



Inner North East Community Committee

Chapel Allerton, Moortown, Roundhay

**Meeting to be held in The Reginald Centre,
Chapelton Rd, Leeds, LS7 3EX**

Monday, 4th December, 2017 at 7.00 pm

Please Note: At 6.00 pm a workshop with local Councillors, residents and partner organisations will be held on the theme of the Leeds Health & Care Plan

Councillors:

E Taylor (Chair)	- Chapel Allerton;
M Rafique	- Chapel Allerton;
J Dowson	- Chapel Allerton;
R Charlwood	- Moortown;
S Hamilton	- Moortown;
A Sobel	- Moortown;
G Hussain	- Roundhay;
C Macniven	- Roundhay;
E Tunnicliffe	- Roundhay;





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

*Images on cover from left to right:
Chapel Allerton - Chapeltown Big C; Chapel Allerton tree
Moortown - Moortown Corner Shops; Gledhow Valley Woods
Roundhay – Oakwood Clock; Roundhay Park*

A G E N D A

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1			INTRODUCTION BY THE CHAIR APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting).	
2			EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	
3			LATE ITEMS To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9	Chapel Allerton; Moortown; Roundhay		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 the Inner North East Community Committee on 7th March 2017. Please Note: This report also forms the basis of discussions at the informal workshop to be held at 6.00 pm with local Councillors, residents and partner organisations. (Report attached)	7 - 62
10	Chapel Allerton; Moortown; Roundhay		TRANSPORT CONVERSATION UPDATE - PUBLIC TRANSPORT INVESTMENT PROGRAMME (£173.5M), INNER NORTH EAST UPDATE, AND LEEDS TRANSPORT STRATEGY DEVELOPMENT To consider the report of the Chief Officer, Highways & Transportation which provides an update on the Transport Conversation, including information specific to the Inner North East area and updates on the £173.3 m Public Transport Investment programme and Leeds Transport Strategy development. (Report attached)	63 - 88
11	Chapel Allerton; Moortown; Roundhay		WELLBEING BUDGET REPORT To consider the report of the East North East Area Leader setting out the Inner North East Community Committee Wellbeing budget, including details of any new projects for consideration. (Report attached)	89 - 98
12	Chapel Allerton; Moortown; Roundhay		COMMUNITY COMMITTEE UPDATE REPORT To consider the report of the East North East Area Leader which provides an update on the work programme of Inner North East Community Committee, its recent successes and current challenges. (Report attached)	99 - 118

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13			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 queries 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.	
14			DATE AND TIME OF NEXT MEETING To note the date and time of the next formal meeting as Monday 5th March 2018 at 7.00 pm Please Note: At 6.00 pm a workshop with local Councillors, residents and partner organisations will be held on the theme of the Leeds Health & Care Plan. Please refer to agenda item 9 in support of the discussions. MAP OF VENUE <u>Third Party Recording</u> Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	119 - 120

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INNER NORTH EAST COMMUNITY COMMITTEE

MONDAY, 18TH SEPTEMBER, 2017

PRESENT: Councillor E Taylor in the Chair

Councillors R Charlwood, S Hamilton,
G Hussain, C Macniven, M Rafique and
E Tunnicliffe

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

17 Chairs Opening Remarks

The Chair welcomed all present and thanked all those who had stayed after the workshop for the formal business meeting. Brief introductions were made.

18 Appeals Against Refusal of Inspection of Documents

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

19 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

20 Late Items

No late items of business were added to the agenda.

21 Declarations of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

22 Apologies for Absence

Apologies for absence were received from Councillors Dowson and Sobel.

23 Open Forum

No matters were raised by attendees under the provisions of paragraphs 4.16 and 4.17 Community Committee Procedure Rules (Open Forum), however Neil Pentelow (Area Officer) briefly reported the contents of a representation received from Meanwood Village Association, seeking support for the provision of outdoor gym equipment in Meanwood Park. It was noted that this was being progressed with Moortown ward Members.

24 Minutes of the previous meeting

RESOLVED – To approve the minutes of the previous meeting held 26th June 2017 as a correct record.

25 Matters Arising

There were no matters arising.

26 Leeds Inclusive Growth Strategy

Gilda Smith-Leigh, Senior Economic Development Officer, LCC City Development, presented a report on Leeds Inclusive Growth Strategy 2017-

Draft minutes to be approved at the meeting
to be held on Monday, 4th December, 2017

2033, which included '12 Big Ideas' to promote inclusive growth in the city. The report had formed the basis for discussion during the informal workshop session prior to the formal meeting and a copy of the executive summary was included as an appendix to the report.

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

- The expansion of the city centre; and projected growth of the city in terms of jobs and the economy
- The focus on supporting local people to secure employment in the expanding Leeds jobs market, ensuring that Leeds residents have the right skills and qualifications to be job ready; and seeking to ensure that employment pays well
- The need to continue the discussions with local communities to ensure they can contribute to and take up the opportunities the growing city offers

The workshop had been attended by approximately 30 representatives from local residents, organisations and stakeholders and the themes discussed included:

- Putting young people at the centre of the Strategy – encourage business links with schools to mentor students and provide examples of what can be achieved, raise aspirations, support parents' learning and understanding of what is available and provide a breadth of information of what is available post-statutory education (apprenticeships, college, internships as well as University)
- Social prescribing has an important role to play, acknowledging that poor mental health can prevent access to opportunity
- Asset mapping of venues available in each locality which could be made available to support small & medium business start-ups or provide learning environments
- Development of a communication strategy setting out engagement methods which will encourage responses from all the city's communities
- Recognition for the role of culture/arts/music in local economies and consideration of how to strengthen these as economic opportunities
- An opportunity to re-focus our approach
 - although language can be a barrier to employment; it can also be a skill to tap into
 - Instead of focussing barriers, look to the community strengths
 - Create jobs and opportunities in the community, not just the city centre; and to match job opportunities to existing skills

RESOLVED –

- a) To note the contents of the report and the discussions
- b) To note that the detail of the workshop discussions will be collated and considered further by Councillor G Hussain, Employment & Skills Champion and Gilda-Smith Leigh

27 Employment and Skills Update

Councillor G Hussain, Community Champion for Employment, Jobs and Skills introduced the report of the Chief Officer, Employment & Skills Service. He

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emphasised the role of the East North East Employment and Skills Board in promoting the local employment agenda and reviewing the progress made through monitoring of vacancies; skills; training and job take-up rates across the ENE area.

Keri Evans, Communities & Partnerships Senior Manager, presented information on Employment & Skills Service activity within the Inner North 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 highlighted the support available to encourage people into employment and the new programmes of delivery available with support from European Structural Investment Funding (ESIF). A new adult learning website had been recently launched to support people seeking employment & skills support and advice at home, rather than in libraries and jobshops:

<https://www.leedsadultlearning.co.uk/>. She reported that 1200 courses were available city-wide and these were constantly monitored to ensure they remained relevant to the jobs market and were offered where the need was greatest.

The ENE Employment & Skills Board was considering new approaches, including:

- digital capacity, specifically in relation to internet access and the skills needed to utilise all the on-line forms and application forms associated with benefits/job application processes.
- links to businesses to encourage their support, such as the proposed laptop re-use scheme being discussed with Keepmoat developments
- ensuring Wi-Fi provision was integral to new-build homes
- constantly reviewing the communication strategies to ensure people are aware of what is available to them, and where the provision is located – the new adult learning website will help with this as it incorporates routes, public transport links

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

28 Changes to Clusters and Appointments 2017/18

Further to minute 9 of the meeting held 26th June 2017, Mary Armitage, Area Head, Targeted Services (West North West Leeds), presented the report of the Director of Children and Families on the recent changes to the Cluster Partnerships structure within the Inner North East area. The report sought consideration of appointments to the following Clusters:

2gether Cluster – 1 Member from either the Chapel Allerton or Moortown ward
ARM (Alwoodley, Roundhay & Moortown) – 2 Members from each of the Roundhay and Moortown wards.

Members commented on the recent challenge of receiving information on the Cluster meetings and their ability to attend. It was hoped that now that that partnership working was embedded in the Cluster structure, meeting arrangements would be negotiated to ensure the best attendance. with external partners, arrangements in respect of

RESOLVED –

- a) To note the information contained within the report
- b) To confirm the following Member appointments to the Childrens Services Cluster Partnerships:
 - i) 2gether – Councillor M Rafique (supported by Councillor R Charlwood)
 - ii) ARM – Councillors R Charlwood and C Macniven

29 Wellbeing Report

Neil Pentelow, Area Officer, presented a report on the current budget position and setting out the Wellbeing and Youth Activity budget arrangements for the Committee. Additionally, the report outlined decisions taken under delegated authority for the area since the last CC meeting.

No new wellbeing applications had been submitted for consideration at this meeting although the Wellbeing advisory sub group would meet later in September to consider applications currently being processed by the Communities Team. Members noted comments supporting the work of the Wellbeing advisory sub group and the positive impact the variety of projects funded had on the locality. Additionally, Members discussed the impact of the reduced 2017/18 Wellbeing allocation on the ability of the CC to support applications in full and officers agreed to provide information reviewing the usefulness of match-funding provided by the CC as a means to making projects viable directly to Members.

RESOLVED –

- a) To note the current balances for 2017/18 and the spend to date against those budgets as set out in the submitted report and Appendix 1
- b) To note the delegated decisions made since the past meeting of the Inner North East Community Committee as outlined in paragraphs 22 - 23 of the submitted report

30 Community Committee Update report

Neil Pentelow, Area Officer, presented an update on the work programme of the Inner North East CC, its recent successes and challenges. The report also provided an outline of the main issues discussed by the Member advisory sub groups; work undertaken with the Community Champions and the progress of the Chapeltown and Meanwood local partnerships.

Additionally, the report focussed on some of the Community Events successfully held in the Inner North East CC area since the last meeting; including the 50th year celebration of the Leeds West Indian Carnival and Leeds Black Music Festival held during August Bank Holiday weekend. Neil took the opportunity to highlight forthcoming October events:

- “Thank You Event” - to celebrate the work done by volunteers and community groups in the locality - to be held on 28th October 2017 at Sheepscar Working Men’s Club.
- Public Health workshop to be held jointly with the Inner East CC with a report back on the discussions and findings to be presented to the December CC meeting

RESOLVED – That the contents of the report and the comments made during discussions be noted

31 Community Comment

The Chair noted the opportunity for members of the public to give feedback and/or queries on the reports presented during the formal part of the Community Committee meeting, the intention being that written responses would be provided within 14 days. The following comments were raised and discussed:

Internet – Access to/costs of the internet and Wi-Fi speed were identified as a possible barrier to unemployed people being able to access information on education, training & skills and complete on-line application forms. A concern was also noted over having to input personal data on shared computers in internet cafes/jobshops/libraries

The Committee received information on measures being pursued by the Council to support internet access which included free Wi-Fi along Chapeltown Road, a pilot for tablet lending for members of Leeds Libraries and work with Keepmoat developers to encourage donation of ICT equipment. The development of the new LCC learning website <https://www.leedsadultlearning.co.uk/> had been in direct response to job-seekers wanting access at home to support, advice and information on-line .

Theft of Yorkshire Stone –

Recent thefts of Yorkshire Stone paving slabs in the locality were discussed, Sgt Micklethwaite responded with an update on current police action to tackle the issue.

32 Closing comment and date and time of next meeting

The Chair thanked all those who attended the workshop and the meeting and noted the date and time of the next meeting as Monday 4th December 2017 at 7.00 pm (with an informal workshop at 6.00pm).

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Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Inner North East Community Committee

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

Date: 04 December 2017

To note

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

1. Purpose of report

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

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

2. Main issues

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

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

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

The narrative contains information about:

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

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

3. Influence of Community Committees and Voice of Citizens

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

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

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

4. How does the Plan affect local community services?

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

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

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

PEOPLE HAVE SAID...

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

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

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

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



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

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

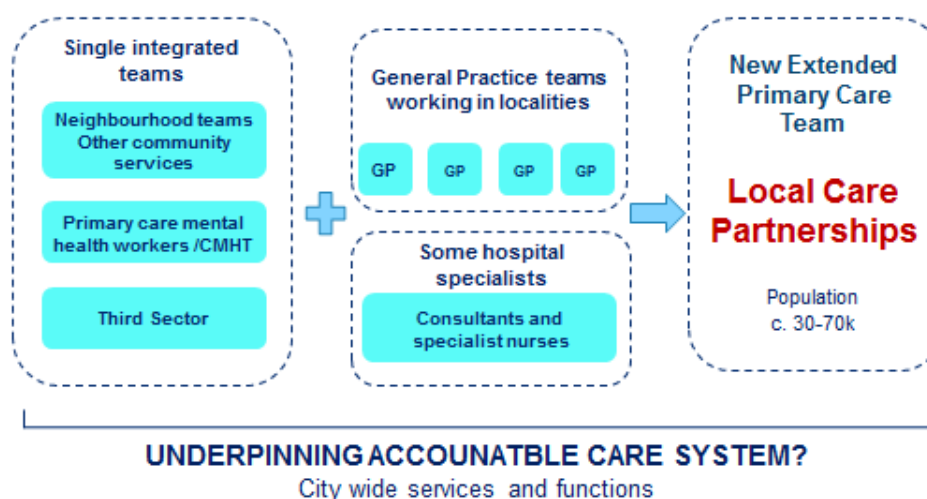
Leeds Neighbourhood Teams



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

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

WHAT COULD COMMUNITY CARE LOOK LIKE IN THE FUTURE?



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

5. A Conversation with Citizens

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

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

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

6. Corporate considerations

6.1 Consultation, engagement

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

6.2 Equality and diversity / cohesion and integration

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

6.3 Resources and value for money

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

6.4 Legal Implications, access to information and call in

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

6.5 Risk management

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

- 6.5.2 The proposed model of health based on local health and care partnerships requires support both from communities and the complex picture of local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.
- 6.5.3 Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.
- 6.5.4 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on developing and delivering a robust Leeds Health and Care Plan within an effective governance framework.

7. Conclusion

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

8. Recommendations

The Inner North East Community Committee is recommended to:

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

Background information

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

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

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

Appendix 1 – Inner North East Community Committee Public Health Profile and Draft Area overview profile for Meanwood Integrated Neighbourhood Team (INT)

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 North East Community Committee Public Health Profile
- Draft Area overview profiles for Meanwood Integrated Neighbourhood Teams (INT)

Community Committee boundaries and Integrated Neighbourhood Team footprint areas

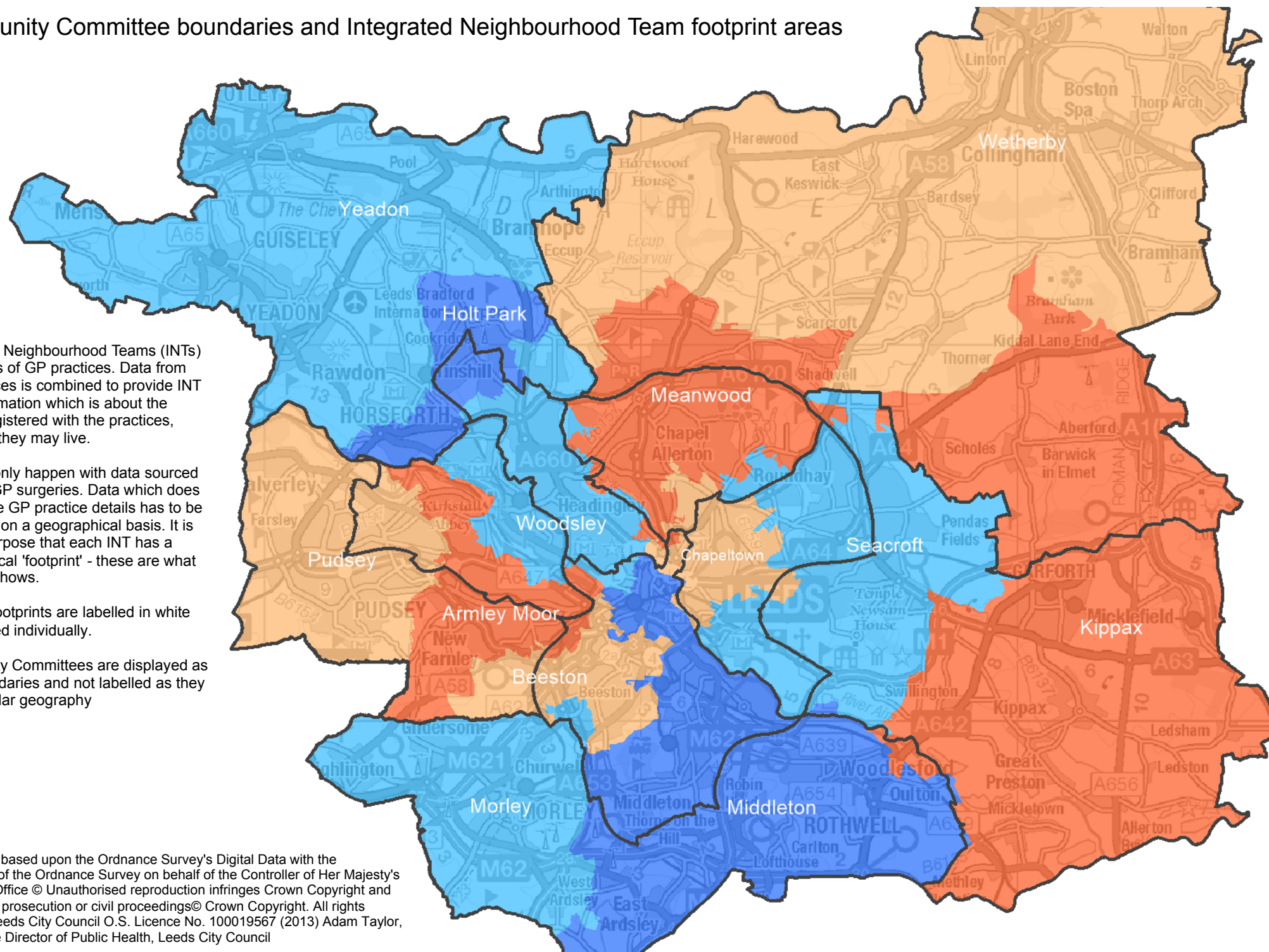
Integrated Neighbourhood Teams (INTs) are groups of GP practices. Data from the practices is combined to provide INT level information which is about the people registered with the practices, wherever they may live.

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

The INT footprints are labelled in white and shaded individually.

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

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



Area overview profile for Inner North East Community Committee

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

All ten Community Committees are ranked to display variation across Leeds and this one is outlined in red.

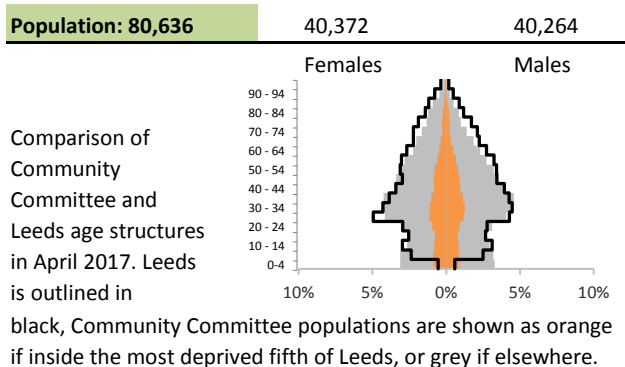
If a Community Committee is significantly above or below the Leeds rate then it is coloured as a red or green bar, otherwise it is shown as white. Leeds overall is shown as a horizontal black line, Deprived Leeds* (or the deprived fifth**) is a dashed horizontal. The MSOAs that make up this area are shown as red circles and often range widely.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	4,345	44%	71%
Pakistani	1,645	17%	7%
Indian	660	7%	2%
Any other white background	533	5%	5%
Black - African	480	5%	5%

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

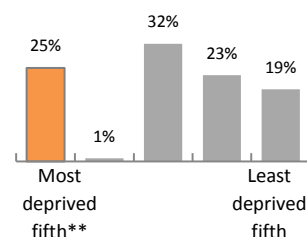
Pupil language, top 5	Area	% Area	% Leeds
English	7,863	82%	87%
Urdu	620	6%	3%
Punjabi	237	2%	1%
Bengali	156	2%	1%
Romanian	132	1%	1%

(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.



