred, 4 rejected, 4 projects cancelled, 5 at concept stage, 4 in progress and 10 approved. Appendix 2 attached to this report provides an overview of all the IE HAP applications and decisions made to date this financial year. The next Inner East Housing Advisory Panel meeting will be held on 14th December 2017.

11. The Outer East Housing Advisory Panel have received 32 funding applications from 1st April 2017 to 3rd November 2017. The Outer East Panel cover Burmantofts & Richmond Hill and Gipton & Harehills. From the 32 applications received 1 was deferred, 5 rejected and 26 approved. Appendix 3 attached to this report provides an overview of all the OE HAP applications and decisions made to date this financial year. The next Outer East Housing Advising Panel meeting will be held on 14th December 2017.

Conclusion

The work of the Communities Team in partnership with council departments, external partners and with elected members is working towards the priorities of the Community Committee and the aspirations of the new neighbourhood improvement approach. This programme of work should be seen as a work in progress which is consolidating the Community Committee's role as a local decision-making body by strengthening the links between the local authority and the communities it serves.

Recommendations

The Committee is requested to:

1. Note the contents of the report and make comment where appropriate.

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Inner East Community Committee Public Health Update – November 2017

Liz Boniface – Inner East Update

1. Community Development - Better Together Contract delivered by Orion Consortium
    - Service has now been running successfully since April 2017 achieving high standards of delivery across 10% most deprived Inner East and Inner North East parts of Leeds.
    - Over 5,000 community members have been engaged through a range of methods including door to door outreach, organising events, getting involved in festivals, fun days and gala's, flyering, social media, local radio and specific community development work such as 'I do like to be beside the Seacroft'.
    - In addition to this they have delivered an impressive range of group and individual support to increase social capital and resilience in the area. This has included physical activity, friendship groups, mental health support such as 'art inside me', arts and crafts, men's health groups, budgeting, cooking and job clubs.
    - The service is being monitored using Wellbeing wheels, and SWEMWBS which will be available at the end of the year to measure impact on emotional wellbeing and health.
2. Best Start Peer Support Service delivered by Touchstone
    - The service was funded through Leeds South and East CCG and has now run two well attended courses developing peer support in Inner East and South areas around best start.
3. Diabetes Prevention and Treatment
    - Diabetes is a growing concern nationally and continues to increase in prevalence across Inner East Leeds.
    - There are a number of services commissioned to tackle this. There is a general diabetes prevention programme that can be accessed via GP for people who are identified as at risk. This could be via an NHS Health Check. There is also a treatment programme specifically for BME groups delivered by Touchstone for those who have been diagnosed as diabetes is more common in certain BME groups.
4. Inner East Safe Sleeping Scheme (funded by Inner East Housing Advisory Panel and Wellbeing Fund)
    - This scheme has been developed to help tackle the issue of high infant mortality in the Gipton and Harehills ward in particular. The Compton Centre have been leading the scheme working closely with Public health and other local partners as a joint effort to offer a support package (including moses basket bundle) to highly vulnerable families with new born babies. There are approximately 50 bundles available and some very promising outcomes are already being seen.
5. Current piece of work in development in the area around faith and health asset mapping in Harehills which local community members have been invited to. This is being led by Leeds University.
6. LS14 trust recently completed a 12 month community food research project commissioned by North CCG, which looked at relationships between health, social networks and food in the North Seacroft community. They concluded that more investment should be made into genuine community building. Quoted from the Eat report; 'Potentially the biggest impact that we could make would be to focus less on what we eat and more on how we eat.

Whereas isolation and unhealthy norms/ behaviours can have a detrimental impact on health, good community and positive norms can give individuals the resources they need to make all sorts of personal progress towards holistic health.

7. **CAREVIEW**-Social Isolation App is an app that can work on any smart mobile device and can help reconnect socially isolated residents to their communities and services which can help improve and maintain their health. **CAREVIEW** is currently being tested in the 6 x 1% priority neighbourhoods (3 of which are in the Inner East) and further afield in a selection of the 10% most deprived wards. The trial is funded by NHS England New Pioneer Fund for 12 months. It works by looking for signs of neglect in the built environment e.g. house in disrepair, untidy garden or post piling up. This may indicate the presence of a socially isolated resident who may require some support and help. A quick push of a button on the app puts a blob of light on a heat map. The heat map is then followed up by Leeds City Council Better Together Contract Outreach Teams who door knock and leaflet to see if any community members require help.
8. Leeds South and East CCG have funded a range of Mental Health courses across the South East of the city. The delivery of these free courses has begun and will be offered until July 2018. The courses are open to all who live or work in the area and care has been taken to cover a variety of venues to make access easy for all.

City Wide Update

1. Winter Wellbeing

The Public Health England Cold Weather Plan for England gives advice on preparing for the effects of winter weather on people's health. There are too many avoidable deaths each winter in England primarily due to heart and lung conditions from cold temperatures rather than hypothermia.

The Cold Weather Plan for England helps to raise the public's awareness of the harm to health from cold, and provides guidance on how to prepare for and respond to cold weather which can affect everybody's health.

What is Leeds doing?

- Organisations and frontline workers are encouraged to identify vulnerable people and target them with high impact interventions to keep people well and warm. There is a winter wellbeing checklist and a cold weather intervention checklist available in Leeds to act as a guide.
- Those who work with vulnerable people are encouraged to sign up to Met Office Cold Weather Alerts.
- Encouragement is given for frontline workers to take appropriate action according to the Cold Weather Alert level in place and use professional judgement.
- Opportunities should be taken for closer partnership working with the voluntary and community sector to help reduce vulnerability and to support the planning and response to cold weather

Public Health are also supporting this work by partnering with Leeds Community Foundation

to offer Winter Wellbeing grants across the city. The panel for the grant awards was held on 23rd October with successful applicants being informed by the beginning of November. Successful applicants in Inner South include Basis Yorkshire, Groundwork Leeds, Holbeck Elderly Aid and Rags to Riches

2. Best Start

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

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

3. One You Leeds

A new free healthy living service called " One You Leeds " which helps people improve their lifestyle and health, launched at the start of October.

One You Leeds will offer programmes for people who want to change their lifestyle behaviour including: stopping smoking, managing their weight, eating more healthily, learning how to cook and being more physically active.

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

Although One You Leeds will prioritise delivery of face to face services in the areas of the city where poor health relating to lifestyle choices is worse, services can be accessed by **any** resident in Leeds. The service will also offer a range of online self-help material.

Frontline staff can refer clients to the service using the referral form on the health professional area of the website:

Online at www.oneyouleeds.co.uk/health-professionals-referral

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

Find out more at: www.oneyouleeds.org.uk or call 0800 169 4219

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Inner East Housing Advisory Panel - Budget Analysis 2017-2018

Savings On Accrual 2017-18	
Total Budget	£53,657.02

APPENDIX 2

Unique Bid Ref	Evaluation	Date	Order Status	Supplier	Project Description	Match	Budget
IE_04_1718		9th March 2017	on going		Community Payback RETURNED TO THE PANEL		
IE_01_1718		11TH May	complete		Young persons day out	£ 750.00	£ 750.00
IE_09_1718		11TH May			Welcome sign at Saxton gardens		REJECTED
IE_10_1718		11TH May	complete		Gipton Together gala	£ 1,000.00	£ 1,000.00
IE_11_1718		11TH May			Tackling Digital inclusion BME communities		REJECTED
IE_12_1718	12.7.2017	11TH May	complete		Burmantofts gala	£ 3,500.00	£ 1,000.00
IE_13_1718		29TH June	on going		LACON	£ 1,050.00	£ 950.00
IE_14_1718		29TH June	on going		East Leeds Cultural showcase	£ 6,000.00	£ 1,000.00
IE_15_1718		29TH June	on gping		Street work soccer	£ 8,480.00	£ 2,000.00
IE_17_1718	1.8.2017	29TH June	order raised	Parks	Chatsworth Road gate		£ 650.00
IE_18_1718		29TH June	order raised		Harehills festival	£ 2,000.00	£ 1,000.00
IE_02_1718		29TH June	order raised	Parks	Darfield Road remove bushes	£ 695.00	£ 800.00
IE_06_1718		29th June			Easterly Mount Lighting DEFFERED SEEK TASKING FUNDING		
IE_08_1718		29th June			Denbigh shrub beds REJECTED		
IE_21_1718		29TH June	on going		Gardening Scheme	£ 625.00	£ 625.00
IE_19_1718		29TH June	on going		Mural art work	£ 2,000.00	£ 1,000.00
IE_20_1718		29th June	complete		Connect trip		£ 1,000.00
IE_22_1718		29TH June	complete		Zest youth project	£ 1,839.00	£ 1,000.00
IE_23_1718	22.8.2017	29TH June	complete		Lark In the park	£ 6,800.00	£ 500.00
IE_30_1718		24TH August	order raised		OIL youth project	£ 1,900.00	£ 950.00
IE_31_1718		24TH August	order raised		St Augustines Xmas party		£ 700.00
IE_32_1718		24TH August	order raised		Stoney Rock Xmas party		£ 1,000.00
IE_27_1718		24TH August	order raised		Saxton gardens trip summer event	£ 300.00	£ 700.00
IE_33_1718		24TH August	order raised		Spring Close gardens Xmas party		£ 700.00
IE_34_1718		24TH August	order raised		Youth Cooking project	£ 500.00	£ 1,000.00
IE_36_1718		24TH August	order raised		Foodbank	£ 12,128.00	£ 1,429.81
IE_25_1718		19th October			Amberton Crescent Parking		£ 3,245.48
IE_37_1718		19th October			Play Area to Lindsey gardens	£ 10,000.00	£ 5,000.00
IE_38_1718		19th October			Cross Green Community Garden HUB	£ 58,000.00	£ 7,000.00
IE_29_1718		19th October			Planters on Beckett Street	£ 819.38	£ 819.38
IE_39_1718		19th October			Amberton Crescent- Close ditches REJECTED		
IE_40_1718		19th October			Christmas Tree for Gipton Fire Station REFECTED		
						£118,386.38	**£35,819.67**

EXPENDITURE SUMMARY	Total Budget	% Spent/Left	Match Funding
Year to Date	53,657.02	100%	£118,386.38
Actual Commitment YTD	35,819.67	66.76%	0.00
Actual Balance YTD	**17,837.35**	33.24%	118,386.38

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Outer East HAP - Projects 2017 – 2018
Last updated 3 November 2017

HAP : No	HAP bid	Project	Update /Action	Amount Requested	Z Order	Com or Env	Progress
OE.01.1718	Queensview pictures	Pictures for the communal areas	• Application received • Going to HAP 4/10/17 • Approved	£500 max			**Approved – order to be raised**
OE.02.1718	Seacroft Gala	Funding towards the event	• Application received • Panel approved – April 2017	£1900.00	KI0219		**completed**
OE.03.1718	Seacroft Green planters	Planters	• Application received • Panel rejected – April 2017	£1005.00			**Rejected**
OE.04.1718	Barncroft Towers - Hayracks	Hayracks to front of high rise	• Application received • Panel approved – April 2017 with CP to provide the plants and do the planting	£768			**completed**
OE.05.1718	Transport to Northern college	Funding for transport	• Application received • Approved by panel	£170	AI8908		**completed**
OE.06.1718	Friday youth hub	Youth activities	• Application received • Panel rejected – June 2017	£5880.00			**Rejected**
OE.07.1718	Seacroft good garden project	Funding for prizes	• Application received • Approved by panel – June 2017	£720			**Deferred to 2018/19**
OE.8.1718	Brooklands Close – play area	Play area	• Awaiting application				**Concept stage**

HAP : No	HAP bid	Project	Update /Action	Amount Requested	Z Order	Com or Env	Progress
			• Consultation completed during action day, residents have requested a play area?				
OE.09.1718	Maryfield Court – bin management	Bin management	• Nor feasible				**cancelled**
OE.10.1718	Bailey Towers – bin management	Bin management	• Application received • Consultation completed • LEDA completed • Quote received • Going to panel 4/10/17 • Approved • Requested order raising 6/10/17	£3220.36			**Approved – requested order to be raised 6/10/17**
OE.11.1718	Barncroft Heights - ramp	Provide ramp to bin area	• Application received • Consultation completed • LEDA completed • Going to panel – August 2017	£717.28			**Rejected**
OE.12.1718	Parkway Grange – CCTV and lighting	Additional CCTV and lighting	• Application received Confirmation the CCTV is part of the enhanced block project therefore not HAP funded. • Quote received for the additional lighting, going to panel 13 December •	£814.86			**Going to panel 14/12/17**
OE.13.1718	Moresdale Lane - fencing	Fencing	• Application received • Consultation completed • LEDA completed • Quotes received • Approved by panel 2/8/17	£6438.14			**Approved £6438.14 – awaiting start date**

HAP : No	HAP bid	Project	Update /Action	Amount Requested	Z Order	Com or Env	Progress
			• Requested order raising 4/8/17				
OE.14.1718	Barncroft Court - furniture	Furniture for communal room	• Application received • Approved at panel •	£208.05	Z933996		**completed**
OE.15.718	Young people event	Funding for youth activities	• Application received • Approved at panel	£2160	Z932435		**completed**
OE.16.1718	Highways maisonettes – play area	Play area	• Awaiting application • Consultation has gone out • Confirmation from housing officer the area is still used as drying areas • Put to panel the idea and issues – project not going ahead • Letters to be sent to residents				**cancelled**
OE.17.1718	OIL – Opportunities Inspiring Learning	Bike build project for youths	• Application received • Approved 2/8/17	£950	OP3519		**Approved - completed**
OE.18.1718	Seacroft South – fun day	Fun day	• Application received • Put to the panel August meeting, agreed fun day however deferred to next year but using this years budget • Deferred 2018/19	£1000			**Deferred 2018/19**
OE.19.1718	Fearnville Rd maisonettes – bin management	Bin management	• Application received • Site visit arranged • Quote received • Consultation sent out 4/8/17	£10035.36			**In progress**

HAP : No	HAP bid	Project	Update /Action	Amount Requested	Z Order	Com or Env	Progress
			• LEDA requested 11/8/17 • Consultation returned, 13 responses, 6 approve and 7 reject • Fire safety information suggests this should still go ahead • Further consultation with residents to be arranged re fire safety advice before next steps				
OE.20.1718	Parkway Towers – parking	Install parking bays	• Application received • Site visit arranged • Quote received - £20k • Further site visit arrange w/c 25/9/17 with Highways, awaiting the quote •				**Concept stage**
OE.21.1718	Brooklands Close	Play area	Cancelled – duplication of OE.08.1718				**Cancelled**
OE.22.1718	North Parkway – fencing	fencing to prevent cars crossing the grassed area	• Application received • Quite received • LEDA requested 8/9/17 • Approved by Ian • Going to panel 4/10/17 • Approved	£2210.00			**Approved – requested order to be raised 6/10/17**
OE.23.1718	Trussel Trust - food bank	City wide project – beyond the food parcel	• Application received • Going to panel 4/10/17 • Rejected • Applicant advised	£574.81			**Rejected**
OE.24.1718	Queensview – treadmill	Treadmill for walking club	• Application received • Issues re safety – application cancelled	£199.99			**Cancelled**
OE.25.1718	Church Close/Hansby	Install staggered barrier	• Application received • Awaiting site visit for quote	£975.35			**In progress**

