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Community Committee

Leeds City Council

Inner West Community Committee

Armley, Bramley & Stanningley, Kirkstall

Meeting to be held in Strawberry Lane Community Centre, Strawberry Lane, Leeds LS12 1SF
Wednesday, 29th November, 2017 at 6:00pm

Councillors:

A Lowe	Armley;
J McKenna	Armley;
A Smart	Armley;
C Gruen	Bramley and Stanningley;
J Heselwood	Bramley and Stanningley;
K Ritchie	Bramley and Stanningley;
J Illingworth	Kirkstall;
F Venner	Kirkstall;
L Yeadon	Kirkstall;

Co-optees

Hazel Boutle	Armley Ward
Eric Bowes	Armley Ward
Kimberly Frangos	Armley Ward
Annabel Gaskin	Bramley & Stanningley Ward
Stephen McBarron	Bramley & Stanningley Ward
Sam Meadley	Kirkstall Ward
Marvina Newton	Bramley & Stanningley Ward
Mick Park	Kirkstall Ward

Agenda compiled by: Debbie Oldham 0113 37 88656
Governance Services Unit, Civic Hall, LEEDS LS1 1UR
West North West Area Leader: Baksho Uppal Tel: 395 1652

Images on cover from left to right:
Armley - Armley Mills; Armley Library (old entrance)
Bramley & Stanningley - war memorial; Bramley Baths
Kirkstall – Kirkstall Leisure Centre; deli market at Kirkstall Abbey

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Chief Democratic Services Officer 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 within the meaning of Section 100I of the Local Government Act 1972, 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 the recommendation is accepted, to formally pass the following resolution:- RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 or Section 100A(4) of the Local Government Act 1972 as appropriate, the public be excluded from the meeting during consideration of those 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:-‘	

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3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**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 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**OPEN FORUM / COMMUNITY FORUMS** 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** To approve the minutes of the Inner West Community Committee held on 11th October 2017.	1 - 6

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8	Armley; Bramley and Stanningley; Kirkstall		**CO-OPTEES APPOINTMENT REPORT 2017** The report of the City Solicitor invites Members to give consideration to appointing a co-optee to the Community Committee for the duration of the 2017/2018 municipal year. (Report attached)	7 - 10
9	Armley; Bramley and Stanningley; Kirkstall		**LEEDS TRANSPORT CONVERSATION UPDATE - PUBLIC TRANSPORT INVESTMENT PROGRAMME (£173.5M), INNER WEST UPDATE, AND LEEDS TRANSPORT STRATEGY DEVELOPMENT** To receive the report of the Chief Officer Highways and Transport which provides the Community Committee with 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. (Report attached)	11 - 38
10	Armley; Bramley and Stanningley; Kirkstall		**LEEDS HEALTH AND CARE PLAN: INSPIRING CHANGE THROUGH BETTER CONVERSATIONS WITH CITIZENS** To receive the report of the Chief Officer Health Partnerships to provide the Inner West Community Committee with an overview of the progress made in shaping the Leeds Health and Care Plan following the previous conversation at each Community Committee in Spring 2017. (Report attached)	39 - 110
11	Armley; Bramley and Stanningley; Kirkstall		**FINANCE UPDATE REPORT** To receive the report of the West North West Area Leader to update Members on the projects funded through the Inner West Wellbeing and Youth Activities Fund budgets. The report also provides Members with details of the current financial and monitoring position of the Wellbeing, Youth Activity and Capital fund. (Report attached)	111 - 120

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12	Armley; Bramley and Stanningley; Kirkstall		**COMMUNITY COMMITTEE UPDATE REPORT** To receive the report of the West North West Area Leader to update the Community Committee on the work of the sub groups of the Committee: Children and Young People and Environment. The report also updates the Committee on community events, local projects and partnership working that has taken place in the area since the last meeting. (Report attached)	121 - 126
13			**DATE AND TIME OF NEXT MEETING** To note the next meeting of the Inner West Community Committee will be 21st March 2018 at 6:00pm.	
			VENUE DETAILS AND MAP Strawberry Lane Community Centre, Strawberry Lane, Leeds LS12 1SF	127 - 128

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			THIRD PARTY RECORDING PROTOCOL Third Party Recording Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

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INNER WEST COMMUNITY COMMITTEE

WEDNESDAY, 11TH OCTOBER, 2017

PRESENT: Councillor F Venner in the Chair

Councillors C Gruen, J Heselwood, J Illingworth, J McKenna, K Ritchie, A Smart and L Yeadon

Co-optees: Hazel Boutle, Eric Bowes, Annabel Gaskin and Stephen McBarron.

COMMUNITY COMMITTEE WORKSHOP: PARKS AND GREEN SPACES

The Chair welcomed everyone to the meeting and after introductions had been made she introduced the theme for the workshop as Parks and Greenspace.
In introducing the first report the Chair spoke of her disappointment that the report was not fuller.

1St Presentation – Parks and Countryside Interim Report

Joanne Clough, Trading and Operational Support Officer presented the report explaining that this was an interim report and that Parks and Countryside would have a better understanding of their budget position, the outcome of resident's consultation exercise carried out in partnership with Leeds University and the latest Leeds Quality Parks assessment after February 2018. Members were informed that a scheduled annual report would be available then.
The Officer updated the Committee on the work that had been undertaken in each ward and the work which was needed to bring the parks in the area up to standard.
Members heard about the events that had taken place over the summer and were informed of future events.
Members were advised the current Ranger located at Gotts Park was to be replaced by Clare Rodgers in the next few weeks.
At the conclusion of this report Members discussed the following issues:

- Generation of income;
- The Leeds Quality Parks Standard, what work was required and the timescales for all parks to be assessed as having met the standard;
- Funding for parks in the Inner West area and how the funding would be prioritised.

Members noted that the timescale for all parks to reach the Leeds Quality Parks Standard was set at 2020.

2nd Presentation – Play in West Leeds

Helen Foreman from City Development gave a presentation on Children's Play.
The presentation looked at the following:

- The benefits of play for children
- How children view structures man-made or natural as objects for play
- Safe spaces to play without boundaries looking at everywhere as a playground
- Importance of safe routes to access play areas

The Officer focused on street play explaining how streets become recognised as play streets. The Officer set out the benefits of play streets saying that it provided a safe place for children to play out doors, created a community with adults and children socialising

Members discussed the following points:

- Street closes and play in Inner West area
- The need for cross service working
- The need for services to be aware of types of play and equipment that children enjoy
- How areas of shrubs and trees could be used for play in Inner West area.
- Why some areas of the City had much more innovative play equipment in LCC Parks eg, Roundhay, Temple Newsam.

Members were advised that work across services was ongoing to look at types of play and equipment.

3rd Presentation – Kirkstall Valley Park

Amy McAbendroth, Senior Landscape Architect at ARUP and a resident of Kirkstall gave a presentation to the Committee setting out the strategy for delivery.

Amy provided a brief development history to the project and the area covered by the Kirkstall Valley Park she also highlighted spots of interest along the route.

Amy explained the 9 objectives set out in the strategy for delivery of the park:

1. Unification
2. Activity
3. Movement
4. Heritage
5. Ecology and Biodiversity
6. Links to Communities
7. Profile

8. Flood Risk and Resilience
9. Economy

Members were informed of the existing challenges in meeting each of the objectives.

Members heard that eight Key Framework Moves had been formulated to directly address the objectives associated with the creation of Kirkstall Valley Park.

The Committee were informed that the Key Framework Moves recommended priority projects and initiatives to help unlock the park, making it more accessible, usable and enjoyable to the public.

The Members discussed the following points:

- The boundaries of the park
- Consultation with all Members across all three wards
- Access to the park
- Funding for the park and projects
- The Kirkstall Valley Park Board and the need for wider representation on the Board

Cllr. Ritchie spoke of the hard work by Cllr. Illingworth on the Kirkstall Valley Park Board.

The Chair thanked Joanne, Helen and Amy for attending the Community Committee and for their presentations.

At the end of the workshop at 19:30 the Community Committee went on to the Formal Business of the Community Committee.

16 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

17 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

18 Late Items

There were no late items.

19 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

20 Apologies for Absence

It was noted that apologies had been received from Cllr. A Lowe and Co-optee Sam Meadley.

21 Open Forum / Community Forums

On this occasion there were no members of the public who wished to address the Committee at the Open Forum.

22 Minutes

RESOLVED - The minutes of the meeting held on 21st June 2017 were approved as a correct record.

23 Finance Update Report

The report of the West North West Area Leader updated the Members on the projects funded through the Inner West Wellbeing Fund and Youth Activities Fund budgets. It also presented new projects for approval.

The report also asked the Community Committee to approve the Wellbeing funding round process and timescales for the 2018/19 Wellbeing budget.

Members were advised of the remaining wellbeing balances for each ward. Members had been provided with a detailed breakdown of spend and also monitoring details of wellbeing projects complete to year end 2016/17. Both of these documents were appendices to the submitted report.

Members noted the continuation of Broadlea Tea Time Club which had been approved by delegated decision.

Members were asked to consider three wellbeing applications set out at points 9-11 of the submitted report for:

- Leeds Country Park and Green Gateways Trail publicity
- Bumps and Babes
- Rainbow House

Members were asked to provide £200 per ward to top up the Priority Neigbourhood Pot to enable and support projects across all wards.

Members were advised that the small grants and skips budget available to spend was £3,133. Members were also informed of the three small grants projects which had been approved since the last meeting.

Members heard that following a recent injection of funds, the current Inner West Capital Wellbeing balance was £34,100.

Members were informed of the remaining balances of the Youth Activities Fund available for each ward to spend.

Members were informed that the application round was to follow the process as previous years, with applications invited between 27th October 2017 and 12 January 2018, for approval at the March Community Committee meeting.

RESOLVED – To:

a) Note the balance of the Wellbeing budget and Wellbeing spend report at Appendix 1 of the submitted report.
b) Note the Wellbeing monitoring report at Appendix 2 of the submitted report
c) Approve the new Wellbeing projects for 2017/18 at points 9-11 of the submitted report
d) Approved a top up of £200 per ward to the priority neighbourhood pot at point 12 of the submitted report
e) Note the balance of the small grants and skips at point 17 of the submitted report
f) Note the balance of the Capital Fund at point 18 of the submitted report
g) Note the balance of the Youth Activities Fund at point 20 of the submitted report
h) Approve the application process for the 2018/19 financial year at points 21-24 of the submitted report

Projects approved at the meeting were as follows:

- 9 Leeds Country Park and Green Gateways Trail publicity £1,168 - APPROVED
- 11 Rainbow House £816– APPROVED from Capital funding
- Woodbridges Youth Group £2,415 – APPROVED from Kirkstall Youth Activities Fund

Projects Deferred

- 10 Bumps and Babes £1,200 – DEFERRED for further information

24 Community Committee Update Report

The report of the West North West Area Leader provided the Committee with an update on the work of the sub groups of the Committee: Children and Young People and Environment. The report also updated the Committee on community events, local projects and partnership working that had taken place in the area since the last meeting.

Members were informed that the Inner West Youth Summit would take place on Friday 10th November 2017 in the Leeds Civic Hall Banqueting Suite and would include a Q&A session with the Lord Mayor and Councillors in the Ante-Chamber. Members of the Committee who sit as Governors in the Inner West area were asked to promote the event to get as many schools as possible involved.

It was noted that the sub-group were arranging a visit to the new nursery facility Arium.

Members were informed that CAREVIEW the social isolation app was scheduled to be tested in New Wortley as one of the 6 priority neighbourhoods in October 2017. CAREVIEW looks to reconnect socially isolated residents back into their communities and services which may improve and maintain their overall health and wellbeing. It was noted that this would be a 12 month exploratory trial to transform the prototype to a fully working model with enhanced features.

Each of the Community Champions provided a brief update on the sub groups of the Community Committee.

Steve McBarron the Co-optee for Bramley and Stanningley was thanked for all his work on the Bramley Fun Day which had been a great success. The Committee showed their appreciation with a round of applause.

RESOLVED – To note the report including the key outcomes from the sub groups.

25 Date and time of next meeting

The next meeting of the Inner West Community Committee will be Wednesday 29th November 2017, at 6:00pm. Venue to be confirmed nearer to the date.

Community Committee

Leeds CITY COUNCIL

Report of: City Solicitor

Report to: Inner West Community Committee, Armley, Bramley & Stanningley, and Kirkstall

Report author: Debbie Oldham Tel: 0113 3788656

Date: 29th November 2017 **For decision**

Appointment of Co-optee to Inner West Community Committee

Purpose of report

1. This report invites Members to give consideration to appointing a co-optee to the Community Committee for the duration of the 2017/2018 municipal year.

Main issues

2. In considering this issue, the committee is invited to have regard to the following rules associated with Community Committee co-optees:

3. Article 10 of the Constitution states that by resolution Community Committees may appoint or remove non-voting Co-opted Members who may participate in the business of the Community Committee.

4. The relevant Community Committee Procedure Rules state that:

5. Co-opted members may participate in the debate in the same way as Elected Members, (but will be non-voting members of the Committee).

6. No co-opted member shall be appointed for a period beyond the next Annual Meeting of the Council.

7. With regard to participation on financial matters, in line with Section 102(3) of the Local Government Act 1972, the procedure rules state that, ‘Co-optees will not …participate in

(the) business of the committee which regulates or controls the finance of the area'. This would preclude co-optees participating on matters such as Wellbeing funding applications for example.

Options

8. Members are invited to give consideration to the possible appointment of the following nominee as a co-opted member of the Community Committee for the duration of the 2017/18 municipal year:

Kirkstall Ward: Hannah Bithell

Corporate considerations

a. Consultation and engagement

This report provides Community Committee Members with the opportunity to formally consider the possible appointment of non-voting co-optees to the Committee for the remainder of the municipal year.

The provision of co-opted representatives on Community Committees enables representatives of the local community to engage in the Committee's decision making processes.

b. Equality and diversity / cohesion and integration

In considering the appointment of co-optees, Members may wish to give consideration to ensuring that any co-options are representative of the neighbourhoods that the Community Committee covers.

c. Council policies and city priorities

Co-opted representation on Community Committees, which enables representatives of the local community to engage in the decision making process is in line with the Council's Policies and City Priorities.

d. Legal implications, access to information and call in

In line with the Council's Executive and Decision Making Procedure Rules, the power to Call In a decision does not extend to those taken by Community Committees.

Conclusion

10. Given the provisions within the Constitution regarding the appointment of co-opted representatives to Community Committees, the Community Committee is invited to determine the appointment of a non-voting co-optee for the Kirkstall Ward for the duration of the 2017/18 municipal year.

Recommendations

11. The Community Committee is requested to approve the appointment of Hannah Bithell proposed as a non-voting co-optee, for the duration of the 2017/18 municipal year, in order to support the work of the Committee.

Background information

- **Not Applicable**

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Community Committee

Leeds CITY COUNCIL

Report of: Gary Bartlett, Chief Officer Highways and Transport

Report to: Inner West Community Committee

Report author: Vanessa Allen, (0113 3481767)

Date: 29th November 2017 To note

Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Inner West 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 West 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 West 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 7th September 2016 and followed this up with a workshop on the 12th October 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 West 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 West 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 West area is included as an appendix to this document. This showed that a total of 557 respondents to the Leeds Conversation questionnaire were from the Inner West communities. The list below shows the top three priorities for transport investment indicated by 333 questionnaire respondents from Inner West.