GP recorded ethnicity, top 5	% Area	% Leeds
White British	47%	62%
Other White Background	11%	9%
Pakistani or British Pakistani	8%	3%
Indian or British Indian	6%	2%
(blank)	5%	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

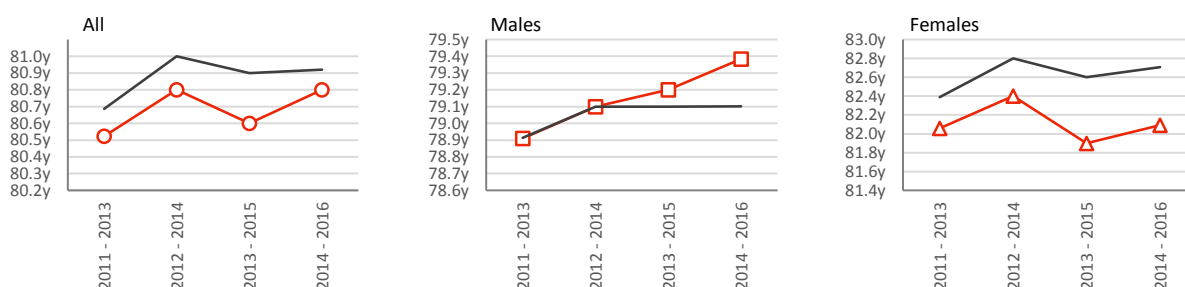


(years)	All	Males	Females
Inner North East CC	80.8	79.4	82.1
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

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

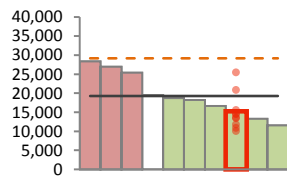
The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

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

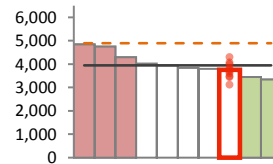


GP recorded conditions, persons (DSR per 100,000)

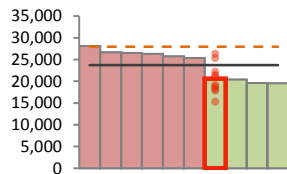
GP data

**Smoking (16y+)**

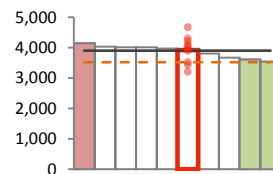
Inner North East CC 15,208
 Leeds 19,265
 Deprived fifth** 29,163
 (April 2017)

**CHD**

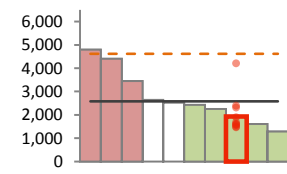
Inner North East CC 3,762
 Leeds 3,947
 Deprived fifth 4,894
 (January 2017)

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

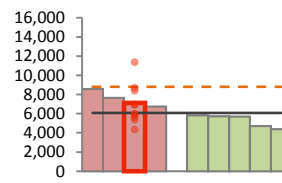
Inner North East CC 20,599
 Leeds 23,722
 Deprived fifth 27,951
 (April 2017)

**Cancer**

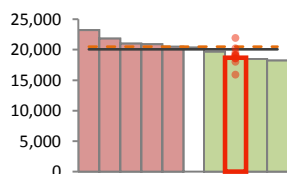
Inner North East CC 3,922
 Leeds 3,899
 Deprived fifth 3,519
 (January 2017)

**COPD**

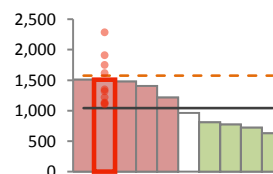
Inner North East CC 1,930
 Leeds 2,580
 Deprived fifth 4,617
 (April 2017)

**Diabetes**

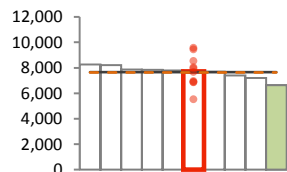
Inner North East CC 7,113
 Leeds 6,076
 Deprived fifth 8,802
 (April 2017)

**Common mental health**

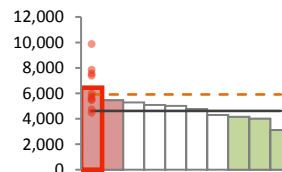
Inner North East CC 18,666
 Leeds 20,060
 Deprived fifth 20,496
 (January 2017)

**Severe mental health**

Inner North East CC 1,505
 Leeds 1,042
 Deprived fifth 1,574
 (January 2017)

**Asthma in children**

Inner North East CC 7,714
 Leeds 7,659
 Deprived fifth 7,633
 (October 2016)

**Dementia (over 65s)**

Inner North East CC 6,452
 Leeds 4,618
 Deprived fifth 5,911
 (January 2017)

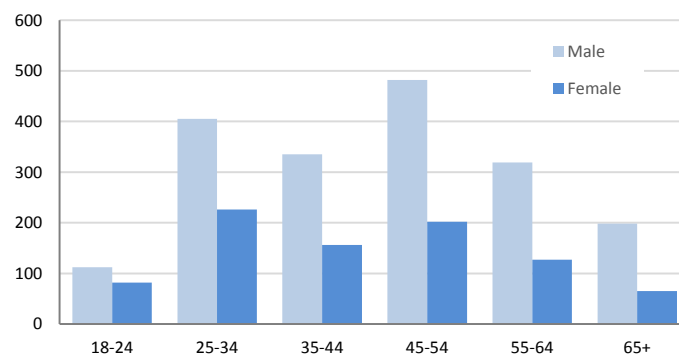
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within the population are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture. This data includes all Leeds GP registered patients who live within the Community Committee. Obesity here is the rate within the population who have a recorded BMI.

Alcohol dependency - the Audit-C test

GP data, April 2017

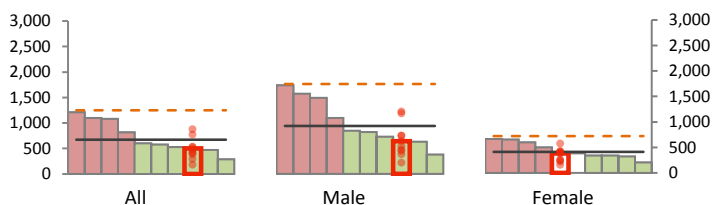
The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

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



Alcohol specific hospital admissions, 2012-14 ranked

HES



(DSR per 100,000)	All	Males	Females
Inner North East	503	638	383
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**

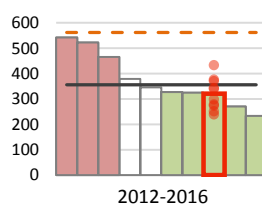
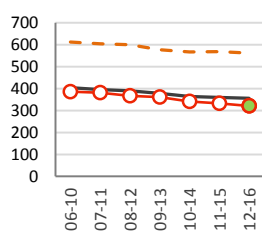
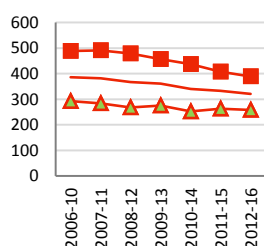
Shaded if significantly > Leeds

Shaded if significantly < Leeds

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

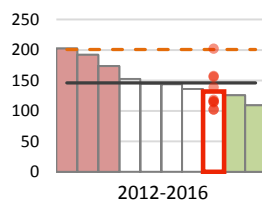
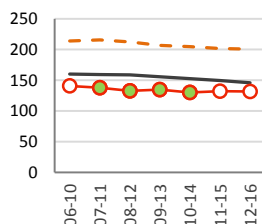
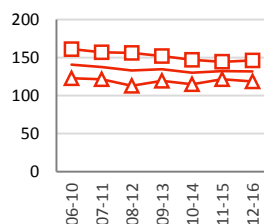
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



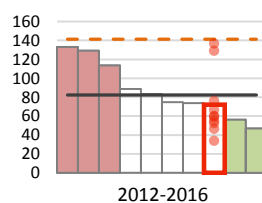
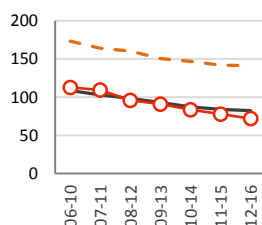
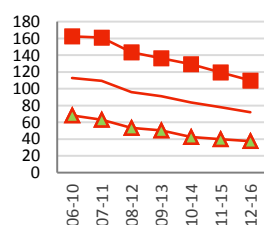
Persons (DSR per 100,000)	
Inner North East CC	321
Count of deaths in 2012-16	827
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



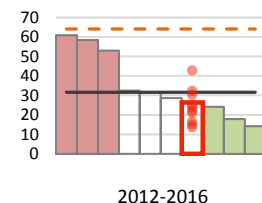
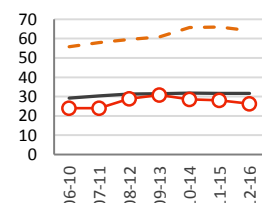
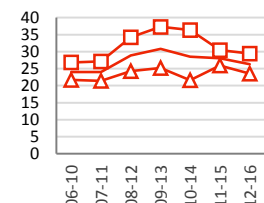
Persons (DSR per 100,000)	
Inner North East CC	132
Count of deaths in 2012-16	332
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North East CC	72
Count of deaths in 2012-16	183
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North East CC	26
Count of deaths in 2012-16	62
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 North East Community Committee

The health and wellbeing of the Inner North East Community Committee contains some variation but is generally around the mid range of Leeds. Around 25% of the population live in the most deprived fifth of Leeds**.

Life expectancy for the Community Committee is more or less the same as for Leeds overall, and male life expectancy has improved recently.

The age structure bears a close resemblance to that of Leeds overall but with larger proportions of children. GP recorded ethnicity shows the Community Committee to have smaller proportions of “White background” than Leeds and higher proportions of some BME groups, especially “Pakistani or British Pakistani”. 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.

Smoking, obesity and COPD are well below the Leeds average despite one MSOA ‘Meanwood 6 estates’ having figures which are much higher than other parts of the area. Diabetes, dementia and severe mental health rates are well above Leeds and again the same MSOA features as the highest. Alcohol specific admissions for this Community Committee are significantly below Leeds for men and overall. The alcohol dependency test shows the usual higher numbers of men and in general an older profile of drinkers than some committee areas.

All-cause mortality for under 75s has historically not been any different to the Leeds rate but recently it become significantly lower than that of the city. Male and female rates are very different though and female rates look to be levelling off. Circulatory disease mortality shows a similar situation. Three small areas show much higher cancer and circulatory disease mortality rates than their neighbours - ‘Meanwood’, ‘Chapeltown’, and ‘Meanwood 6 estates’.

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.

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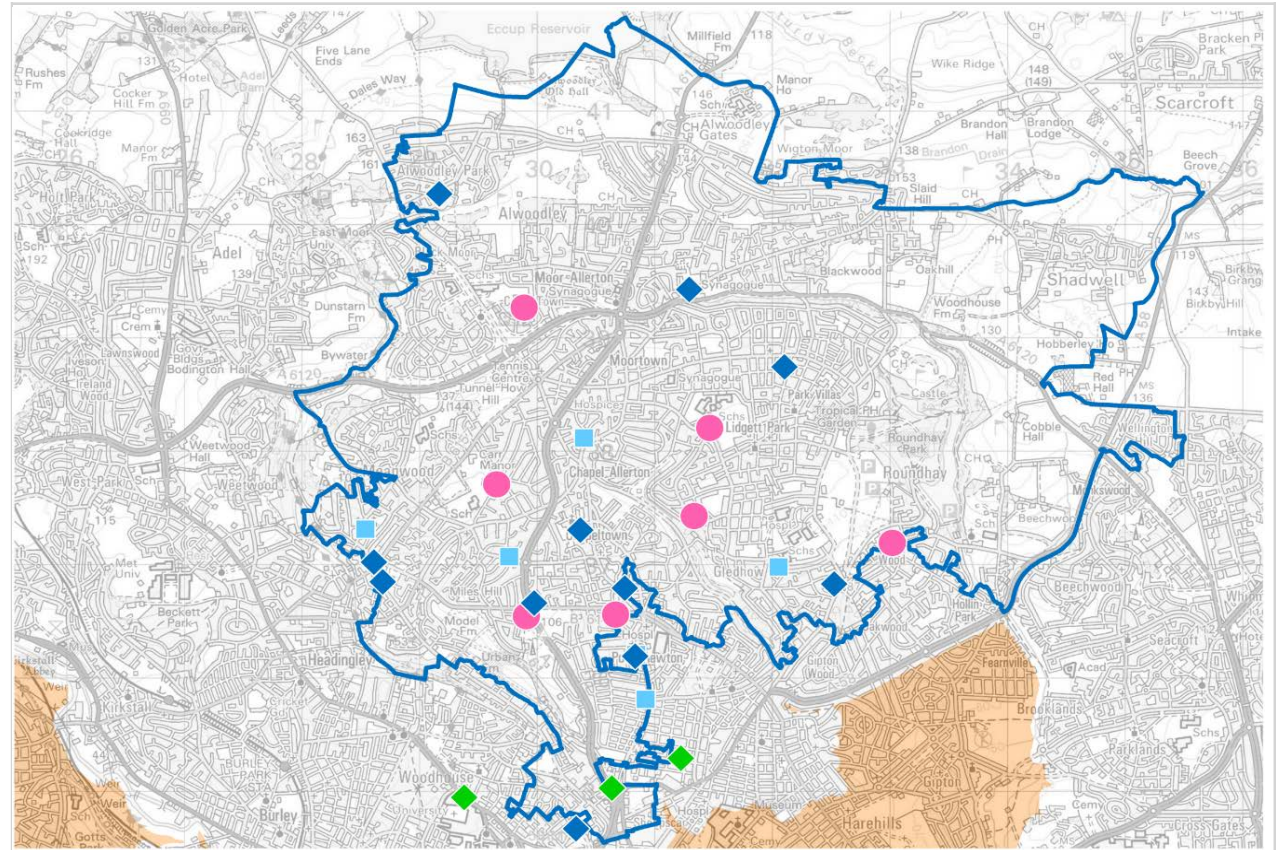
Area overview profile for Meanwood Integrated Neighbourhood Team

November 2017

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

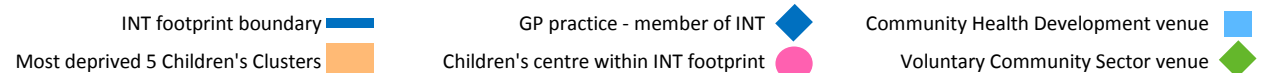
The INT has a large non-deprived population but 1 in 5 of the population are living in the most deprived two fifths of Leeds, so very varied conditions in this INT. Non white ethnic groups are more represented in the INT than Leeds as a whole. It is the second largest INT in the city for actual numbers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

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



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

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



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Area overview profile for Meanwood Integrated Neighbourhood Team

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

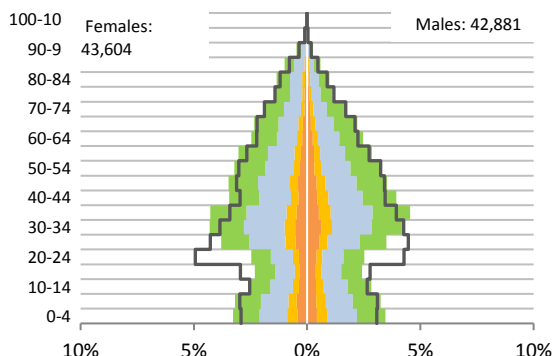
All INTs are ranked to display variation across Leeds and this one is outlined in blue. Practices belonging to this INT are shown as individual blue dots. Actual counts are shown in blue text. Leeds overall is shown as dark grey, the most deprived fifth of Leeds** is shown in orange.

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

Population: 86,485 in April 2017

GP data

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

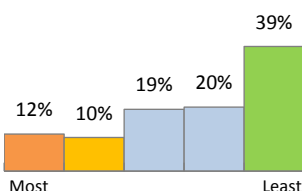


GP recorded ethnicity, top 5	% INT	% Leeds
White British	56%	62%
Other White Background	12%	9%
Indian or British Indian	6%	2%
Pakistani or British Pakistani	6%	3%
Other Asian Background	2%	2%

(April 2017)

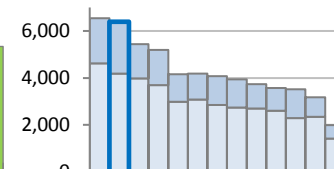
Deprivation distribution

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



Aged 74+ (April 2017)

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

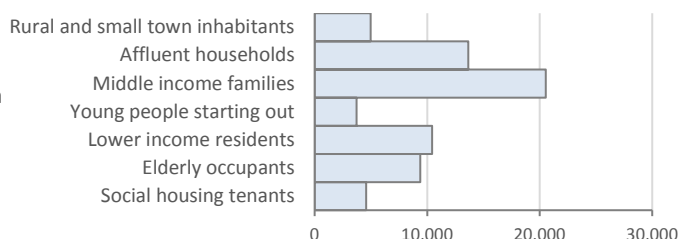


Mosaic Groups in this INT population

(October 2017)

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

<http://www.segmentationportal.com>



Population counts in ten year age bands for each INT

(April 2017)

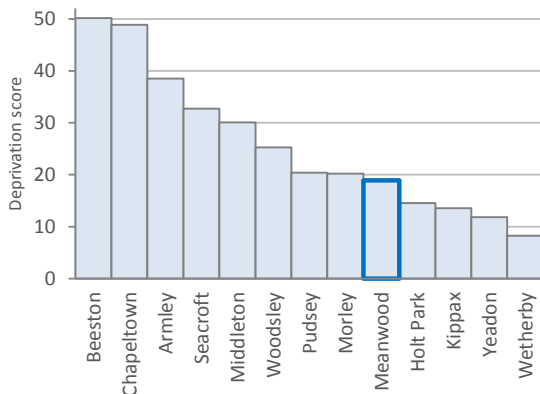
Age Band	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569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

Deprivation and the population of Meanwood INT

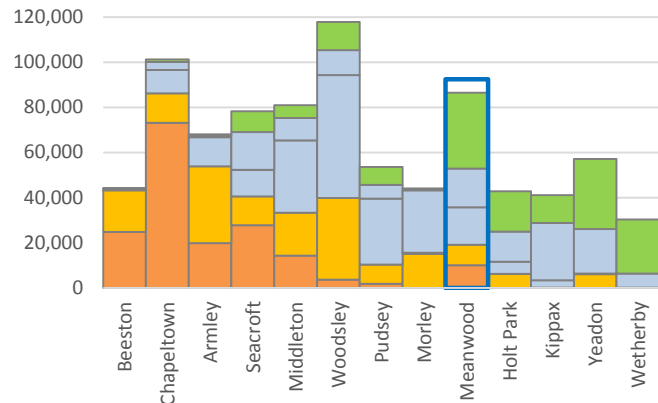
IMD2015 and GP data

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 18.9, ranked number 9 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

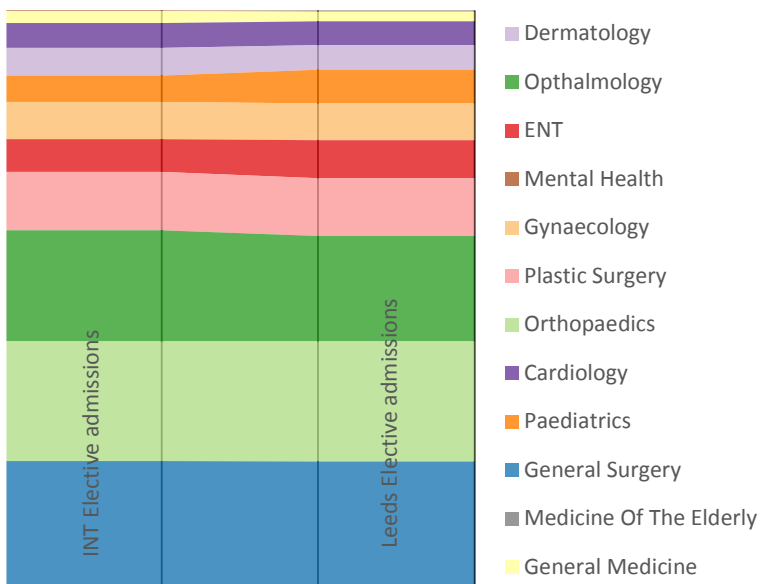


Hospital admissions for this INT by specialty (2016/17)

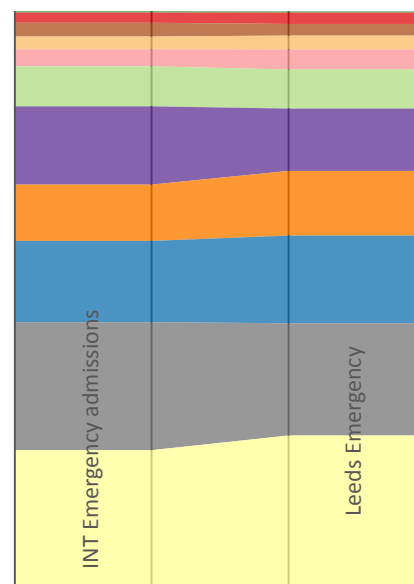
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