HAP : No	HAP bid	Project	Update /Action	Amount Requested	Z Order	Com or Env	Progress
	Place – staggered barrier		• Site visit arranged 10/10/17 and quote recived • Consultation sent out 31/10/17				
OE.26.1718	Highways maisonettes – fencing and gates	Install new fencing and gates	• Application received • Awaiting site visit and quote • Site visit arranged 10/10/17 and quote received • Consultation sent out 31/10/17	£1345.12			**In progress**
OE.27.1718	Bumps & Babes in Seacroft	Exercise for pregnant women and new mums	• Application received • Approved by Ian 19/9/17 • Going to panel 4/10/17 • Deferred, the panel require more information, invite sent to applicant to attend the next HAP meeting in December	£1800.00			**In progress Deferred**
OE.28.1718	Queensview Xmas party	Xmas event	• Application received • 6 October emailed panel members the bid due to it being time critical and can't wait until the next meeting in Dec	£200	QU9120		**In progress**
OE.29.1718	Mardale Crescent fencing	fencing	• Application received				**Concept stage**
OE.30.1718	Ironwoods & Dufton Approach planting	Low maintenance plants for communal areas	•				**Concept stage**
OE.31.1718	Coldwell Road – parking	Additional parking	•				**Concept stage**
			•				

As part of the update from the Best Council Plan and other amendments to things like HAP application form and guidance notes, the HAP Tracker 2017/18 has been amended so that column I which was the ***Best Council Priority*** is now ***Best Council Outcome***, with the following drop downs:

- Be safe and feel safe
- Enjoy happy, healthy, active lives
- Live in good quality homes within clean and well cared for places
- Do well at all levels of learning, and have the skills they need for life
- Enjoy greater access to green spaces, leisure and the arts
- Earn enough to support themselves and their families
- Move around a well-planned city easily
- Live with dignity and stay independent for as long as possible

Community Committee

Leeds CITY COUNCIL

Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Inner 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: 30 November 2017 **To note**

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

1. Purpose of report

1.1 The purpose of this paper is to provide the Inner 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 Inner 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.

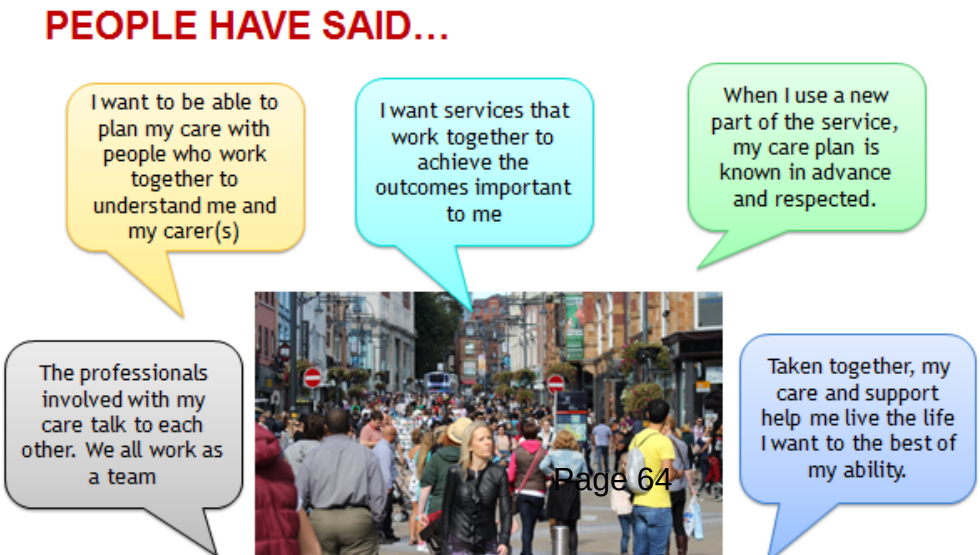
3.4 The Leeds Plan conversation has been supported by partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch and Youthwatch Leeds, Third Sector in addition to local area Community Committees. Discussion at Leeds City Council Executive Board on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



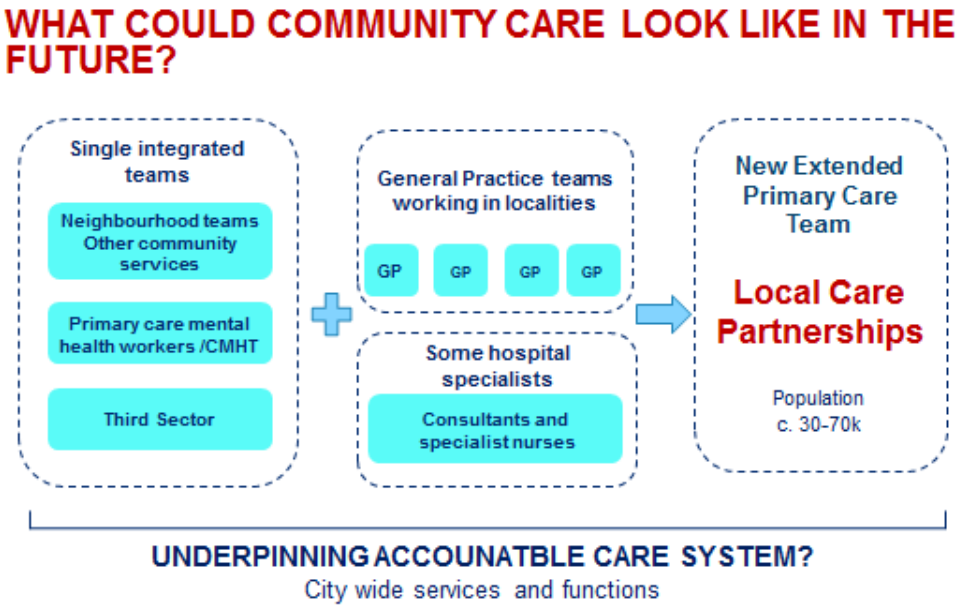
4.2 The starting point to changes in Leeds is the already established pioneering integrated health and social care teams linked to thirteen neighbourhoods (Integrated Neighbourhood Teams). This means that the basis of joint working between community nursing and social workers and other professionals 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 Inner 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 – Inner East Community Committee Public Health Profile and Draft Area overview profiles for Seacroft and Chapeltown Integrated Neighbourhood Teams (INTs)

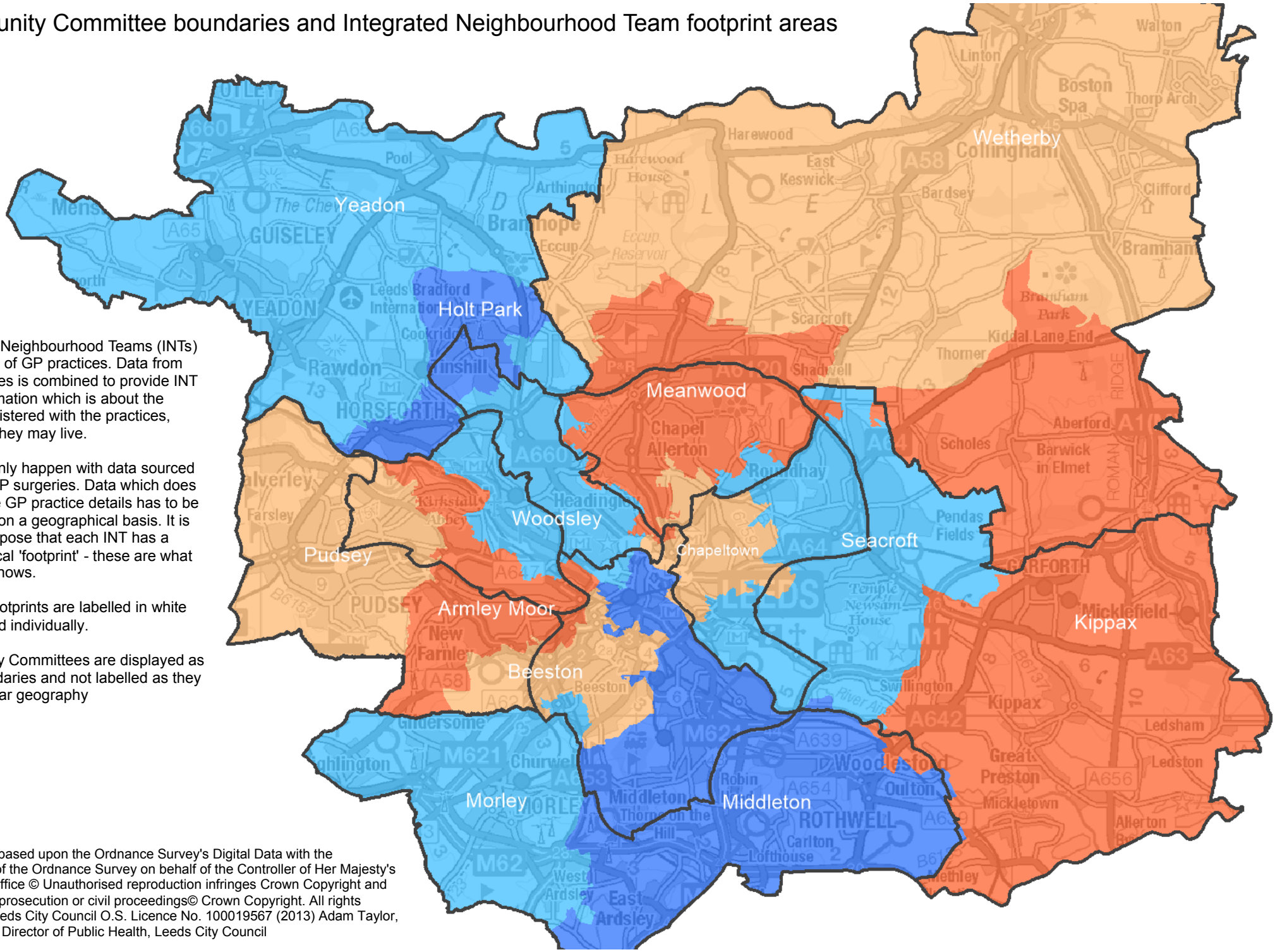
The Leeds public health intelligence team produce public health profiles at various local geographies Middle Layer Super Output Area, Ward and Community Committee.

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
- Inner East Community Committee Public Health Profile
- Draft Area overview profiles for Seacroft and Chapeltown 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

Inner East Community Committee 2017.pdf

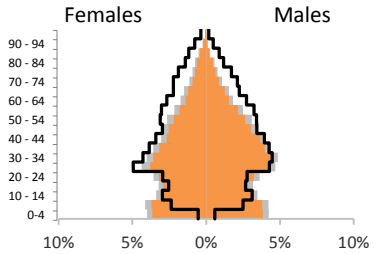
Area overview profile for Inner East Community Committee

This profile presents a high level summary of data sets for the Inner 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: 94,113 45,225 48,888



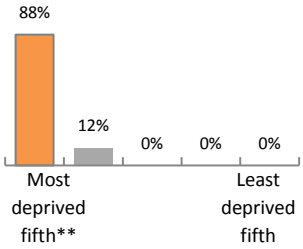
Comparison of Community Committee and Leeds age structures in April 2017. Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	6,341	40%	71%
Pakistani	2,166	14%	7%
Black - African	2,063	13%	5%
Any other white background	1,348	8%	5%
Bangladeshi	658	4%	1%

(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.



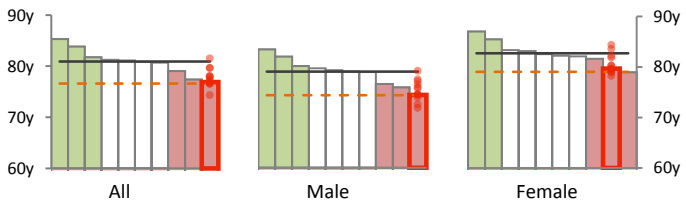
Pupil language, top 5	Area	% Area	% Leeds
English	9,637	65%	87%
Urdu	986	7%	3%
Romanian	532	4%	1%
Bengali	436	3%	1%
Czech	368	2%	0%

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

GP recorded ethnicity, top 5	% Area	% Leeds
White British	45%	62%
Other White Background	11%	9%
Pakistani or British Pakistani	8%	3%
Black African	8%	3%
(blank)	6%	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*

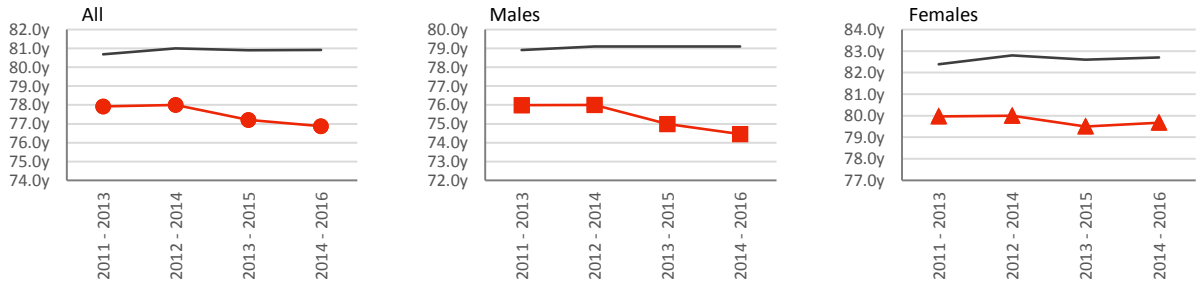


(years)	All	Males	Females
Inner East CC	76.9	74.5	79.7
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

"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.

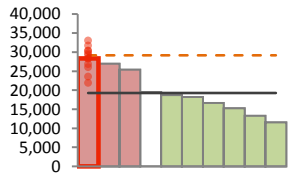
Life expectancy in this Community Committee is significantly worse than that of Leeds and it has been this way since 2011-13.