Top three comments	Inner West %	Leeds %
1. Improvements to cycling facilities	18%	18%
2. More reliable bus service	17%	14%
3. Invest in tram system	14%	17%

15. The questionnaire response also highlighted other key issues as being; bus improvements, criticism of cycle improvements, tackle traffic congestion, increase rail capacity, reliable public transport, investment in roads, longer and short term thinking, tram, reduce car in city centre, park and ride, improve ticketing, and reduce environmental impact of transport system.

16. In conclusion a cheaper/ better value for money bus service was mentioned more frequently by Inner West respondents than others. Respondents from the Inner West also had significantly heavier criticism of the money spent on cycling improvements to date.

17. The need for a longer term vision for transport solutions was the top priority in the Inner West. However, reducing the environmental impact of the transport network was also a particular issue for the Inner West, as was the view that short term thinking is required on the Transport System.

18. In addition to the questionnaire analysis there was further feedback received from this committee on the 12th October. 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, short and long term thinking required, marginalised communities, bus fares too high, simplified ticketing. Behavioural change required from car dominance, suggestions including school run, change working patterns, education, more cycling and walking and need to be accessible.

19. The locally specific summary of suggestions from the workshop included (see appendix for notes of the meeting).

Inner West Transport Improvements suggested at 12th October Community Committee workshop

- Park and ride needed and new stations (Kirkstall) included as P&R sites.
- Re-open old rail stations such as in Armley
- Make Victoria Road one way.
- St Anne's Lane used for rat running
- Speeding issues at Morris Avenue - 20mph zones need enforcing.
- Kirkstall Lights area gridlock.
- More cycling/walking
- Footbridge from Halfords to Morrisons.

Leeds Transport – LPTIP transport improvements:

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

21. 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.

22. The delivery and success of these schemes is dependent on working closely with the West Yorkshire Combined Authority along with key transport providers and bus and train operators. As well as business and the local community who we shall continue to engage with as the schemes progress. The LPTIP programme comprises of a package of public transport improvements that, taken together, will deliver a major step change in the quality and effectiveness of our transport network. The headline proposals include:

Rail improvements:

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

Bus Improvements:

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

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

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

Mass Transit:

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

Cycling and Active Travel:

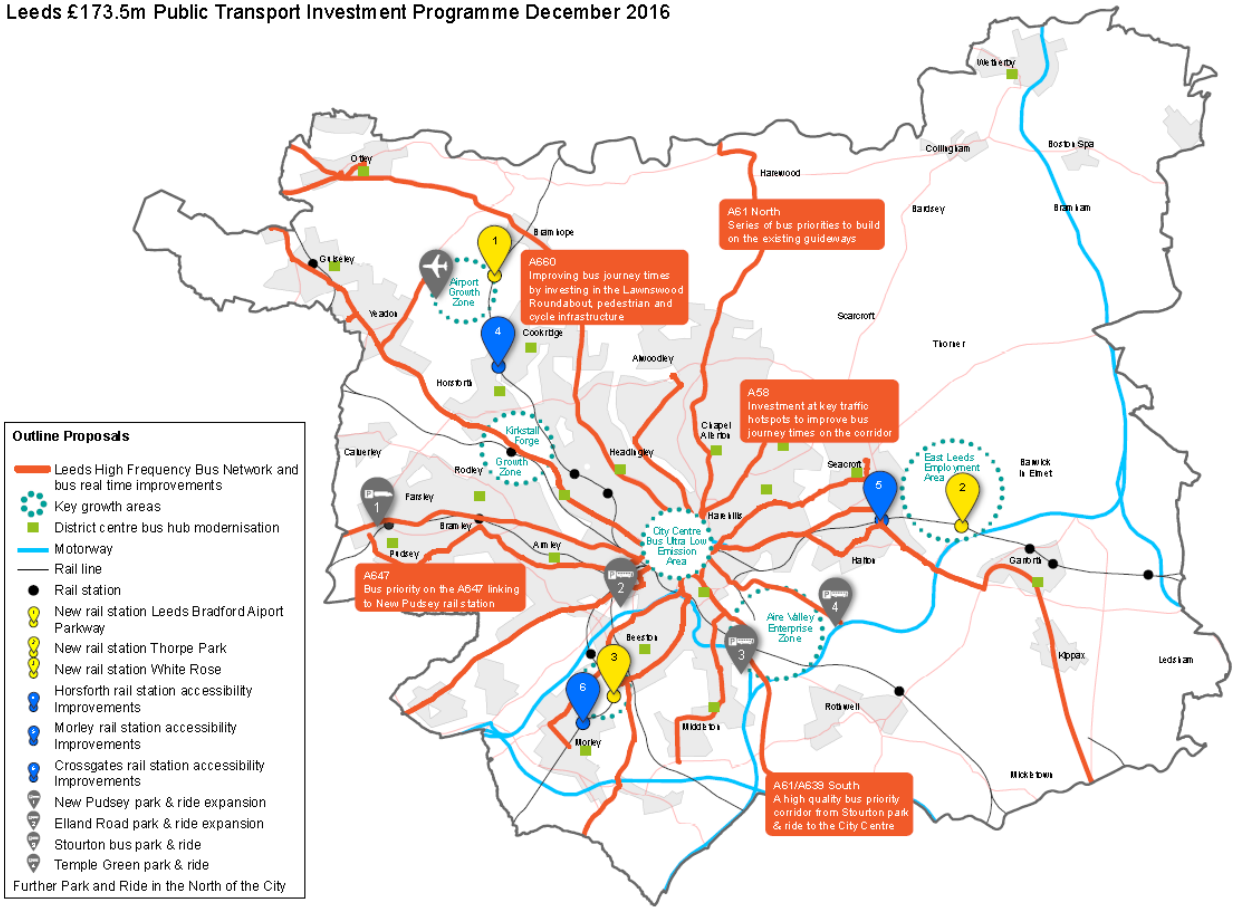
- The LPTIP initiative will involve improvements to key public transport corridors as listed above under the bus priority improvement corridors (A58, A61, A647 and A660), improving

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

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

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

The Potential options for the Transport Hubs and Connecting Communities schemes are currently under consideration and are taking into account transport and economic data, the Bus Strategy Consultation and Leeds Transport Conversation. A representative from WYCA will be attending the meeting and inviting comment on these proposals.



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

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

Transport improvements – for the Inner West area:

25. **A647 Corridor Improvements:** As part of LPTIP ambitions to develop a Quality Transport Corridor along the A647, Leeds City Council is examining ways to improve the route between Armley Gyratory (on the edge of Leeds city centre) and the Leeds Road Gyratory (in neighbouring Bradford), particularly for bus users. This also includes consideration of Stanningley Road through Stanningley itself, as the principal route served by buses.

26. As part of LPTIP ambitions to develop a Quality Transport Corridor along the A647, Leeds City Council is examining ways to improve the route between Armley Gyratory (on the edge of Leeds city centre) and the Leeds Road Gyratory (in neighbouring Bradford), particularly for bus users. This also includes consideration of Stanningley Road through Stanningley itself, as the principal route served by buses.

27. 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 Ledgard Way (Mike's Carpets) junction, particularly travelling towards Leeds in the morning peak period and travelling away from Leeds in the evening peak period. The area around the junction also suffers from a poor quality pedestrian environment which deters walking, cycling and bus use by those living in the local area.
- Further delays on all approaches to Dawson's Corner (the A6120 junction with the Outer Ring Road), which occur at both peak and off-peak times.
- Infringement of the High Occupancy Vehicle lane along Stanningley Road by single occupancy car drivers, reducing the benefit of the lane for legitimate users and impacting on the reliability of bus journeys.
- Delays through Stanningley itself reducing the reliability of bus services, due to queuing at junctions, high volumes of turning traffic and on-street parking.
- Poor pedestrian crossing facilities at a number of locations along Stanningley Road.

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

29. **Armley Gyratory:** Leeds City Council is working in partnership with the West Yorkshire Combined Authority and Highways England to deliver changes to the city centre highway network. This includes improvements to Armley Gyratory (a signalised roundabout junction) with proposals currently being worked on.

30. **Rodley roundabout:** Leeds City Council obtained 'Pinch Point' funding from the Department for Transport in order to improve Rodley Roundabout at the junction of A657 Rodley Lane and A6120 Ring Road Farsley. The junction suffered from significant congestion and is part of a length for concern in terms of road safety. Improvements were completed in October 2015, and have been successful in reducing congestion. Peak period delays (vehicle mins) have fallen by by 32% (am) and 43% (Pm) at Rodley. Delays over the full (12 hour) weekday have fallen by 36% at Rodley.

31. **Kirkstall Forge station:** recent opened in (19.06.16) 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. 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. Planning proposals?

32. **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.

33. **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 (including Bramley in phase one by end of 2017 and Burley Park and Headingley in phase 2 by 2020) 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.

34. **City Cycle Connect Superhighway**. The West Yorkshire Combined Authority's City Connect programme completed the Bradford to Leeds Cycle Superhighway in July 2016. A programme of monitoring and evaluation supports the programme and is ongoing. Automatic Cycle Counters have been installed at points across the route and over 400,000 trips by bike have been recorded since opening.

35. 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

36. The programme is also supported by a Comms and Engagement project, which encourages and enables people to make journeys by bike or on foot. Working with schools, businesses and communities, there have been over 16,000 engagements made through the project. Nine schools have so far signed up to the Bike Friendly Schools project, which launched in March 2017, including Pudsey Primrose Hill and Stanningley Primary. These schools are benefitting from cycle training as well improved cycle storage. 62 businesses are currently engaged in the Bike Friendly Business programme, with 14 accredited so far. In November 2017, a community grants scheme was launched aimed at helping groups in communities deliver activity to promote getting to work and training through active means.

37. **Canal Towpath improvements:** CityConnect, in partnership with the Canal & River Trust, have made significant improvements to sections of the towpath of the Leeds-Liverpool canal, from Leeds city centre through to Silsden. This work has included surfacing, access improvements and new signage and has seen cycle usage up by nearly 60% since 2014.

38. In addition recent **segregated cycle facilities** have started to be used on Kirkstall Road.

39. **Bus Service improvements: Transdev:** Service 60 'Aireine' (Leeds – Kirkstall – Calverley–Keighley) – upgraded October 2017 with 6 new/newer buses. Buses have audio and visual announcements (audio is Yorkshire dialect).

Leeds Transport Strategy:

40. The Transport Conversation showed us that whilst people want short term improvements they also want to see longer term thinking. In response to this, an emerging transport strategy is

underway (see background papers), with the question of how does Leeds address its key transport challenges in the context of needing to contribute towards economic growth, inclusivity, health and wellbeing and City liveability over the next 20-30 years.

41. Reconciling these challenges will be crucial to the successful delivery of a long term transport strategy for Leeds and include;

- *Changing our highway infrastructure for quality place making, strong communities and a knowledge rich economy* – To create people friendly city and district centres, prioritising pedestrian movement can reduce vehicle capacity, which in turn may produce the economic dis-benefit of congestion unless considered within a wider strategic transport context.

- *Promoting Leeds as a regional and northern economic hub* – The strength of Leeds economy has resulted in a large increase in commuting to Leeds from outside the district which the current transport system is struggling to accommodate. Delivering rail growth is an essential element of this strategy.

- *Ensuring transports role in good growth, equality and connected communities* - The city must respond to community needs by connecting neighbourhoods, linking people to services and recognise that transport is a vital service that needs to be accessible for all.

- *Improving air quality and decarbonising our transport system* - Traffic congestion exacerbates emissions of air pollutants, greenhouse gases and noise. The city must make a rapid improvement in air quality and meet legal obligations by 2020.

- *Building on a transport system already under pressure* - With the adopted Core Strategy provision of 70,000 additional homes 493 hectares of employment land and 1 million square meters of office space by 2028, both existing and future growth means a substantial increase in travel demand, along with rising car ownership, with the consequence of increased peak congestion levels, delay and low network resilience.
- *Gaining a city wide consensus on the role of mass transit and changing the way we travel* – High capacity high frequency public transport remains the most effective way of moving large numbers through limited road space. Building on our existing public transport network, we need a step change in the number of people using public transport, and a transport solution that that works with the grain of the city.

- *Delivering public transport schemes through the reallocation of road space* - the key unresolved issue remains giving priority to major public transport schemes continues to cause considerable debate because of the need to prioritise them over other modes of transport.

- *Delivering a long term strategy for our strategic transport assets* - short term repairs to the Leeds Inner Ring Road are becoming increasingly unviable. We need to explore long term options for this asset which keeps our city moving.

- *Maximising the transformational benefits of nationally strategic projects* – realising the benefits of HS2 and successfully master planning Leeds Station into the fabric of the city, and mitigating the impact of the HS2 line of route into Leeds.

- *Harnessing Technology and understanding future travel scenarios* - how to plan for new technologies, and how to integrate them with current modes and infrastructure.

42. As part of taking the strategy forward, a Leeds Transport Expert Panel was set up and first met in November 2016. The panel includes leading transport experts and senior figures from transport bodies and organisations from across the UK, along with representatives from

business, education, planning, accessibility, equalities and campaign groups. The panel has considered future transport trends and challenges, and how transport can best facilitate the Council's 'Best City' goal and will continue to input into the strategy as it evolves.

Corporate considerations

Equality and diversity / cohesion and integration

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

Council policies and city priorities

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

45. The vision also contributes to the objectives of the Local Development Framework, the Leeds adopted Core Strategy, and the WYCA Transport and Bus strategies and Strategic Economic Plan.

Conclusion

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

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

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

Recommendations

- To note the feedback from the Transport Conversation and its input into the £173.5m public transport improvements and informing a wider transport strategy for the City and the Inner West area over the next 20 years.
- To note the overall progression of Leeds Transport and LPTIP Schemes in Leeds overall.
- To note progression of the major transport schemes within the Inner West 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 West Workshop – notes of workshop 12th October 2016
- Aecom analysis of Inner West questionnaire responses

- Summary of Major Transport Schemes in Leeds – Extract from Leeds interim Transport Strategy (see below).

Background information

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

Leeds Transport Conversation

Inner West 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 West.

2. Inner West

A total of 557 respondents (7%) to the Leeds Conversation were designated as Inner West. Of those, 333 gave comments on their priorities for transport investment.

Table 1 below shows the top ten comments given by Inner West 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 West but not the top ten of respondents overall (see main report).

Priority 1: Improvements to cycling facilities: improvements to cycling facilities (18%) was the most frequently mentioned issue by Inner West respondents. The quotes below illustrate some of the improvements cited by respondents from the Inner West.