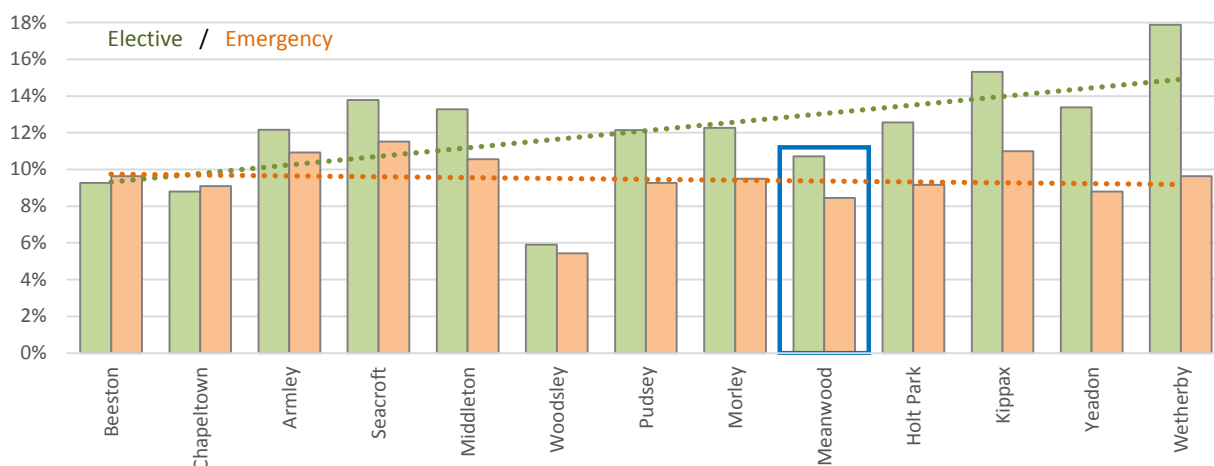


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st General Surgery	13%	12%
2nd Orthopaedics	12%	11%
3rd Ophthalmology	11%	10%
4th Plastic Surgery	6%	5%
5th Gynaecology	4%	3%

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

Elective and emergency admission rates and deprivation

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

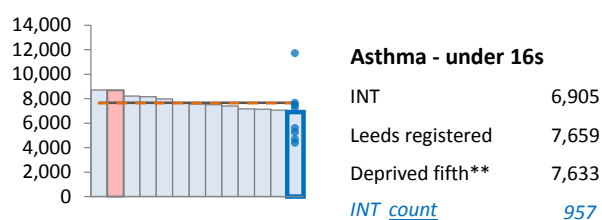


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

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

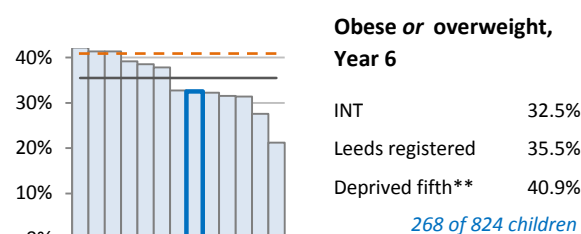
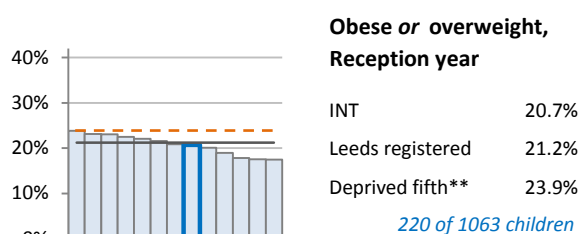
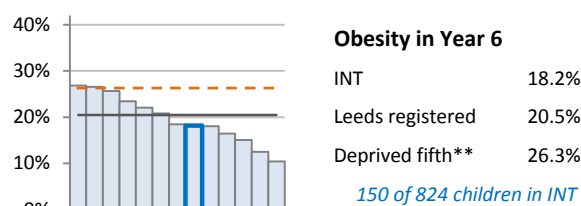
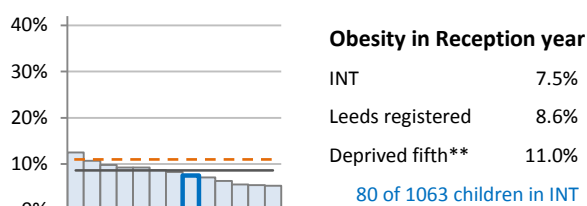
GP data



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 ✖

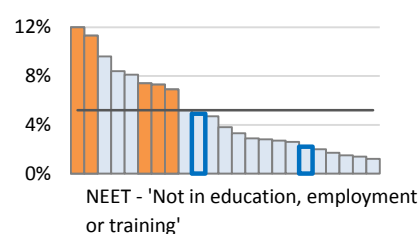
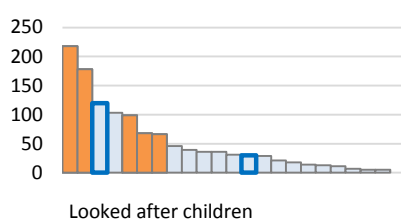
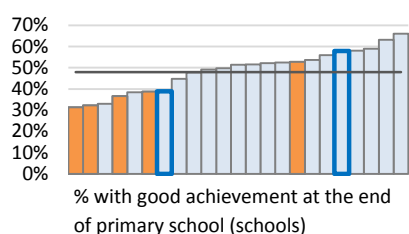
NCMP, aggregated from LSOA to INT boundary



Children's cluster data ✖

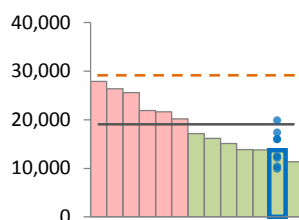
Children and Young People's Plan Key Indicator Dashboard July 2017

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



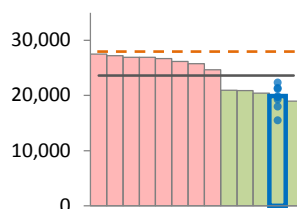
Healthy adults

GP data (April 2017)



Smoking (16y+)

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



Obesity (BMI>30)

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

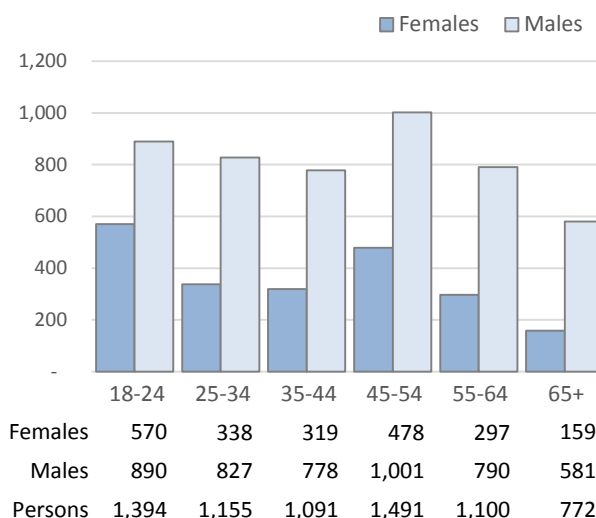
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

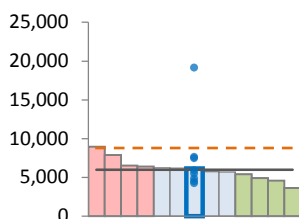
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

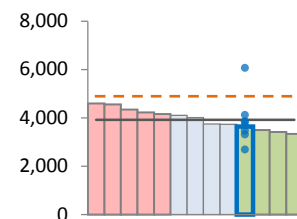
GP data

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



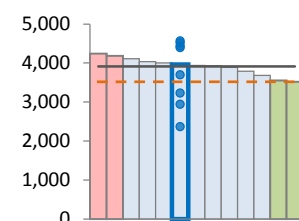
Diabetes

INT	6,178
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>4,562</u>



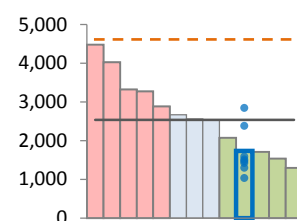
CHD

INT	3,639
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>2,598</u>



Cancer

INT	3,959
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>2,864</u>



COPD

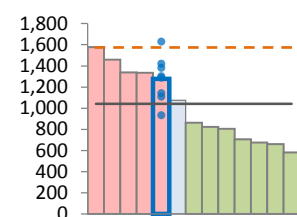
INT	1,737
Leeds registered	2,537
Deprived fifth**	4,617
<u>INT count</u>	<u>1,227</u>

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

Long term conditions, adults and older people continued

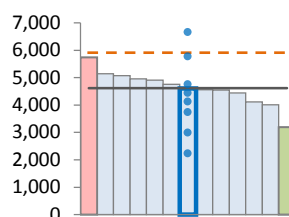
GP data (January 2017)

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



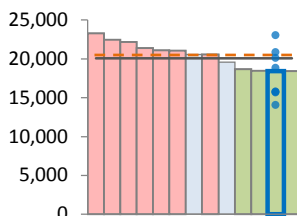
Severe mental health

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



Dementia (65+)

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



Common mental health

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

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

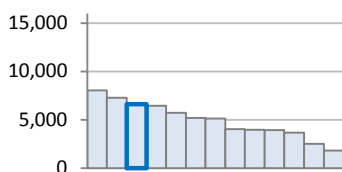
****Most deprived fifth, or quintile of Leeds** - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ✖

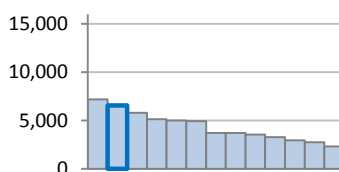
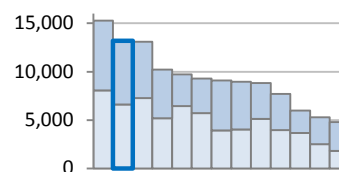
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness

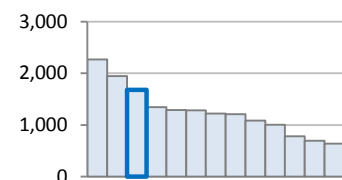
Life limiting illness, under 65



Life limiting illness, over 65

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

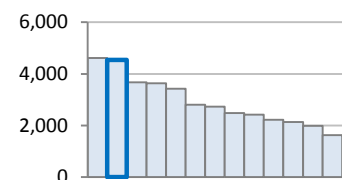
Carers providing 50+ hours care/week ✖



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

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

One person households aged 65+ ✖

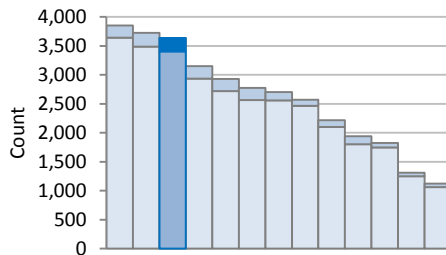


	number	rank
Limiting Long Term Illness - All Ages	13,192	2
Limiting Long Term Illness - under 65	6,610	3
Limiting Long Term Illness - 65+	6,582	2
Providing 50+ hours care/week	1,678	3
One person households aged 65+	4,546	2

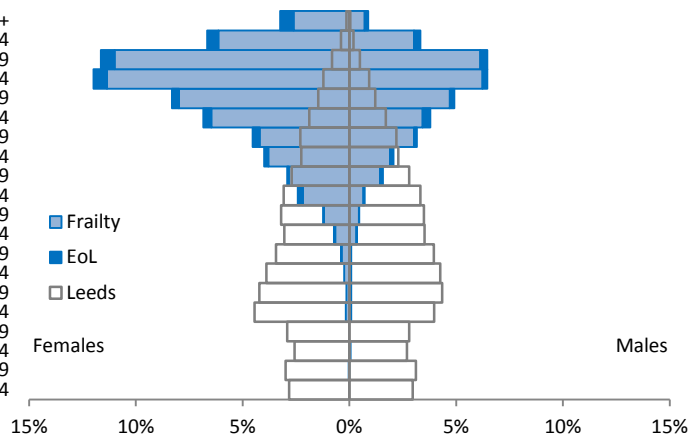
People living with frailty and 'end of life'*Leeds data model September 2016 cohort*

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

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

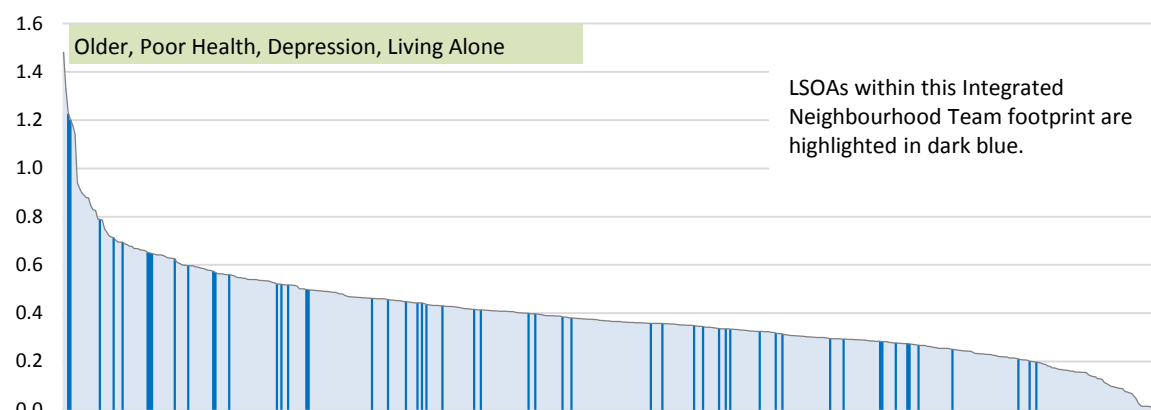
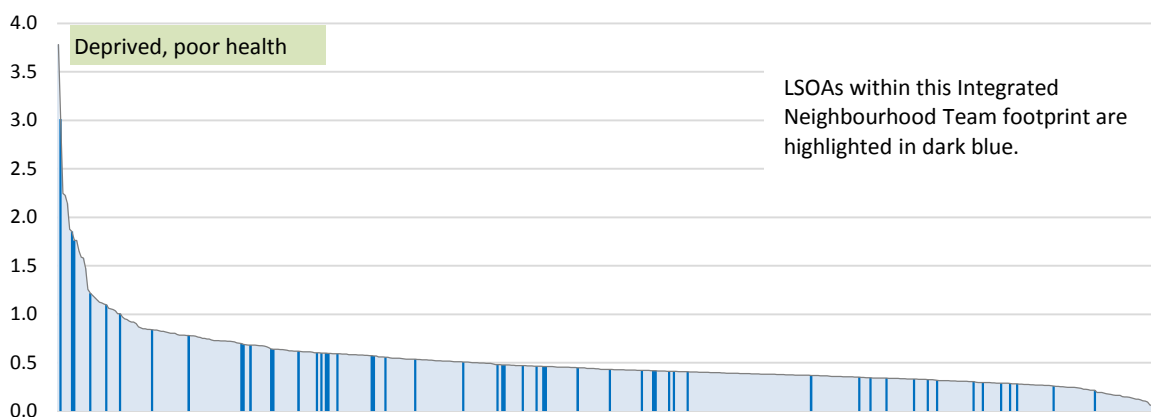


INT (in blue) compared to Leeds by gender and age band.

**Social Isolation Index ✕***LSOAs in INT footprint*

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

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



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

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

ONS and GP registered populations

"How different are the sexes in this INT"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

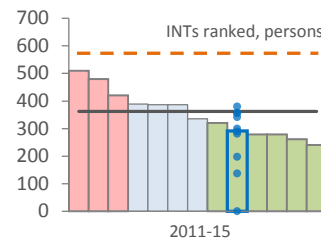
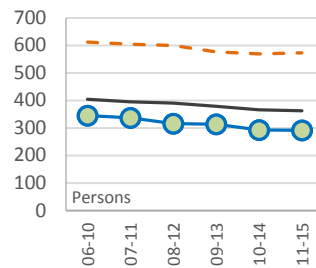
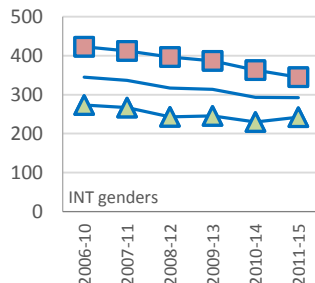
- INT persons
- Leeds
- Deprived fifth of Leeds**

Shaded if significantly above Leeds

Shaded if significantly below Leeds

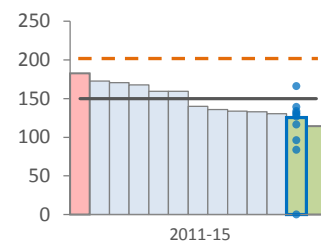
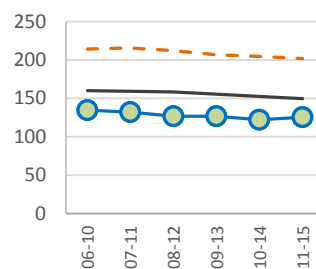
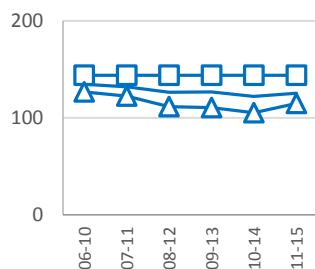
"Where is this INT in relation to the others, and Leeds"

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

All cause mortality

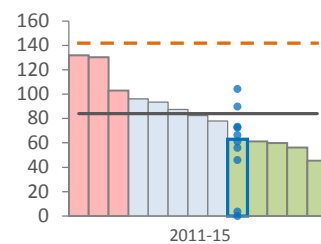
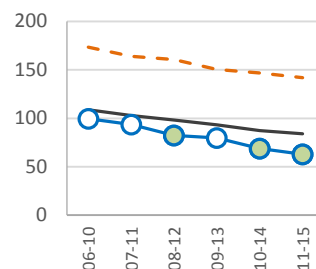
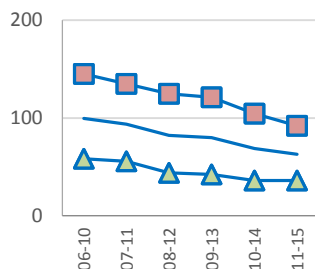
Persons (DSR per 100,000)

INT	292
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>872</i>

Cancer mortality

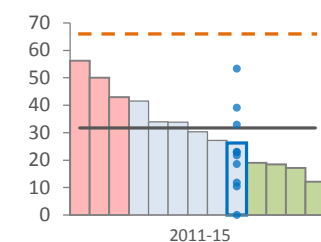
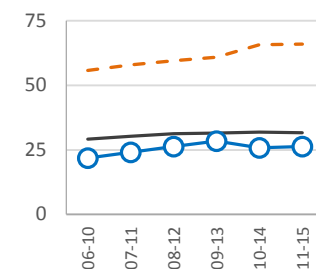
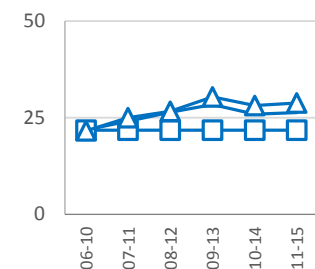
Persons (DSR per 100,000)

INT	126
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>371</i>

Circulatory disease mortality

Persons (DSR per 100,000)

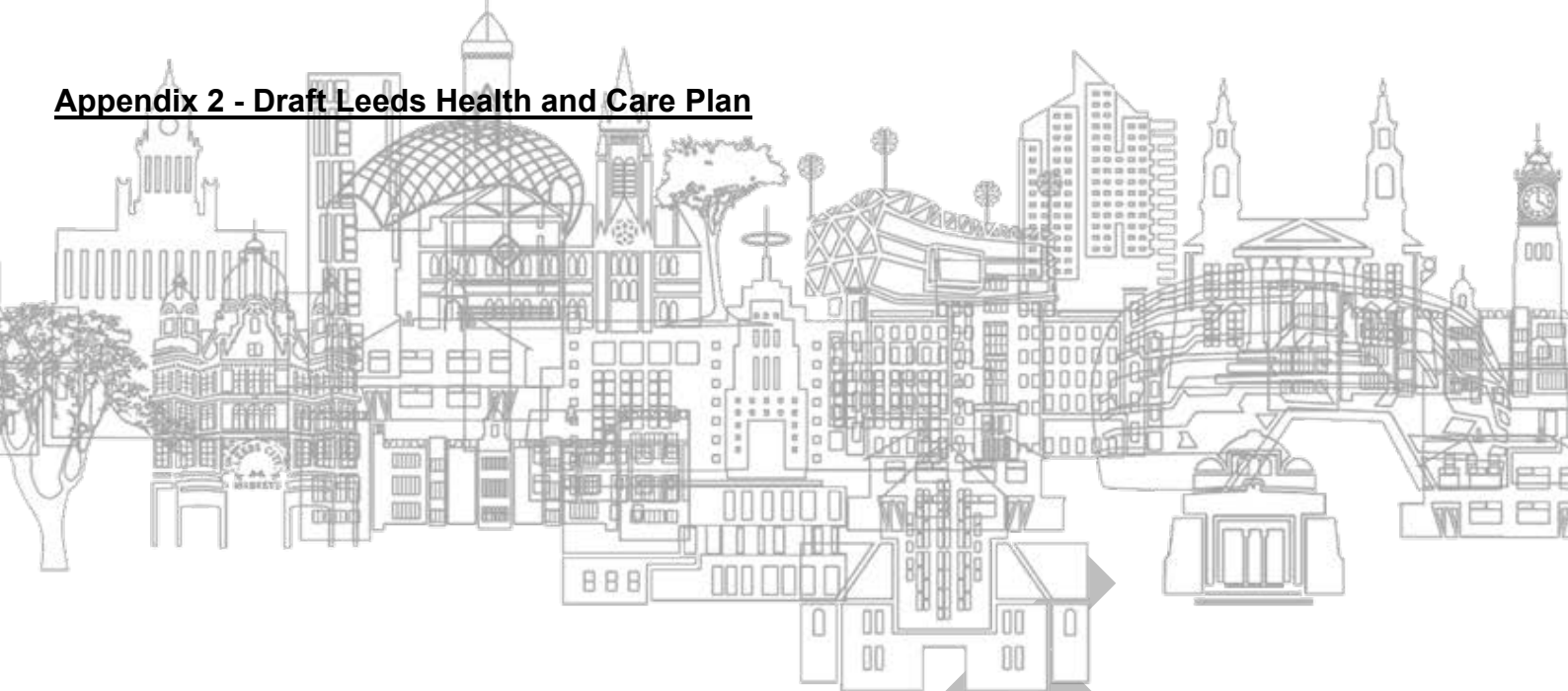
INT	63
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>185</i>

Respiratory disease mortality

Persons (DSR per 100,000)

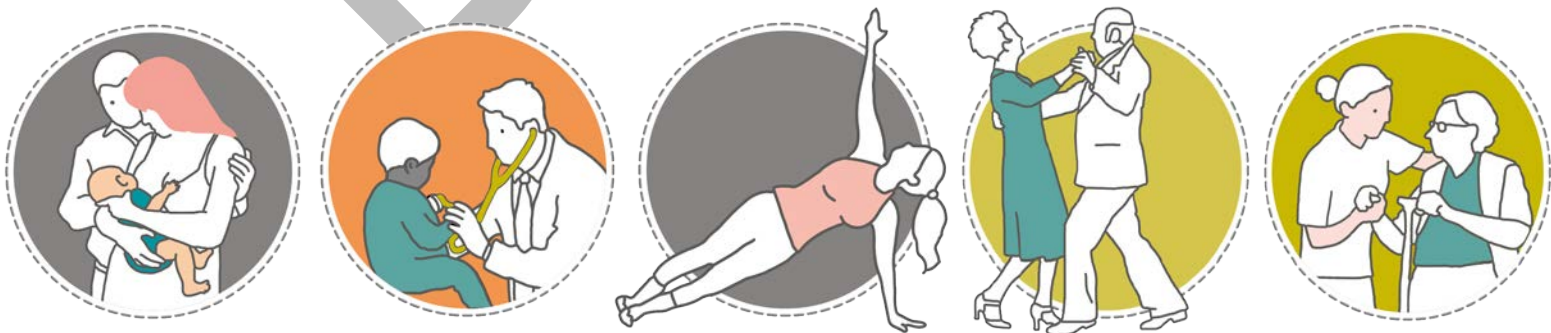
INT	26
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>73</i>

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



Leeds

The best city for
health and wellbeing



Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

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

And a clear vision:

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

5 Outcomes

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



Indicators

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



Leeds Health and Care Plan

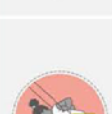
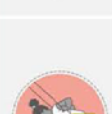
By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest

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

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

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

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

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

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Chapter 1

Introduction

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

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

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

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

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

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

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

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

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

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

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

Simon Stevens, Chief Executive NHS England

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

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

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

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

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

What is this document for?