Inner East Community Committee 2017.pdf

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

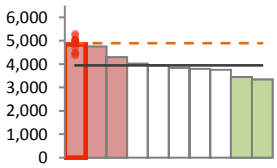
GP data



Smoking (16y+)

Inner East CC	28,309
Leeds	19,265
Deprived fifth**	29,163

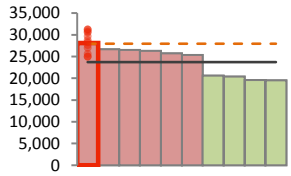
(April 2017)



CHD

Inner East CC	4,842
Leeds	3,947
Deprived fifth	4,894

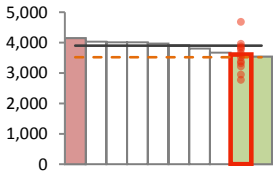
(January 2017)



Obesity (16y+ and BMI>30)

Inner East CC	28,089
Leeds	23,722
Deprived fifth	27,951

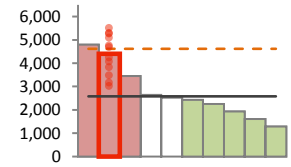
(April 2017)



Cancer

Inner East CC	3,606
Leeds	3,899
Deprived fifth	3,519

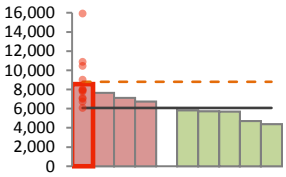
(January 2017)



COPD

Inner East CC	4,401
Leeds	2,580
Deprived fifth	4,617

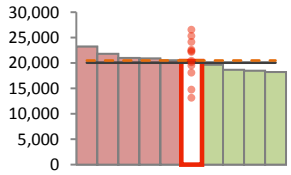
(April 2017)



Diabetes

Inner East CC	8,548
Leeds	6,076
Deprived fifth	8,802

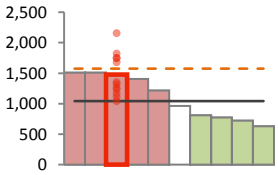
(April 2017)



Common mental health

Inner East CC	20,397
Leeds	20,060
Deprived fifth	20,496

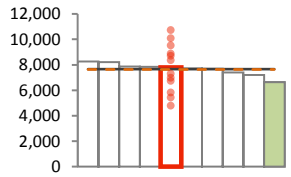
(January 2017)



Severe mental health

Inner East CC	1,475
Leeds	1,042
Deprived fifth	1,574

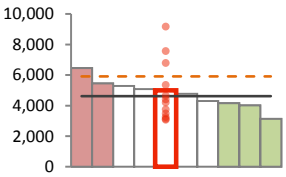
(January 2017)



Asthma in children

Inner East CC	7,793
Leeds	7,659
Deprived fifth	7,633

(October 2016)



Dementia (over 65s)

Inner East CC	5,001
Leeds	4,618
Deprived fifth	5,911

(January 2017)

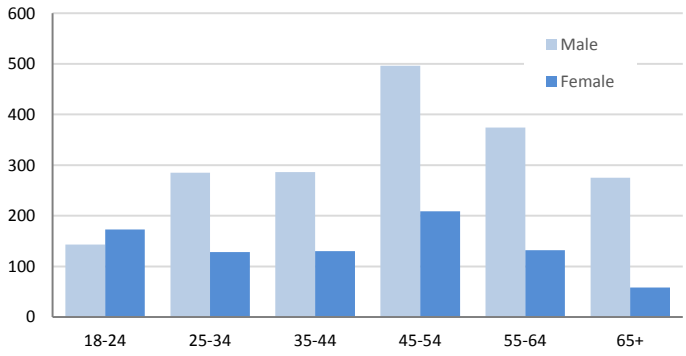
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within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

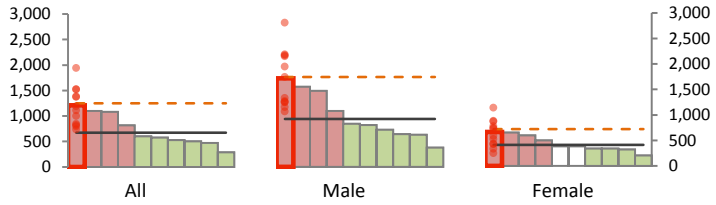
In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. This chart displays the *number* of patients living inside the Community Committee boundary who have a score of 8 or higher.



Inner East Community Committee 2017.pdf

Alcohol specific hospital admissions, 2012-14 ranked

HES



(DSR per 100,000)	All	Males	Females
Inner East	1,211	1,724	663
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?"

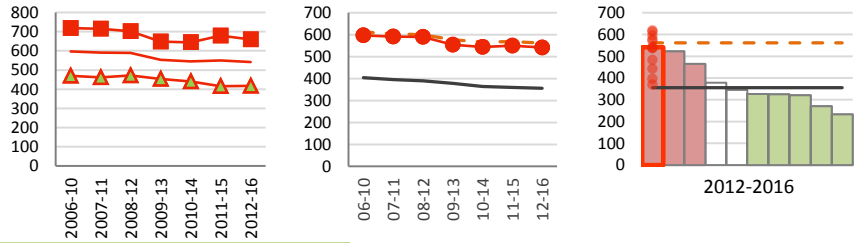
Persons
Leeds
Deprived fifth**

Shaded if significantly > Leeds
Shaded if significantly < Leeds

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

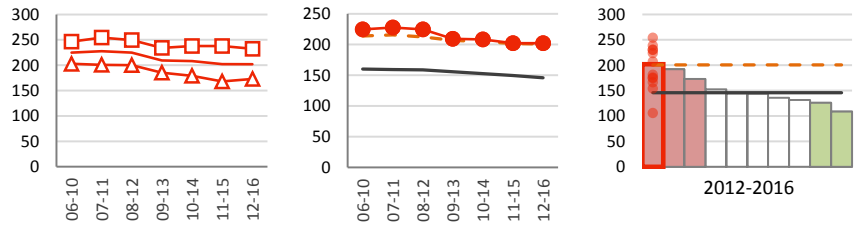
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



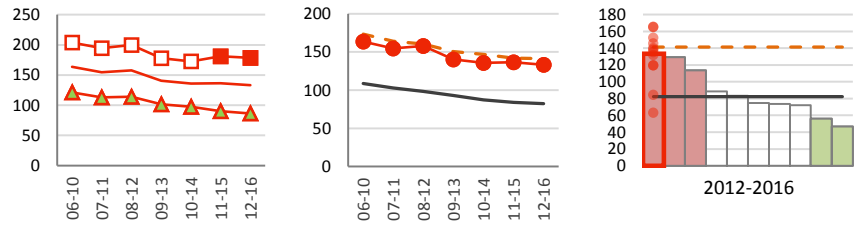
Persons (DSR per 100,000)	
Inner East CC	542
Count of deaths in 2012-16	*1,360*
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



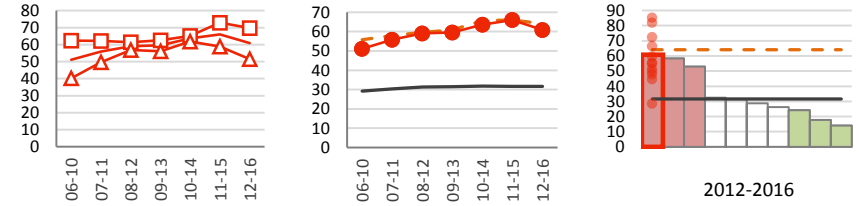
Persons (DSR per 100,000)	
Inner East CC	202
Count of deaths in 2012-16	*464*
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner East CC	133
Count of deaths in 2012-16	*317*
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner East CC	61
Count of deaths in 2012-16	*132*
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.

Inner East Community Committee 2017.pdf

Inner East Community Committee

The health and wellbeing of the Inner East Community Committee contains some variation across the range of Leeds, tending strongly towards ill health. It is the second largest Community Committee in the city, and around 9 in 10 people live in the most deprived fifth of Leeds**. Life expectancy for the Community Committee is significantly lower than Leeds for overall, it is the lowest of all in the city.

The age structure bears little resemblance to that of Leeds overall, with larger proportions of children and fewer in the older age bands. GP recorded ethnicity shows the Community Committee to have smaller proportions of "White background" than Leeds and higher proportions of some BME groups. 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 with BME groups more predominant than in Leeds.

Smoking, obesity, CHD, and diabetes are all significantly above the Leeds average, with the highest rates in Leeds. Cancer at Community Committee level is nearly significantly below the city, and two MSOAs are within the lowest four in Leeds (Harehills| Harehills Triangle), this is expected as deprived areas often have low GP recorded cancer due to non/late presentation.

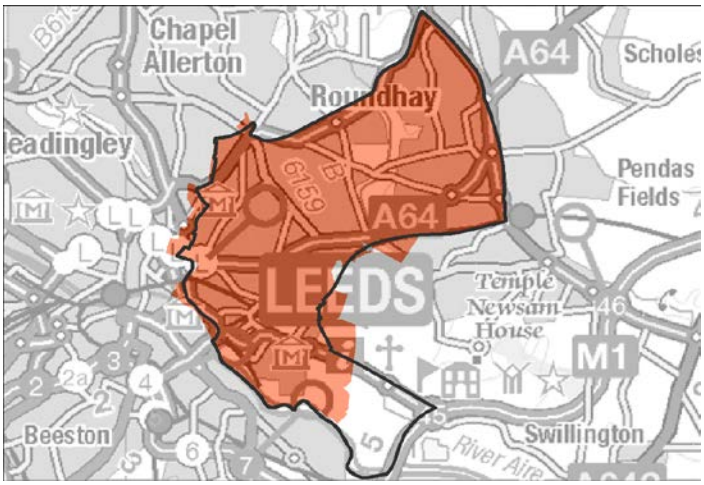
The alcohol dependency test shows the usual skewing towards male drinkers but actually shows more females in the youngest ageband. Alcohol specific admissions for this Community Committee are the highest in Leeds, and almost all the MSOAs in the area have overall and male rates significantly above the Leeds rates.

All-cause mortality for under 75s is significantly above the Leeds average for men, women and overall – it is the highest for any Community Committee in Leeds. The Lincoln Green and Ebor Gardens MSOA has the highest mortality rate in the Community Committee. Despite the high rates and large areas of deprivation in the area, male and female mortality rates are clearly different.

Cancer, circulatory and respiratory disease mortality rates are quite widely spread at MSOA level but the overall Community Committee rates are significantly higher than Leeds and have been for many years. The area has the highest rates of respiratory disease mortality in the city with many MSOAs having very high rates, and the overall figure has been climbing in recent years while the Leeds rate is static.

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 Seacroft Integrated Neighbourhood Team

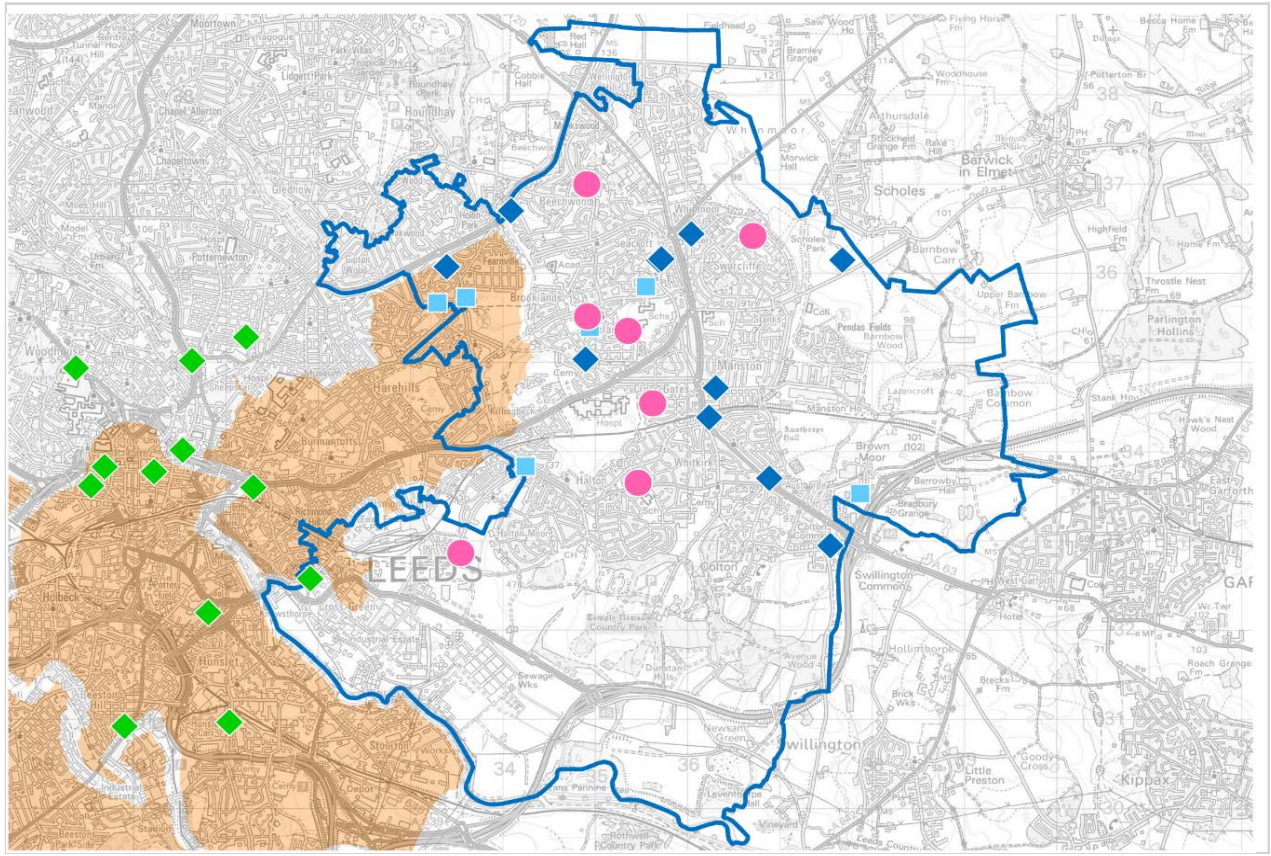
November 2017

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

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

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

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



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

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

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 Seacroft Integrated Neighbourhood Team

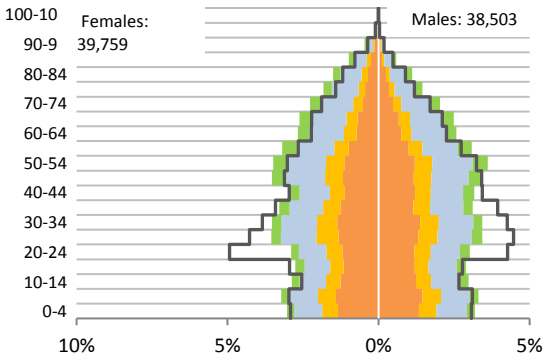
This profile presents a high level summary of data for the Seacroft Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch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