> *"As a daily cyclist commuter and social rider, it would be great to see more investment in sustainable transport initiatives such as more isolated cycle paths and maintenance/ further outreach for exposure of those already in existence. Safety is a big concern of mine as I was recently in a serious RTI with a driver who turned into the bike lane - luckily I came out of it with relatively minor injuries. Isolated cycle paths and fewer cars in the city would make life a great deal safer and easier for the cycling community, and encourage more users to join in!"*

> *"Priority should be placed on cycling and walking infrastructure. The main reason people choose not to cycle is because they're afraid of the traffic. If there were segregated cycle paths along common transport routes, this could motivate more people to try cycling; reducing congestion, improving air quality and generally leading to a healthier and happier population. Consider the following points: Cycling and walking should become the default choice for short journeys (less than 3 miles). Residential areas need effective filtering of through traffic. This can be achieved quickly and cheaply through effective use of bollards. This not only results in areas becoming cycling and walking friendly, they also become nicer places to live. An effective public bike share system could facilitate short cycling trips, and solve many of the problems linked with bike ownership (storage, maintenance). Main routes (30mph and above) require protected cycling spaces away from motor traffic. The quickest and cheapest way to do this is through reallocation of existing road space. Longer journeys need to be catered for both in terms of cycle routes and an effective public transport system. The ultimate aim should be that residents can live comfortably in Leeds without the need to own a car."*

Priority 2: More reliable bus service: the second priority was for a more reliable bus service with 17% commenting on this. Some of the views regarding this priority are highlighted in the quotes below.

> *"The bus services need to be improved with reliable bus timetables. Increase the routes so that the bus network serves the passengers in all areas of Leeds, and reduce the fares. We need more park and ride facilities and put a restriction on the amount of vehicles travelling into town. We need traffic heading for major arterial routes to avoid the city centre somehow. Hopefully this kind of planning will encourage people to use the public transport system. The other major thing that needs to happen is for regular frequent bus services to be available until late, perhaps until 10pm, instead of them being run off starting at 6pm when most workers are still trying to get home."*

> *"Improve the reliability of bus network; if you want to have less people driving into the centre make the other options more appealing. Until that happens you will have cars in the city centre."*

Priority 3: Invest in tram system: investment in a tram system (14%) was the third most frequently mentioned issue by Inner West respondents, slightly lower than others (17%). The comments below relate to suggestions made about such an investment.

"A city-wide system such as improved rail or tram would be a vast improvement over the current system of public transport."

"Leeds needs trams and separate bus-only lanes. The priority must be to remove private cars from our roads and encourage public transport use. Trams are an attractive option, being clean, quiet and safe. Users must have access to a transport card which can be used on all buses and trams. This is the way all other modern cities have gone and Leeds must not be an exception to this rule. Recent delays to a tram network are frustrating and unacceptable."

Criticism of cycling improvements, increased capacity on rail, reliable public transport and investment in roads all featured in the top ten priorities raised by respondents in the Inner West, but not overall (see main report).

"Stop spending money on cycle schemes which aren't needed. Use the power of Leeds City Council to ensure buses are affordable, run on time and are clean."

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

	Inner West	Others
1. Improvements to cycling facilities	18%	18%
2. More reliable bus service	17%	14%
3. Invest in tram system	14%	17%
4. Cheaper/ better value for money (Bus)	12%	8%
5. Criticism of cycling improvements/ waste of money	11%	7%
6. Tackle traffic congestion, e.g. congestion charge, car share	11%	10%
7. Cheaper/ better value for money (General)	10%	7%
8. Increased capacity on rail	9%	5%
9. Reliable public transport	8%	5%
10. Investment in roads	8%	5%
Base: Respondents who provided a comment	**333**	**4212**

Green = statistically significant difference

At the end of the Leeds Conversation questionnaire respondents were given the opportunity to provide any other comments. 170 respondents from the Inner West 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 West but not the top ten of respondents overall (see main report). However, most of the comments received were similar to those of other respondents, though there were a couple of noticeable differences. The **top three priorities** for the Inner West were**:**

- Longer term vision for transport solutions needed (24%)
- Improvements to bus services/ network/ facilities (18%)
- Consider needs of all users, e.g. commuters, residents, visitors, etc. (12%)

Such suggestions are highlighted in the comments below:

"A long-term vision and plan is needed - studies into cities with high levels of cycling / public transport use should be a place to start."

"If buses ran on time there would usually be no problem. I feel easing traffic congestion and creating more bus lanes or even 2+ lanes would be more helpful than creating a new mode of transport that only helps a small section of the city."

"Try spending money on public transport in the west of Leeds for a change. Remember we have votes too."

Respondents from the Inner West were more likely to suggest improvements to reduce the environmental impact of the transport network (8% compared to 6% of others). Similarly, respondents from the Inner West were more likely to suggest that short term thinking was needed on the Transport System (8% compared to 5% of others).

The need to reduce the environmental impact of the transport network and adopt short term thinking, featured in the top ten priorities raised by respondents in the Inner West, but not overall (see main report).

None of the differences observed between respondents from the Inner West and others were considered to be statistically significant.

Table 2: Top Ten Other Comments in Inner West

	Inner West	Others
1. Longer term vision for transport solutions needed	24%	18%
2. Improvements to bus services/ network/ facilities	18%	17%
3. Consider needs of all users, e.g. commuters, residents, visitors, etc.	12%	9%
4. Improvements to rail services/ network/ facilities	12%	15%
5. Implement tram system/ rapid mass transit	11%	11%
6. Improvements to cycling facilities, e.g. cycle lanes, priority at junctions	9%	9%
7. Reduce car use in city centre/ tackle congestion, e.g. restrict access, reduce speeds, Park and Ride	8%	12%
8. Reduce environmental impact of transport network	8%	6%
9. Short term thinking needed on the Transport System	8%	5%
10. Improvements to ticketing, e.g. affordability, fare structure, VFM	8%	7%
Base: Respondents who provided a comment	**170**	**2153**

Green = statistically significant difference

Summary
A cheaper/ better value for money bus service was mentioned more frequently by Inner West respondents than others. Respondents from the Inner West also had significantly heavier criticism of the money spent on cycling improvements to date.

The need for a longer term vision for transport solutions was the top priority in the Inner West. However, reducing the environmental impact of the transport network was also a particular issue for the Inner West, as was the view that short term thinking is required on the Transport System.

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#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 programme is also supported by a Comms and Engagement project, which encourages and enables people to make journeys by bike or on foot. Working with schools, businesses and communities, there have been over 16,000 engagements made through the project. Nine schools have so far signed up to the Bike Friendly Schools project, which launched in March 2017, including Pudsey Primrose Hill and Stanningley Primary. These schools are benefitting from cycle training as well improved cycle storage. 62 businesses are currently engaged in the Bike Friendly Business programme, with 14 accredited so far. In November 2017, a community grants scheme was launched aimed at helping groups in communities deliver activity to promote getting to work and training through active means.

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

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

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

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

Major New Roads:

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

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

Leeds City Centre / South Bank

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

Local pinch point schemes

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

Strategic junction and corridor improvements

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

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

Aire Valley

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

Air Quality

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

Inner West Community Committee Notes
Wednesday 12th October 2016

Approximately 50 attendees (including Cllrs, Officers and public).

Strategy:

- Regarding aspirations/strategies – these are 50 years old, why would they be successful now?
- Problem is now – not 20-30 years' time.
- Need to address problems before £173.5m.
- Need radical solution – think big.
- Crowdsource best proposals to emerge through conversation and implement.

Bus:

- Park and rides needed.
- Buses are expensive and not much quicker than cars.
- Renationalise the buses – buses for communities.
- Driver training around passenger needs.
- Bus fares are too high, why can't we have flat fares like London/Bristol?
- Smaller buses needed in local communities and can serve roads with no bus routes (enabling a door-to-door service).
- Consider marginalised communities (e.g. young people, old people) and find solutions such as subsidised fares.
- A65 Quality Bus Corridor does not address delays elsewhere on route (City Centre/NW Leeds).
- Bus punctuality more important than journey time reliability.
- Park and Ride on Kirkstall district centre.
- Simplified ticketing, multi-operator at same cost.

Rail:

- New stations including as P&R sites.
- Use of rail freight lines.
- Train P&Rs require a car to access site.
- Increase number of tracks on railways (i.e. 2 to 4) – stopping & express rail services.
- Need a station at Kirkstall, not Kirkstall Forge.
- Re-open old rail stations such as in Armley which once had 2.
- DLR type solution.

Highways issues and solutions:

- Make Victoria Road one way.
- St Anne's Lane used for rat running. Residents claim of 600+ vehicles per hour, with high speeds and mounting the pavements to pass each other. Pavements are narrow (struggle to fit a buggy on them).
- 20mph zones need enforcing.
- Morris Avenue speeds are too high, speed cushions do not work.

- Speed humps cause 'thumping' (noise from vehicles over speed cushions / road surface depressions).
  - Vesper Road speed cushions cause swerving (vehicles avoid cushions), threat to cyclists.
- Kirkstall Lights area is close to gridlock and needs action now.
  - LCC Highways monitor and intervene with traffic signals to keep network/vehicles moving.
  - Behavioural change is being looked at and a clean air zone is being discussed with DEFRA that will encourage the take up of cleaner vehicles.
- Blanket 20mph on all roads except A roads – consistent approach over city.
- Make radial routes one way (inbound during AM peak and outbound during PM peak).
- £173.5m is city wide, will not address delays/congestion in Kirkstall area.
- Speeding issues on Queenswood Drive/Abbey Road area.
- Improved incident communication through traffic alerts to apps that re-route drivers (or drivers can re-route themselves) before joining a queue.

Behavioural change:

- Address short journeys (e.g. school run) with non-car alternatives.
- Encourage parents to encourage children.
- Modal shift from cars (also address volumes and speeds).
- Speeding signs (smiley face) are successful.
- Need hard and soft strategies in parallel (e.g. congestion charge and bike hire).
- Education for all road users of all ages.
- Embed desired behaviour in younger generations now, notice change in coming years.
- Stagger working days (schools, offices, universities etc).
- Congestion charge has reshaped air quality in London, would cause a rebellion in Leeds but there is a need to be hard in ambition.

Cycling and walking:

- 'Boris' bikes in London are popular.
- More cycling/walking; in Amsterdam cyclists and walkers own the road.
- Footbridge from Halfords to Morrisons.
- Children need to be able to move around their local area.
- Child safety – especially around schools.

Accessibility:

- Equal access – in terms of disabilities and funding.
- Need to adapt facilities for aging population, and increase in other medical conditions such as dementia.
- Remember disability is not just wheelchairs, there are a wider range.

Community Committee

Leeds CITY COUNCIL

Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Inner West 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: 29 November 2017 **To note**

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

1. Purpose of report

1.1 The purpose of this paper is to provide the Inner West 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 West Community Committee, please find attached the latest Community Committee Public Health profile and corresponding profiles for Integrated Neighbourhood Teams (INTs) to inform discussions (Appendix 1).

3.2 The four suggested areas for action in the Plan remain as: better prevention, better self-management and proactive care, better use of our hospitals and a new approach to responding in a crisis. These are supported by improvements to our support for our

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

3.3 The Leeds Health and Care Plan (Appendix 2) has been further developed following feedback from Community Committees.

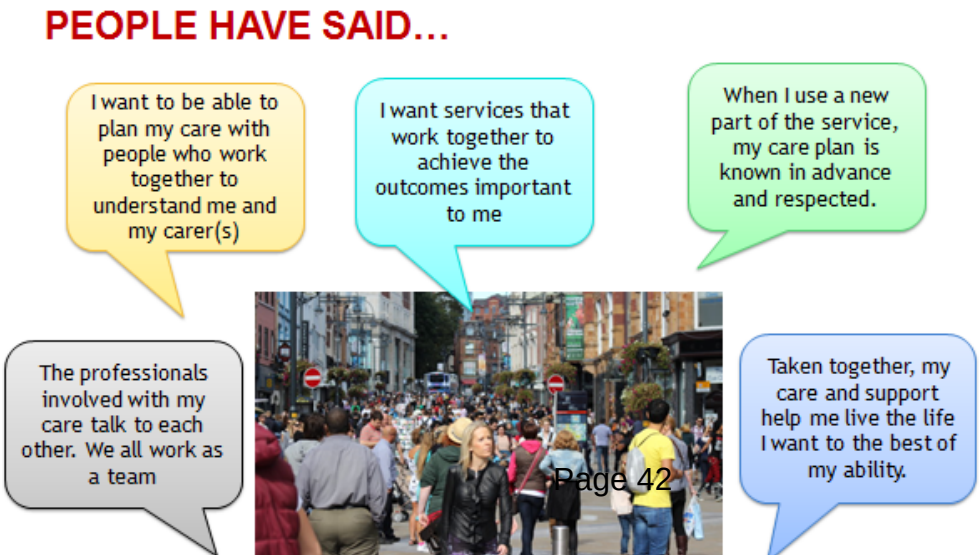
3.4 The Leeds Plan conversation has been supported by partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch and Youthwatch Leeds, Third Sector in addition to local area Community Committees. Discussion at Leeds City Council Executive Board on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

4. How does the Plan affect local community services?

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

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

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



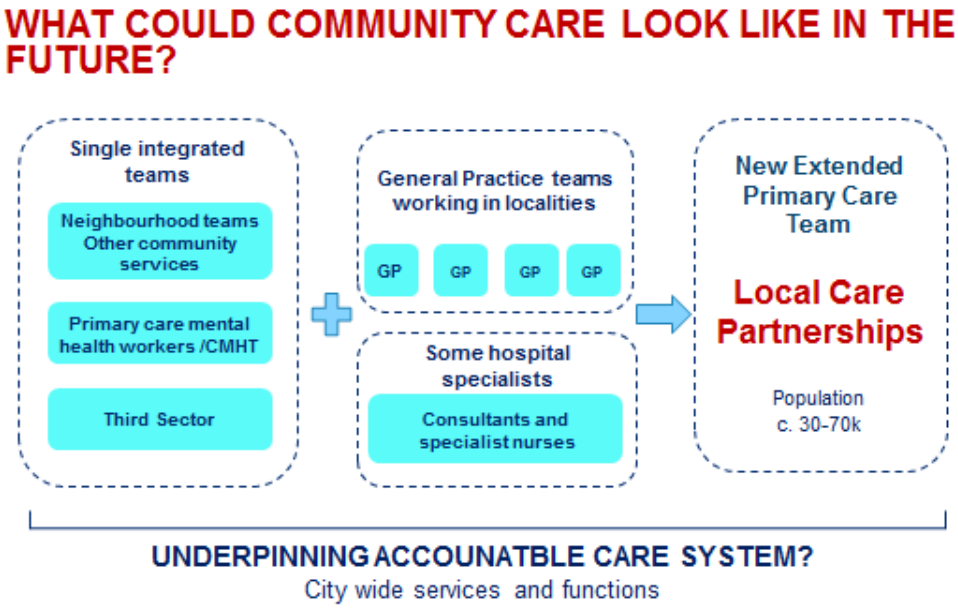
4.2 The starting point to changes in Leeds is the already established pioneering integrated health and social care teams linked to thirteen neighbourhoods (Integrated Neighbourhood Teams). This means that the basis of joint working between community nursing and social workers and other professionals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

4.3 We have an opportunity to build on this way of working and increase the number of services offered in a neighbourhood team. In order to make this happen we are agreeing with partners what this team may look like and then ensure the organisations that plan and buy health and care services align or join their planning and budgets so that we both create these teams and avoid duplication and gaps in care. This will ensure resources are all focused on making health and care better, simpler and better value.