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

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

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

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

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

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

Chapter 2

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

Working with people

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

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

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

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

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

The NHS Constitution

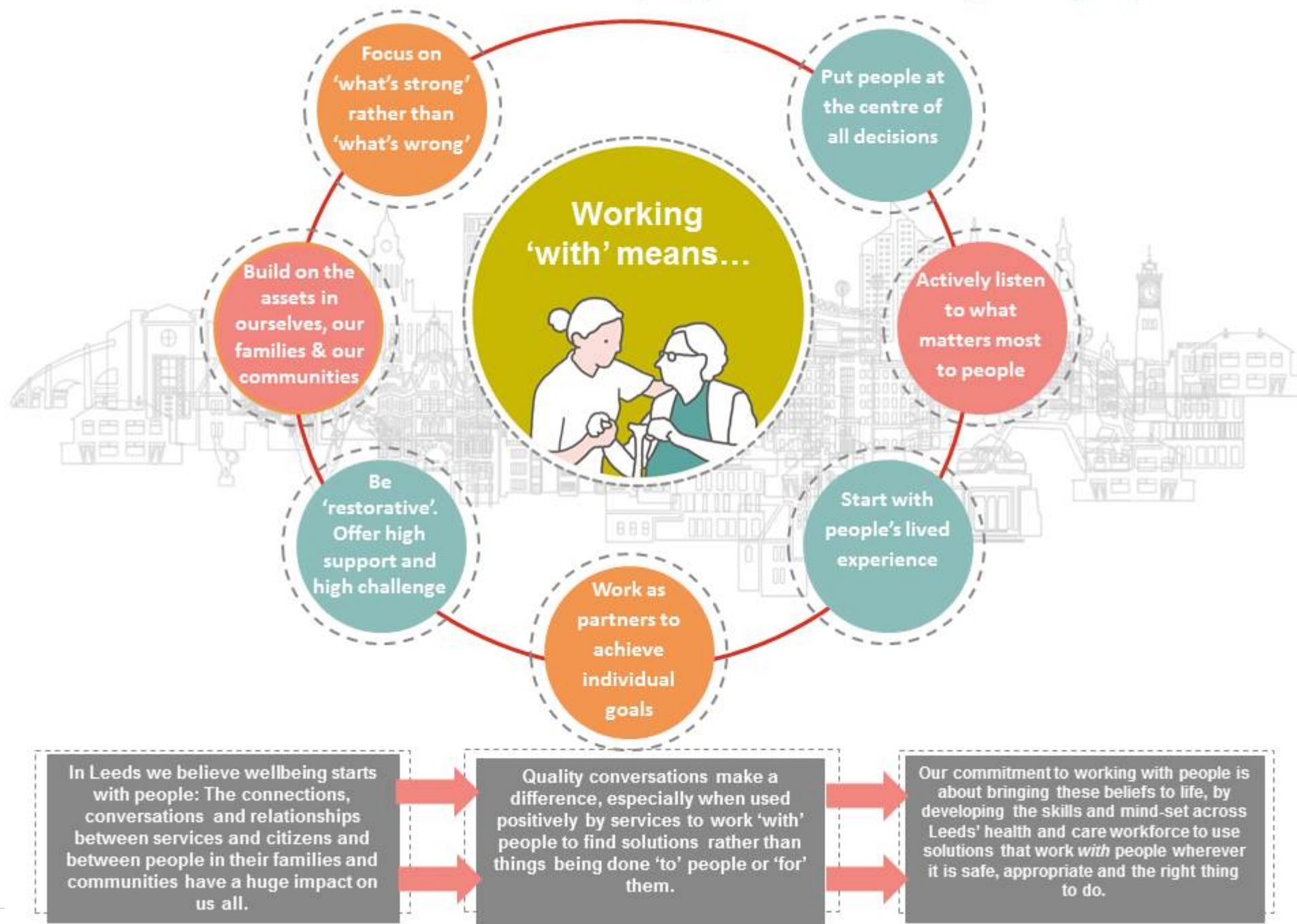
Patients and the public: our responsibilities

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

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

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

Better conversations: A whole city approach to working with people



Joining things up

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

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

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

Taking responsibility for our health

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

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

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

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

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

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

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

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

Chapter 3

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

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

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

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

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

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

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

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

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

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

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

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

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



Chapter 4

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

Areas for change and improvement

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

GP and Primary Care Changes

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

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

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

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

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

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

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

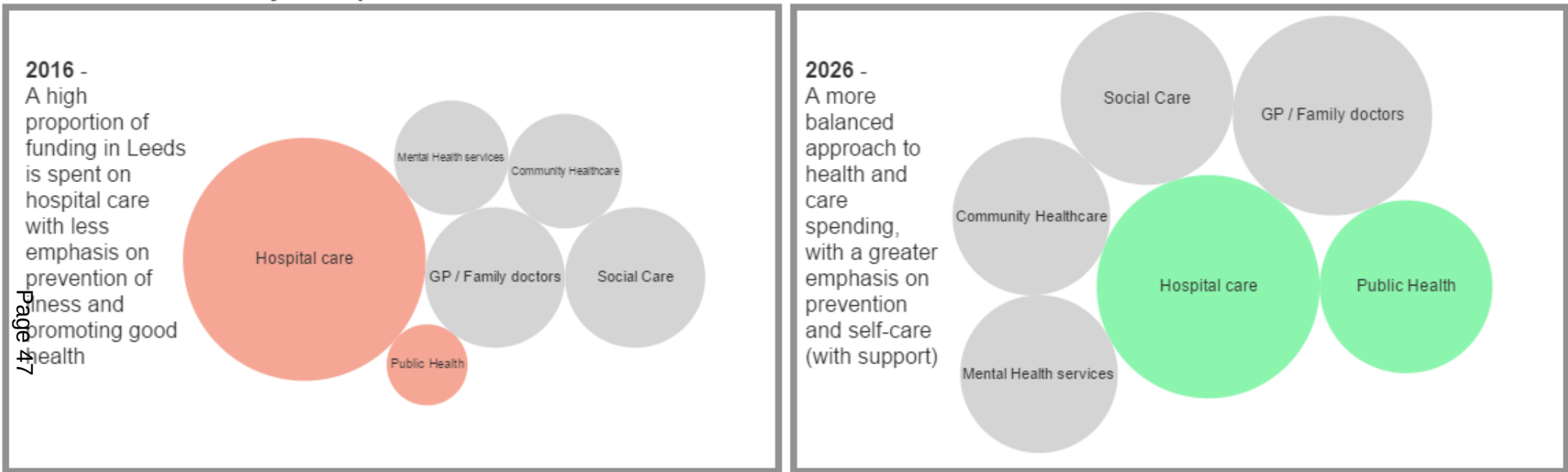


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

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Chapter 5

So why do we want change in Leeds?

Improving health and wellbeing

Most of us want the best health and care.

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

Chapter 6

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

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

The government, the Department of Health and the NHS

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

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

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

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

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

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

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

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

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

GPs (or family doctor) in Leeds

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

Mental Health Services in Leeds

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

Hospital in Leeds

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



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

Providing health services in the community for residents in Leeds

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

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

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

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

Public health – keeping people well and preventing ill health

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

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

Social care - supporting people who need help and support

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

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

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

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



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

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

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

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

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

Amount (£m)

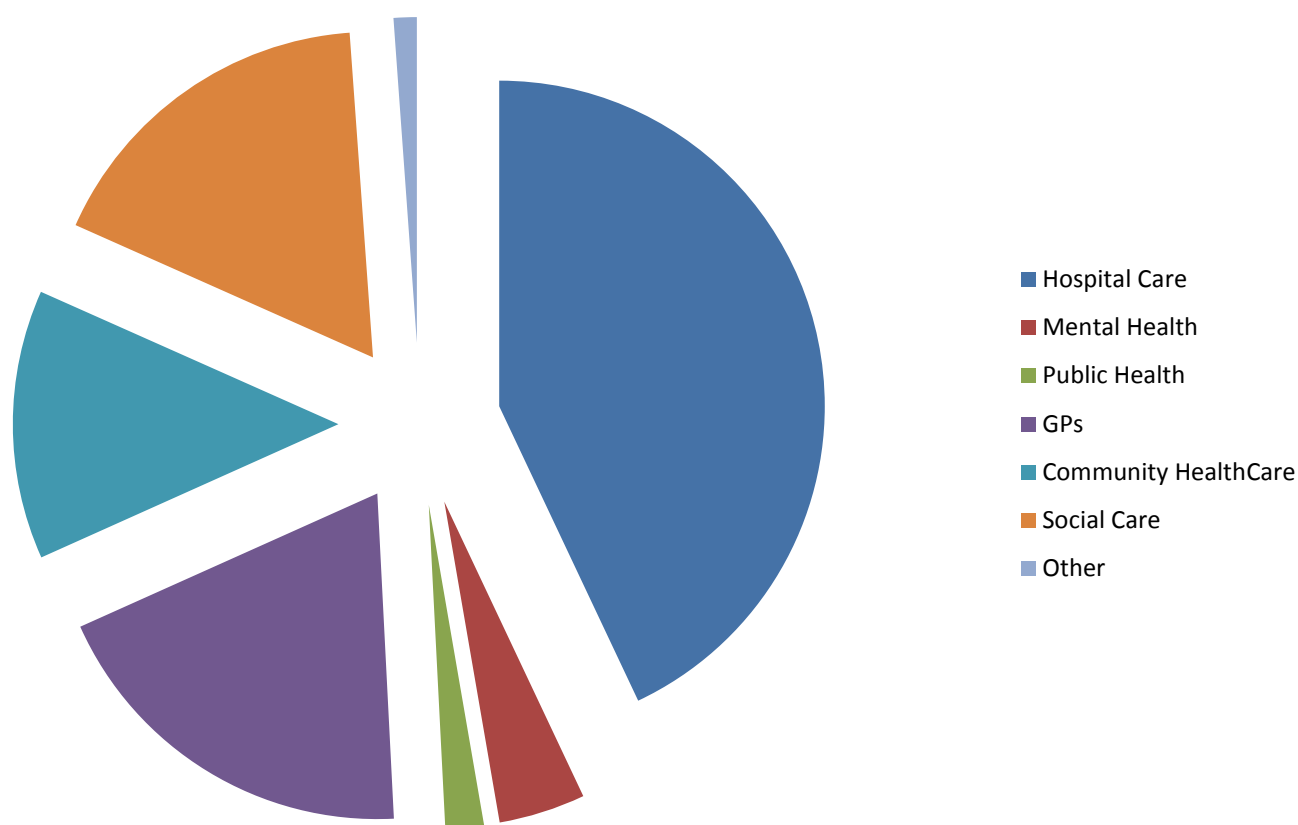


Figure 3 – Indicative spending of health and care funding in Leeds

Children and Families Trust Board

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

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

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

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

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

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

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

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

The plan has five high-level outcomes:

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

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

Leeds Health and Wellbeing Board

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

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

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

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

Healthwatch Leeds

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

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

Chapter 7

Working with partners across West Yorkshire

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

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

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

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

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

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

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

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

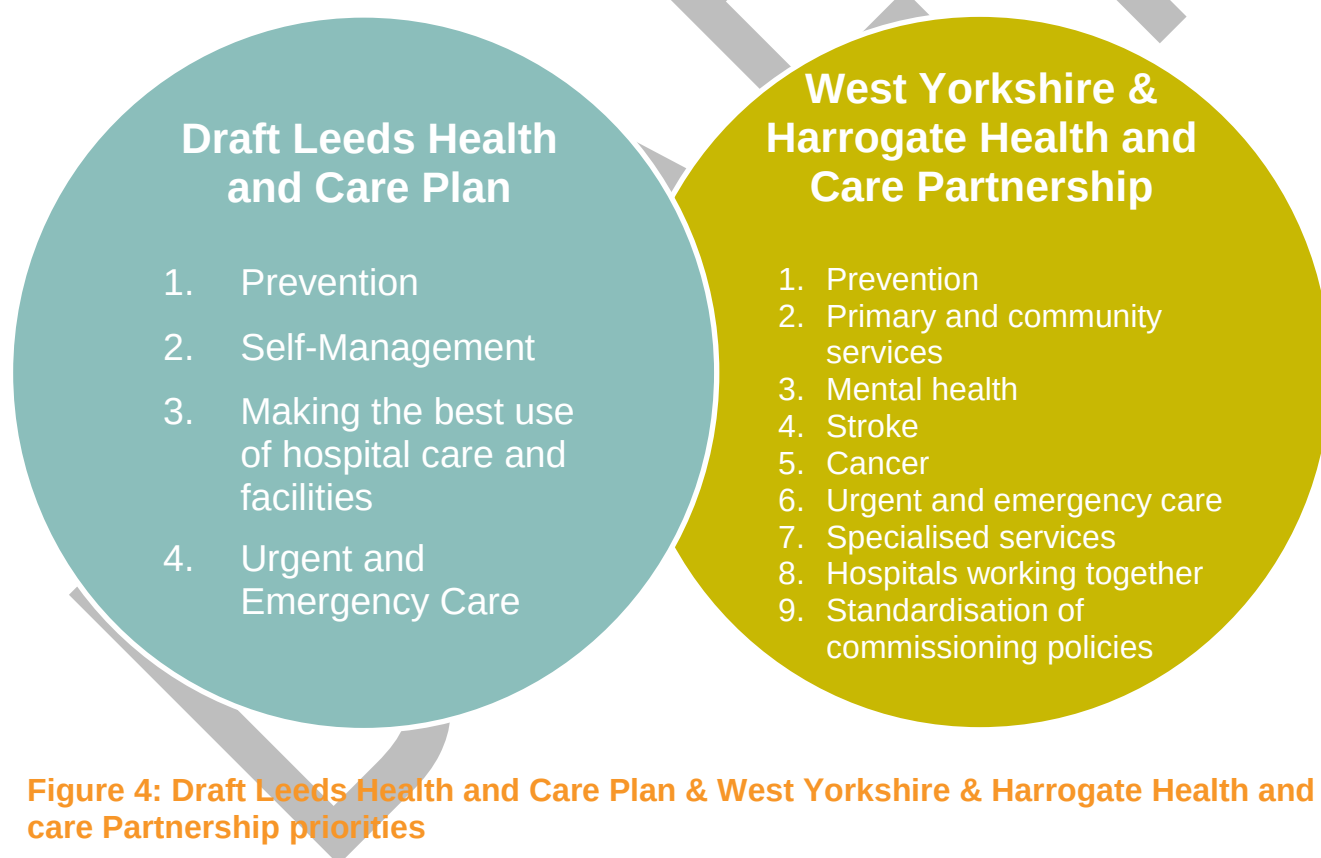
Chapter 8

Making the change happen

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

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

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



Chapter 9

How the future could look...

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

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

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

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

Chapter 10

What happens next?

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

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

Change is happening already

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

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

Involving you in the plans for change

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

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

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

Working with Healthwatch

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

When will changes happen?

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

Joint working

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

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

Who will make decisions?

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

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

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

Legal duties to involve people in changes

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

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

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

The advice can be viewed here:

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

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

Scrutiny

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

Chapter 11

Getting involved

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

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

Other ways to get involved

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

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

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

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

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

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

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

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

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

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Report of: Gary Bartlett, Chief Officer Highways and Transport

Report to: Inner North East Community Committee

Report author: Vanessa Allen, (0113 3481767)

Date: 4th December 2017 To note

Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Inner North East update, and Leeds Transport Strategy development

Purpose of report

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

Decisions:

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

Main issues

2. Leeds Transport last reported and presented to this committee on the 8th September 2016 and followed this up with a workshop (2nd November 2016). The following section details the feedback from the Transport Conversation and specifically the feedback from this committee and community area, as well as a summary of the Leeds wide transport proposals and development of a Leeds Transport Strategy.

Leeds Transport conversation introduction:

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

Transport Conversation: Leeds response

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

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

Transport Conversation - Inner North East response:

14. As well as the overall analysis of the Leeds wide response, there was some further analysis undertaken on a Community Committee area basis. The report for the Inner North East area is included as an appendix to this document. This showed that a total of 617 (8%) respondents to the Leeds Conversation questionnaire were from the Inner North East communities. The list below shows the top three priorities for transport investment indicated by 351 of the questionnaire respondents from Inner North East who responded to this question.

Top four comments	Inner North East %	Leeds %
1. Improvements to cycling facilities	27%	17%
2. Invest in tram system	19%	18%
3. Cheaper/ better value for money (Bus)	15%	8%

15. Improvements to cycling facilities were mentioned significantly more frequently by Inner North East respondents than Leeds respondents overall. The questionnaire response also highlighted other key issues as being; more reliable bus and integrated ticketing; tackle traffic congestion; improve pedestrian facilities; cheaper value for money; greater promotion and encouragement of other modes; fully integrated public transport; investment in new technologies; a longer term vision for the transport strategy; creative and innovative thinking required; consider all users.

16. In addition to the questionnaire analysis there was further feedback received from this committee on the 19th September and a workshop on the 20th October, with the notes from the workshop included within the Appendix. 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, improvements in cycling, requirements for park and ride, influencing travel behaviour including encouraging cycling and walking.
17. The following locally specific summary of suggestions from the 20th October workshop are included below (*see appendix for notes of the workshop*).

Inner North East Transport Improvements suggested at Community Committee workshop

- Bus issues - No 36 Leeds to Harrogate/ Ripon good example when bus works well
- Orbital routes for bus cross city connectivity
- Cycling designed for everyone
- Park and Ride - Identify and earmark land for a P&R site on A61.
- Shift north-south/south-north through traffic on Harrogate Road onto Scott Hall Road.
- Roundabout improvements for the ELOR scheme
- Queenshill needs a one way system.
- Meanwood junction by Waitrose an issue

18. **In overall summary;** greater promotion and encouragement to use other modes, fully integrated public transport and investment in new technologies were particular priorities for respondents in the Inner North East. Furthermore, a significantly greater number of Inner North East respondents cited the need to make bus services cheaper and better value for money as well as emphasising the importance of cycling and walking.