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

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

Population: 78,262 in April 2017 *GP data*

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

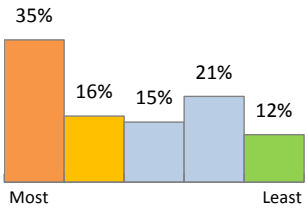


GP recorded ethnicity, top 5	% INT	% Leeds
White British	80%	62%
Other White Background	5%	9%
Pakistani or British Pakistani	2%	3%
Black African	2%	3%
Not Stated	2%	2%

(April 2017)

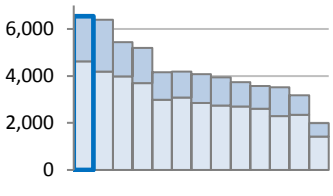
Deprivation distribution

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



Aged 74+ *(April 2017)*

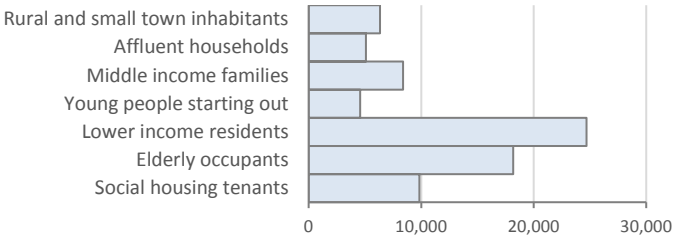
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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)*

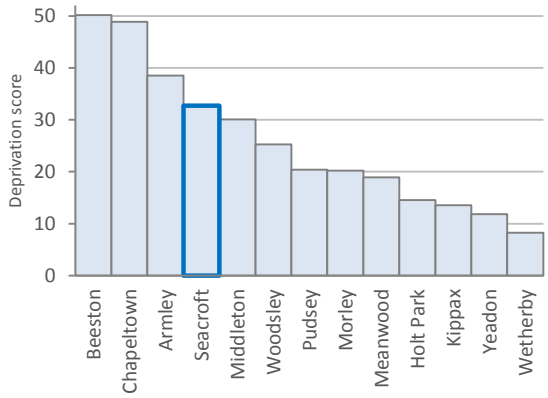
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550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

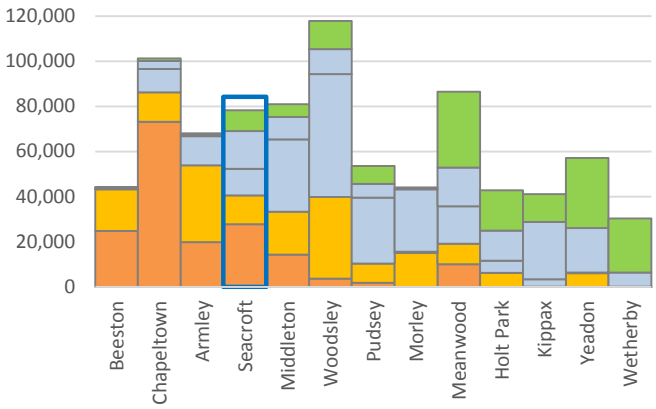
IMD2015 and GP data

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 32.7, ranked number 4 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

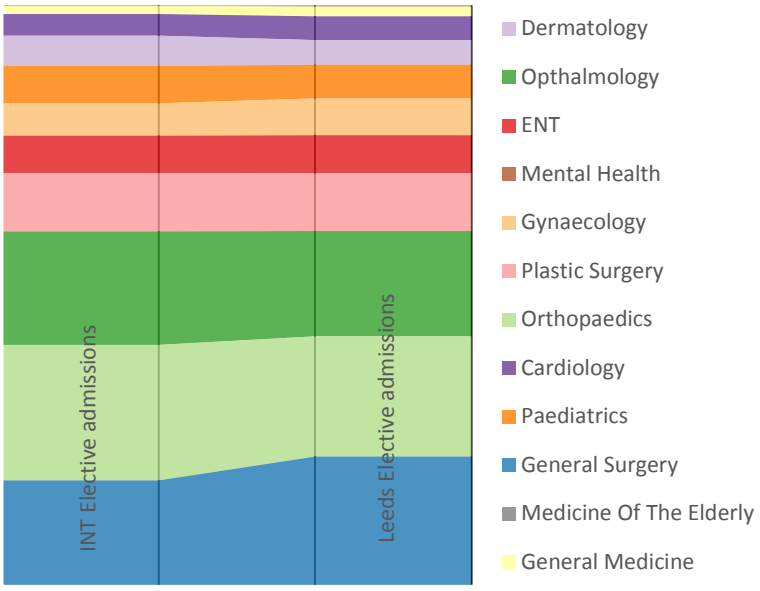


Hospital admissions for this INT by specialty (2016/17)

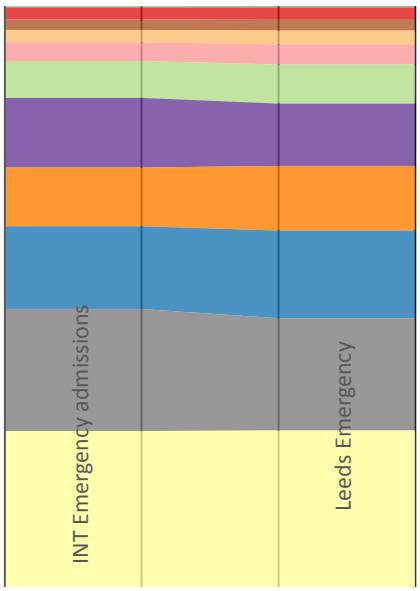
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

Non-emergency and emergency admission patterns obviously differ significantly, but of interest here is how the INT might differ to Leeds overall. The two charts 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

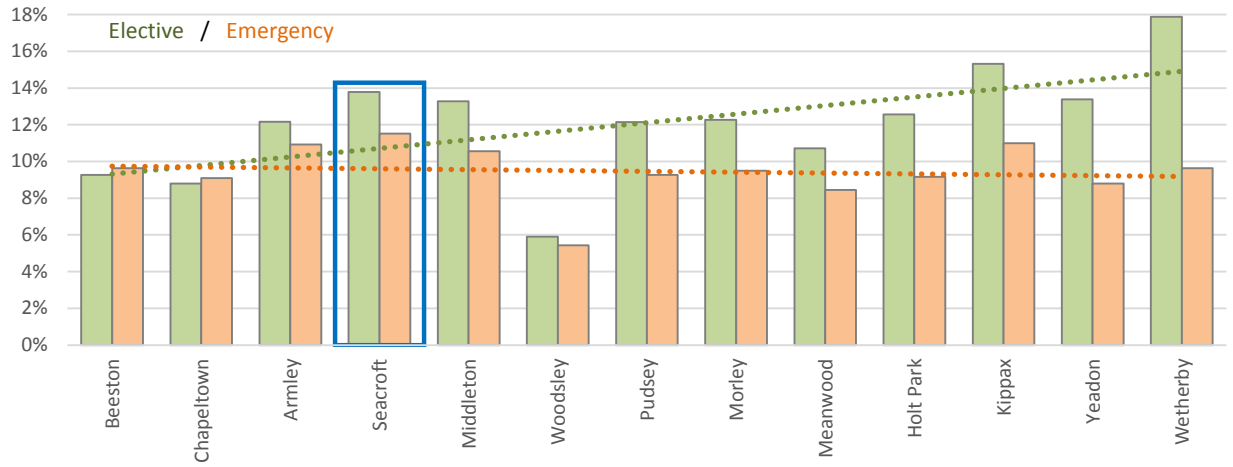


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	Orthopaedics	*13%*	11%
2nd	Opthalmology	*11%*	10%
3rd	General Surgery	*10%*	12%
4th	Plastic Surgery	*5%*	5%
5th	ENT	*3%*	4%

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

Elective and emergency admission *rates* and deprivation

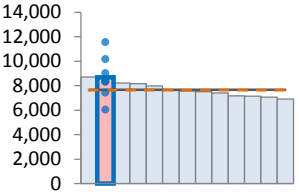
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

Asthma in children October 2016 (DSR per 100,000) — *GP data*

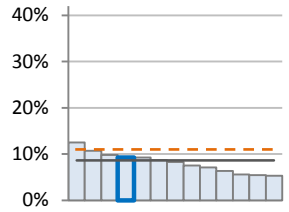


Asthma - under 16s

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

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

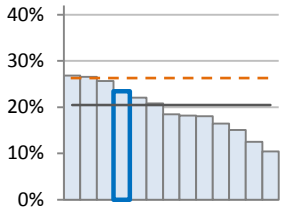
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

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

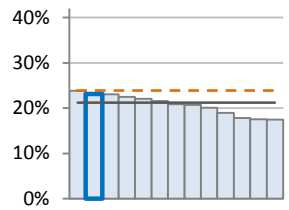
101 of 1095 children in INT



Obesity in Year 6

INT	23.5%
Leeds registered	20.5%
Deprived fifth**	26.3%

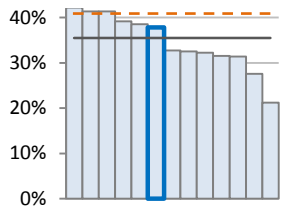
232 of 988 children in INT



Obese *or* overweight, Reception year

INT	23.1%
Leeds registered	21.2%
Deprived fifth**	23.9%

253 of 1095 children



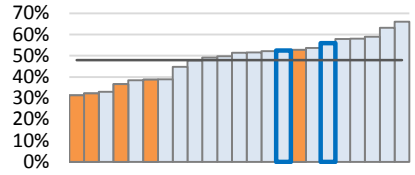
Obese *or* overweight, Year 6

INT	37.9%
Leeds registered	35.5%
Deprived fifth**	40.9%

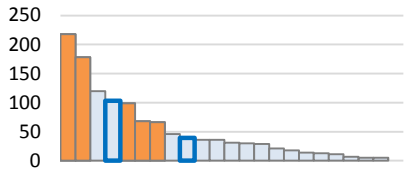
374 of 988 children

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

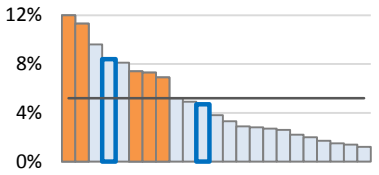
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



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



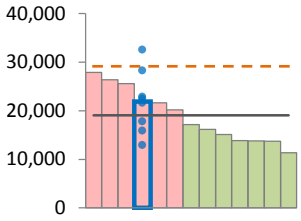
Looked after children



NEET - 'Not in education, employment or training'

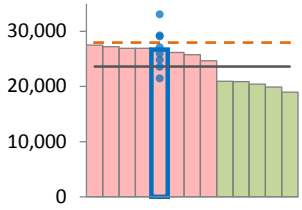
Healthy adults

GP data (April 2017)



Smoking (16y+)

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



Obesity (BMI>30)

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

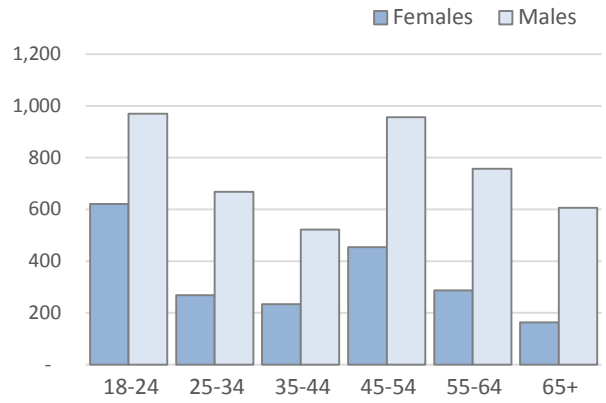
(Within the population who have a recorded BMI)

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.

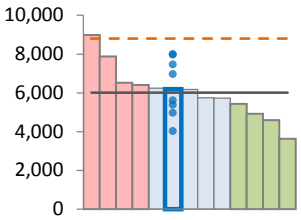


	18-24	25-34	35-44	45-54	55-64	65+
Females	620	268	234	454	287	163
Males	970	668	522	956	757	606
Persons	1,518	924	764	1,419	1,059	800

Long term conditions, adults and older people

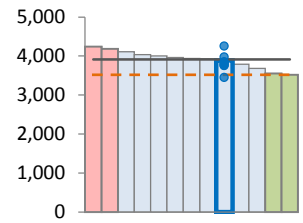
GP data

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



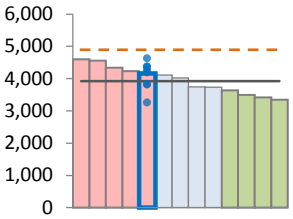
Diabetes

INT	6,199
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*4,497*



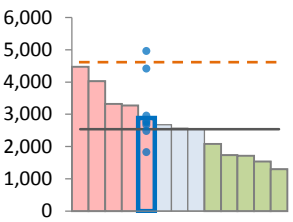
Cancer

INT	3,889
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*2,792*



CHD

INT	4,156
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*2,981*



COPD

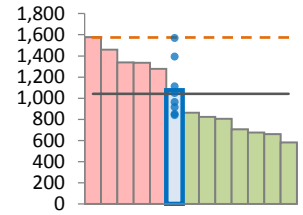
INT	2,887
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*2,069*

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

Long term conditions, adults and older people continued

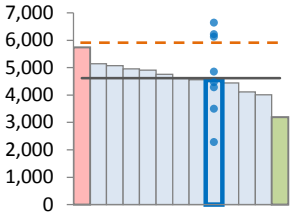
GP data (January 2017)

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



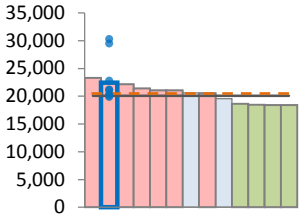
Severe mental heath

INT	1,075
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*784*



Dementia (65+)

INT	4,550
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*660*



Common mental health

INT	22,460
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*16,571*

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.

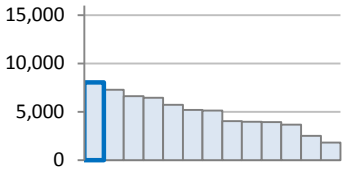
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

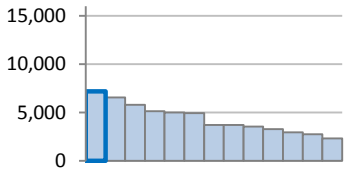
Census 2011, aggregated from MSOA to INT boundary

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

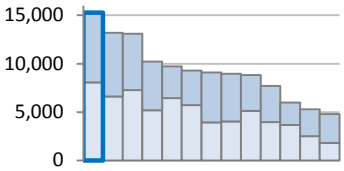
Life limiting illness, under 65



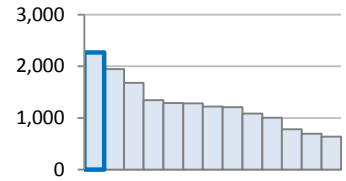
Life limiting illness, over 65



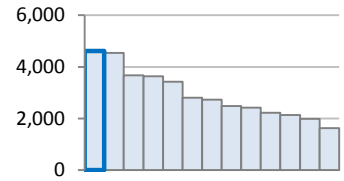
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



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.