4.4 The plan is for the number of services based around neighbourhoods to increase and jointly work together as Local Care Partnerships. Building on the current neighbourhood teams Local Care Partnerships will include community based health and care services and possibly some services that are currently provided in hospital such as some outpatient appointments. People will still be registered with their GP practice and the vision is that a much wider range of health and care services will 'wrap-around' in a new way of working that emphasises team working to offer greater capacity than the GP alone. It will mean services no longer operating as entirely separate teams as they often do now.

4.5 Professionals working within Local Care Partnerships will work as one team avoiding the need for traditional referrals between services. The approach will be locally tailored to acknowledge how health and care needs vary significantly across Leeds. Working with local people, professionals within Local Care Partnerships will have more opportunities to respond to the needs of local populations and focus on what matters most for local communities.

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



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

5. A Conversation with Citizens

5.1 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, the next stage is to begin a broader conversation with citizens in communities. The conversation we would like to have will be focussed on the ideas and direction of travel outlined in the Leeds Health and Care Plan and the changes proposed to integrate our system of community services. We wish to ask citizens and communities what community strengths already exist for health and care, what they think about the updated plan and ideas to change community services and how they wish to continue to be involved. We are inviting comment and thoughts on these.

5.2 Our preparation for our conversation with citizens about plans for the future of health and care in Leeds will be reflective of the rich diversity of the city, and mindful of the need to engage with all communities. Any future changes in service provision arising from this work will be subject to equality impact assessments and plans will be developed for formal engagement and/or consultation in line with existing guidance and best practice.

5.3 Over the coming weeks, engagement will occur through a number of local and city mechanisms outlined below in addition to Community Committee meetings. Where engagements occur this will be through a partnership approach involving appropriate representation from across the health and care partnership.

- Staff *engagement- November / December.* Staff will be engaged through briefings, newsletters, team meetings, etc. All staff will have access to a tailored Leeds Plan briefing and online access to the Leeds Plan and Narrative.

- *'Working Voices' engagement - November*
  We will work with Voluntary Action Leeds (VAL) to deliver a programme of engagement with working age adults, via the workplace.

- *Third Sector engagement events - November*
  We will work with Forum Central Leeds to deliver a workshop(s) to encourage and facilitate participation and involvement from the third sector in Leeds in the discussion about the Leeds Plan and the future of health and care in the city.

- *'Engaging Voices' Focus Groups, targeted at Equalities Act 'protected Characteristic Groups - November*
  We will work with VAL to utilise the 'Engaging Voices' programme of Asset Based Engagement to ensure that we encourage participation and discussion from seldom heard communities and to consider views from people across the 'protected characteristic' groups under the Equalities Act.

- *3 public events across city – January / February*
  Working with Leeds Involving People (LIP) we will deliver a series of events in each of the Neighbourhood Team areas for citizens to attend and find out more about the future of health and care in Leeds. These will be in the style of public exhibition events, with representation and information from each of the 'Programmes' within the Leeds Plan and some of the 'Enablers'. To maximise the benefit of these events, they will also promote messages and services linked to winter resilience and other health promotion / healthy living and wellbeing services.

- *'Deliberative' Event – early in the New Year*
  We will use market research techniques to recruit a demographically representative group of the Leeds population to work with us to design how a Local Care Partnership should work in practice and to find out what people's concerns and questions are so we can build this into further plans.

5.4 The plan and narrative will be available through our public website 'Inspiring Change' (www.inspiringchangeleeds.org) where citizens will be able to both read the plan, ask questions and give their views. Collated feedback from the above conversations will provide the basis for amendments to the Plan actions and support our next stages of our Plan development and implementation.

5.5 Through engagement activities we will build up a database of people who wish to remain involved and informed. We will write to these people with updates on progress and feedback to them how their involvement has contributed to plans. We will also provide updates on the website above so that this information can be accessed by members of the public.

6. Corporate considerations

6.1 Consultation, engagement

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

6.2 Equality and diversity / cohesion and integration

6.2.1 Any future changes in service provision arising from this work will be subject to an equality impact assessment.

6.2.2 Consultations on the Leeds Health and Care Plan have included diverse localities and user groups including those with a disability.

6.3 Resources and value for money

6.3.1 The Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy 2016-2021 have been used to inform the development of the Leeds Health and Care Plan. The Leeds Health and Wellbeing Strategy 2016-2021 remains the primary document that describes how we improve health in Leeds. It is rooted in an understanding that good health is generated by factors such as economic growth, social mobility, housing, income, parenting, family and community. This paper outlines how the emerging Plan will deliver significant parts of the Leeds Health and Wellbeing Strategy 2016-2021 as they relate to health and care services and access to these services.

6.3.2 There are significant financial challenges for health and social care both locally and nationally. If current services continued unchanged, the gap estimated to exist between forecast growth in the cost of services, growth in demand and future budgets exceeds £700m at the end of the planning period (2021). The Leeds Health and Care Plan is designed to address this gap and is a significant step towards meeting this challenge and ensuring a financially sustainable model of health and care.

6.3.3 The Leeds Health and Care Plan will directly contribute towards achieving the breakthrough projects: ‘Early intervention and reducing health inequalities’ and ‘Making Leeds the best place to grow old in’. The Plan will link to local breakthrough project actions for example in targeting localities for a more ‘Active Leeds’.

6.3.4 The Leeds Health and Care Plan will also contribute to achieving the following Best Council Plan Priorities: ‘Supporting children to have the best start in life’; ‘preventing people dying early’; ‘promoting physical activity’; ‘building capacity for individuals to withstand or recover from illness’, and ‘supporting healthy ageing’.

6.4 Legal Implications, access to information and call In

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

6.5 Risk management

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

6.5.2 The proposed model of health based on local health and care partnerships requires support both from communities and the complex picture of local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.

6.5.3 Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.

6.5.4 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on developing and delivering a robust Leeds Health and Care Plan within an effective governance framework.

7. Conclusion

7.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).

7.2 The Plan has been developed and improved through working with citizens, third sector groups, a variety of provider forums and through our democratic and partnership governance.

7.3 The Leeds Plan envisages a significant move towards a more community focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community and is integral to good economic growth.

7.4 The Plan includes a significant change to how health care is organised in communities to bring together current resources into cohesive Local Care Partnerships.

8. Recommendations

The Inner West 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 West Community Committee Public Health Profile and Draft Area overview profiles for Pudsey, Woodsley and Armley Integrated Neighbourhood Teams (INTs)

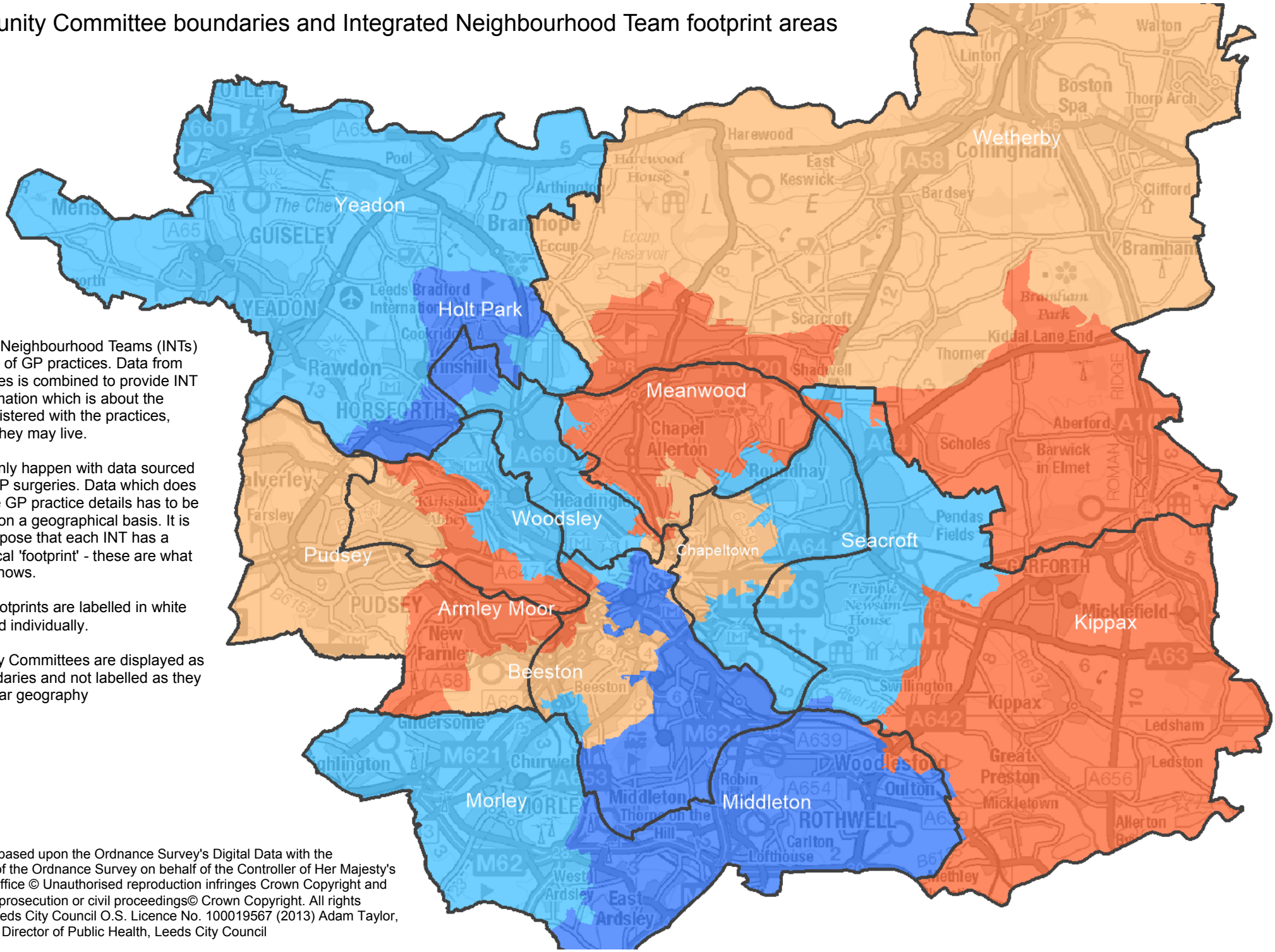
The Leeds public health intelligence team produce public health profiles at various local geographies Middle Layer Super Output Area, Ward and Community Committee.

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

This appendix includes:

- Map of the Community Committee boundaries and Integrated Neighbourhood Team footprint areas
- Inner West Community Committee Public Health Profile
- Draft Area overview profiles for Pudsey, Woodsley and Armley Integrated Neighbourhood Teams (INTs)

Community Committee boundaries and Integrated Neighbourhood Team footprint areas



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

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

The INT footprints are labelled in white and shaded individually.

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

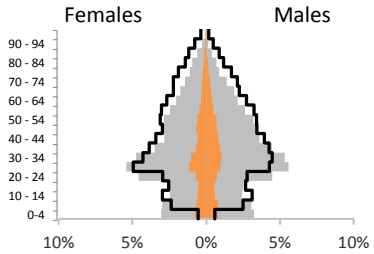
Area overview profile for Inner West Community Committee

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

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

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

Population: 77,101 37,479 39,622



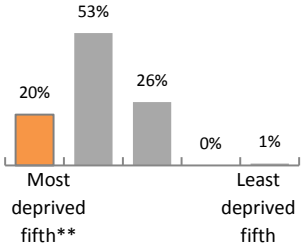
Comparison of Community Committee and Leeds age structures in April 2017. Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	6,979	73%	71%
Any other white background	655	7%	5%
Pakistani	538	6%	7%
Black - African	402	4%	5%
Any other ethnic group	186	2%	2%

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

Deprivation distribution

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



Pupil language, top 5	Area	% Area	% Leeds
English	8,244	87%	87%
Urdu	265	3%	3%
Polish	245	3%	1%
Other than English	203	2%	1%
Believed to be Other than English	100	1%	0%

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

GP recorded ethnicity, top 5	% Area	% Leeds
White British	65%	62%
Other White Background	9%	9%
Not Recorded	7%	6%
Not Stated	4%	2%
Black African	2%	3%

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

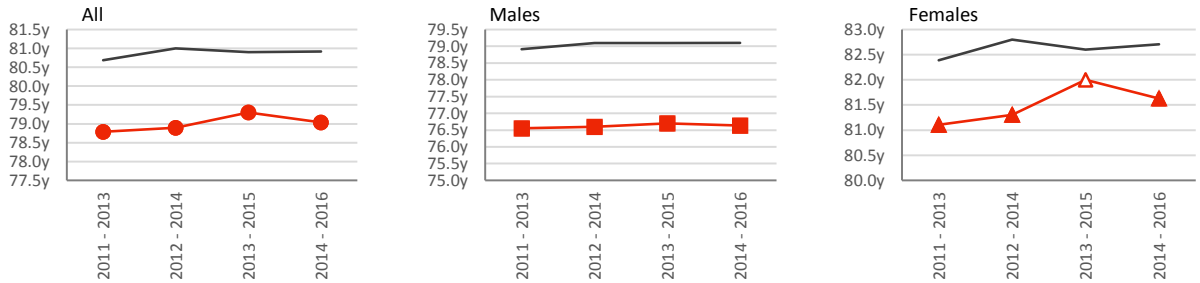
Life expectancy at birth, 2014-16 ranked Community Committees *ONS and GP registered populations*

(years)	All	Males	Females
Inner West CC	79.0	76.6	81.6
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

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

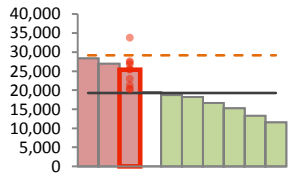
The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

Life expectancy in this Community Committee is significantly worse than that of Leeds and it has been this way since 2011-13. Female life expectancy was not significantly different to Leeds briefly in 2013-15.