#LeedsTransport – £173.5m transport improvements:

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

Rail improvements:

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

Bus Improvements:

- A new Leeds High Frequency Bus Network – over 90% of core bus services will run every 10 minutes between 7am and 8pm.
- Additional investment of £71m by First group to provide 284 brand new, comfortable, and environmentally clean buses with free Wi-Fi and contact-less payments which will achieve close to a 90% reduction in NOx emissions by 2020.
- 1000 more bus stops with real time information.
- Bus Priority Corridors : Investment in a number of key corridors to reduce bus journey times and improve bus service reliability including the following key corridors:
 - o A61/A639 South: To provide a high quality bus priority corridor from the Stourton park & ride into the city centre;
 - o A61 North: A series of bus priorities which address traffic hotspots, building on the existing Guideways in North Leeds;
 - o A660: Improving bus journey times and reliability by investing in the Lawnswood roundabout and localised priority interventions;
 - o A58 North East: Investment at key traffic hotspots to improve bus journey times along the corridor;
 - o A647: Bus priority through the congested A647, linking to the park & ride expansion at New Pudsey railway station; and
 - o 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
 - o A new site opening at Stourton Park and Ride in 2019.
 - o The exploration of a north of the City, park and ride site.
 - o Potential further expansion of Elland Road park and Ride

Mass Transit:

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

Cycling and Active Travel:

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

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

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

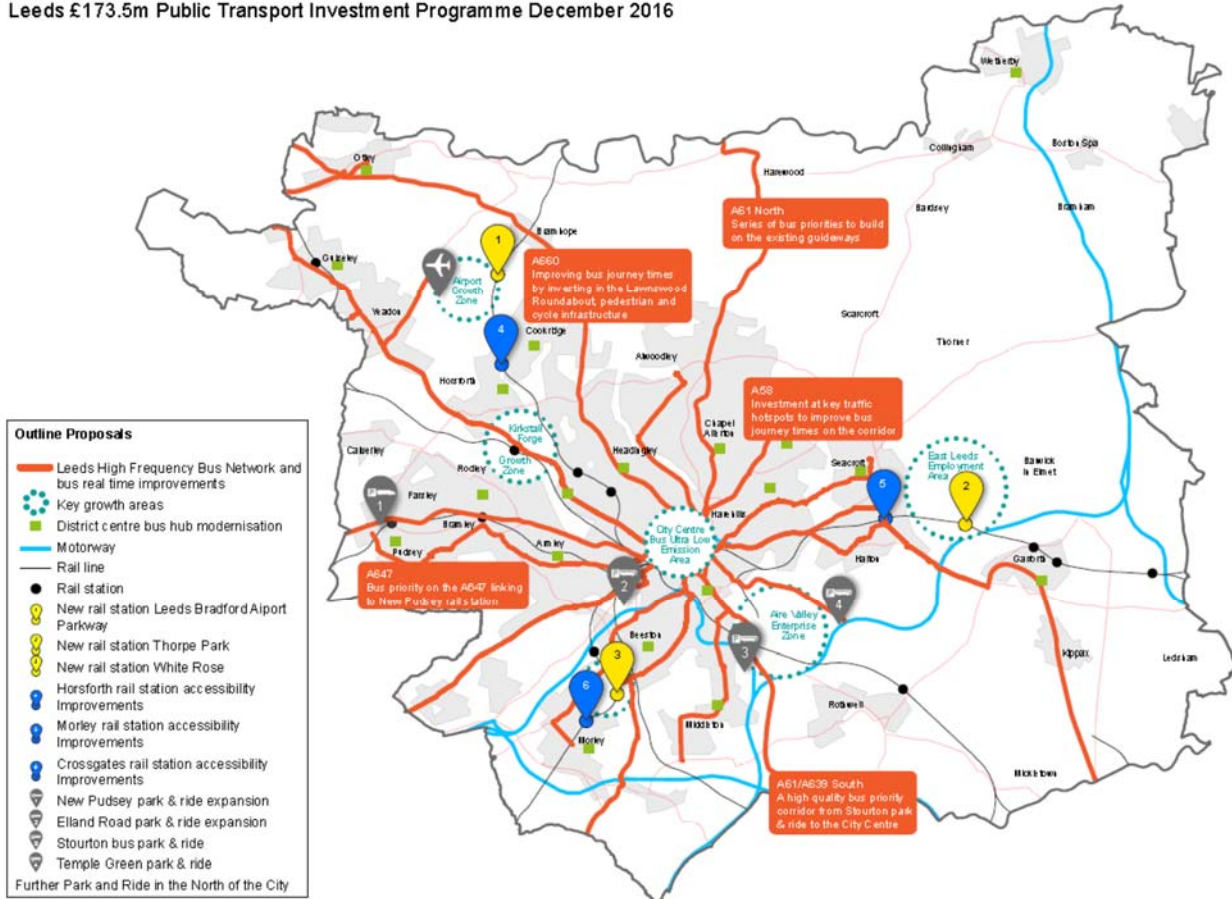
Key principles

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

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

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

Leeds £173.5m Public Transport Investment Programme December 2016



Transport improvements – for the Inner North East area:

22. The proposals described above are not the only programme of transport improvements proposed in Leeds. There are also an extensive range of other transport schemes over the next few years that are either recently implemented, under construction or under planning and are listed as a summary of the major #LeedsTransport, appended to this report.
23. This list shows that there are substantial schemes underway in Leeds, however there are more planned to be taken forward through the emerging Leeds Transport Strategy which is covered below (para 31).
24. The following paragraphs describe the major schemes proposed, underway or recently completed in the Inner North East Area.
25. **A61 Bus improvements;** As part of the proposals to develop a Quality Transport Corridor along the A61, Leeds City Council is examining ways to improve the route between Sheepscar Interchange (on the edge of Leeds city center) and Harewood, particularly for bus users. In addition to the A61 Scott Hall Road, this also includes consideration of Harrogate Road and Chapeltown Road through Chapeltown, Chapel Allerton and Moortown, as the principal parallel route served by buses.
26. Work to date has highlighted a range of issues to be addressed through the Quality Transport Corridor scheme. These include:
- Significant delays and congestion at the Potternewton Lane junction with Scott Hall Road, particularly travelling towards Leeds in the morning peak period and travelling away from Leeds in the evening peak period. Queues on approach to the junction regularly extend beyond the length of the bus guideways, resulting in delays for both buses and general traffic.
27. **New buses and service improvements;** Bus operators in Leeds have been investing in new, cleaner, vehicles for their services that improve the customer offer. Many now come with audio and/or visual next stop announcements, have free wifi, improved seating and USB/wireless charging opportunities. Reallocation of buses within operator's fleets have also seen newer vehicles allocated to routes that serve Leeds. There is also commitments to further improvements to buses over the coming years through LPTIP and other funding streams. Continued network reviews to optimise travel times and serve more communities continue, along with the creation of fresh travel opportunities through new routes.
- Transdev Service No36 (Leeds – Harrogate – Ripon) – Every 10 mins during the day (Mon – Sat) between Leeds and Harrogate (every other bus continues to Ripon). Three new buses introduced (same spec as the 2 year old vehicles, but with updated technology).
28. **Northern Park and Ride;** Following the opening of Elland Road and Temple Green Park & Ride sites (in July 2014 and June 2017 respectively), the Public Transport Proposals identified above include examination of further Park & Ride opportunities, coverings both rail and bus modes. These include a bus based Park and Ride at Stourton to the south of Leeds City Centre, a parkway station near Leeds Bradford Airport which would operate as a Park and Ride in both directions and increased station parking at New Pudsey station.
29. Also included is a proposal for a new Park & Ride site in north Leeds. This quadrant of the city (roughly between the A65 and the A64) is poorly served by heavy rail, public transport is bus

based and the radial routes are heavily congested in peak times.

30. Such a site would be a further development of the Park & Ride strategy for the city, and complement the existing and proposed bus and rail Park & Ride opportunities and enhancements across the city. Park & Ride also contributes to the wider connectivity aims of the city and city region, and provides connectivity opportunities to HS2 and the remodelled Leeds Station.
31. A number of sites are currently being considered in the north Leeds study area, which broadly comprises the area bordered by the North Yorkshire/Harrogate border in the north, the A64 in the east, the A58(M)/A64(M) Inner ring Road in the south and the A65 in the west. The site needs to be in a location which avoids pulling too much traffic through the built up area while being close enough to the city center to allow an attractive onward connection to be provided. It also needs to have enough space to provide parking for at least 400 cars.
32. **City CycleConnect 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.
33. 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



34. The Chapel Allerton to the City Centre Route form a part of the Core Cycle Network approved by Executive Board in 2009, and the Council recently re-affirmed its commitment to its implementation in the Leeds Cycling Starts Here Strategy. The alignment broadly follows Chapeltown Road to Sheepscar. Phase 1 from Eastgate roundabout to Sheepscar was implemented in 2013, and was the start of what is now City Connect, and was the first Cycle Superhighway in Leeds.
35. As part of the A61 proposals outlined above, the proposals are being delivered along both Scott Hall Road and Chapeltown Road. It is envisaged that both these would have extensive cycle facilities particularly on Scott Hall Road where there is sufficient width to develop a facility up to Superhighway standard. www.tinyurl.com/wycyclemap

- 36. Further cycle improvements;** LCC have recently won funding from the Department of Transport (via the National Productivity Investment Fund) to deliver a segregated cycle route on the Leeds Outer Ring Road from the new junction created by the East Leeds Orbital Route to King Lane. The new facility will provide high quality facilities where modal choice for short journeys is currently limited, alongside the existing carriageway and tie into the ELOR Outer Ring Road Junctions which form the advanced element of the ELOR programme.
- 37. Traffic management:** Leeds recently acquired funding to implement 'SCOOT' which is a traffic management system to help improve traffic efficiency across Leeds. The focus of the project investment is in North West Leeds extending from the city centre to Guiseley, covering the A65 and A657 corridors. SCOOT will be mostly implemented at 35 junctions and 20 pedestrian crossings. This will help to reduce delay and improve air quality creating a more productive and cleaner Leeds.
- 38. ELOR Junction improvements;** In advance of ELOR , improvements works will commence in the Winter 2017 at key junctions on the Outer Ring Road to the West including Roundhay Park Lane, Harrogate Rd 9A61) and King Lane/ Stonegate Road. These works will be ongoing for approximately 12 months. Alongside the main ELOR scheme the Council will propose changes to the Outer Ring Road which is replaced by the new road to address concerns raised following earlier consultation. These include developments to pedestrian and cycle facilities and environmental improvements to reflect its change in character to a more local route.

Leeds Transport Strategy:

- 39.** 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.
- 40.** Reconciling these challenges will be crucial to the successful delivery of a long term transport strategy for Leeds and include;
- *Changing our highway infrastructure for quality place making, strong communities and a knowledge rich economy* – To create people friendly city and district centres, prioritising pedestrian movement can reduce vehicle capacity, which in turn may produce the economic dis-benefit of congestion unless considered within a wider strategic transport context.
 - *Promoting Leeds as a regional and northern economic hub* – The strength of Leeds economy has resulted in a large increase in commuting to Leeds from outside the district which the current transport system is struggling to accommodate. Delivering rail growth is an essential element of this strategy.
 - *Ensuring transports role in good growth, equality and connected communities* - The city must respond to community needs by connecting neighbourhoods, linking people to services and recognise that transport is a vital service that needs to be accessible for all.
 - *Improving air quality and decarbonising our transport system* - Traffic congestion exacerbates emissions of air pollutants, greenhouse gases and noise. The city must make a rapid improvement in air quality and meet legal obligations by 2020.

- *Building on a transport system already under pressure* - With the adopted Core Strategy provision of 70,000 additional homes 493 hectares of employment land and 1 million square meters of office space by 2028, both existing and future growth means a substantial increase in travel demand, along with rising car ownership, with the consequence of increased peak congestion levels, delay and low network resilience.
- *Gaining a city wide consensus on the role of mass transit and changing the way we travel* – High capacity high frequency public transport remains the most effective way of moving large numbers through limited road space. Building on our existing public transport network, we need a step change in the number of people using public transport, and a transport solution that works with the grain of the city.
- *Delivering public transport schemes through the reallocation of road space* - the key unresolved issue remains giving priority to major public transport schemes continues to cause considerable debate because of the need to prioritise them over other modes of transport.
- *Delivering a long term strategy for our strategic transport assets* - short term repairs to the Leeds Inner Ring Road are becoming increasingly unviable. We need to explore long term options for this asset which keeps our city moving.
- *Maximising the transformational benefits of nationally strategic projects* – realising the benefits of HS2 and successfully master planning Leeds Station into the fabric of the city, and mitigating the impact of the HS2 line of route into Leeds.
- *Harnessing Technology and understanding future travel scenarios* - how to plan for new technologies, and how to integrate them with current modes and infrastructure.

41. As part of taking the strategy forward, a Leeds Transport Expert Panel was set up and first met in November 2016. The panel includes leading transport experts and senior figures from transport bodies and organisations from across the UK, along with representatives from business, education, planning, accessibility, equalities and campaign groups. The panel has considered future transport trends and challenges, and how transport can best facilitate the Council's 'Best City' goal and will continue to input into the strategy as it evolves.

Corporate considerations

Equality and diversity / cohesion and integration

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

Council policies and city priorities

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

Conclusion

45. The first phase of the Transport Conversation showed that across Leeds and in Inner North East there was a similar call for both short and long term improvements; across the bus network improved cycle and walking facilities as well as looking at large scale infrastructure improvements. Although there was a particular emphasis in Inner North East on bus service and cycle network improvements.
46. 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.
47. A presentation at the meeting will follow the main structure and content of this report and offer an opportunity for further discussion and feedback.

Recommendations

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

Appendices

- Inner North East Workshop – notes of workshop 20th October 2016
- Aecom analysis of Inner North East questionnaire responses
- Summary of Major Transport Schemes in Leeds

Background information

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

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Leeds Transport Conversation

Inner North East Report – April 2017



1. Introduction

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

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

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

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

2. Inner North East

A total of 617 respondents (8%) to the Leeds Conversation were designated as Inner North East. Of those, 351 gave comments on their priorities for transport investment.

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

Priority 1: Improvements to cycling facilities: improvements to cycling facilities (27%), was the most frequently mentioned issue by Inner North East respondents and was a significantly higher proportion than others (17%). The quotes below illustrate some of the improvements cited by respondents from the Inner North East.

"My main priority would be improving the cycling infrastructure, focusing on making real improvements rather than headline-grabbing schemes like the Leeds-Bradford cycle superhighway, which I doubt serves that many people, and has been widely criticised. Painting strips of road red then claiming to have created so many extra miles of cycle lane when in fact the lanes are either useless or even plain dangerous (like some of the cycle lane along Chapeltown Road going out of town). I realise many shop-owners think they just want more car parking spaces outside their shops, forgetting that cyclists also shop if there is somewhere to lock their bikes. Cyclists lost the 'battle' for sensible cycle lanes along Chapeltown Road and got fobbed off with cycle lanes which go around the car parking space, sometimes out into the middle of the road (and the cycle lanes that are along the kerb are often used as car parking spaces despite the double yellow lines). No one seems to have thought to put some good bike racks in well-lit locations outside the shops along Chapeltown Road. Road maintenance along the edges of roads where most cyclists ride is also often poor. Further up Chapeltown Road, between Button Hill and Potternewton Lane, there are quite a few very lumpy bits and sunken covers, which cyclists have to negotiate or go out into the road in front of cars. Sometimes the Council has a good idea, but then doesn't carry it out properly. Scattered around Chapel Allerton, especially the Canadas, are some cycle 'traffic islands' which are supposed to give cyclists a bit of separation from cars. When placed where the road veers to the left, they actually help stop cars come too close to the edge of the road and close to cyclists - good idea! However, most of them are on straight streets, where they serve no purpose - the most useful one, on the north side of Gledhow Park Avenue near Gledhow Park Grove, usually has a car parked in it. Clay Pit Lane going downhill could do with one of these."

"The cycle Bradford/ Leeds route was nice to see, but there are still danger points. Future cycle infrastructure needs to deal with the dangers of junctions by allowing cyclists right of way, not asking us to give way."

Priority 2: Invest in tram system: the second priority was for investment in a tram system with 19% commenting on this compared to 16% of others. The comments below relate to suggestions made about such an investment.

"I believe it is essential that Leeds gets a modern tram system. Leeds being given funding for a tramway similar to what Manchester, Nottingham and Sheffield have would bring great economic benefits to Leeds and the surrounding West Yorkshire area, and make a successful infrastructure network in a disconnected city. I for one would be very grateful if the Leeds tramway was finally built."

"Leeds public transport is probably the worst in the country for cities of comparable size. It desperately needs a new transport network like a tram, tube, etc., to bring it up to modern day standards and this should be where the investment goes. A rail line linking the northern suburbs like Roundhay with the city centre would also be beneficial."

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

"Public transport is currently too expensive. It's cheaper to drive and park in the city centre than to take the bus. Make it affordable and more people will use it."

"Many do not travel by bus because of cost. Need to find ways of making bus travel a more attractive option in terms of cost. Price of train travel also makes people select the car as the best option. This needs addressing."

Greater promotion/ encouragement to use other modes, fully integrated public transport and investment in new technologies all featured in the top ten priorities raised by respondents in the Inner North East, but not overall (see main report).

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

	Inner North East	Others
1. Improvements to cycling facilities	27%	17%
2. Invest in tram system	19%	16%
3. Cheaper/ better value for money (Bus)	15%	8%
4. More reliable bus service	15%	14%
5. Tackle traffic congestion, e.g. congestion charge, car share	11%	10%
6. Improvements to pedestrian facilities	10%	7%
7. Cheaper/ better value for money (General)	8%	7%
8. Greater promotion/ encouragement to use other modes	7%	6%
9. Fully integrated public transport	7%	6%
10. Investment in new technologies, e.g. electric/ eco-friendly vehicles/ zero emissions	7%	6%
Base: Respondents who provided a comment	351	4194

Green = statistically significant difference

At the end of the Leeds Conversation questionnaire respondents were given the opportunity to provide any other comments. 155 respondents from the Inner North East area gave a comment.

Table 2 shows the top ten comments they gave and compares them to other people who also provided a comment. Highlighted blue are issues that appeared in the top ten for respondents from the Inner North 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. The **top three priorities** for the Inner North East were:

- Longer term vision for transport solutions needed (21%)
- Implement tram system/ rapid mass transit (15%)
- Improvements to cycling facilities, e.g. cycle lanes, priority and junctions (15%)

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

"You've always got to plan long term. It's no good providing short term help. Do something that is going to make a difference."

"It would be better to have a good quality tram system which can be added to over time, than a short term plan which ultimately will not be adequate for a growing city and may be obsolete very quickly."

"More cycle lanes are needed to encourage both physical activity and less traffic. I know many people who are too scared to cycle into Leeds. I myself have been knocked off my bike twice at difficult junctions in the past year."

Respondents from the Inner North East were significantly more likely to suggest improvements to cycling facilities (15%) compared to others (9%). Conversely, others were significantly more likely to cite improvements to rail services/ network/ facilities (15% compared to 8%).

Table 2: Top Ten Other Comments in Inner North East

	Inner North East	Others
1. Longer term vision for transport solutions needed	21%	18%
2. Implement tram system/rapid mass transit	15%	11%
3. Improvements to cycling facilities, e.g. cycle lanes, priority at junctions	15%	9%
4. Improvements to bus services/ network/ facilities	14%	17%
5. Reduce car use in city centre/ tackle congestion, e.g. restrict access, reduce speeds, Park and Ride	11%	11%
6. Deliver several small scale joined up schemes	11%	8%
7. Improvements to ticketing, e.g. affordability, fare structure, VFM	10%	7%
8. Creative/ imaginative/ innovative ideas needed – Need to think big/ bold, etc.	10%	7%
9. Improvements to rail services/ network/ facilities	8%	15%
10. Consider needs of all users, e.g. commuters, residents, visitors, etc.	7%	9%
Base: Respondents who provided a comment	155	2168

Green = statistically significant difference

Summary

Improvements to cycling facilities were mentioned significantly more frequently by Inner North East respondents than others. Respondents from the Inner North East raised the need to improve cycling facilities in both open ended questions.

Greater promotion/ encouragement to use other modes, fully integrated public transport and investment in new technologies were particular priorities for respondents in the Inner North East. Furthermore, a significantly greater number of Inner North East respondents cited the need to make bus services cheaper and better value for money.

Inner North East Community Workshop Notes Thursday 20th October 2016

Bus

- Buses are slow and expensive.
 - Need to reduce dwell time(s), provide traffic light priority, priority schemes, and smartcard payments.
- Poor marketing of bus networks for longer journeys – people unaware of opportunities and connections.
- Extend bus frequencies into evenings (i.e. 1800-1930) lots of not in services buses – make these buses run for passengers and not NIS.
- Orbital journeys are poor, nightmare for short distance journeys (orbitally) such as INE to Headingley.
- Traffic lights in city favour car parks rather than buses (i.e. green time for bus route, less than car park egress).
- More guided bus routes.
- Buses cannot safely access the inbound Reginald Centre bus stop (outside Cantors) due to parked cars.
- High frequency/good connection options orbital Outer Ring Road buses.
- Cashless buses – pre pay. Payment on buses = slow buses.
- Faster/direct buses from outer suburbs.
 - E.g. Meanwood to city via Little London.
 - Aberford/Scholes direct rather than tour of suburbs (e.g. Seacroft).
- Reduce bus fares.