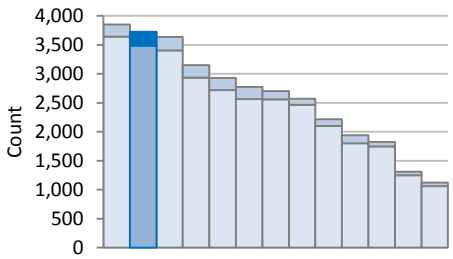
	number	rank
Limiting Long Term Illness - All Ages	*15,257*	1
Limiting Long Term Illness - under 65	*8,056*	1
Limiting Long Term Illness - 65+	*7,201*	1
Providing 50+ hours care/week	*2,268*	1
One person households aged 65+	*4,613*	1

People living with frailty and 'end of life'

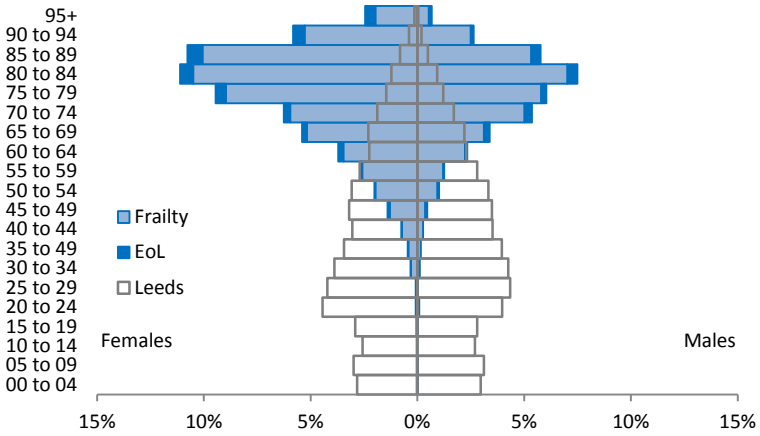
Leeds data model September 2016 cohort

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

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



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

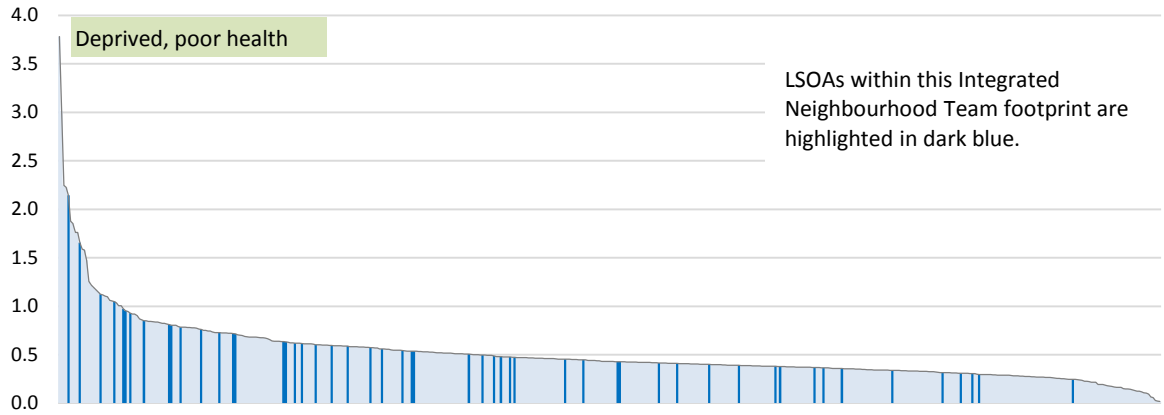


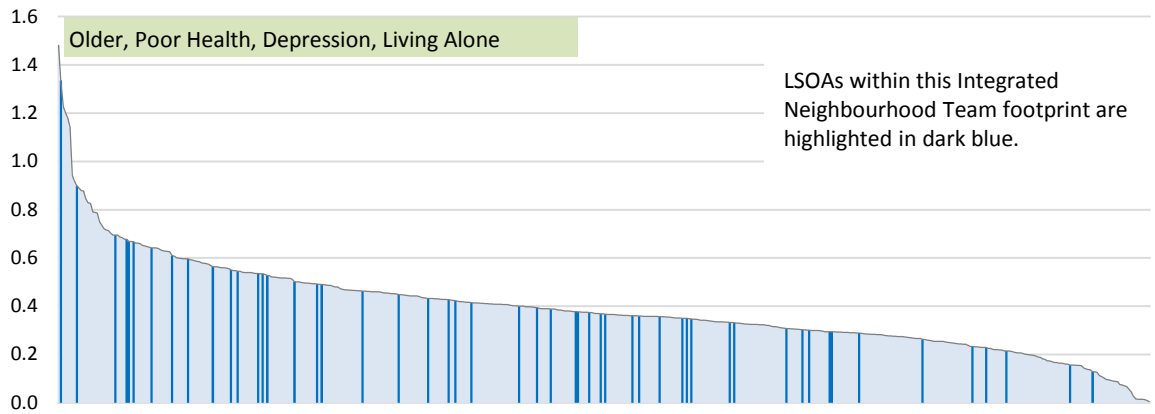
Social Isolation Index ⊀

LSOAs in INT footprint

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

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





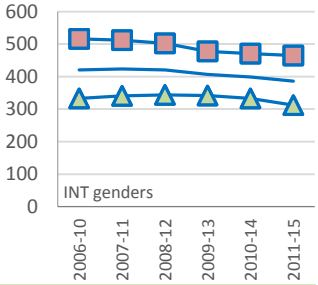
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

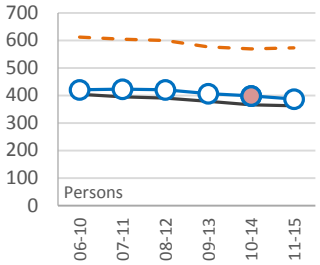
Mortality, under 75s, age standardised rates per 100,000

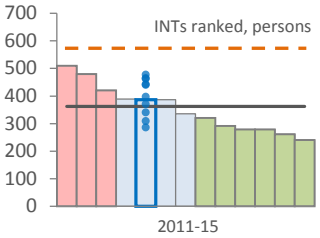
ONS and GP registered populations

"How different are the sexes in this INT"	*"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

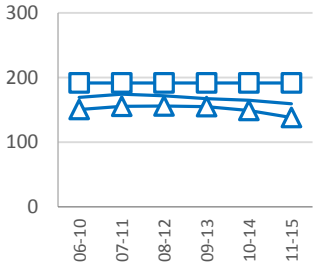


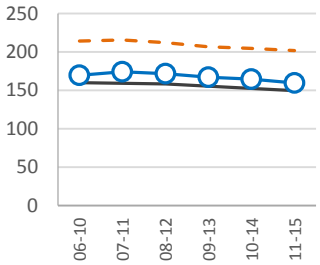


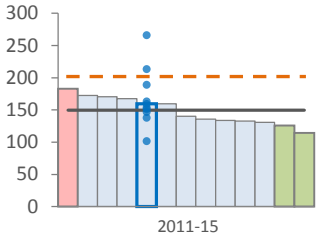


Persons (DSR per 100,000)	
INT	387
Leeds resident	363
Deprived fifth**	573
INT count	*1,191*

Cancer mortality

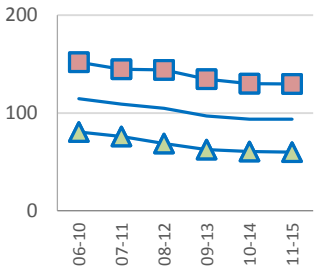


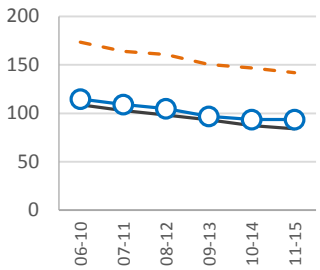


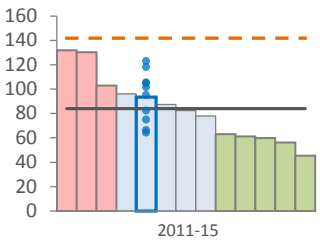


Persons (DSR per 100,000)	
INT	160
Leeds resident	150
Deprived fifth**	202
INT count	*485*

Circulatory disease mortality

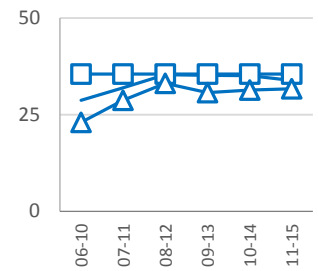


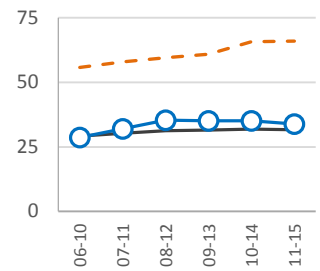


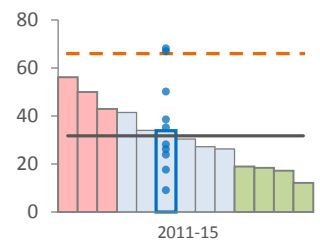


Persons (DSR per 100,000)	
INT	94
Leeds resident	84
Deprived fifth**	142
INT count	*287*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	34
Leeds resident	32
Deprived fifth**	66
INT count	*102*

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

Area overview profile for Chapeltown Integrated Neighbourhood Team

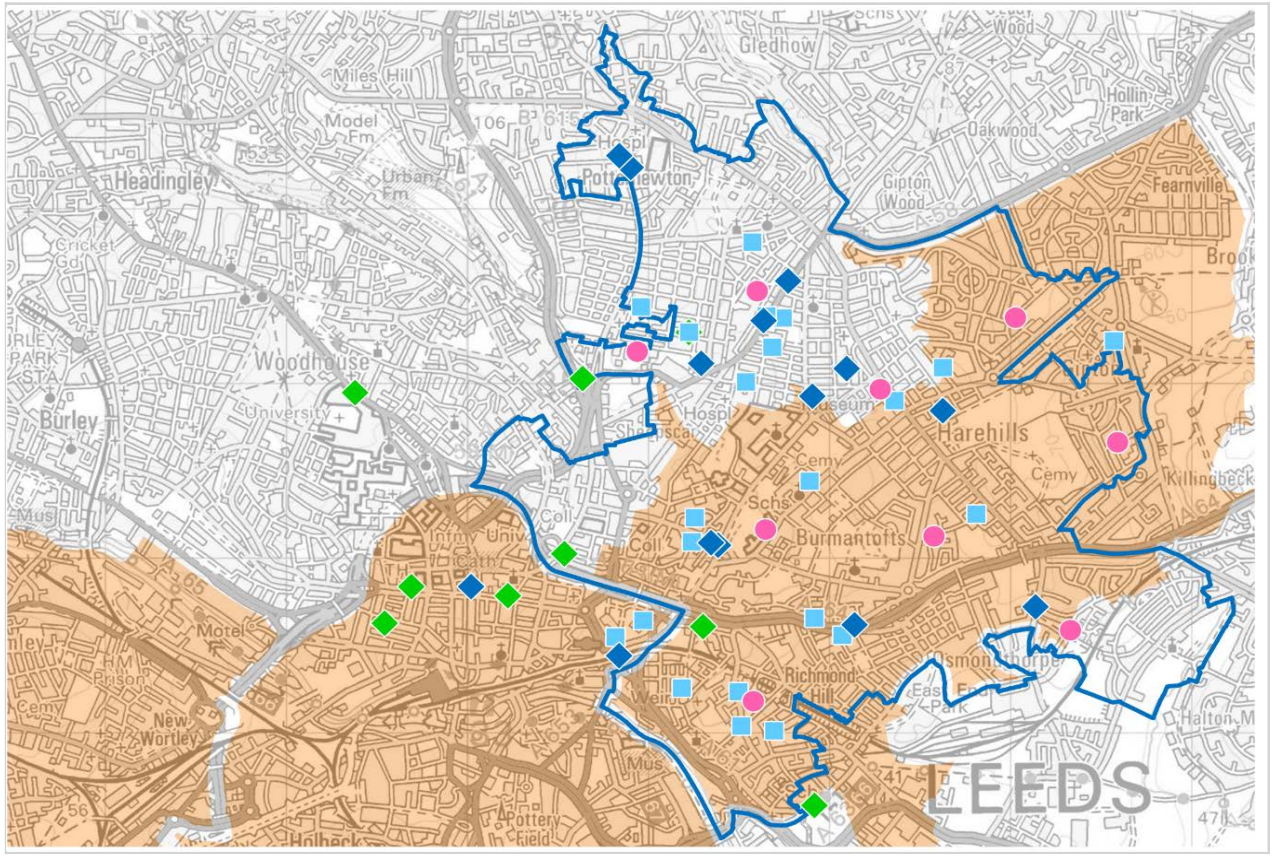
November 2017

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.

Three in four patients are living in the most deprived parts of Leeds. A much lower "White British" ethnic proportion than Leeds, and a slightly larger proportion of "Other White Background". The 2nd largest INT, with a younger population than Leeds including a larger proportion of 25-40 year olds.

Obesity in reception and year 6 is highest in the city. Very low primary school achievement rates, and very high 'looked after children' rates. Obesity and Smoking is very near the highest rates in Leeds. Diabetes and mental health show the highest rates in Leeds, but cancer the very lowest – possibly due to low screening uptake and higher mortality rates.

Despite a younger population the INT has the highest number of patients in the 'Frailty and end of life' segment. Mortality rates are highest here than any other INT despite some individual practices with reasonably low rates.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Westfield Medical Centre. The Garden Surgery. The Practice Harehills Corner. Bellbrooke Surgery. St Martins Practice. Conway Medical Centre. Chapeltown Family Surgery. Ashton View Medical Centre. The Surgery 179 York Road. Roundhay Road Surgery. Primary Health Care For The Homeless. The Practice Lincoln Green. One Medicare - The Light. Shakespeare Medical 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 Chapeltown Integrated Neighbourhood Team

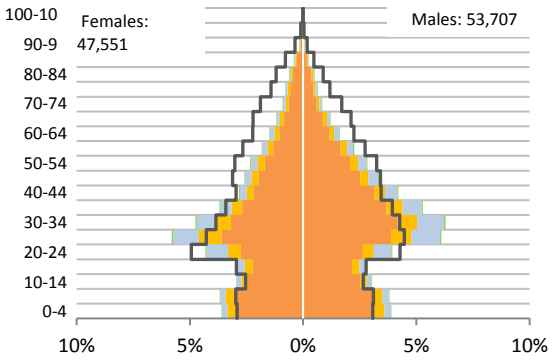
This profile presents a high level summary of data for the Chapeltown Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 101,258 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.