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

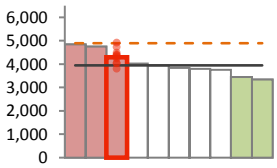
GP data



Smoking (16y+)

Inner West CC	25,411
Leeds	19,265
Deprived fifth**	29,163

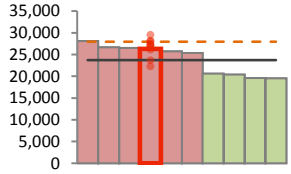
(April 2017)



CHD

Inner West CC	4,299
Leeds	3,947
Deprived fifth	4,894

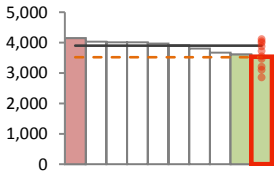
(January 2017)



Obesity (16y+ and BMI>30)

Inner West CC	26,309
Leeds	23,722
Deprived fifth	27,951

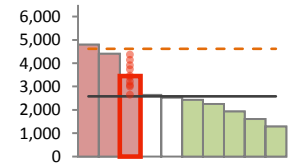
(April 2017)



Cancer

Inner West CC	3,537
Leeds	3,899
Deprived fifth	3,519

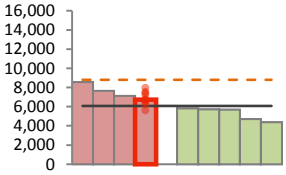
(January 2017)



COPD

Inner West CC	3,451
Leeds	2,580
Deprived fifth	4,617

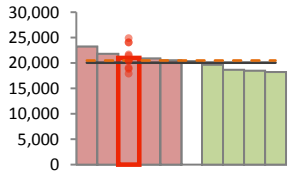
(April 2017)



Diabetes

Inner West CC	6,740
Leeds	6,076
Deprived fifth	8,802

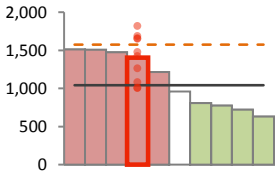
(April 2017)



Common mental health

Inner West CC	21,018
Leeds	20,060
Deprived fifth	20,496

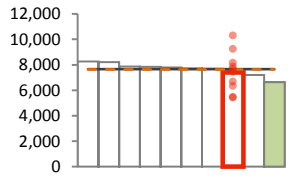
(January 2017)



Severe mental health

Inner West CC	1,405
Leeds	1,042
Deprived fifth	1,574

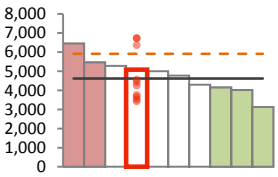
(January 2017)



Asthma in children

Inner West CC	7,394
Leeds	7,659
Deprived fifth	7,633

(October 2016)



Dementia (over 65s)

Inner West CC	5,085
Leeds	4,618
Deprived fifth	5,911

(January 2017)

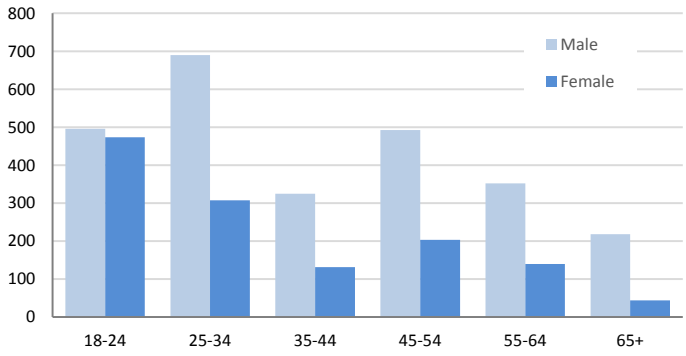
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within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

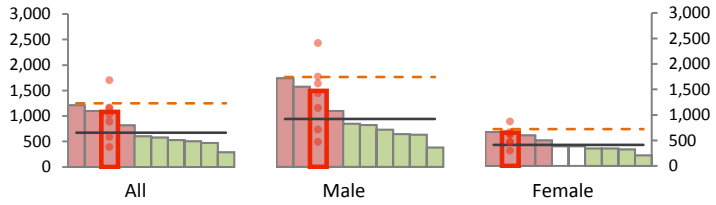
The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

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 West	1,080	1,480	655
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

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

ONS and GP registered populations

"How different are the sexes in this area?"

Males
Females
Persons

Shaded if significantly > persons
Shaded if significantly < persons

"How different is this area to Leeds?"

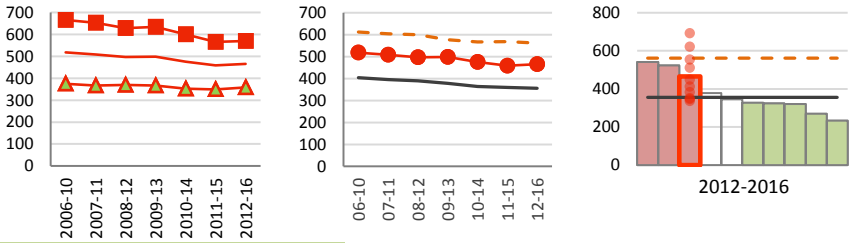
Persons
Leeds
Deprived fifth**

Shaded if significantly > Leeds
Shaded if significantly < Leeds

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

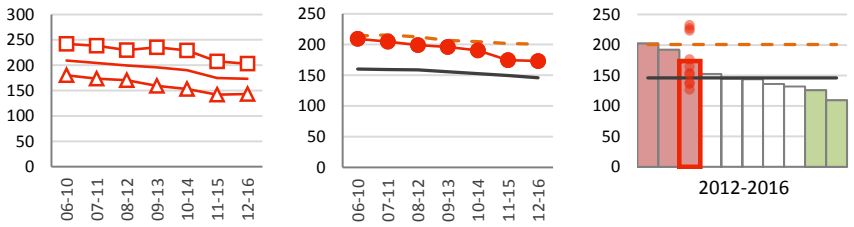
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



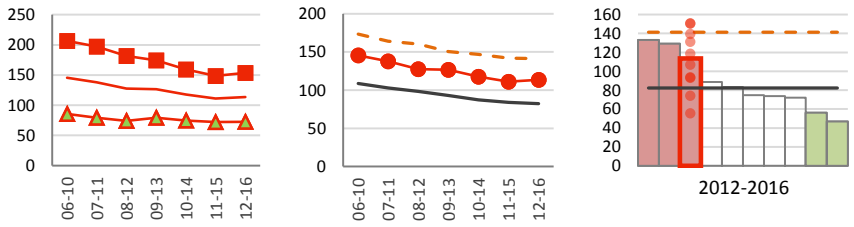
Persons (DSR per 100,000)	
Community Committee	465
Count of deaths in 2012-16	*1,111*
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



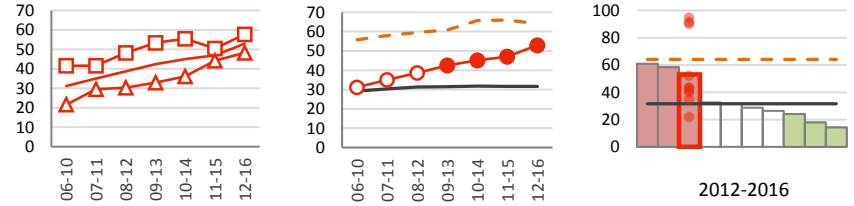
Persons (DSR per 100,000)	
Community Committee	173
Count of deaths in 2012-16	*393*
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Community Committee	114
Count of deaths in 2012-16	*265*
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Community Committee	53
Count of deaths in 2012-16	*112*
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 West Community Committee

The health and wellbeing of the Inner West Community Committee tends predominantly towards ill health. 20% of the population live in the most deprived fifth of Leeds**, and almost 75% are living in in the most deprived two fifths of Leeds. Life expectancy within the Community Committee is significantly lower than Leeds for males and females, and has been for some time.

The age structure bears some resemblance to that of Leeds overall, with slightly lower proportions of elderly people, more children, and a slight excess of young males compared to the city. GP recorded ethnicity shows the Community Committee to have very slightly larger proportions of "White background" (74%) than Leeds (71%) and slightly lower proportions of other groups. However around an eighth 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.

Most GP recorded conditions for the population of this Community Committee are significantly higher than Leeds rates, the main exception is GP recorded cancer for which the area has the lowest rate in the city. This is not unexpected as deprived areas often have low GP recorded cancer due to non/late presentation.

Many areas of this committee are very deprived but one MSOA stands out – 'Armley, New Wortley' has the highest rates in the committee area for smoking, COPD, dementia and diabetes, and is 2nd highest for CHD and severe mental health issues.

The alcohol dependency test 'Audit-C' shows us that more men than women have scored highly, with counts double that of women for most age bands. The general age profile for those at 'increasing risk' is younger than many other Community Committees. Alcohol specific admissions to hospital are significantly above the Leeds rate for men and women, in fact the committee rates are very close to that of deprived Leeds.

All-cause mortality for under 75s is significantly above the Leeds average for the Community Committee and has been for many years, male and female rates are very different and while the male rate is falling steadily, the female rate has not altered much over time. Cancer mortality rates are again much higher than Leeds and always have been, although male and female rates are not significantly different to each other. Circulatory disease mortality is well above Leeds but falling at a similar rate, male rates are significantly above those of women.

Respiratory disease mortality shows a very steep climb and is now significantly above that of Leeds, both male and female rates are increasing fast and actually are not that different. Three MSOAs in this committee have respiratory disease mortality rates that are much higher than the rest, they are 'Bramley', 'Burley', and 'Armley, New Wortley' they are all in the top eight in the city, they are also the MSOA with the highest smoking rates in this Community Committee area.

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

** **Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation.*
****Most deprived fifth of Leeds** - Leeds split into five areas from most to least deprived.*

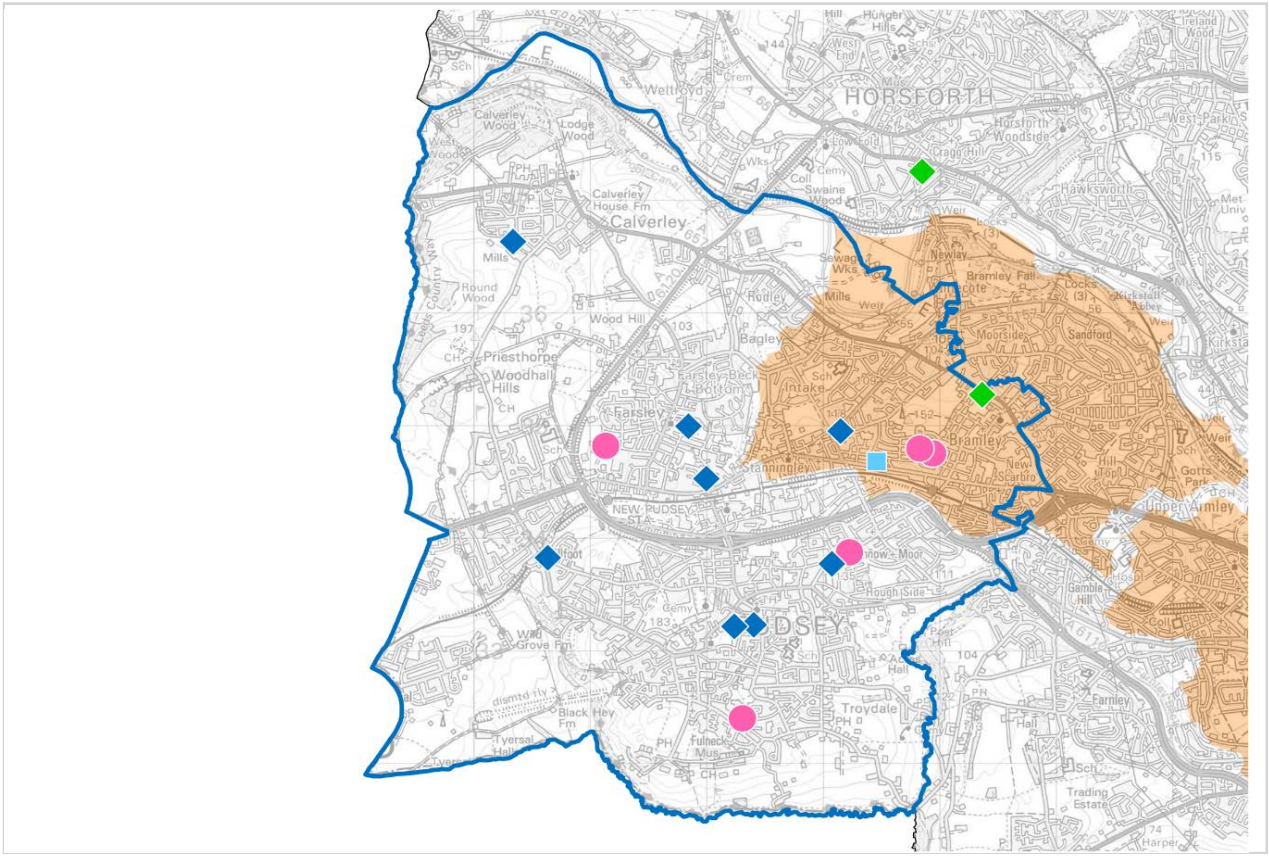
Area overview profile for Pudsey Integrated Neighbourhood Team

November 2017

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

The INT has a similar population structure to Leeds but without the student and young adult ageband bulge. It also has a slightly larger 'White British' ethnic group proportion than Leeds. One of the most deprived children's clusters in Leeds overlaps this INT footprint and has the worst primary school achievement rates in the city.

GP recorded obesity and cancer are significantly higher than Leeds rates. This INT has the highest rate of GP recorded common mental health issues in the city. Social isolation scores vary widely from some of the very highest to very lowest. General mortality rates are around Leeds rates, but male and female rates are very different with male rates for circulatory diseases 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: Hillfoot Surgery. Robin Lane Health And Wellbeing Centre. Pudsey Health Centre. Dr Lee & Partners. Sunfield Medical Centre. The Gables Surgery.

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

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

Area overview profile for Pudsey Integrated Neighbourhood Team

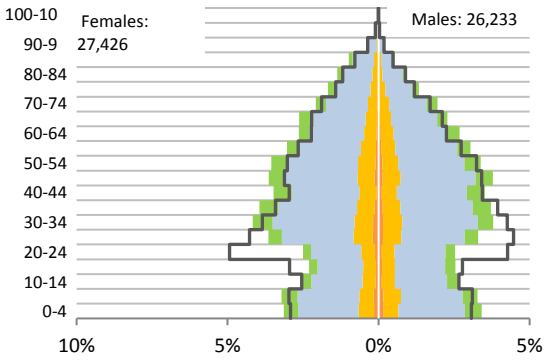
This profile presents a high level summary of data for the Pudsey Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 53,659 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.

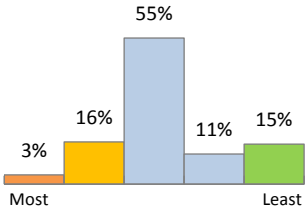


GP recorded ethnicity, top 5	% INT	% Leeds
White British	73%	62%
Not Recorded	7%	6%
Unknown	6%	1%
Other White Background	3%	9%
Not Stated	3%	2%

(April 2017)

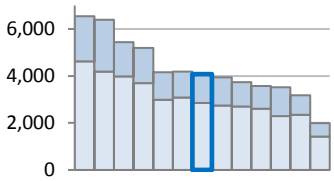
Deprivation distribution

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



Aged 74+ *(April 2017)*

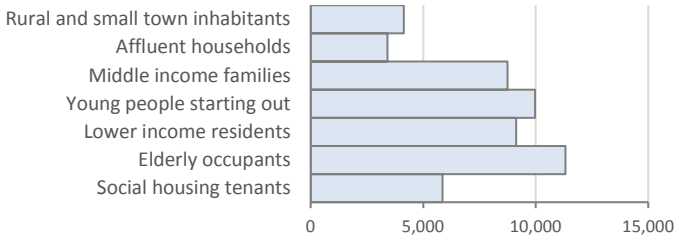
INTs ranked by number of patients aged over 74.
74y-84y in dark green,
85y and older in light green.