Park & Ride

- Address the flows of traffic from North Yorkshire
 - Identify and earmark land for a P&R site on A61.
 - Fast P&R bus, later upgraded to LRT.
- Bodington P&R.
- Lawnswood – potential site for P&R?

Influencing travel behaviour

- Too many cars in city, encourage modal shift to public transport, walking, cycling.
- Like the shift from car towards public transport being discussed.
- Obsession with car parking = more cars come – seek alternatives to car.
- Need a bus/cycle friendly mentality.
- Move away from encouraging car travel.
- Work with NHS to promote benefit of walking to bus stops/rail stations.

Cycle and walking

- Extend Regent Street cycle lanes – it just ends.
- Chapeltown Road – loss of cycle lane and inadequate parking provision. Reinststate the cycle lane and provide adequate parking.



- Sheepscar junction is a barrier to city centre.
 - Safety is a concern for pedestrians/cyclists.
 - Daunting for infrequent/less confident cyclists.
 - Pedestrian/cycle tunnel or bridge would be good in reducing severance.
- Issues with City Connect.
 - Sloping surfaces – flat is better.
 - Traffic signals only take you part way across a road.
- Pothole on junction outside Reginald Centre (cyclists need to avoid).
- Cycling on Westgate towards the 'bottleneck' is dangerous for cyclists if they don't position themselves on the road.
- Street furniture at Hyde Park Corner forces cyclists to cycle in middle of carriageway.
- Harehills Lane/Harrogate Road junction – no clear route for cyclists.
- Segregated cycle routes are good for roads with HGVs.
- Dual the outer ring road where it is single now and install cycle track in verges. Response that single sections where property accesses are.

Airport

- Leeds Bradford Airport has poor access, congestion can mean missed flights. Demand for the airport is growing will more people wanting to fly from LBIA. Connectivity to LBIA is a challenge, needs an integrated approach as current main mode is car.

Mass Transit and Future Technologies

- Reconsider the 1970's tram proposals.
- Driverless cars could cause increased demand (taxi like use) causing further congestion.

Highways

- Shift north-south/south-north through traffic on Harrogate Road onto Scott Hall Road.
- Roundabouts
 - King Lane/Stonegate Road
 - A61/Harrogate Road/Stonegate Road
 - LCC Highways – designs for the junctions known/being drawn up.
- More traffic lanes into/out of Leeds.
- Queenshill needs a one way system.
- Meanwood junction by Waitrose dangerous – Poynton style solution?



#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



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- The map shows the Leeds area with two proposed cycle superhighways. Cycle Superhighway 1 is a green line running from the west (near Farsley and Pudsey) through Bromley and Headingley towards the city center. Cycle Superhighway 2 is a red line running from the city center (Leeds) towards the east (Cross Gates). A green box in the center of the map indicates the 'Leeds City Centre network under development'. Various other locations and roads are labeled on the map.

- ### 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:
 - o More capacity on each approach arm
 - o Enhanced at-grade cycle facilities for the Leeds-Bradford Cycle Superhighway
 - o Landscaping and other “green streets” features.
 - o 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.





Report of: Jane Maxwell, East North East Area Leader

Report to: Inner North East Community Committee (Chapel Allerton, Moortown, Roundhay wards)

Report author: Neil Pentelow, Area Officer; Tel: 0113 336 7638

Date: 4 December 2017

To Note

Wellbeing Budget Report

Purpose of this report

1. The purpose of this report is to provide Members of the Inner North East Community Committee with details of its Wellbeing budget.

Main Issues

2. The report sets out the Wellbeing/YAF allocation budget arrangements for the INE Community Committee for 2017/18.
3. The report provides Members with an update on the current position of the revenue and capital budgets for the Inner North East Community Committee.
4. Funding decisions made by delegated decision are included for Members to note.

Background information

Revenue

5. 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.

6. 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.
7. 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.
8. The allocation of Youth Activity Fund budget has been calculated based on NHS population data of young people aged 8 – 17 living in the Inner North East Community Committee boundaries.
9. As agreed at the March 2017 meeting of the Inner North East Community Committee, once the agreed funding had been allocated to specific budget headings the remaining budget was made available for large grants across the whole of the Inner North East area.
10. Wellbeing fund applications and Youth Activity Fund applications are considered at Wellbeing Advisory Group meetings, a sub group of the Community Committee. This group comprises a nominated Elected Member from each of the wards in the Inner North East Community Committee Area; Chapel Allerton, Moortown and Roundhay.
11. The Inner North East Community Committee Wellbeing allocation for 2017/18 was agreed by Full Council on 22nd February 2017:

INE Wellbeing Funding Allocation 2017/18	£102,840
INE Youth Activity Fund Allocation 2017/18	£39,790

12. A full end of year financial reconciliation was undertaken in April to determine the exact 2016/17 carry forward (c/f) figures for the YAF, Area-wide Wellbeing and Ward Pots.

INE Area-wide Wellbeing 2016/17 c/f	£20,972.38
INE Youth Activity Fund 2016/17 c/f	£2,896.71

Ward Budgets

13. As agreed at the meeting of the INE Community Committee on 7th March 2017, each ward (Chapel Allerton, Moortown and Roundhay) has been delegated a budget of

£10,000 from the 2017/18 INE Wellbeing budget. This budget is for projects taking place at a ward level. Applications are subject to an approval process through ward member meetings and may also include cross ward projects. Decisions are taken as a delegated decision and reported to the Community Committee for information.

14. As agreed at the meeting of the INE Community Committee on 7th March 2017, within the ward budgets allocations of £500 per ward have been made for the provision of community skips.
15. Balances and expenditure are discussed at each relevant Ward Members meeting.

Community Engagement

16. As agreed at the meeting of the INE Community Committee on 7th March 2017, a budget of £1000 is set aside in 2017/18 to spend on community engagement activities across the Community Committee area.
17. The funds are to be spent on items such as room hire, refreshments and stationary costs associated with community meetings and the annual volunteer thank you event. The expenditure to date against this budget can be found at **Appendix 1**.

Capital Receipts Programme

18. 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 Community Committees on the basis of need.
19. The Ward Based Initiative balances for each ward are provided directly to Elected Members from the Capital Finance team and have not been detailed in this report.
20. A CRIS injection of £14,900 was provided to the Inner North East Community Committee capital budget in May 2017. The current Inner North East CRIS balance as provided by the Capital Finance team is **£43,800**. Some projects are currently under consideration for funding from the INE CRIS pot so this balance may alter. The committee will be fully consulted on any funding recommendations from the Wellbeing Advisory Group and decisions will be reported in the next Wellbeing report.

Area-wide Wellbeing budget

21. As agreed at the meeting of the INE Community Committee on 7th March 2017, the following project costs have been top-sliced from the Community Committee's Wellbeing budget. These are as follows:

Project: Neighbourhood Improvement (staffing budget)

Organisation: Communities Team (East North East)

Amount: £27,000

Project: Festive lights

Organisation: Communities Team (East North East)

Amount: £15,500

Delegated Decisions

22. The following projects have been approved since the Inner North East Community Committee meeting on 19th September 2016. These approvals were made under the delegated authority of the Assistant Chief Executive (Citizens and Communities), due to the need for a decision to be made before the next scheduled Committee round. Members have been consulted and were supportive of the following applications:

Wellbeing Fund - Area-wide		
Organisation	Project	Total approved
RJC Dance	Holiday Activity Camps	£4,300
InterAct	Christmas Toy Delivery	£510
CODE	Family Solutions	£5,000
LCC Community Hubs	Exercise Classes @ Moor Allerton Hub	£2,550
LCC Communities Team	INE Volunteer Thank You Event	£1,500
CYDC	Bonfire Night Extravaganza	£2,500
Chapeltown CAB & North Leeds Debt Forum	Financial Education Project	£1,000
LCC Communities Team	Domestic Violence – 16 Days of Action	£1,500
Wellbeing Fund - Chapel Allerton Ward		
Organisation	Project	Total approved
LCC Communities Team	Chapel Allerton Festive Lights Event	£3,024
LCC Communities Team	Chapeltown Winter Festival	£950

Wellbeing Fund – Moortown Ward		
Organisation	Project	Total approved
LCC Communities Team	Meanwood Welcome Stones	£2,650
LCC Communities Team	Moortown Welcome Stones	£2,380
LCC Communities Team	Moortown Grit Bin Refills	£1,661.88
Wellbeing Fund – Roundhay Ward		
Organisation	Project	Total approved
North Leeds Bowling Club	Tree Works	£1,950
OTRA	Oakwood Festive Market	£2,000
LCC Communities Team	Oakwood Christmas Tree	£1,635
LCC Communities Team	Community Skips	£204.14
LCC Communities Team	Commemorative Bench – Allerton Grange Fields	£960
Youth Activity Fund		
Organisation	Project	Total approved
LCC Communities Team	INE Youth Summit 2018	£1,000
LCC Community Hubs	Garden Games – Oakwood Library	£546.86

Declined Applications

23. Since the last INE Community Committee meeting, a number of applications have been deferred for future consideration but none were declined outright.

New Revenue Projects for consideration from 2017/18 budget

24. At the time of completing this report, there were no new revenue applications for the committee to consider. It was hoped to bring some recommendations to the Committee

from the August Wellbeing Advisory Group meeting, but further information was required on all the applications considered and no recommendations were made at that time.

Corporate considerations

25. Wellbeing funding is used to support the Inner North East Community Committee's priorities. The annual priorities support the Council's Vision for Leeds 2011-2030 and Best Council Plan 2015-20.
26. Youth Activity Funding supports the Children and Young People's plan outcome – 'Children and Young People Have Fun Growing Up'.
27. Sometimes urgent decisions may need to be made in between formal Community Committee meetings regarding the administration of Wellbeing and Youth Activity budgets, and also regarding the use of the Community Infrastructure Levy (CIL) Neighbourhood Fund which has been allocated to the Committee. Concurrently with the Committee, designated officers have delegated authority from the Director of Communities and Environment to take such decisions.
28. At the meeting of the Inner North East Community Committee on 26th June 2017, the Community Committee reviewed and approved the following 'minimum conditions' in order to reassure Members that all delegated decisions would be taken within an appropriate governance framework, with appropriate Member consultation and only when such conditions have been satisfied:
 - 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.
29. 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.
30. 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.
31. There is no exempt or confidential information in this report.

Conclusion

- 32. The Wellbeing fund provides financial support for projects in the Inner North East area which support the annual priorities of the Community Committee.
- 33. The report has set out the current budget position and applications recently approved through delegated decisions in consultation with ward Members.

Recommendations

Members are asked to:

- 34. Note the current balances for 2017/18 and the spend to date against these budgets as set out in this report and Appendix 1
- 35. Note the delegated decisions made since the last meeting of the Inner North East Community Committee (18th September 2017) as outlined in the table at paragraph 22

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Funding / Spend Items	Chapel Allerton	Moortown	Roundhay	Ward 4	Area Wide	Total
Wellbeing Balance b/f 2016/17	£ 5,352.43	£ 19,079.31	£ 8,267.08	£ -	£ 43,446.92	£ 76,145.74
Wellbeing New Allocation for 2017/18	£ 10,000.00	£ 10,000.00	£ 10,000.00	£ -	£ 72,840.00	£ 102,840.00
Total Wellbeing Spend	£ 15,352.43	£ 29,079.31	£ 18,267.08	£ -	£ 116,286.92	<u>£ 178,985.74</u>
2016-17 approved b/f for paying in 2017/18	£ 413.66	£ 6,084.00	£ 3,110.00	£ -	£ 23,182.09	£ 32,789.75
Amount budget available for schemes 2017/18	£ 14,938.77	£ 22,995.31	£ 15,157.08	£ -	£ 93,104.83	<u>£ 146,195.99</u>

Reference number	2016/17 Projects (b/f)	Chapel Allerton	Moortown	Roundhay	Ward 4	Area Wide	Total	Priority key	New Priority Key
MT14	Moortown Corner Feasibility study	£ -	£ 2,000.00	£ -	£ -	£ -	£ 2,000.00	1	a
INE.15.15.LG	Men In Sheds Chapeltown	£ -	£ -	£ -	£ -	£ -	£ -	5	h
INE.15.34.LG	Moortown Community Garden	£ -	£ 354.00	£ -	£ -	£ -	£ 354.00	1	e
INE.16.02.LG.a	Skip for Gledhow Valley Allotments	£ 139.16	£ -	£ -	£ -	£ -	£ 139.16	1	c
INE.16.02.LG.q	Moveember Project	£ 60.00	£ -	£ -	£ -	£ -	£ 60.00	1	b
INE.16.02.LG.t	Meanwood Park - Picnic Area Improvements	£ -	£ 3,680.00	£ -	£ -	£ -	£ 3,680.00	1	e
INE.16.02.LG.w	RJC Dance prints	£ 164.50	£ -	£ -	£ -	£ -	£ 164.50	1	b
INE.16.02.LG.bb	StreetDoctors Sessions	£ 50.00	£ 50.00	£ -	£ -	£ -	£ 100.00	1	d
INE.16.02.LG.cc	Speed Indication Display Camera	£ -	£ -	£ 3,110.00	£ -	£ -	£ 3,110.00	1	a
INE.16.03.LG.c	INE Community Committee Room Booking - Polish Centre (07.03.17)	£ -	£ -	£ -	£ -	£ 100.00	£ 100.00	1	B
INE.16.05.LG	Community Voices	£ -	£ -	£ -	£ -	£ 3,000.00	£ 3,000.00	6	B
INE.16.06.LG	English for Integration	£ -	£ -	£ -	£ -	£ 1,811.89	£ 1,811.89	1	d
INE.16.09.LG	Building capacity and developing skills	£ -	£ -	£ -	£ -	£ 785.00	£ 785.00	5	h
INE.16.12.LG	Gateway @ Chapeltown	£ -	£ -	£ -	£ -	£ 4,325.20	£ 4,325.20	4	f
INE.16.13.LG	Money and Benefit Buddies	£ -	£ -	£ -	£ -	£ 1,473.00	£ 1,473.00	1	f
INE.16.14.LG	Community Participation & Learning Programme	£ -	£ -	£ -	£ -	£ 1,000.00	£ 1,000.00	1	e
INE.16.16.LG	Family Solutions	£ -	£ -	£ -	£ -	£ 2,525.00	£ 2,525.00	1	f
INE.16.17.LG	Interact Community Partnership	£ -	£ -	£ -	£ -	£ 5,550.00	£ 5,550.00	2	b
INE.16.22.LG	Interact School Holiday Fun	£ -	£ -	£ -	£ -	£ 2,612.00	£ 2,612.00	2	b
	Total of schemes approved in 2016-17	£ 413.66	£ 6,084.00	£ 3,110.00	£ -	£ 23,182.09	£ 32,789.75		

Reference number	2017/18 Projects Approved	Chapel Allerton	Moortown	Roundhay	Ward 4	Area Wide	Total	Priority key	New Priority Key
INE.17.01.LG	Neighbourhood Area Officer	£ -	£ -	£ -	£ -	£ 27,000.00	£ 27,000.00	1	B
INE.17.02.LG	Ward Pots	£ 14,938.77	£ 22,995.31	£ 15,157.08	£ -	£ -	£ 53,091.16	1	B
INE.17.03.LG	Community Engagement	£ -	£ -	£ -	£ -	£ 1,000.00	£ 1,000.00	1	B
INE.17.04.LG	Festive Lights	£ -	£ -	£ -	£ -	£ 15,500.00	£ 15,500.00	4	b
INE.17.05.LG	Transition to Secondary School	£ -	£ -	£ -	£ -	£ 750.00	£ 750.00	2	d
INE.17.06.LG	Meanwood Festival & Fun Day 2017	£ -	£ -	£ -	£ -	£ 2,000.00	£ 2,000.00	1	b
INE.17.07.LG	Meanwood Festival Links to Estates 2017	£ -	£ -	£ -	£ -	£ 1,250.00	£ 1,250.00	1	b
INE.17.08.LG	PHAB Youth Group	£ -	£ -	£ -	£ -	£ 1,660.24	£ 1,660.24	2	b
INE.17.09.LG	Creative Studios	£ -	£ -	£ -	£ -	£ 1,725.00	£ 1,725.00	1	e
INE.17.10.LG	We are all migrants	£ -	£ -	£ -	£ -	£ 1,000.00	£ 1,000.00	1	b
INE.17.11.LG	The Great Get Together	£ -	£ -	£ -	£ -	£ 1,500.00	£ 1,500.00	1	b
INE.17.12.LG	Streets to Society 2017	£ -	£ -	£ -	£ -	£ 4,090.00	£ 4,090.00	1	d
INE.17.13.LG	Homegrown and Talented	£ -	£ -	£ -	£ -	£ 1,799.50	£ 1,799.50	1	e
INE.17.14.LG	Games Group for Kids	£ -	£ -	£ -	£ -	£ -	£ -		
INE.17.15.LG	Specialist Equipment	£ -	£ -	£ -	£ -	£ 1,914.56	£ 1,914.56	5	b
INE.17.16.LG	Community Hubs - Exercise Classes	£ -	£ -	£ -	£ -	£ 3,800.00	£ 3,800.00	5	b
INE.17.17.LG	Chapel Allerton Dog Fouling Sign Competition	£ -	£ -	£ -	£ -	£ -	£ -	3	c
INE.17.12.YF/INE.17.18.LG	Mixed Fast Net Fundraising	£ -	£ -	£ -	£ -	£ 480.00	£ 480.00	2	b
INE.17.19.LG	Igbo Union Family Fun Day 2017	£ -	£ -	£ -	£ -	£ 400.00	£ 400.00		b
INE.17.20.LG	7th RadhaRaman Folk Festival	£ -	£ -	£ -	£ -	£ 700.00	£ 700.00		e
INE.17.21.LG	Moved to ward pot - cos Jayne...	£ -	£ -	£ -	£ -	£ -	£ -		
INE.17.22.LG	Holiday Activity Camps	£ -	£ -	£ -	£ -	£ 4,300.00	£ 4,300.00		b
INE.17.23.LG	Christmas Toy Delivery to Deprived Communities	£ -	£ -	£ -	£ -	£ 510.00	£ 510.00		b
INE.17.24.LG	Family Solutions	£ -	£ -	£ -	£ -	£ 5,000.00	£ 5,000.00		f
INE.17.25.LG	Moor Allerton Community Hub - Exercise Classes	£ -	£ -	£ -	£ -	£ 2,550.00	£ 2,550.00		b
INE.17.26.LG	Volunteer Thank You Event	£ -	£ -	£ -	£ -	£ 1,500.00	£ 1,500.00		b
INE.17.27.LG	CYDC Bonfire Night Extravaganza 2017	£ -	£ -	£ -	£ -	£ 2,500.00	£ 2,500.00		a
INE.17.28.LG	Chapelton Citizens Advice and NLDF Financial Education Project	£ -	£ -	£ -	£ -	£ 1,000.00	£ 1,000.00		f
INE.17.29.LG	Domestic Violence - 16 Days of Action	£ -	£ -	£ -	£ -	£ 1,500.00	£ 1,500.00		a
	Total of schemes approved in 2017-18	£ 14,938.77	£ 22,995.31	£ 15,157.08	£ -	£ 85,429.30	£ 138,520.46		

Total Spend for 2017-18 (incl b/f schemes from 2016-17)	£	15,352.43	£	29,079.31	£	18,267.08	£	-	£	108,611.39	<u>£</u>	<u>171,310.21</u>
Total Budget Available for projects 2017-18	£	15,352.43	£	29,079.31	£	18,267.08	£	-	£	116,286.92	<u>£</u>	<u>178,985.74</u>
Remaining Budget Unallocated	£	-	£	-	£	-	£	-	£	7,675.53	<u>£</u>	<u>7,675.53</u>
Youth Activity Fund											<u>£</u>	<u>46,061.45</u>

Key		
1 Supporting Communities and Tackling Poverty	£ 110,973.21	1
2 Being a Child Friendly City	£ 57,113.69	2
3 Dealing Effectively with the City's Waste	£ -	3
4 Promoting Sustainable and Inclusive Economic Growth	£ 19,825.20	4
5 Delivery of the Better Lives Programme	£ 6,499.56	5
6 Becoming a more Efficient and Enterprising Council	£ 3,000.00	6

£ 197,411.66

New Priority Key 2017/18		
a Be safe and feel safe	£ 9,110.00	a
b Enjoy happy, healthy, active lives	£ 130,942.46	b
c Live in good quality, affordable homes within clean and well cared for places	£ 139.16	c
d Do well at all levels of learning and have the skills they need for life	£ 6,751.89	d
e Enjoy greater access to green spaces, leisure and the arts	£ 9,258.50	e
f Earn enough to support themselves and their families	£ 14,323.20	f
g Move around a well-planned city easily	£ -	g
h Live with dignity and stay independent for as long as possible	£ 785.00	h