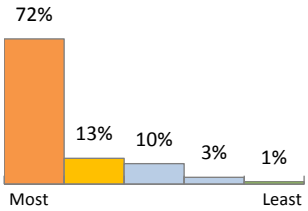


GP recorded ethnicity, top 5	% INT	% Leeds
White British	38%	62%
Other White Background	14%	9%
Black African	9%	3%
Pakistani or British Pakistani	8%	3%
Other Ethnic Background	5%	2%

(April 2017)

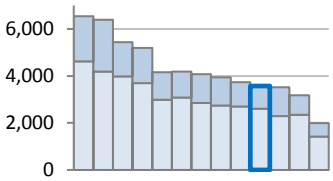
Deprivation distribution

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



Aged 74+ *(April 2017)*

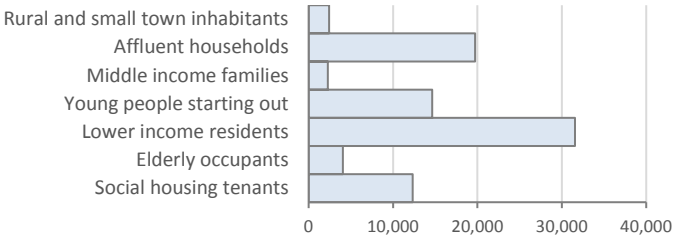
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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)*

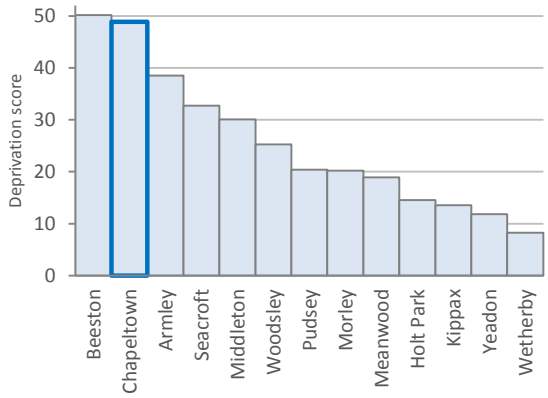
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550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

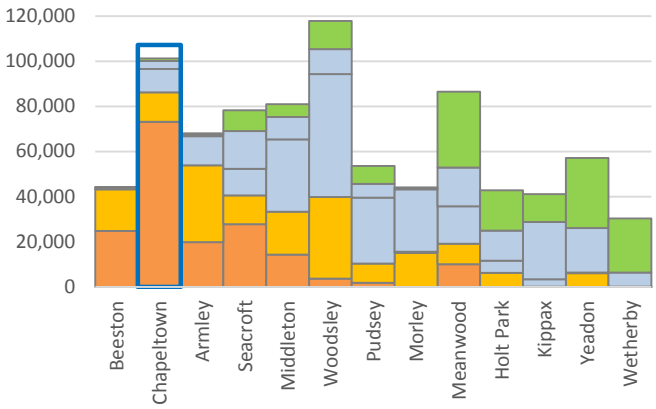
IMD2015 and GP data

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 48.9, ranked number 2 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

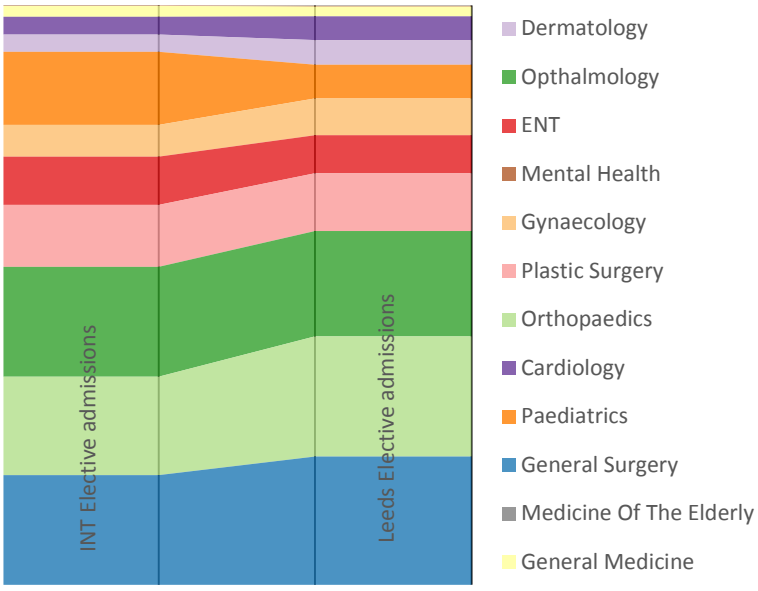


Hospital admissions for this INT by specialty (2016/17)

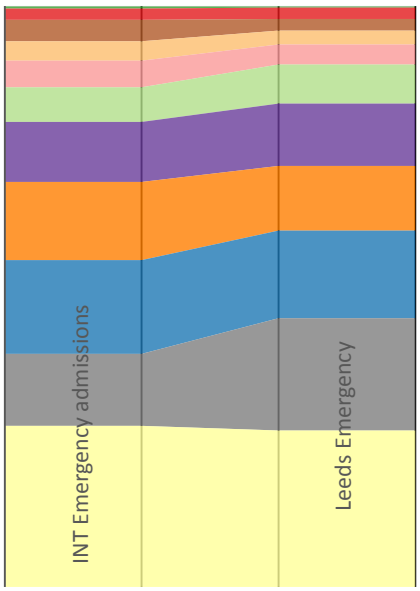
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

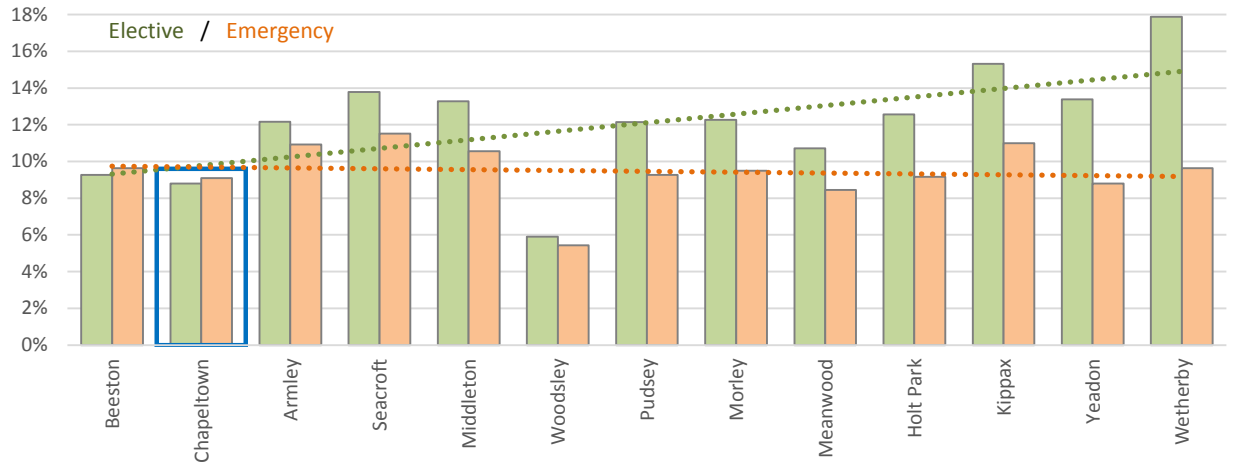


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	Opthalmology	*10%*	10%
2nd	General Surgery	*10%*	12%
3rd	Orthopaedics	*9%*	11%
4th	Paediatrics	*7%*	3%
5th	Plastic Surgery	*6%*	5%

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

Elective and emergency admission *rates* and deprivation

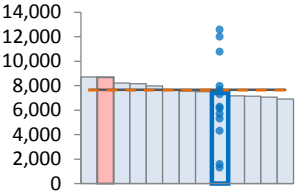
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

Asthma in children October 2016 (DSR per 100,000) — *GP data*

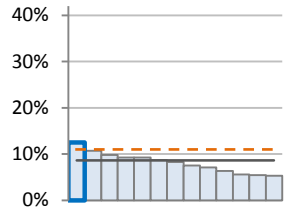


Asthma - under 16s

INT	7,405
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*1,300*

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.

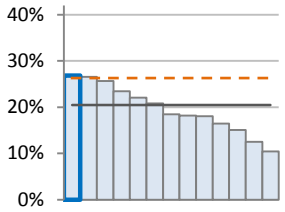
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	12.5%
Leeds registered	8.6%
Deprived fifth**	11.0%

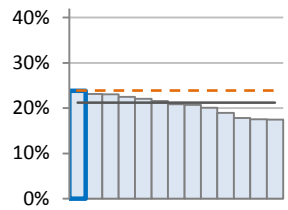
120 of 957 children in INT



Obesity in Year 6

INT	26.8%
Leeds registered	20.5%
Deprived fifth**	26.3%

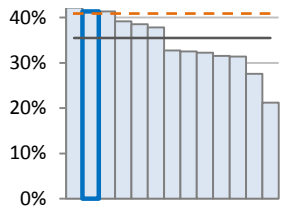
204 of 761 children in INT



Obese *or* overweight, Reception year

INT	23.8%
Leeds registered	21.2%
Deprived fifth**	23.9%

228 of 957 children



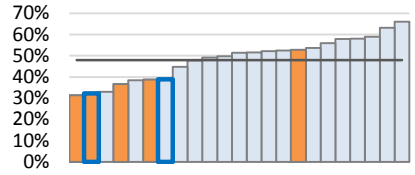
Obese *or* overweight, Year 6

INT	41.4%
Leeds registered	35.5%
Deprived fifth**	40.9%

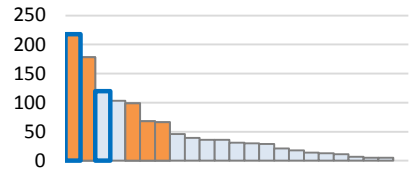
315 of 761 children

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

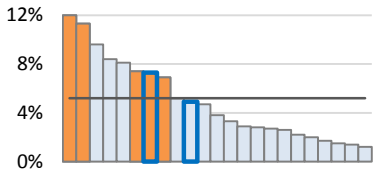
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



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



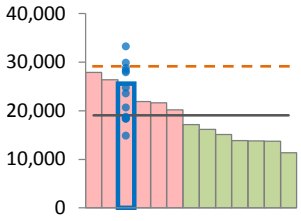
Looked after children



NEET - 'Not in education, employment or training'

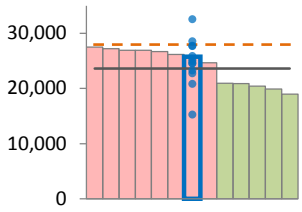
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	25,579
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*20,806*



Obesity (BMI>30)

INT	25,741
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*14,850*

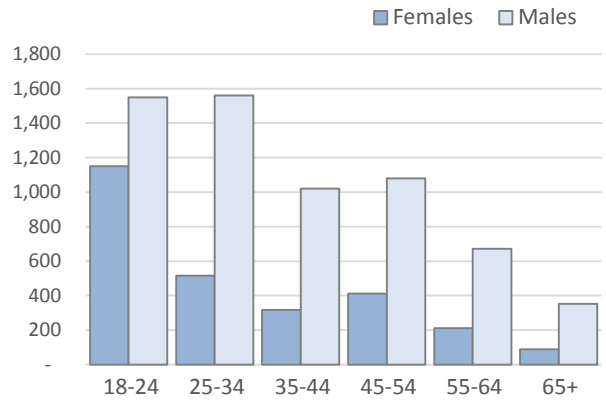
(Within the population who have a recorded BMI)

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.

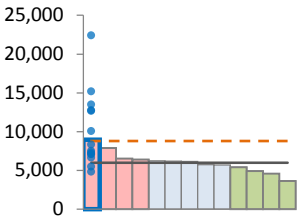


	18-24	25-34	35-44	45-54	55-64	65+
Females	1,150	516	317	411	211	89
Males	1,550	1,561	1,020	1,081	671	351
Persons	2,616	1,966	1,264	1,446	857	447

Long term conditions, adults and older people

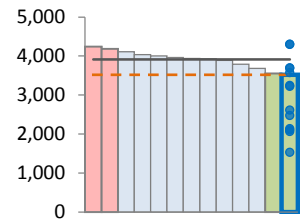
GP data

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



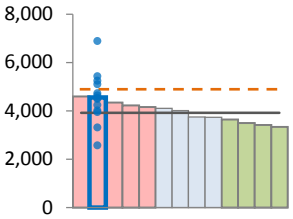
Diabetes

INT	8,982
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*5,062*



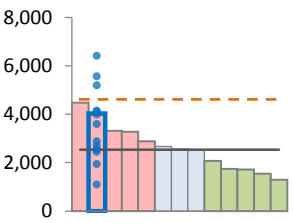
Cancer

INT	3,522
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,743*



CHD

INT	4,556
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*2,084*



COPD

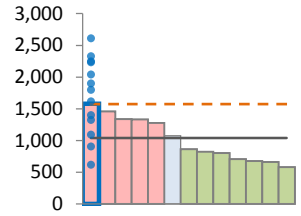
INT	4,027
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*1,941*

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

Long term conditions, adults and older people continued

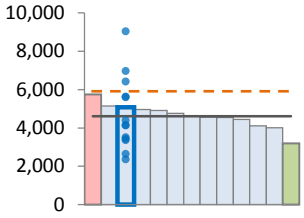
GP data (January 2017)

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



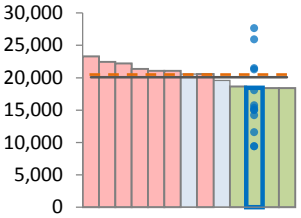
Severe mental heath

INT	1,578
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*1,223*



Dementia (65+)

INT	5,069
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*391*



Common mental health

INT	18,458
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*15,618*

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.

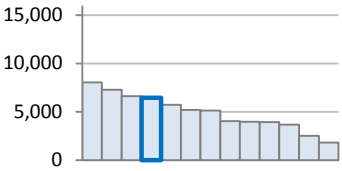
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

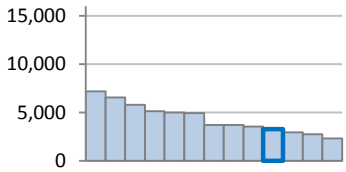
Census 2011, aggregated from MSOA to INT boundary

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

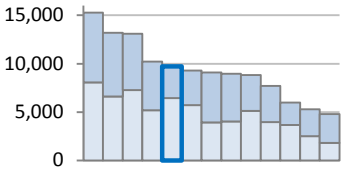
Life limiting illness, under 65



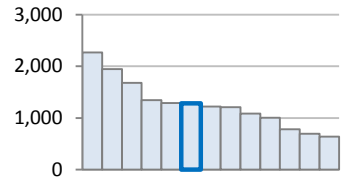
Life limiting illness, over 65



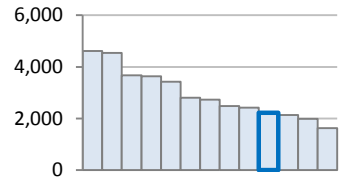
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



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.