Mosaic Groups in this INT population *(October 2017)*

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

http://www.segmentationportal.com



Population counts in ten year age bands for each INT *(April 2017)*

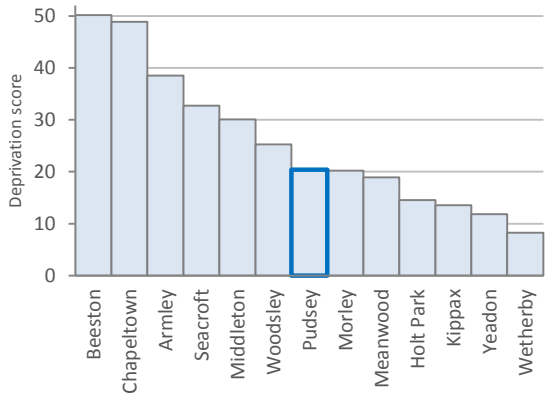
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550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

Deprivation and the population of Pudsey INT

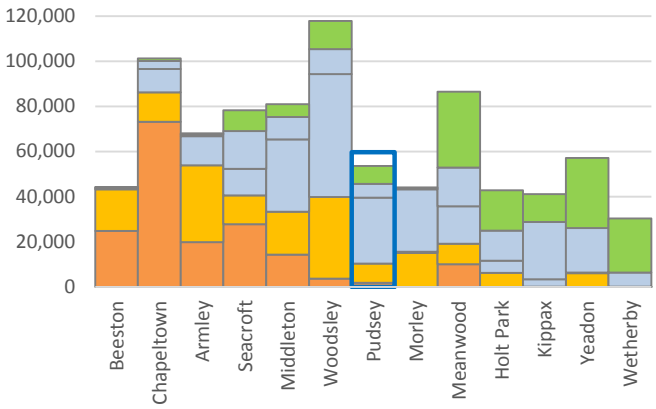
IMD2015 and GP data

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 20.4, ranked number 7 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

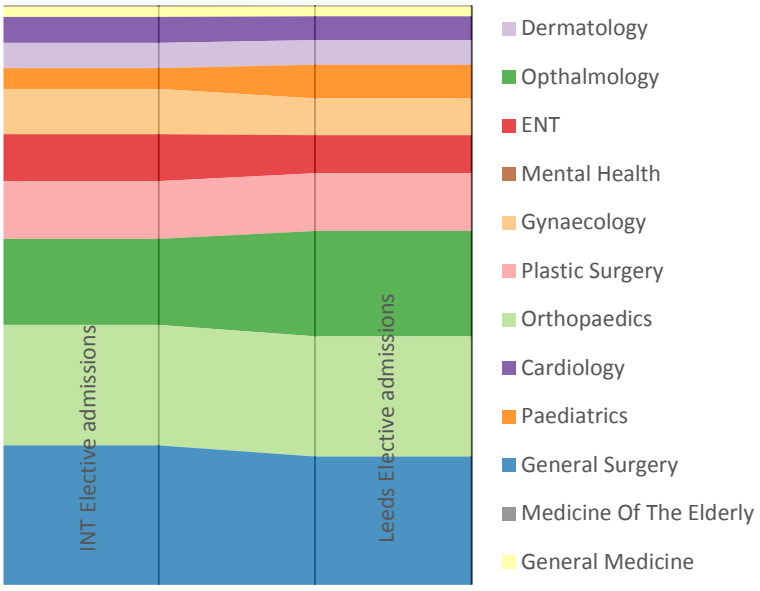


Hospital admissions for this INT by specialty (2016/17)

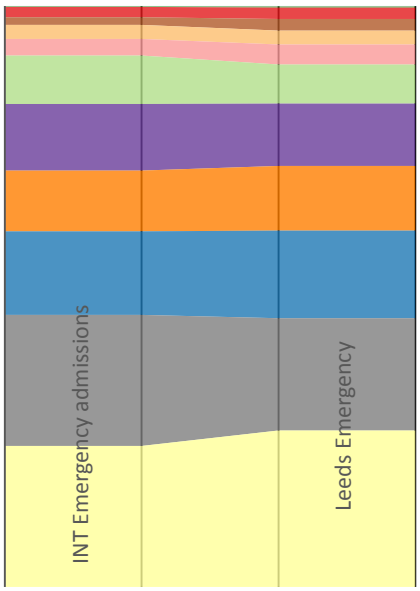
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

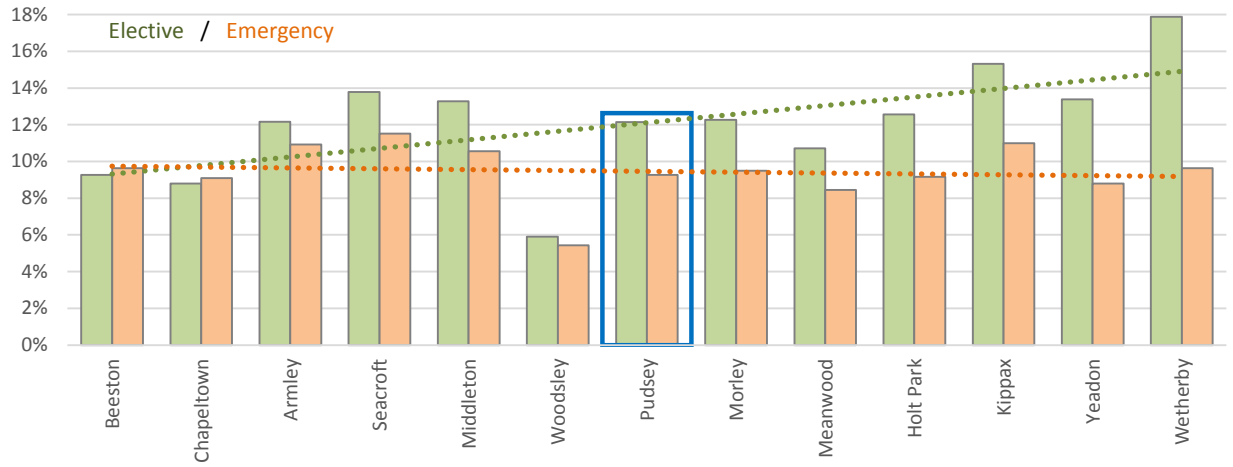


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Surgery	*13%*	12%
2nd	Orthopaedics	*11%*	11%
3rd	Opthalmology	*8%*	10%
4th	Plastic Surgery	*5%*	5%
5th	ENT	*4%*	4%

INT Emergency admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Medicine	*15%*	*16%*
2nd	Medicine Of The Elderly	*14%*	*12%*
3rd	General Surgery	*9%*	*9%*
4th	Cardiology	*7%*	*7%*
5th	Paediatrics	*6%*	*7%*

Elective and emergency admission *rates* and deprivation

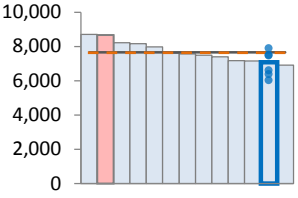
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

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

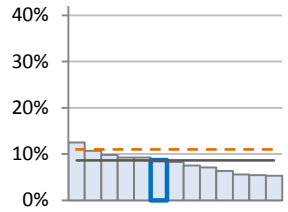


Asthma - under 16s

INT	7,070
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*582*

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

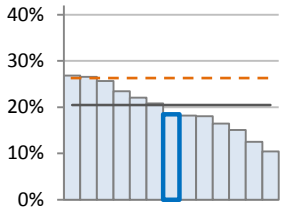
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	8.7%
Leeds registered	8.6%
Deprived fifth**	11.0%

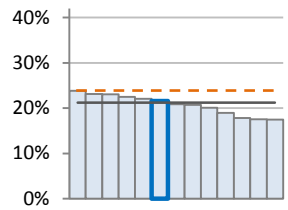
75 of 862 children in INT



Obesity in Year 6

INT	18.5%
Leeds registered	20.5%
Deprived fifth**	26.3%

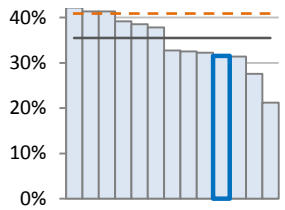
123 of 665 children in INT



Obese *or* overweight, Reception year

INT	21.6%
Leeds registered	21.2%
Deprived fifth**	23.9%

186 of 862 children



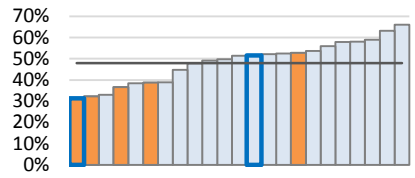
Obese *or* overweight, Year 6

INT	31.6%
Leeds registered	35.5%
Deprived fifth**	40.9%

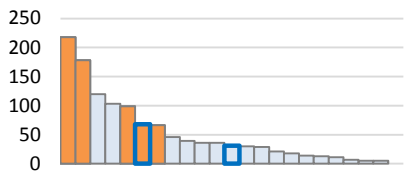
210 of 665 children

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

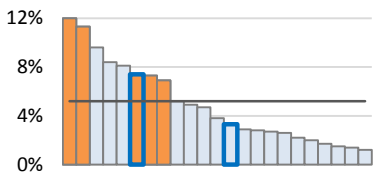
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



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



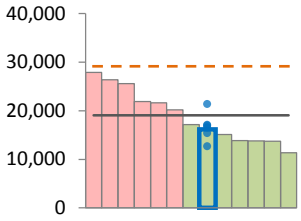
Looked after children



NEET - 'Not in education, employment or training'

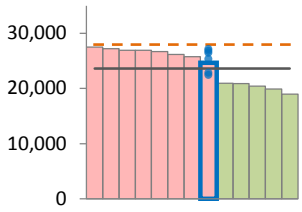
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	16,200
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*7,210*



Obesity (BMI>30)

INT	24,653
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*9,701*

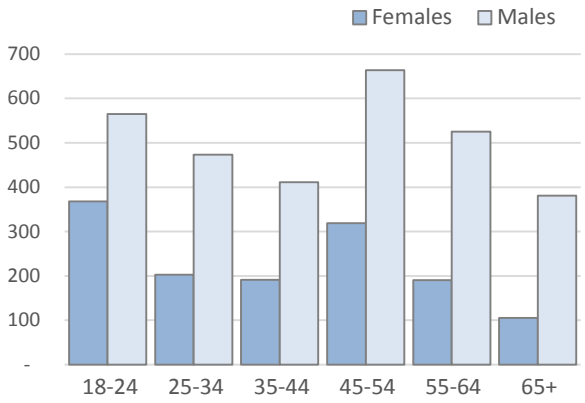
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

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

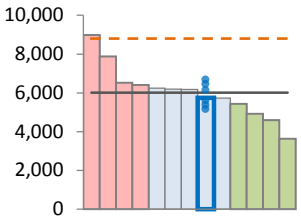


	18-24	25-34	35-44	45-54	55-64	65+
Females	368	203	191	319	191	106
Males	565	473	411	664	525	381
Persons	892	677	613	991	719	511

Long term conditions, adults and older people

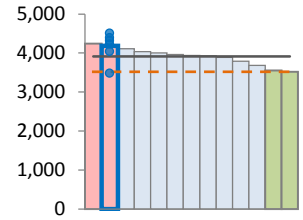
GP data

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



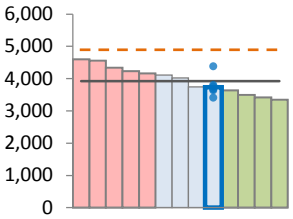
Diabetes

INT	5,754
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*2,774*



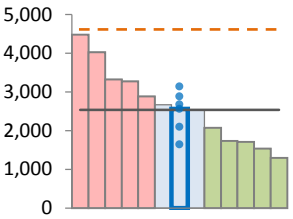
Cancer

INT	4,187
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,990*



CHD

INT	3,736
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*1,747*



COPD

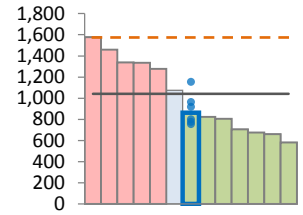
INT	2,563
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*1,200*

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

Long term conditions, adults and older people continued

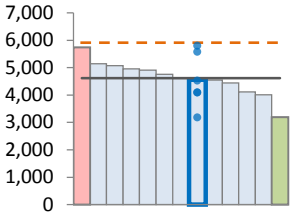
GP data (January 2017)

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



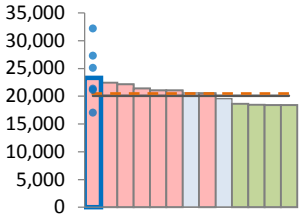
Severe mental heath

INT	865
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*437*



Dementia (65+)

INT	4,555
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*415*



Common mental health

INT	23,296
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*12,146*

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

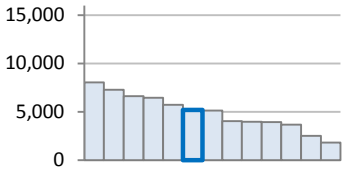
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

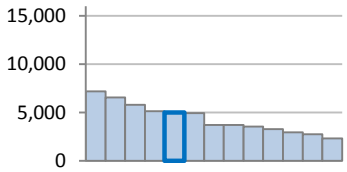
Census 2011, aggregated from MSOA to INT boundary

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

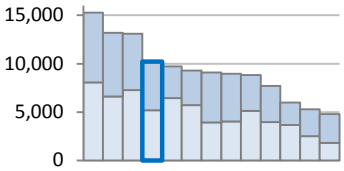
Life limiting illness, under 65



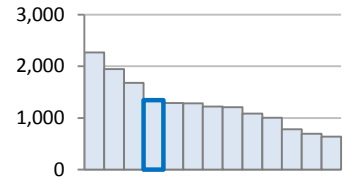
Life limiting illness, over 65



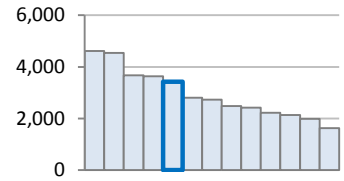
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



Carers providing 50+ hours care/week ⊁



One person households aged 65+ ⊁



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

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

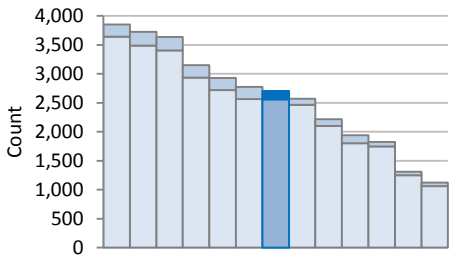
	number	rank
Limiting Long Term Illness - All Ages	*10,199*	4
Limiting Long Term Illness - under 65	*5,202*	6
Limiting Long Term Illness - 65+	*4,997*	5
Providing 50+ hours care/week	*1,347*	4
One person households aged 65+	*3,424*	5

People living with frailty and 'end of life'