Appendix 1 - YAF

Funding / Spend Items	Chapel Allerton	Moortown	Roundhay	Ward 4	Area Wide	Total
Balance Brought Forward from 2016-17	£ -	£ -	£ -	£ -	£ 6,614.71	£ 6,614.71
New Allocation for 2017-18	£ -	£ -	£ -	£ -	£ 39,790.00	£ 39,790.00
Total available (inc b/f bal) for schemes in 2017-18	£ -	£ -	£ -	£ -	£ 46,404.71	£ 46,404.71
Schemes approved 2016-17 to be delivered in 2017-18	£ -	£ -	£ -	£ -	£ 3,216.20	£ 3,216.20
Total Available for New Schemes 2017-18	£ -	£ -	£ -	£ -	£ 43,188.51	£ 43,188.51

Reference number	2016/17 Projects (b/f)	Chapel Allerton	Moortown	Roundhay	Ward 4	Area Wide	Total	New Priority Key
INE.15.14.YF	Streets to Society Phase 2	£ -	£ -	£ -	£ -	£ -	£ -	
INE.16.11.YF	Kings and Queens	£ -	£ -	£ -	£ -	£ 876.00	£ 876.00	D
INE.16.17.YF	Meanwood Friday Night Club	£ -	£ -	£ -	£ -	£ 1,840.20	£ 1,840.20	B
INE.16.19.YF	Chapelton Community Activity Week	£ -	£ -	£ -	£ -	£ 500.00	£ 500.00	E
	Total of Schemes Approved brought forward 2016-17	£ -	£ -	£ -	£ -	£ 3,216.20	£ 3,216.20	

Reference number	2017/18 Projects	Chapel Allerton	Moortown	Roundhay	Ward 4	Area Wide	Total	New Priority Key
INE.17.01.YF	Pop-up Multi Sports Camp with Fun Swim	£ -	£ -	£ -	£ -	£ 6,075.00	£ 6,075.00	B
INE.17.02.YF	Environmental Summer Playscheme	£ -	£ -	£ -	£ -	£ 3,300.00	£ 3,300.00	E
INE.17.03.YF	Holiday Activity Camp 2017	£ -	£ -	£ -	£ -	£ 3,511.79	£ 3,511.79	D
INE.17.04.YF	NLMC Summer School	£ -	£ -	£ -	£ -	£ 777.50	£ 777.50	D
INE.17.05.YF	Leeds Cycle Clubs	£ -	£ -	£ -	£ -	£ 3,400.00	£ 3,400.00	B
INE.17.06.YF	Summer Holiday Club - All About me	£ -	£ -	£ -	£ -	£ 1,209.10	£ 1,209.10	D
INE.17.07.YF	Meanwood Olympics	£ -	£ -	£ -	£ -	£ 3,450.00	£ 3,450.00	B
INE.17.08.YF	Out of School Fun Activities	£ -	£ -	£ -	£ -	£ 7,995.00	£ 7,995.00	B
INE.17.09.YF	LS8 Circus Summer Camp	£ -	£ -	£ -	£ -	£ 3,522.42	£ 3,522.42	D
INE.17.10.YF	Hear Me See Me	£ -	£ -	£ -	£ -	£ 4,000.00	£ 4,000.00	D
INE.17.11.YF	Real Chance Sports Development Camp	£ -	£ -	£ -	£ -	£ 3,600.00	£ 3,600.00	B
INE.17.14.LG	Games Group for Kids	£ -	£ -	£ -	£ -	£ 457.58	£ 457.58	B
INE.17.15.YF	INE Youth Summit 2018	£ -	£ -	£ -	£ -	£ 1,000.00	£ 1,000.00	B
INE.17.16.YF	Oakwood Library Games	£ -	£ -	£ -	£ -	£ 546.86	£ 546.86	B
	Total 2017/18 Projects	£ -	£ -	£ -	£ -	£ 42,845.25	£ 42,845.25	

Total Spend for 2017-18 (incl b/f schemes from 2016-17)	£	-	£	-	£	-	£	-	£ 46,061.45	<u>£ 46,061.45</u>
Total Budget Available for projects 2017-18	£	-	£	-	£	-	£	-	£ 46,404.71	<u>£ 46,404.71</u>
Remaining Budget Unallocated	£	-	£	-	£	-	£	-	£ 343.26	<u>£ 343.26</u>

New Priority Key 2017/18		
a Be safe and feel safe	£	- a
b Enjoy happy, healthy, active lives	£	28,364.64 b
c Live in good quality, affordable homes within clean and well cared f	£	- c
d Do well at all levels of learning and have the skills they need for life	£	13,896.81 d
e Enjoy greater access to green spaces, leisure and the arts	£	3,800.00 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 North East Community Committee – Chapel Allerton, Moortown, Roundhay wards

Report author: Neil Pentelow; Area Officer; Tel: 0113 336 7638

Date: 4 December 2017

to note

Community Committee Update Report

Purpose of report

1. This report provides an update on the work programme of Inner North East Community Committee, its recent successes and current challenges.

Main issues

2. Since the last Community Committee, work has progressed in a number of areas, including through the Committee's sub groups and local partnerships for Chapeltown and Meanwood, which are currently evolving into Neighbourhood Improvement Partnerships.

Sub Groups

3. The main issues discussed at the sub groups recently are set out here:-

Environmental Sub Group

4. The most recent Environmental Sub Group took place on 10th October 2017 and received updates from Parks and Countryside, Waste Management and the Locality Team. As part of the Parks & Countryside update, the Sub Group was informed that The Arium had officially opened. The Arium is a purpose-built premises providing direct support to all areas of Leeds through the In Bloom initiative, and will grow over 3 million plants a year for the city's parks, roundabouts, flower beds, school grounds and other locations across the city. Facilities include a café, shop and outdoor children's play area.

5. The Urban Buzz initiative aimed at creating pollinator habitats has also been launched and work is now underway to identify suitable sites. Finally, a report on the new Moortown Park was taken to Executive Board in September and work continues in progressing the scheme.
6. As part of the Environmental Team update, the new Team Leader for Inner North East, Sarah King, advised that the de-leafing work had started with support from the council's grass cutting contractor Continental. The work has been started earlier this year and it is hoped that this will help to keep on top of the issue.

Wellbeing Advisory Group

7. The Wellbeing Advisory Group comprises one Member from each ward. Since the last committee meeting the group have met on two occasions considering applications for funding and making recommendations to the INE Community Committee. Details of the projects and funding are contained in the Wellbeing Report including applications that were declined.
8. Peer Inspection reports from this year's funded summer projects for young people have been provided to the Advisory Group members. A full report will be compiled from the monitoring for all of this year's activities before the Youth Summit in the New Year. The report will be considered by the Wellbeing Advisory Group and then circulated to the full committee in January 2018 before being officially presented at the INE Community Committee meeting in March 2018.

Neighbourhood Improvement

Chapeltown

9. On Saturday 23rd September an Action Day was held in the Mexboroughs/Saviles area of Chapeltown. Residents, Police and officers from the Communities Team and Cleaner Neighbourhoods Team came out to help clean up the area. A litter-pick was undertaken and information was provided to residents on the bulky waste service. There was a good turnout from the community with Cllr Taylor and Cllr Rafique joining about 15 residents who had volunteered to help improve their local environment.
10. The following weekend on Saturday 30th September a further Action Day took place in the Avenues/Hiltons area. 12 local residents joined Cllr Taylor, Communities Team officers, members of the Cleaner Neighbourhoods Team and volunteers from the Greek Orthodox Church to carry out a litter-pick. Approximately 20 bags of waste were collected on the day which was a great effort! A big 'Thank You' to everyone who helped on both Action Days.



Meanwood

11. Support continues to be provided to Team Beckhills to help them address issues on the estate and engage with residents. The initial phase of works to improve the steps and pavements on the estate is now complete seeing a total investment in excess of £500,000 from Housing Leeds capital programme. Discussions are underway to secure further investment from the Highways capital programme to continue the programme and Team Beckhills will be consulted on where future investment should be prioritised.
12. The Meanwood Seven Estates meeting scheduled for 22nd November 2017 had to be cancelled and will be rearranged. Cllr Sharon Hamilton is still working to secure funding for proposed CCTV for the Stonegates estate following issues of antisocial behaviour.

Community Champions

13. Work is ongoing to develop the role of the Community Champions. At the June INE Community Committee meeting the Champion roles were agreed for the 2017/18 municipal year and remain unchanged from 2016/17.

Environment Champion – Cllr Hamilton

14. Details in relation to the work of the Environmental Champion are set out in paragraphs 4-6 above.

Community Safety Champion – Cllr Rafique

15. For the period 20/08/17 to 11/11/17 (84 days) the police report 176 Residential Burglaries recorded. This is a slight rise in the last figures reported (153 in 80 days), but is in line with seasonal fluctuations. When the clocks change a seasonal spike in burglaries is expected and in line with this the police launch their Darker Nights Initiative, where extra officers are ring fenced to deal solely with suspicious/burglary calls during the evening/overnight period. They are also tasked with enquiries to arrest outstanding Burglary Nominals thus causing maximum disruption to any criminal activity.

16. The police report a good reduction in Commercial Burglary offences over this period, down to 28 from 43 following the spike in offences last time round in Chapel Allerton. The suspect for those offences has subsequently been charged and arrested. Work with Commercial Premises will rise as we approach the busy Christmas period, particularly independent traders who may not have procedures in place for dealing with those targeting their premises over the festive period.
17. In line with seasonal variations there has been a slight rise in Theft From Motor Vehicle offences to 118 up from 92 from the last report. Frustratingly most of the offences are as a result of people leaving valuable items on display or failing to lock their vehicles. Concerns were also raised by residents into a series of 4 robberies in the Meanwood/Headingley area in mid to late October. The suspect was successfully arrested and remanded into custody on 26/10/17.
18. Friday 3rd November saw a very well attended Leeds City Council run Bonfire at Roundhay Park with large numbers of people attending and, other than the usual traffic disruption, the event passed relatively peacefully. Across Chapeltown we had no reported incidents of disorder at all. Saturday night (4th November) again saw another very quiet night for this time of year in the Chapeltown area with regards to firework related calls and anti-social behaviour. The difficult decision had earlier been taken to cancel the planned additional youth provision due to take place at the Prince Philip Centre, but this did not seem to have an impact. The 5th November followed a very similar pattern in Chapeltown and across the INE area, generally busier than previous nights for bonfires and fireworks but no specific anti-social behaviour or disorder related calls.
19. Following the recent trial at Leeds Crown Court, three men aged 21, 24 and 29 have been convicted of the murder of 19-year-old Raheem Wilks who died after being shot in Leeds earlier this year. All three were jailed for a minimum of 33 years. Two other men aged 30 and 21 were found not guilty. The local police team worked tirelessly with the Homicide and Major Enquiries Team (HMET) to progress the investigation.

Detective Chief Inspector Stuart Spencer

"This was an incredibly difficult, protracted investigation, frustrated to some extent by the reluctance of eye-witnesses, through fear of violence, to give evidence or information to the police. Consequently the investigation team have had to sift through days and days of data to identify and capture evidence which, with the support of the Crown Prosecution Service, has led to the successful conviction of these men."

Adult Social Care Champion – Cllr Macniven

20. There have been quite a number of citywide changes and developments in Adult Social Care recently, aligned to the theme of wellbeing and recovery. In particular, Joint Care Management Teams have been disbanded, with the ASC staff redeployed into neighbourhood and hospital teams and the establishment of 2 Health Case Management teams responsible for Continuing Health Care, including end of life

support. The Chapeltown and Meanwood Neighbourhood Care Management teams have both gained an additional worker to compensate for additional responsibilities, discharges from Community Intermediate Care beds in particular. Community Intermediate Care (CIC) beds have been recommissioned by the CCG's and are now known as Community Beds with a slightly broader remit than previously but in essence provide rehabilitation and recovery to support hospital discharge and admission avoidance. The new East Leeds Recovery Hub is part of this, with beds in Harrogate Lodge located in the Inner North East area. It needs to be noted though, that people requiring these services can't always be guaranteed placement close to home.

21. Continuing with the theme of wellbeing and recovery, the BAME Health and Wellbeing Hub in the former Frederick Hurdle Centre is now open, providing flexible day opportunities for people from our BAME communities. The Talking Points in the Reginald Centre and Moor Allerton Community Hub are becoming well established with a different less formal approach used to talk with people seeking support. Lynn Romeo, the Chief Social Worker who visited our Talking Point in the Reginald Centre in September was very impressed with the Leeds approach.

Employment, Skills and Welfare Champion – Cllr Hussain

22. At the Inner North East Community Committee meeting in September a workshop was held on the Leeds Inclusive Growth Strategy. The aim of the strategy is to ensure that the current growth being enjoyed by the city benefits our communities and all citizens of Leeds. The meeting was well attended and the discussion was interesting and productive. The notes from the discussion are contained in Appendix 1 of this report and will be used to inform the strategy.
23. At its most recent meeting on 16th November 2017, the East North East Employment and Skills Board considered Sector Based Work Academies which offer training and work experience for a maximum of six weeks, giving support to people who are almost ready to enter the labour market. The Board also received an update on the Work and Health Programme which is aimed at helping those with a disability who are long term unemployed. People will be referred to the programme by DWP and it will commence in January 2018, delivered by Reed in partnership.
24. The Board was updated on the recent confirmation of European funding for Community Led Local Development (CLLD) which includes all of Inner East plus the Chapeltown area in Inner North East. Bids to this fund are likely to be invited in spring 2018. In the meantime, a Local Action Group (LAG) is being established to consider applications. An update was also provided on the Learning Markets that took place in September 2017 across Community Hubs, including the Reginald Centre where 27 providers and 48 customers attended. In addition, the Board considered progress against the East North East Employment and Skills Board Activity Plan for 2017, including 1) improving digital capacity, 2) improving the engagement of residents to connect to local provision, 3) support for ESA benefit claimants, 4) improving business engagement and 5) increasing the availability of ESOL programmes.

Health and Wellbeing Champion – Cllr Taylor

25. An update report on the Leeds Plan is part of the INE Community Committee meeting agenda for December. A Public Health update has been provided in Appendix 2.

Children's and Young People's Champion – Cllr Tunnicliffe

26. On 17th November young people from Hillcrest Primary School were invited to The Reginald Centre as part of the Takeover Challenge 2017. Takeover is a fun engagement project which sees schools and organisations across England opening their doors to children and young people to take over traditionally adult roles. It puts children and young people in decision making positions and encourages schools and organisations to hear their views. Children and young people gain an insight into the adult world and schools/organisations benefit from a fresh perspective about their work.
27. The young people were given the opportunity to experience various different roles in the Community Hub including working in the library, manning the front desk and the Jobshop. The young people were also introduced to the work of the Community Committee and the Cleaner Neighbourhoods Team. The group were enthusiastic, engaging and great ambassadors for Hillcrest Academy.
28. As mentioned in paragraph 7 of this report, monitoring for all the YAF funded summer activities is now being received and a report will be compiled for the committee. The report will inform a further review of the YAF process and feed into plans for the next INE Youth Summit planned for January 2018.

Community Events

29. Macmillan Coffee Morning – BAME Health & Wellbeing Hub

The BAME Health & Wellbeing Hub in Chapeltown hosted a coffee morning on 4th October to raise funds for Macmillan Cancer Support. There was a range of cakes and treats on sale and a raffle which raised an amazing £650 for a great cause.



30. Diwali & Bandi Chhor Divas

To celebrate and raise awareness of the Hindu festival of Diwali and the Sikh festival of Bandi Chhor Divas, events were held in October at The Reginald Centre and the BAME Health & Wellbeing Hub. On 18th October the ENE Communities Team and Community Hubs staff worked in partnership to decorate The Reginald Centre with lanterns, information was displayed and a talk was given by Charandeep Singh Bhogal on why both Sikhs and Hindus celebrate this festival of lights. Then on 26th October a Diwali event was held at the BAME Health and Wellbeing Hub in Chapeltown.



31. International Day of Older Persons – BAME Health & Wellbeing Hub

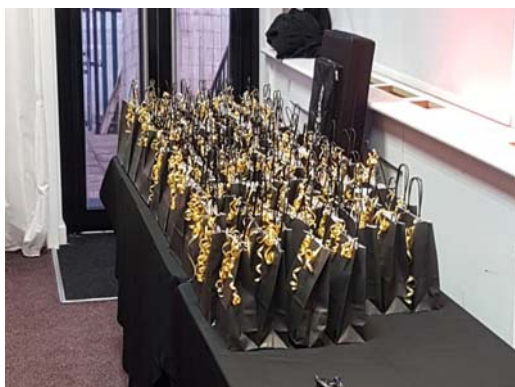
On 25th October the BAME Health & Wellbeing Hub in Chapeltown celebrated International Day of Older Persons. The event was opened by Chapel Allerton Ward Councillor, Mohammed Rafique, who spoke about how much older people have already contributed to our society and how much they still have to offer given the right support. There was a great turnout and activities included speeches, poems, bingo, arts & crafts, dominoes, a raffle, singing and some amazing food! The Chapel Allerton Councillors also donated a fabulous cake for the event. A big thank you to all the staff at the Hub for pulling the event together and celebrating the older people in our community!



32. INE Volunteer Thank You Event

The 2017 INE Volunteer Thank You Event took place at Sheepscar Club on 28th October and saw an unprecedented turnout. A diverse range of community volunteers enjoyed an afternoon of speeches, performances, music and food. The INE Community Committee funded the event to recognise the vital work that volunteers do across the local area and to show them that it is valued and appreciated. The Lord Mayor was in attendance and there was dancing, singing and some inspirational speakers. A great big

'Thank You' to everyone who helped make the event a great success and to all the volunteers who work so hard to help our communities.



33. Bonfire Night

Roundhay Park hosted its spectacular annual bonfire and fireworks display on Friday 3rd November. An estimated 70,000 people attend the Roundhay Park event and tens of thousands once again turned out at the park for the bonfire which was set ablaze at 7.30pm before a dramatic fireworks display.



34. Remembrance Events

This year a number of community led remembrance events took place across the Inner North East area including activity at Allerton Grange Field, Meanwood War Memorial, The Reginald Centre and Chapel Allerton War Memorial. Local ward councillors joined the community to honour the fallen and remember their bravery and sacrifice.

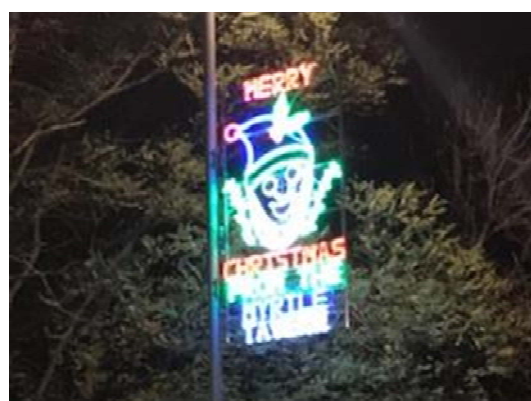


35. Festive Lights Events

Festive Lights events took place during November officially starting the build up to Christmas in the Inner North East area. Supported by funding from the INE Community Committee, a packed week of events was kick-started on Saturday 11th November as Oakwood Tenants & Residents Association (OTRA) hosted their Christmas Market and Festive Lights event in Oakwood with stalls, music, food and festive fun.



36. Next to turn on their festive lights was Meanwood on Monday 13th November with Meanwood Valley Partnership (MVP) hosting an event in the shopping square on Green Road. The choir from Meanwood Church of England Primary School sang carols and Meanwood Institute's ukulele group performed.



37. Moortown Community Group held the Moortown Corner switch-on event on Wednesday 15th November with another great evening of music, singing, food and drink. Roundhay Ukulele Group also performed for crowd.



38. Chapel Allerton joined the festive fun on Thursday 16th November with their event at the willow tree in the village centre. Children from Chapel Allerton, St Matthews and Millfield primary schools performed along with Alex Eva, Trishool and InPulse. Special guest Kay Mellor – the Leeds born writer of *Band of Gold*, *Fat Friends* and *The Syndicate* - joined the Lord Mayor and Chapel Allerton Ward Councillors on stage to switch on the lights.



39. Finally, on Friday 1st December The Reginald Centre hosted the Chapeltown Winter Festival. The event was jointly organised by Communities Team, Libraries and Community Hubs officers and had a storytelling performance by Rainbow Factory, festive craft activities, Santa's grotto, music and food. Unfortunately at the time of writing this report the event was yet to take place so pictures and feedback will follow.

40. 16 Days of Action – Domestic Violence

The 16 Days of Action runs from 25th November 2017 to 10th December 2017 and aims to raise awareness of Domestic Violence issues and support services. The Inner North East Community Committee agreed to support activity during the 16 days with £1,500 from the Wellbeing funding. Working with community partners, a comprehensive programme of activity has been planned across the INE area and covering the full 16 days. This includes radio coverage, coffee mornings, white ribbon walks and larger awareness events. Further feedback will be provided to the Community Committee at the meeting in March 2018.

Communications & Social Media

41. The Communities Team officers have continued to use social media to promote the activities of the Inner North East Community Committee as well as advertising community events and local opportunities. At the time of writing, the Inner North East Community Committee Facebook page has reached 568 'likes' up 37 from the 531 reported at the last Community Committee in September 2017. In the last 12 months alone, the page 'likes' have increased 44% which reflects the concerted effort officers have made to increase social media activity and reach. Facebook pages continue to be an important communications tool between the council and local residents, and work is ongoing as to how this resource can be further utilised.