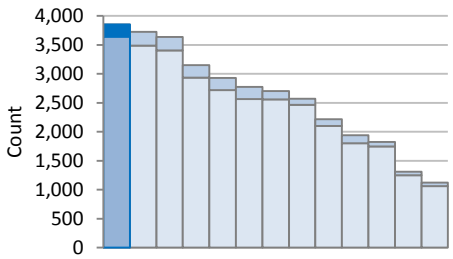
	number	rank
Limiting Long Term Illness - All Ages	*9,718*	5
Limiting Long Term Illness - under 65	*6,437*	4
Limiting Long Term Illness - 65+	*3,281*	10
Providing 50+ hours care/week	*1,285*	6
One person households aged 65+	*2,218*	10

People living with frailty and 'end of life'

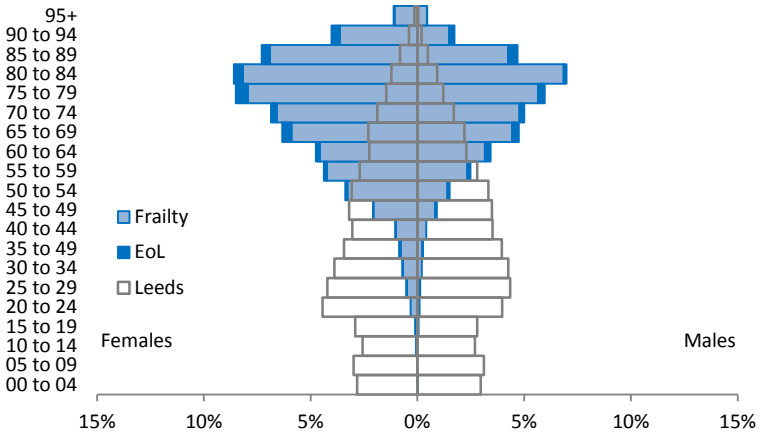
Leeds data model September 2016 cohort

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

Total: 3,854. Frailty 3,641. End of life 213



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

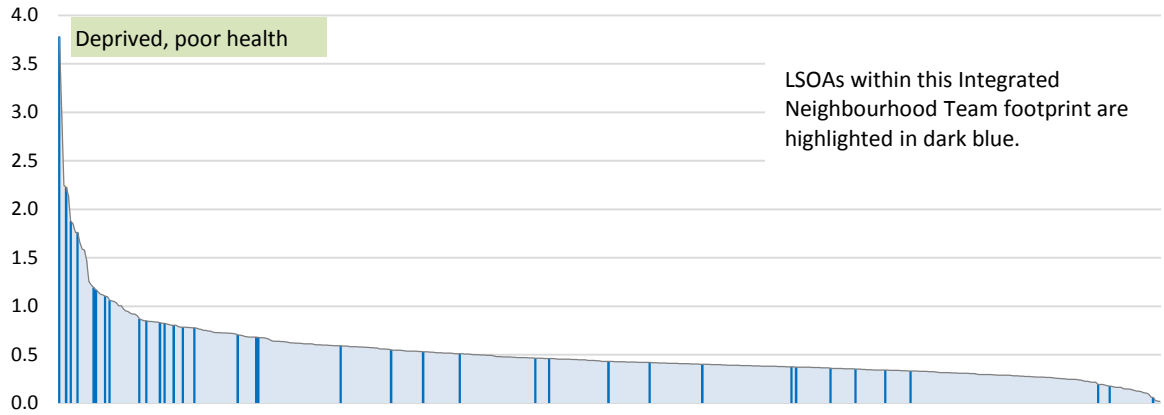


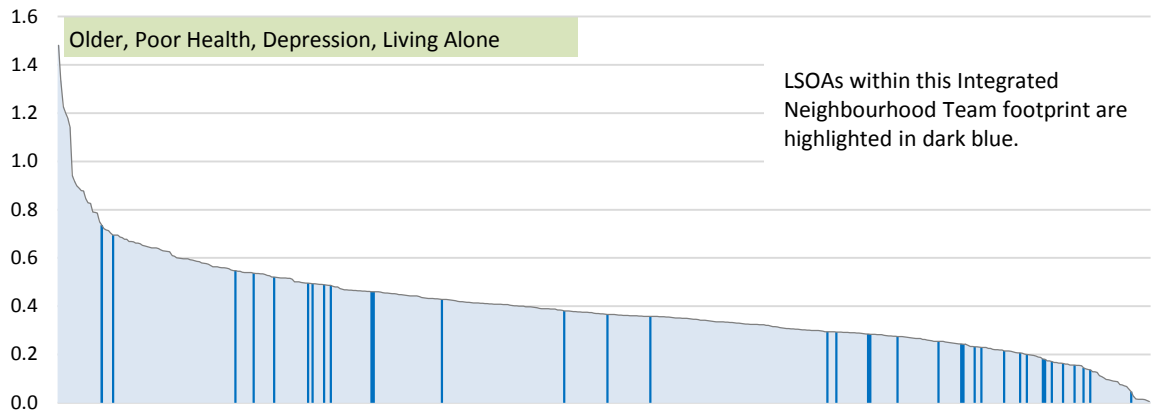
Social Isolation Index ⊀

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.





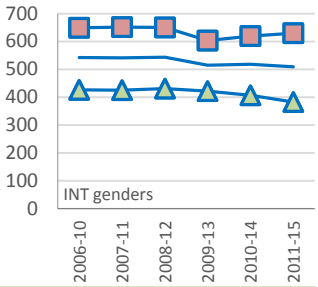
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

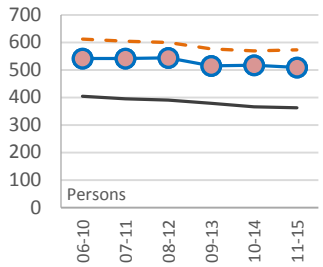
Mortality, under 75s, age standardised rates per 100,000

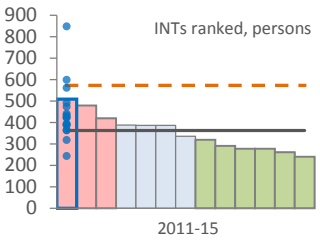
ONS and GP registered populations

"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

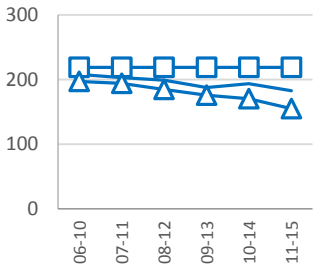


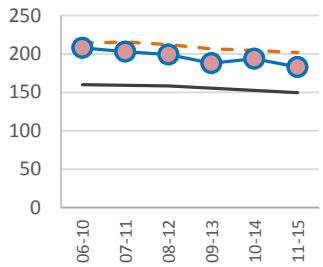


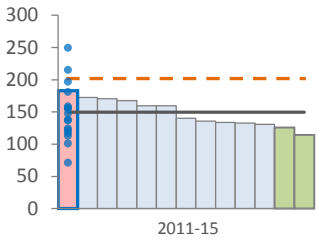


Persons (DSR per 100,000)	
INT	510
Leeds resident	363
Deprived fifth**	573
INT count	*1,192*

Cancer mortality

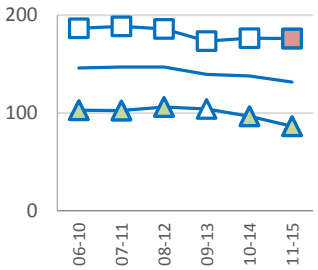


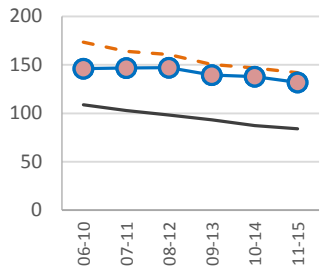


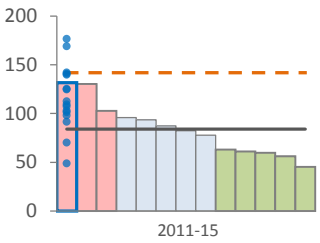


Persons (DSR per 100,000)	
INT	183
Leeds resident	150
Deprived fifth**	202
INT count	*395*

Circulatory disease mortality

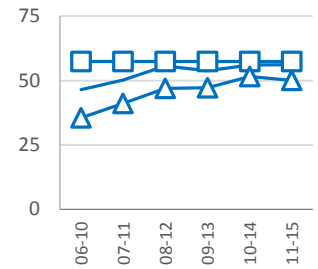


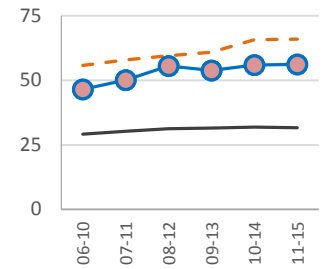


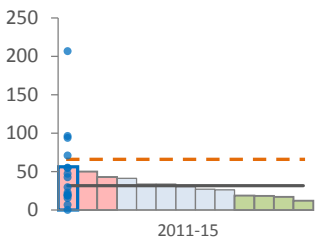


Persons (DSR per 100,000)	
INT	132
Leeds resident	84
Deprived fifth**	142
INT count	*288*

Respiratory disease mortality

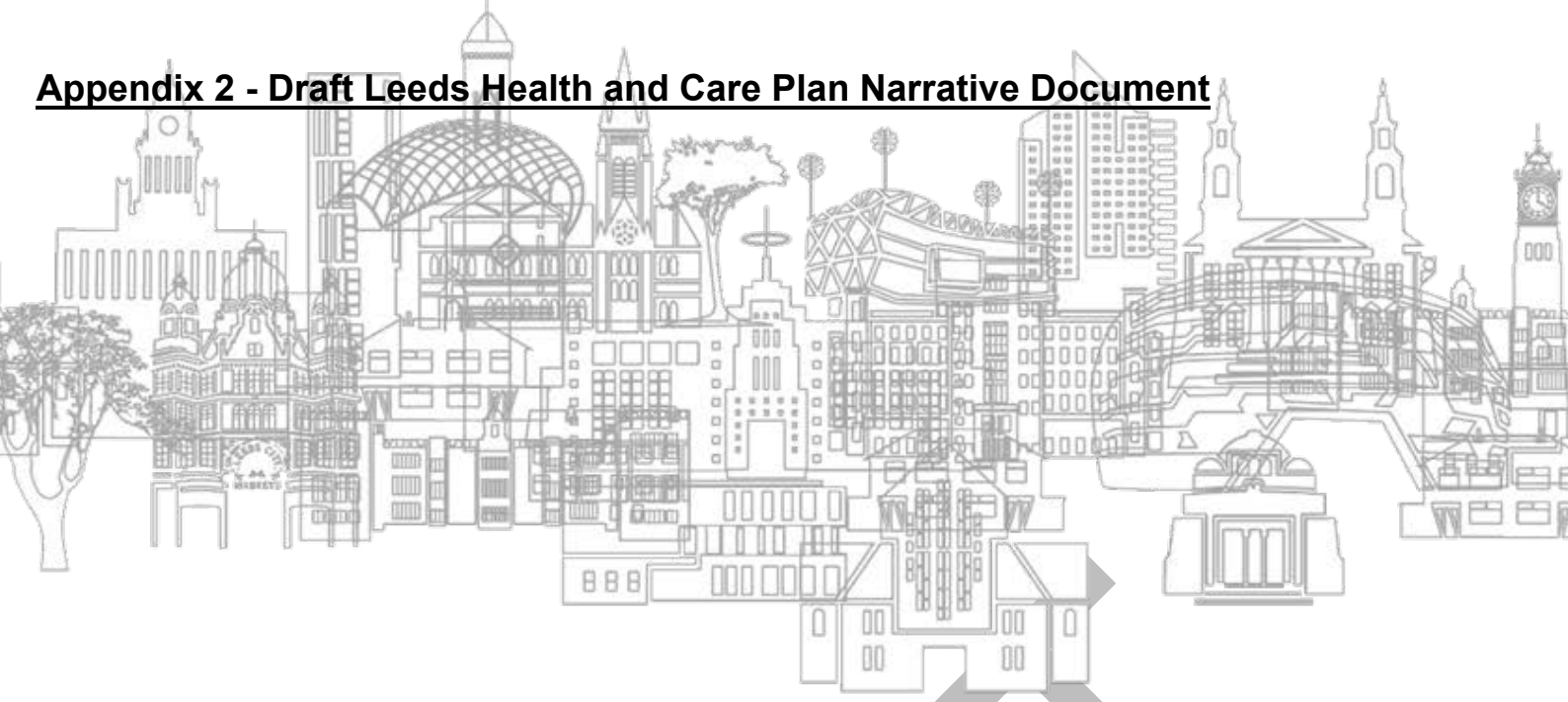






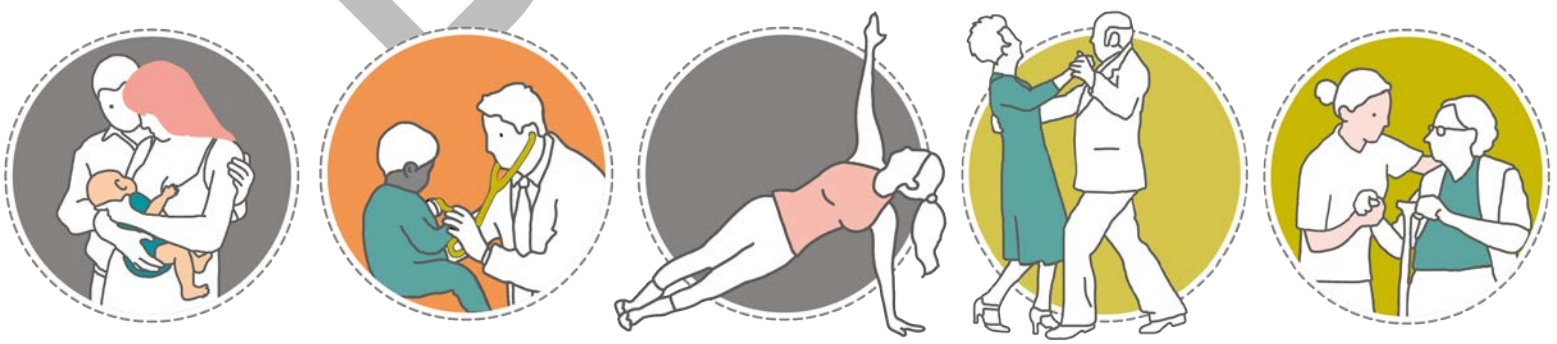
Persons (DSR per 100,000)	
INT	56
Leeds resident	32
Deprived fifth**	66
INT count	*112*