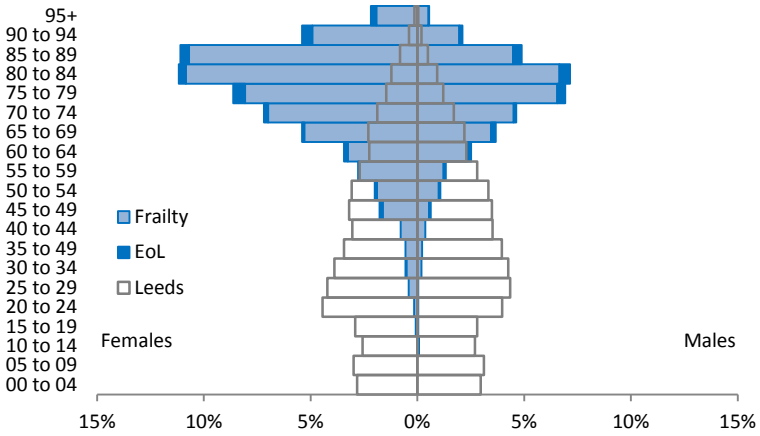
Leeds data model September 2016 cohort

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

Total: 2,702. Frailty 2,562. End of life 140



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

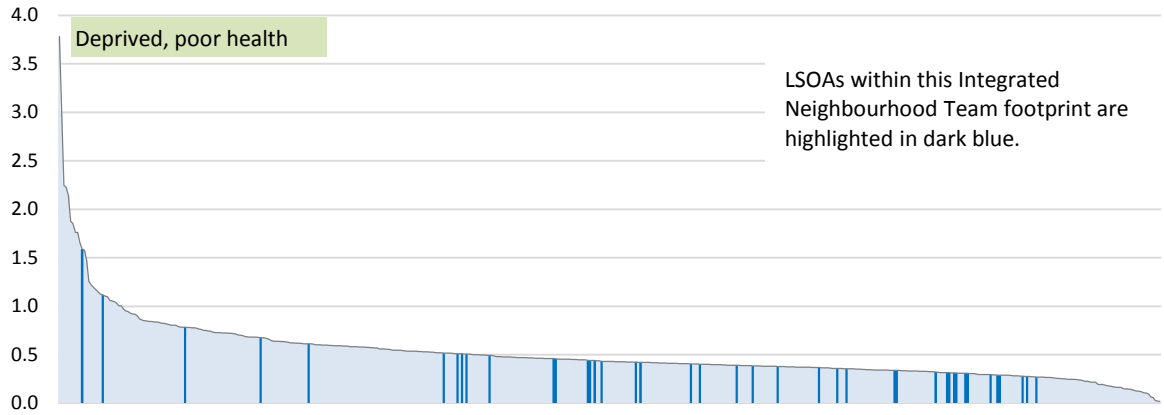


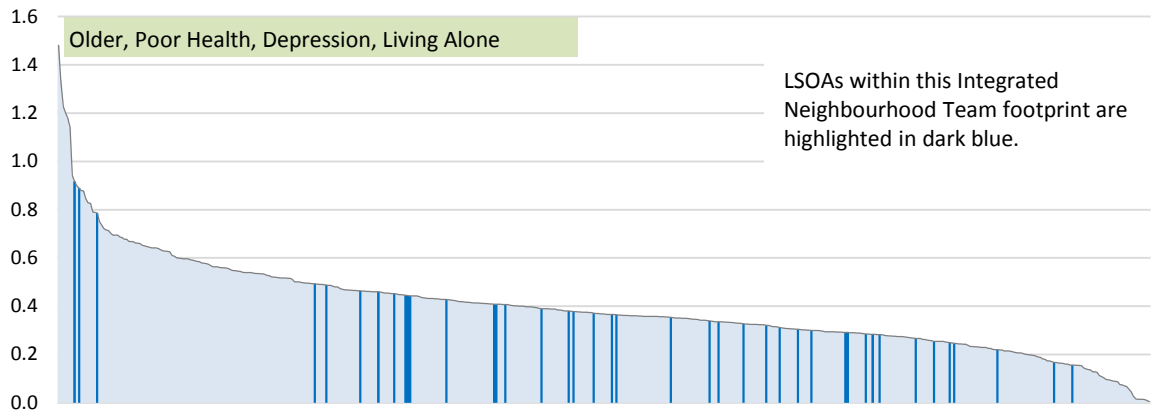
Social Isolation Index ⚡

LSOAs in INT footprint

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

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





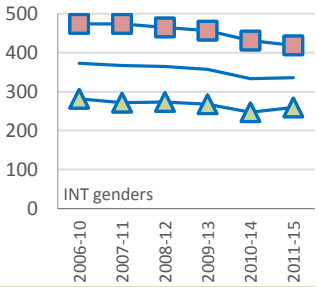
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

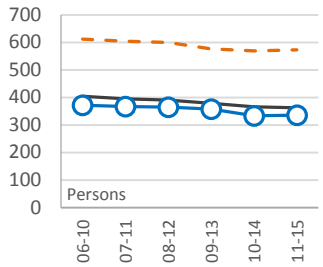
Mortality, under 75s, age standardised rates per 100,000

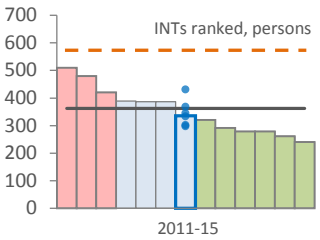
ONS and GP registered populations

"How different are the sexes in this INT"	*"How different is this INT to Leeds"*	*"Where is this INT in relation to the others, and Leeds"*
INT Males	INT persons	INTs are ranked by the most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Practice rates for those within this INT are shown as blue dots. This INT is highlighted with a blue border.
INT Females	Leeds	
INT Persons	Deprived fifth of Leeds**	
Shaded if significantly above Persons	Shaded if significantly above Leeds	
Shaded if significantly below Persons	Shaded if significantly below Leeds	

All cause mortality

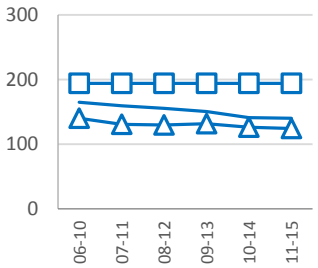


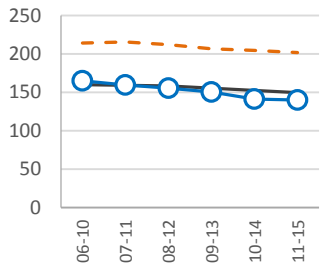


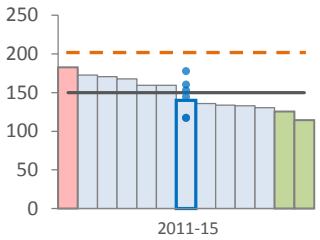


Persons (DSR per 100,000)	
INT	336
Leeds resident	363
Deprived fifth**	573
INT count	*671*

Cancer mortality

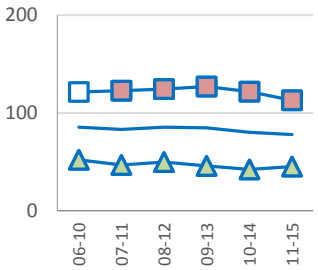


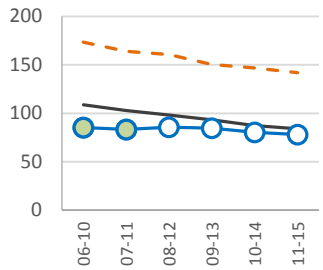


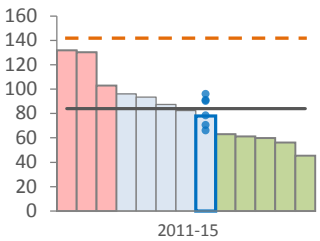


Persons (DSR per 100,000)	
INT	140
Leeds resident	150
Deprived fifth**	202
INT count	*279*

Circulatory disease mortality

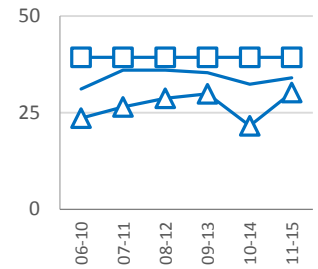


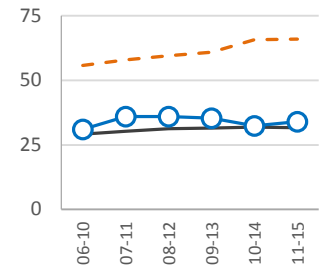


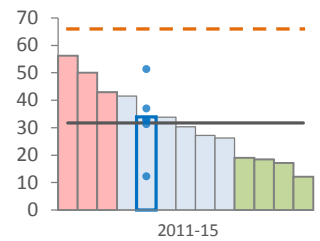


Persons (DSR per 100,000)	
INT	78
Leeds resident	84
Deprived fifth**	142
INT count	*155*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	34
Leeds resident	32
Deprived fifth**	66
INT count	*63*

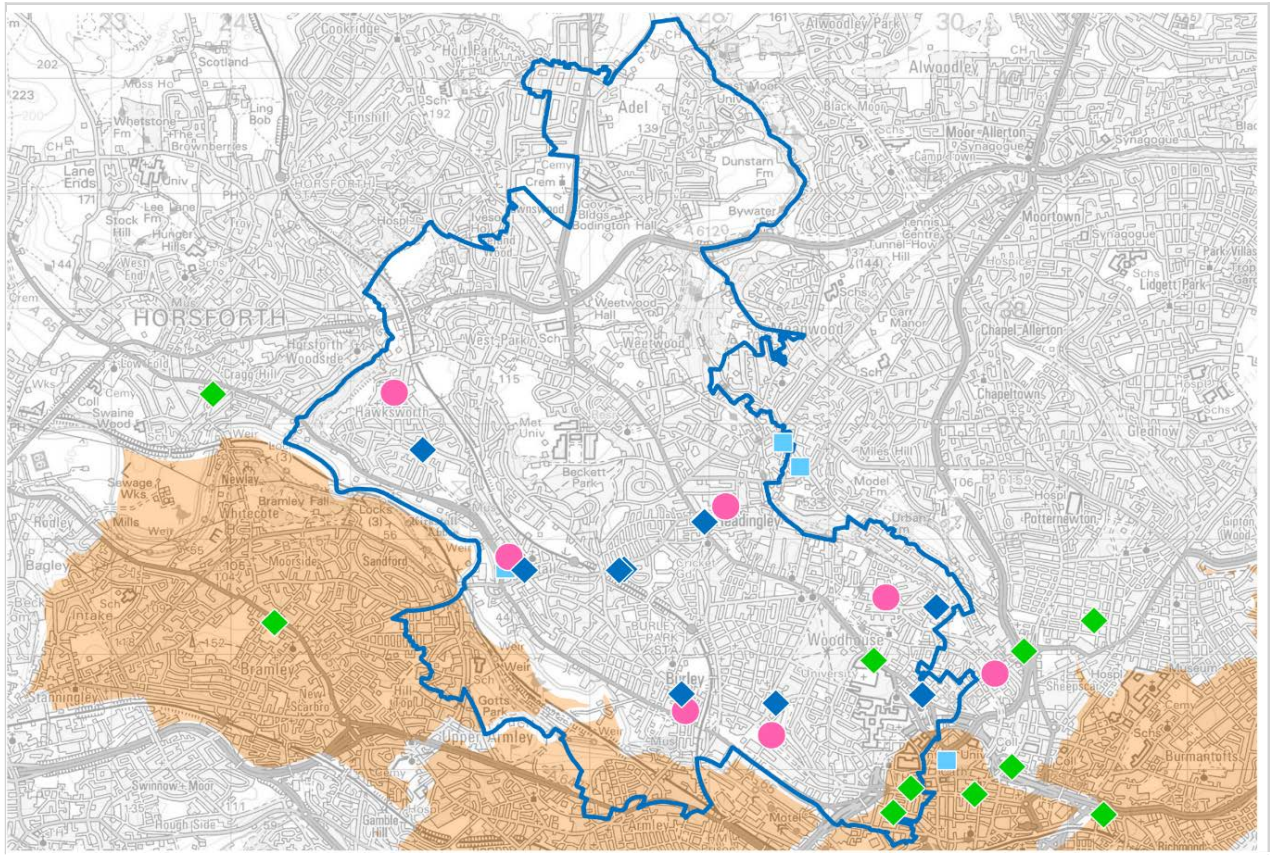
GP data courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.

Area overview profile for Woodsley Integrated Neighbourhood Team

November 2017

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

The INT has an extreme student age population structure and is the largest INT in total population size. It also has a lower proportion of the "White British" ethnic group than Leeds. "Chinese" and "Other Asian Background" groups are much more prevalent than in Leeds. GP recorded smoking and severe mental health are significantly above Leeds, which might be expected in a student population, but this INT has the highest dementia rates in the city indicating that the outnumbered but still significant elderly population are being diagnosed.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Craven Road Medical Practice. Hyde Park Surgery. Burton Croft Surgery. Vesper Road And Morris Lane Surgery. Burley Park Medical Centre. Laurel Bank Surgery. Kirkstall Lane Medical Centre. Leeds Student Medical Practice.

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

INT footprint boundary

Most deprived 5 Children's Clusters

GP practice - member of INT

Children's centre within INT footprint

Community Health Development venue

Voluntary Community Sector venue

Area overview profile for Woodsley Integrated Neighbourhood Team

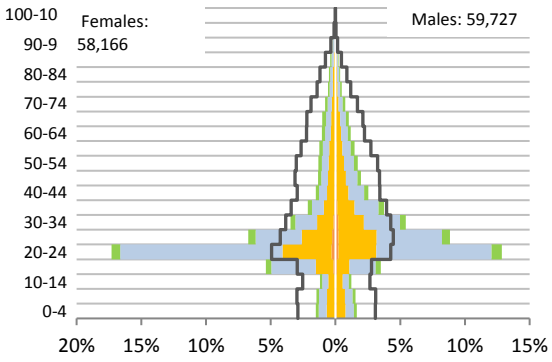
This profile presents a high level summary of data for the Woodsley Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 117,893 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.