Challenges and Opportunities

42. Appendix 3 contains information and updates on the recent INE Community Committee workshop discussions and progress on action points.
43. There are a number of projects across the three INE wards that the respective ward councillors are working hard to address:

Chapel Allerton

- A project to rejuvenate Chapel Allerton War Memorial has been progressing slowly. In spite of the efforts of ward members, Communities Team officers, Bereavement Services, and a fantastic group of committed volunteers from the community, momentum has been frustrated somewhat by the need to seek permission from the Anglican Diocese for elements of the project. However, efforts will continue and it has been great to see how the community has taken the project on.

Moortown

- The Moortown councillors have been working to address some concerns in respect of the new Carr Manor Field playground that opened in the summer. A public meeting has been held and a consultation is currently underway which will help ward members and LCC officers look at where enhancements can be made to the facility.
- The Moortown Councillors are also looking at the feasibility of providing outdoor gym equipment and a Park Run at Meanwood Park.
- The Moortown Community Garden project at Moortown Corner is almost complete. The initiative led by Moortown Community Group with funding from Green Leeds and Moortown Ward Councillors requires some finishing touches but should be completed and officially opened very soon.
- Concerns over the former Highbury Cricket Ground in Meanwood have been raised with ward councillors. The land is in private ownership but is not being maintained. Discussions are at an early stage but councillors are working towards a positive outcome.

Roundhay

- Roundhay Councillors have been working closely with Friends of Roundhay Park and LCC Parks & Countryside officers to address much needed investment for the playground near to the Lakeside Café. Various funding options are being explored to improve the facility and make it fit for purpose.
- Roundhay Councillors are also in discussions regarding a project to create a Changing Places toilet facility at Tropical World. Discussions are at an early stage in terms of available funding.

Conclusion

44. The report outlines a wide range activities being undertaken by the Community Committee.

Recommendations

45. That members note the contents of the report and make comment where appropriate.

Leeds Inclusive Growth Strategy

Inner North East Community Committee
Community Workshop, 18th September 2017

What can the Inner North East area contribute to the city's growth and prosperity?

- Diversity is a strength
- Culture - Arts, music, food strengths
- Youthful population
- Facilities for expansion of community approaches to learning
- Opportunity to build on the arts sector locally not just centrally
- Local workforce with investment in the city and retained spending power
- Community spaces and buildings

1

Leeds Inclusive Growth Strategy

Inner North East Community Committee
Community Workshop, 18th September 2017

What are the barriers to people in the Inner North East area benefiting from the city's growth and prosperity?

- Language and cultural Barriers
- Digital Inclusion - Access to digital infrastructure and hardware (laptops/Wi-Fi/tablets etc). ICT gap with some older people
- Community reputation and image - Expectations/aspirations. Need to raise aspirations (particularly in the young) and challenge stereotypes
- Class barriers between communities
- Educational opportunities - Lack of school places
- Housing quality and stock
- Transport infrastructure and networks - Why is it easier to travel to Leeds from some other cities than it is for Leeds citizens to travel across the city?
- Health and wellbeing (mental and physical)

2

Leeds Inclusive Growth Strategy

Inner North East Community Committee
Community Workshop, 18th September 2017

What needs to happen to ensure that the Inner North East area is part of the city's growth?

- Ensure that the diversity and vibrancy of communities is celebrated and promoted.
- Turn barriers into strengths - Multi-lingual communities can help with communication/translation/interpretation
- Support migrant communities to integrate - Expand, promote and support ESOL provision
- Grow the local district centres and shopping areas - Economic development model
- Positive promotion of the benefits of a diverse labour market. More opportunities to reduce discrimination. Don't allow Brexit to derail championing of diversity
- Link local professionals into schools. Inspiring stories ("look what you can achieve"). Adult mentors.
- Link big business into schools, engaging our young people and raising their aspirations so that they are the future workforce in knowledge intensive and technical positions

3

Leeds Inclusive Growth Strategy

Inner North East Community Committee
Community Workshop, 18th September 2017

What needs to happen to ensure that the Inner North East area is part of the city's growth?

- Volunteering opportunities - Promote volunteering as a way for people to get work experience and help them to be job ready
- Provide informed and diverse careers advice, ensuring all young people have equal academic opportunity but not pushing university as the only route
- Businesses doing well out of the city have a corporate responsibility to provide work experience, apprenticeship and skills training opportunities for citizens
- Can businesses help young people with job searching, applications and interview techniques
- Digital inclusion - Can businesses help with digital access by donating old hardware/software. Provide improved access to WiFi in public buildings and spaces
- LCC and private sector partnerships

4

Leeds Inclusive Growth Strategy

Inner North East Community Committee
Community Workshop, 18th September 2017

What needs to happen to ensure that the Inner North East area is part of the city's growth?

- Improve transport infrastructure and access. Can incoming commercial investment help? Good transport is essential to support local workforce and retain spending power within the city
- Encourage and support enterprise/entrepreneurs. Ensure there is local provision of space for business (enterprise zones/commercial units)
- Job vacancies/apprenticeship opportunities - Identify and promote through multiple Networks and platforms. Be proactive where individuals/groups not hearing about opportunities
- Adult Learning - More provision and better promotion of the offer to ensure that communities are supported to upskill.
- Community consultation and engagement - Utilise events/places with high footfall instead of expecting to come to us to consult. Use residents groups networks. Can we use employer networks to cascade and encourage participation. Schools/colleges etc.

5

Leeds Inclusive Growth Strategy

Inner North East Community Committee
Community Workshop, 18th September 2017

What needs to happen to ensure that the Inner North East area is part of the city's growth?

- Area asset mapping - Identify what is good in the Inner North East area
- Communication - Needs to be wide ranging and reflective of diverse communities (eg multi-lingual)
- Address social isolation - Social prescribing needs to be supported and promoted
- More support for working parents - Breakfast and afterschool clubs need to be flexible and affordable
- Improve quality of housing - Invest in social housing. Regulate private rented sector.
- Support people with mental and physical ill-health so that they feel able to work and add value to the workforce
- Ensure that the Inclusive Growth Strategy is implemented, embedded and driven
- Investment from the private sector to trigger regeneration of communities

6

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Appendix 2

Inner North East Committee Update Report

Health and Wellbeing - October 2017

One You Leeds-Service (OYL)

This service was launched on the 1st October 2017. Reed Momenta are the provider for One You Leeds. Citizens can self-refer or be referred through a health professional or another service, making it easier for them to make positive health behaviour changes.

The service offers a range of options for citizens within our most deprived areas. These include;

- **'Be Smoke Free'** - six free sessions designed to help them kick the habit.
- **'Manage Your Weight'** - designed for residents with a Body Mass Index (BMI) of 30 plus or a BMI of 27 if managing more than one health condition. This allows them to access 12 weight management sessions.
- **'Move More'** - Health and Wellbeing coaches help identify realistic and sustainable ways of introducing more physical activity into a community member's life.
- **'Eat Well and Cook Well'** - Nutritional and Dietary advice around quality, quantity and Techniques of producing healthy meals and maintaining positive habits.
- **'Health Coaches'** - Designed for clients who would benefit from a more personal support and covers all elements of a holistic healthy lifestyle.

To refer into the service go online to; www.oneyouleeds.co.uk/health-professionals-referral. Clients can self-refer; www.oneyouleeds.co.uk/signup or call 0800 169 4219

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 six 1% priority neighbourhoods 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.

CAREVIEW 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.

BEST START is a broad preventative approach across some of the poorest areas of the city which looks at making the first 1001 days of a child's life the very best it can. We know through robust evidence that these early days of a child's life are crucial in helping it reach its true potential and for the child to contribute positively to civic life. To aid this agenda Leeds City Council Children's Services have launched the TALK SHARE LEARN LEEDS app. You can download it for free from App Store or Google

lay. It is aimed at parents and carers of 0-5s to help them develop essential skills before starting school.

For more information on any of the above please contact
Jonathan.Hindley@leeds.gov.uk or call 07712 216 516

Appendix 1 - Inner North East Community Committee Thematic Action Tracker									
Date/Theme	Community Committee (ward/ neighbourhood)	Best City	Theme	Goals	Key Actions	Services/ Lead officer	Progress Against Action	Impact/ what difference made	RAG Rating
29/06/2015	INE Wards	Dealing effectively with the cities waste/	Environment	Local citizens and partners able to influence SLA	Hold a workshop to gather local intelligence and feedback to help populate the ENE Locality Action Services "Plans on a Page" for each ward	John Woolmer	Environmental SLA adopted by INE CC for 2016/17. Further development delegated to the INE Env Sub Grp	Better targetting of resources and understanding of constraints.	Green
21/09/2015	INE Wards	Domestic violence breakthrough project	Domestic violence	Local citizens to shape how local services can be improved	To draw up and shape a local action plan to raise awareness of the key messages around domestic violence during the 16 days of action and on an ongoing basis.	Bev Yearwood/com munities team	1) Nine displays around DV to be created an in situ in libraries, community hubs and third sector venues. 2) Four walk to take place across the city with elected members, partners ,third sector organisations to raise awareness of DV & abuse. Planned for 25th November, walk from Reginald centre to Crompton will involve talks by community champions, tying white ribbons around tree, songs from Harehills Primary school. 3) Quotes and press releases written, awaiting sign off from communications .	Awareness raised of DV , associated issues, and support services.	Green
21/08/2015	INE Wards	Domestic violence breakthrough project	Domestic violence	Local organisation s to run activities funded around domestic violence during the 16 days of action.	Design poster and promote to all third sector networks	Lee Griffiths	Poster and funding promoted via mailing list. No applications were received, this was followed up with specific contact to partners which resulted with one application being received for the value of £200 for the Chapel Allerton Ward. This is now with members for consideration.	Full impact will not be known until after the activity has taken place.	Green
7/12/15	INE Wards	Communities	Community Hubs	Thorough a workshop, local citizens to inform and shape the services being delivered at The Reginald Centre and the use of the building for the benefit of the community	The INE CC, ENE Communities Team, Community Hubs, partners and the community to work towards the community priorities identified in the workshop detailed here	Nick Hart	Excellent progress made on the list of priorities from the workshop with the following already in place: Community Café/Fitness classes/Youth activities/Food vouchers/Meeting space availability/Evening opening/Universal Credit signposting/More integrated working between floors/Employment & Skills services/Better communications and promotion of services/Partnership working with CAB/Legal services & Legal Buddies/Housing Options Surgeries/Festivals & special events/Food/More flexible opening/Notice boards/ESOL classes/Migrant Access Point/CCTV	Increased use of the building. Community confidence improved in the building and more acceptance of the centre as a community space rather than just an official building. Improved access to services for the community.	Green
20/06/16	INE Wards	Health & Wellbeing	Promoting Young People's Physical Activity	To raise awareness around physical inactivity amongst young people, the consequences of this and to encourage converstaions about what can be done to improve participation in physical activity amoung young people.	To host a workshop session led by colleagues from Public Health and Sports and Active Lifestyles to present a picture of physical inactivity in Inner North East and to raise awareness of some of the activities and schemes currently offered by the council and partners. The workshop is also an opportunity for conversations between service leads and members of the public at the community committee. Look to identify opportunities for initiatives that promote physical activity in young people such as 'Play Streets'. Use funding to support local groups who are providing activities for young people through both YAF and Wellbeing.	Jan Burkhardt / Jason Minot	Much of the actions from this goal were completed as part of the workshop session. However, Ward Councillors and Communities Team officers will continue to look for opportunities to promote Physical Activity for young people in INE.	To raise awareness and promote discussion around inactivity amongst young people.	Amber
19/09/16	INE Wards	For Culture	Leeds Cultural Strategy	To help shape Leeds Cultural Strategy through consultation with local people and organisations	Workshop disscussions around "what is culture" and "where does culture take place in your community" to feed into the overall culture strategy	Leanne Buchan and Sarah Priestley	Notes from the workshop table discussions have been passed to the lead officers who will incorporate them into the overall consultation which will eventually shape the strategy. Links were made between local contacts that were interested and officers so that further consultation could take place.	The vision for the new cultural strategy is for it to have a local focus, instead of it just focussing on the city centre. On 16th December 2016 Department for Culture Media and Sport announced that the European Capital of Culture competition will go ahead despite continuing Brexit negotiations. The news came two weeks after the Leeds 2023 brand was launched with the more than 150 arts, culture, business, education and media organisations backing the bid. Follow the journey on twitter @Leeds_2023, Instagram @Leeds2023 and Facebook at www.facebook.com/2023Leeds Culture Strategy The draft Leeds Culture Strategy 2017-30 is now out for public consultation. The draft strategy document can be found at http://leedsculturestrategy.co.uk/ and the ENE Communities Team have helped to promote the consultation through social media and partners.	Green
05/12/16	INE Wards	Communities	Community Safety	Local citizens to shape the priorities in terms of Community Safety in the INE area	Work with partners such as WYP & LASBT to sustain quality communication with the community, to promote good news/results and bolster community confidence.	Neil Pentelow Sgt Dave Morgan Sgt Ian Micklethwaite	Notes from the workshop table discussions collated and shared with WYP. Bid submitted to the Safer Communities Fund for Action Days in Chapeltown.	Increased community reassurance and confidence. Reduction in incidents and increase in arrests/prosecutions.	Amber

07/03/17	INE Wards	Health & Wellbeing	The Leeds Health & Care Plan	Local citizens to shape how services can be delivered in communities to relieve pressure on frontline health services such as A&E, hospitals, GPs etc. Feeding in to the draft Leeds Plan as part of the West Yorkshire Sustainability & Transformation Plan (STP)	1. What do you think are the three key priorities that would help reduce the Health and Wellbeing Gap? 2. Working with citizens is key to addressing the gaps. How do you think we can ensure that this is meaningful, open and honest? 3. How would you like your Community Committee area to be part of the conversation as the Leeds Health & Care Plan develops?	Nigel Gray Tony Cook	Workshop took place as table discussions with three tables made up of residents, health professionals, stakeholders, elected members and council officers. Feedback provided back to the Health Partnerships Team. Potential scope for a follow-up session to explore issue further.	The city has identified four key programmes as our collective priority areas: • Prevention ("Living a healthy life to keep myself well") – Helping people stay well, keep active and feel good about themselves. • Proactive Care & Self-Management ("Health and care services working with me in my community") – Providing help and support to people who are ill or at risk of becoming ill, or those who have ongoing conditions. The help will enable them to do as much as they can to look after themselves and manage their condition to remain healthy and independent while living normal lives at home with their loved ones. • Optimising Secondary Care ("Hospital care only when I need it") – Reducing the length of time people stay in hospital so they can return to their homes and loved ones as soon as safe to do so. • Urgent Care and Rapid Response ("I get rapid help when needed to allow me to return to managing my own health in a planned way") – Making sure people with an urgent health or care need are supported by the right professionals at the right time.	Amber
26/06/17	INE Wards	Resilient Communities	Financial Inclusion		Discussions took place to get local input into the following work strands of the North Leeds Debt Forum: Strand 1: Debt and health The forum has set about creating a single resource for healthcare professionals detailing where and who to refer/signpost patients when they present with debt issues. What is missing and how could the initial proposals be shaped to fit local priorities? Strand 2: Negative Xmas Spending behaviours The North Leeds Debt Forum will undertake a series of assertive outreach sessions with a focus on neighbourhood areas within the INE area in the top 10% most deprived nationally and top 1% in Leeds. The outreach will be followed by a large scale City Centre event during October with a focus on educating families about responsible lending, avoiding loan sharks, budgeting for Xmas and general financial literacy. Any ideas or comments on how the initial proposals can be enhanced. Strand 3: prevention/early intervention – education in schools The debt forum has already developed several lesson plans – 'finding the best deals', 'Good Debt Vs. Bad debt', 'Budgeting', and 'scams and gambling'. The Forum want to provide schools based work with classroom support, drop in sessions and classroom resources all supported by members of the debt forum. Any ideas or comments on how the initial proposals can be enhanced.	Nick Hart/Joe Kiff	Workshop took place as table discussions with three tables made up of residents, Debt Forum partners (Credit Union, CAB, Money Buddies) elected members and council officers. Feedback provided back to the Debt Forum. Work streams progressing and funding bids being finalised.	Strand 1: Debt and health Some amendments to the initial proposed document including amendments to account for cultural issues. Strand 2: Negative Xmas Spending behaviours Two outreach dates set for 5th and 12th September. Citywide event set for October and in planning stages. Strand 3: prevention/early intervention – education in schools Unable to initiate in time for current term so working with schools to look at starting programme next term. Funding bids to be finalised once costings have been completed.	Amber
18/09/17	INE Wards	Resilient Communities	Leeds Inclusive Growth Strategy		Discussions took place to get local input into the Leeds Inclusive Growth Strategy using the following questions as discussion points: 1) What can Inner North East area contribute to the city's growth and prosperity? 2) What are the barriers to people in Inner North East area benefitting from the city's growth and prosperity? 3) What needs to happen to ensure that Inner North East area is part of the city's growth?	Gilda Smith-Leigh	Workshop took place as table discussions with four tables made up of residents, community partners, elected members and council officers. Feedback provided back to City Development to inform the strategy and also shared with contributors and through social media.	Notes - Next Steps Celebrate and promote diversity and vibrancy of communities. Turn barriers into strengths - Multi-lingual communities - translation/interpretation Support migrant communities to integrate - Expand, promote and support ESOL Grow the local district centres and shopping areas - Economic development model Link professionals into schools. Inspiring stories. Adult mentors. Raise aspirations Volunteering opportunities - Promote volunteering as a way for people to get experience Provide informed and diverse careers advice, ensuring all have equal opportunity Corporate responsibility to provide work experience, apprenticeship and skills training Businesses help young people with job searching, applications and interview techniques Digital inclusion - Businesses aid digital access by donating old hardware/software. Provide improved access to WiFi in public buildings and spaces Improve transport infrastructure and access. Commercial investment? Support enterprise/entrepreneurs. Local provision of space for business Job vacancies/apprenticeship opportunities - Identify and promote Adult Learning - More provision and better promotion of the offer Communication - Needs to be wide ranging and reflective of diverse communities Support working parents - Breakfast/after school clubs need to be flexible/affordable Improve quality of housing - Invest in social housing. Regulate private rented sector. Support people with mental and physical ill-health so that they feel able to work Ensure that the Inclusive Growth Strategy is implemented, embedded and driven Investment from the private sector to trigger regeneration of communities	Amber

Reginald Centre

The Reginald Centre is located on 263
Chapelton Road, Leeds, LS7 3EX
353 views

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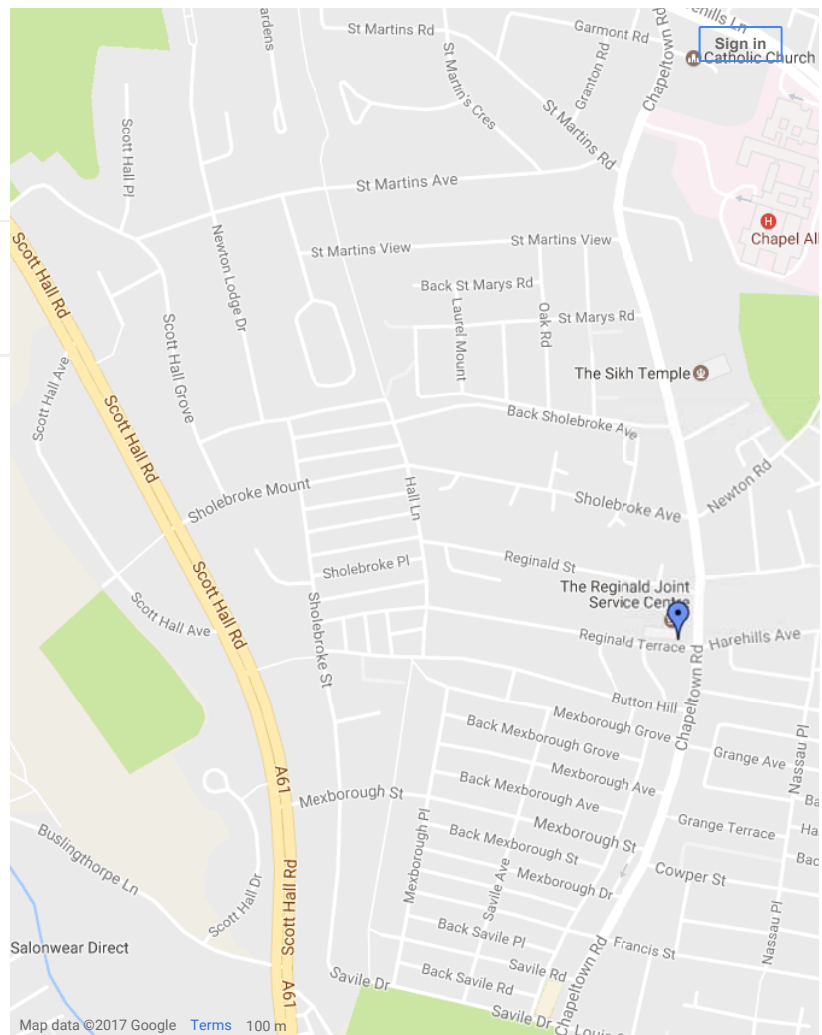
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