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:

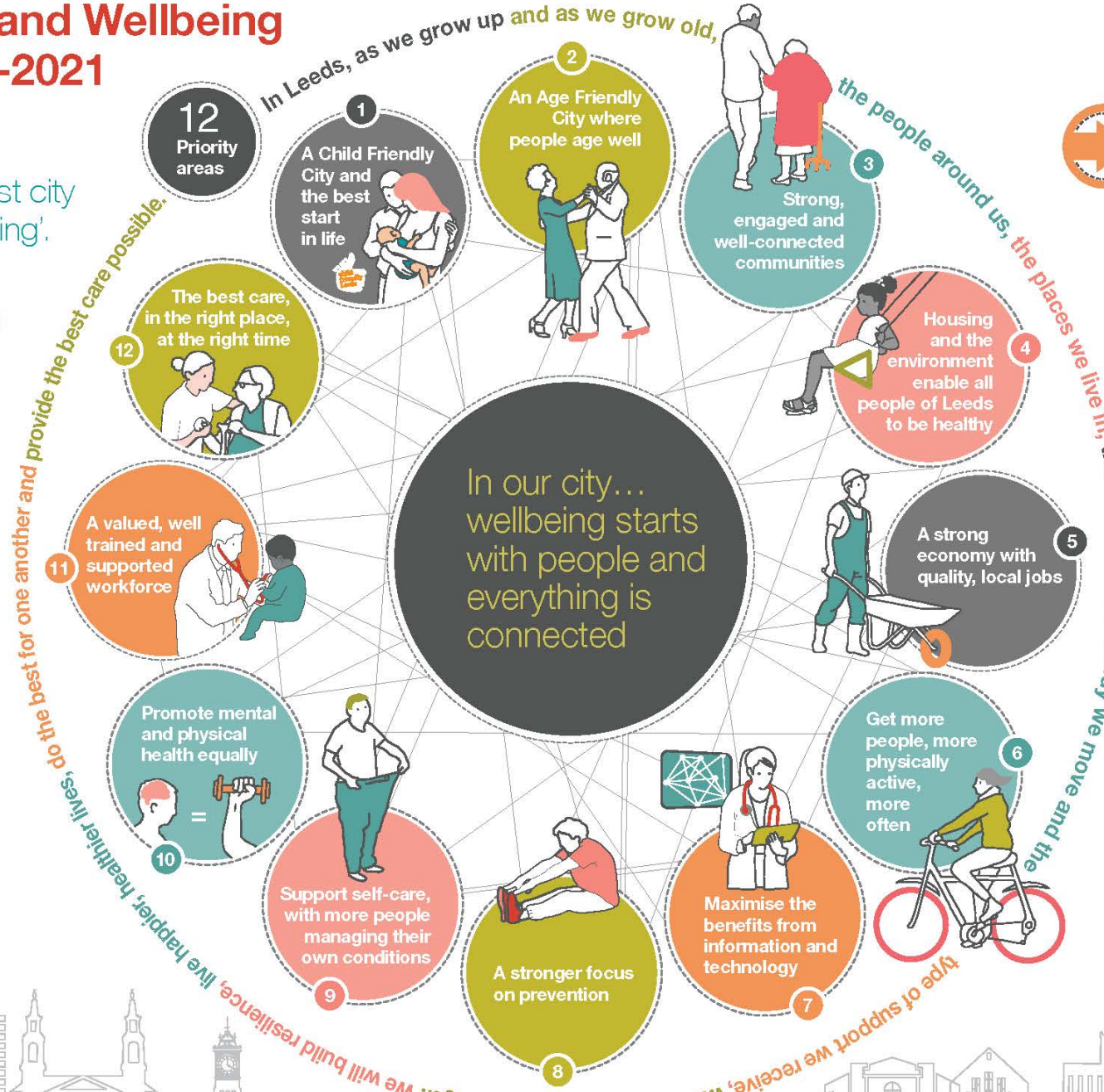
'Leeds will be the best city for health and wellbeing'.

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 2.2 | Date 03/07/17

Leeds Health and Care Plan

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

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

Protect the vulnerable and reduce inequalities	Improve quality and reduce inconsistency	Build a sustainable system within the reduced resources available

Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that...

Have citizens at the centre of all decisions and change the conversation around health and care

Build on the strengths in ourselves, our families and our community; working **with** people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong

Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens

Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis

Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do

Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire

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

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

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

Contents

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

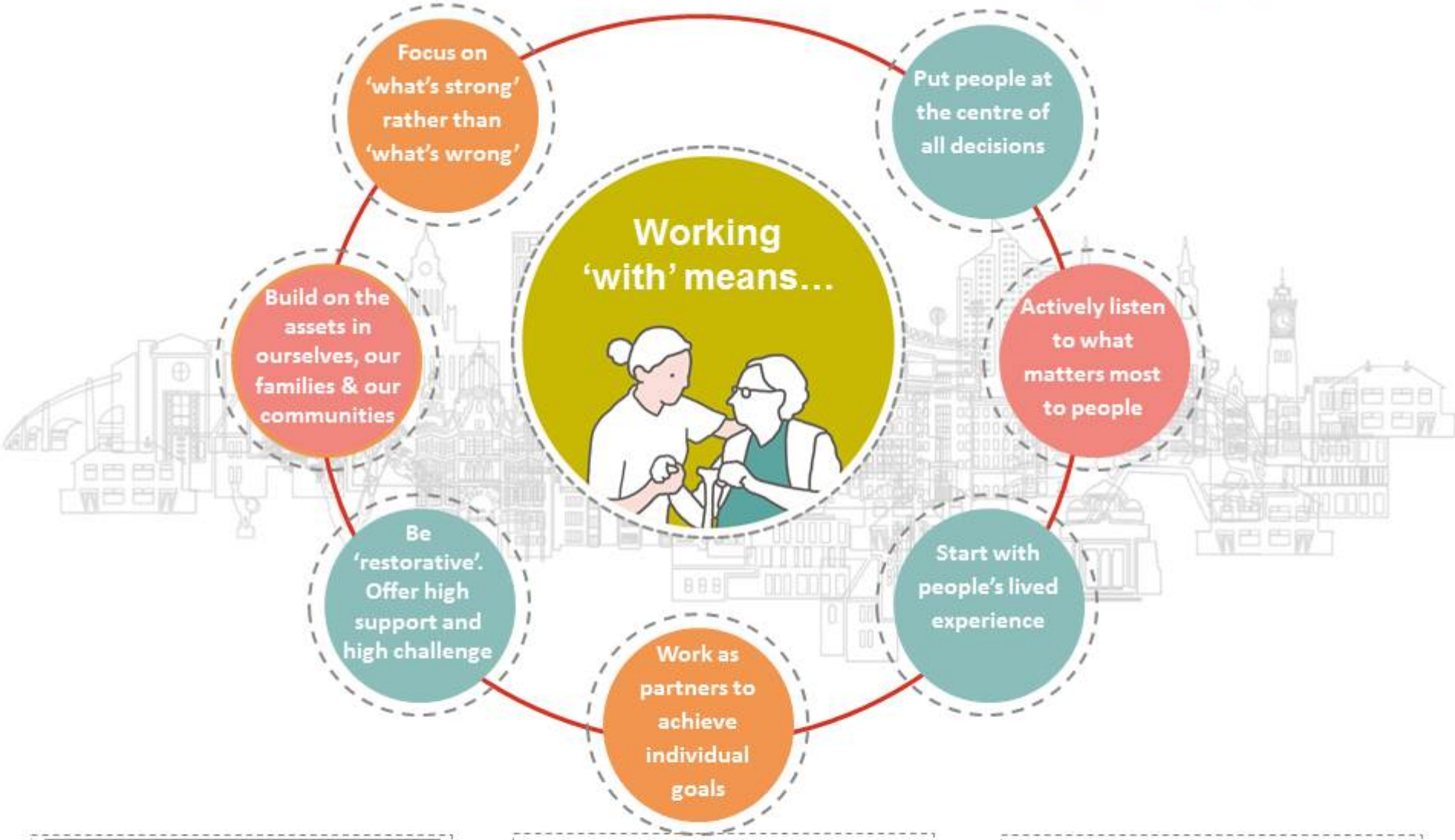
Patients and the public: our responsibilities

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

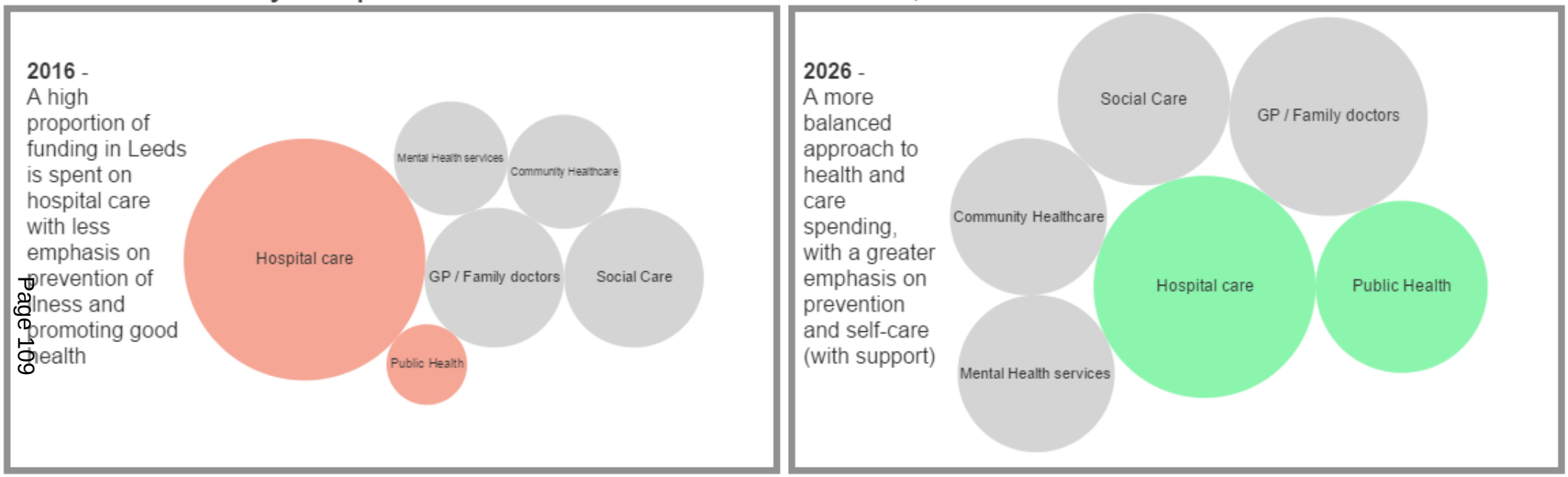


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

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.

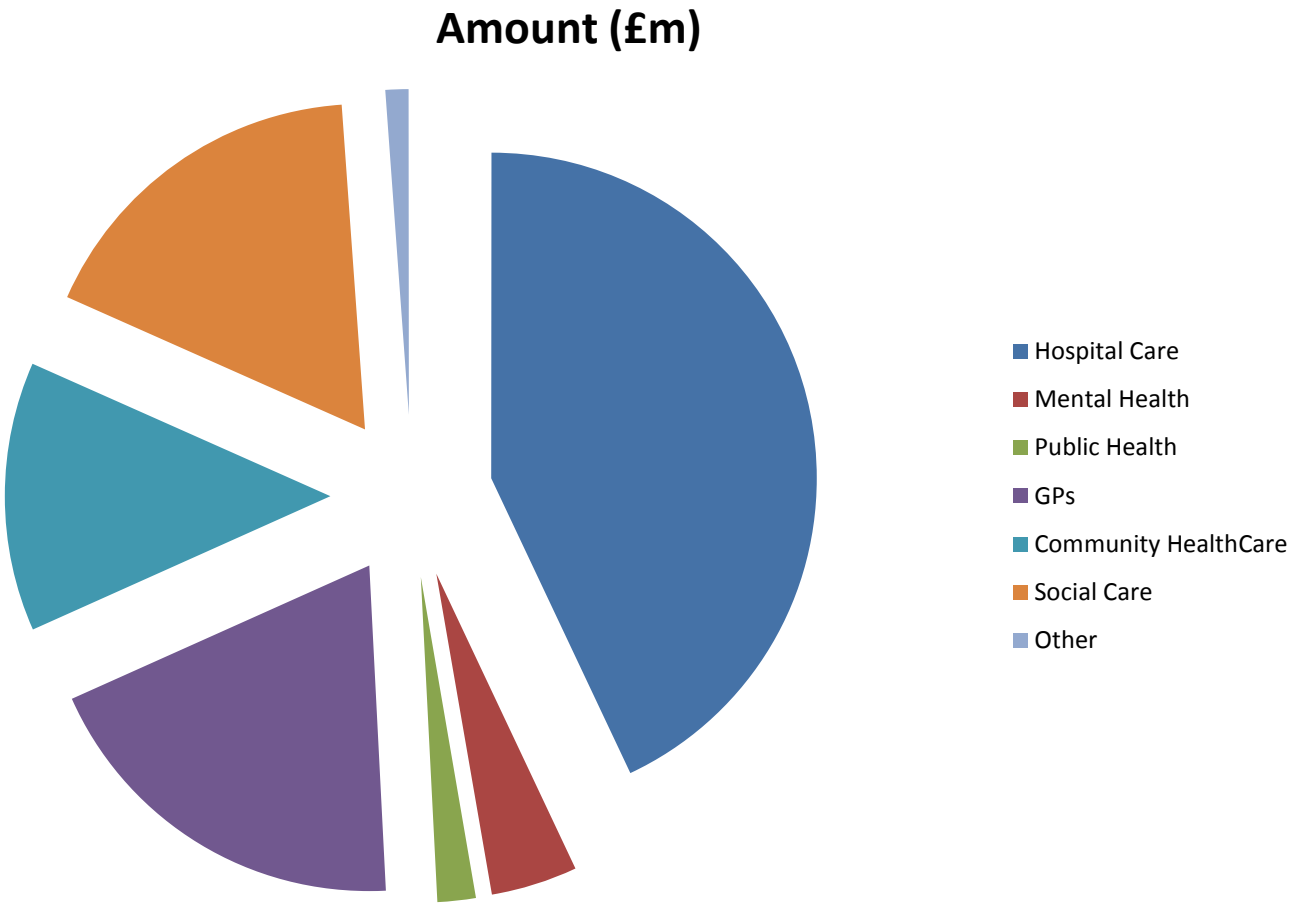


Figure 3 – Indicative spending of health and care funding in Leeds

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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