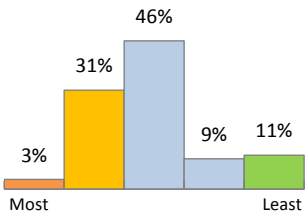


GP recorded ethnicity, top 5	% INT	% Leeds
White British	50%	62%
Not Recorded	10%	6%
Other White Background	9%	9%
Chinese	5%	1%
Other Asian Background	4%	2%

(April 2017)

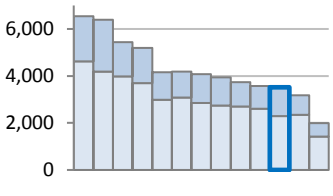
Deprivation distribution

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



Aged 74+ *(April 2017)*

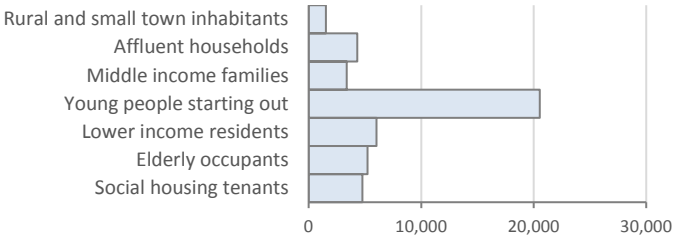
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



Mosaic Groups in this INT population *(October 2017)*

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

http://www.segmentationportal.com



Population counts in ten year age bands for each INT *(April 2017)*

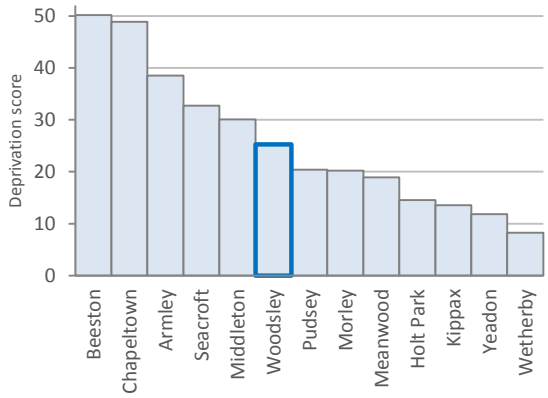
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550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

Deprivation and the population of Woodsley INT

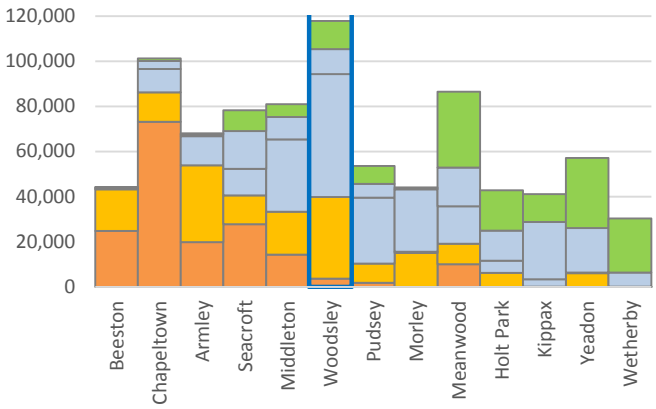
IMD2015 and GP data

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 25.3, ranked number 6 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

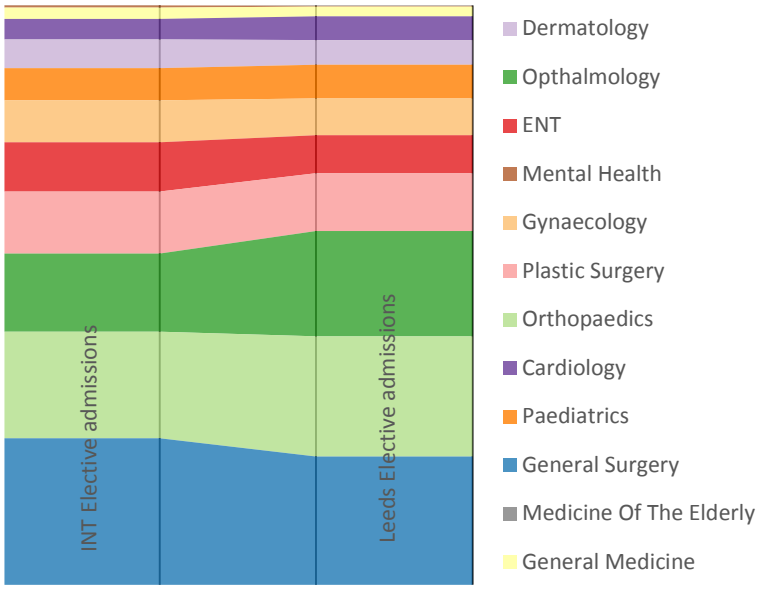


Hospital admissions for this INT by specialty (2016/17)

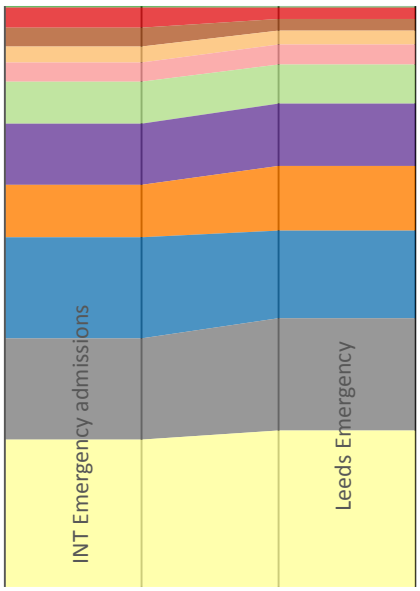
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

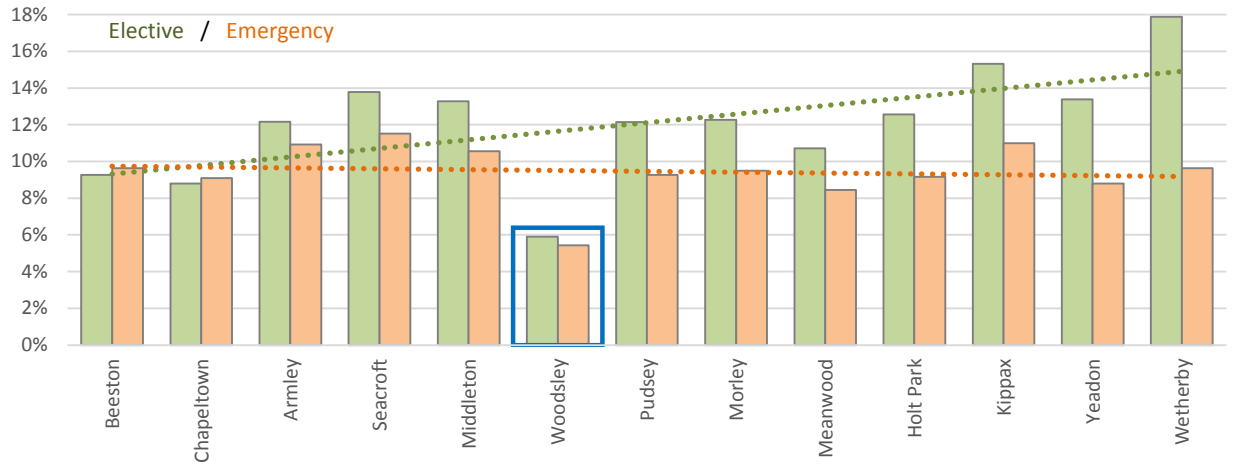


INT Elective admissions top 5	*% of INT admissions*	*Leeds proportion*
1st General Surgery	*15%*	12%
2nd Orthopaedics	*11%*	11%
3rd Opthalmology	*8%*	10%
4th Plastic Surgery	*6%*	5%
5th ENT	*5%*	4%

INT Emergency admissions top 5	*% of INT admissions*	*Leeds proportion*
1st General Medicine	*14%*	*16%*
2nd Medicine Of The Elderly	*10%*	*12%*
3rd General Surgery	*10%*	*9%*
4th Cardiology	*6%*	*7%*
5th Paediatrics	*5%*	*7%*

Elective and emergency admission *rates* and deprivation

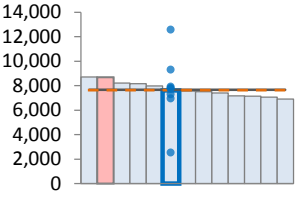
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

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

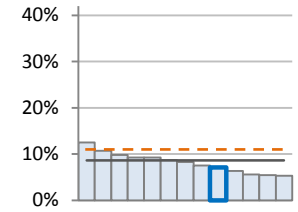


Asthma - under 16s

INT	7,605
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*623*

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

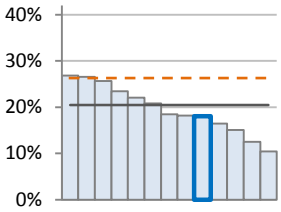
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	7.1%
Leeds registered	8.6%
Deprived fifth**	11.0%

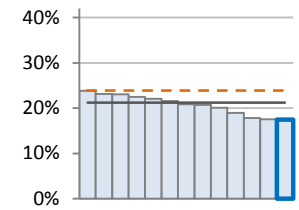
35 of 493 children in INT



Obesity in Year 6

INT	18.1%
Leeds registered	20.5%
Deprived fifth**	26.3%

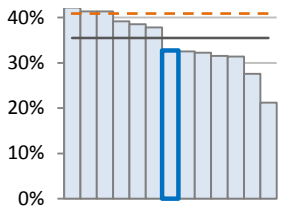
65 of 360 children in INT



Obese *or* overweight, Reception year

INT	17.4%
Leeds registered	21.2%
Deprived fifth**	23.9%

86 of 493 children



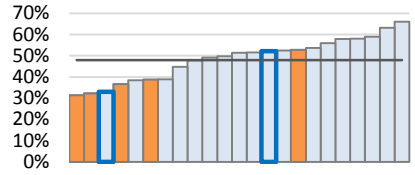
Obese *or* overweight, Year 6

INT	32.8%
Leeds registered	35.5%
Deprived fifth**	40.9%

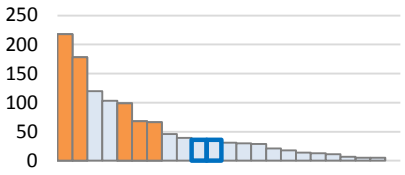
118 of 360 children

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

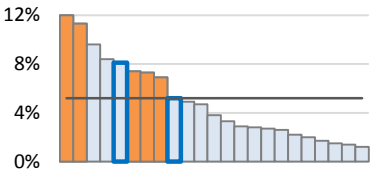
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



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



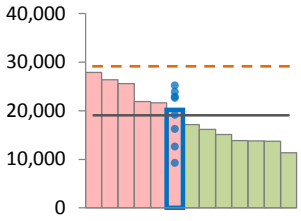
Looked after children



NEET - 'Not in education, employment or training'

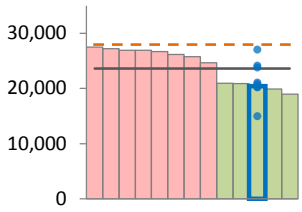
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	20,214
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*21,784*



Obesity (BMI>30)

INT	20,421
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*11,049*

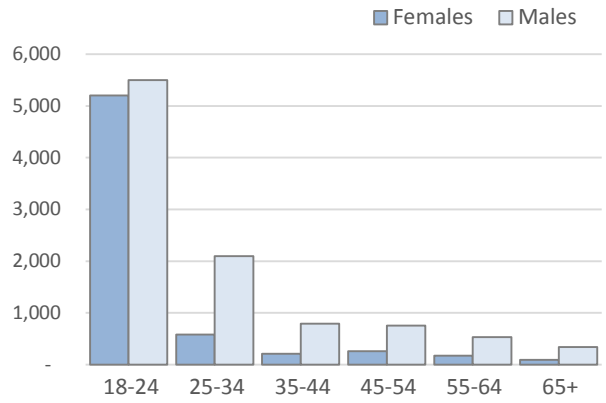
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

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

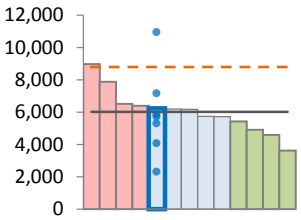


	18-24	25-34	35-44	45-54	55-64	65+
Females	5,203	581	207	261	170	90
Males	5,497	2,095	788	754	531	342
Persons	10,619	2,443	916	968	683	446

Long term conditions, adults and older people

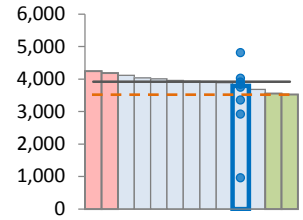
GP data

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



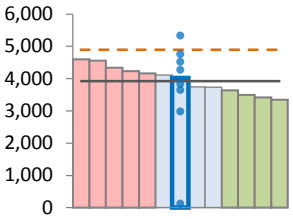
Diabetes

INT	6,248
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*3,042*



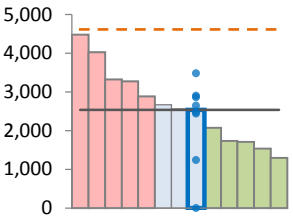
Cancer

INT	3,791
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,727*



CHD

INT	4,018
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*1,670*



COPD

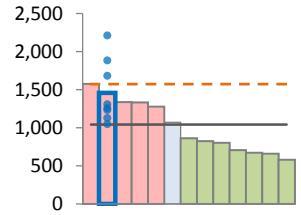
INT	2,538
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*1,065*

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

Long term conditions, adults and older people continued

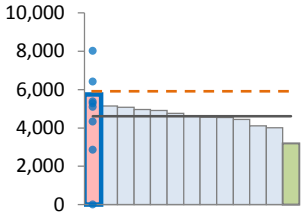
GP data (January 2017)

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



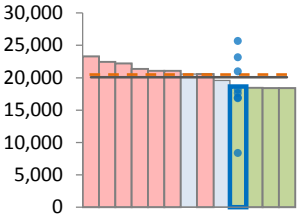
Severe mental heath

INT	1,458
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*949*



Dementia (65+)

INT	5,740
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*475*



Common mental health

INT	18,665
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*16,555*

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

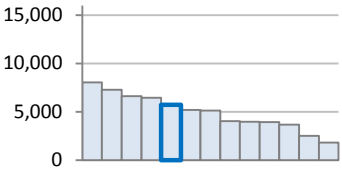
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

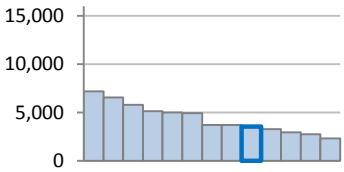
Census 2011, aggregated from MSOA to INT boundary

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

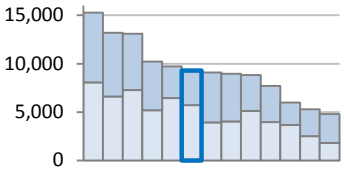
Life limiting illness, under 65



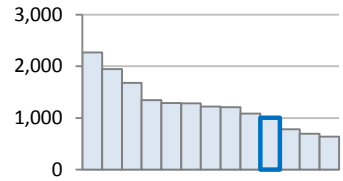
Life limiting illness, over 65



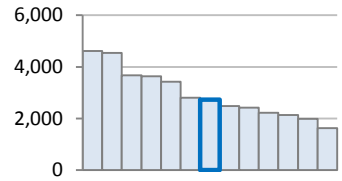
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



Carers providing 50+ hours care/week ⊁



One person households aged 65+ ⊁



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

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

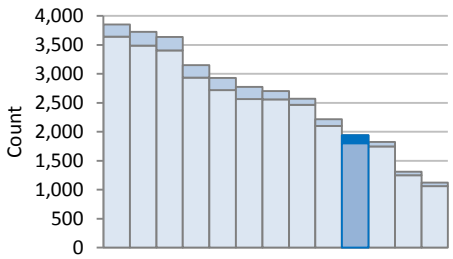
	number	rank
Limiting Long Term Illness - All Ages	*9,286*	6
Limiting Long Term Illness - under 65	*5,719*	5
Limiting Long Term Illness - 65+	*3,567*	9
Providing 50+ hours care/week	*1,004*	10
One person households aged 65+	*2,736*	7

People living with frailty and 'end of life'

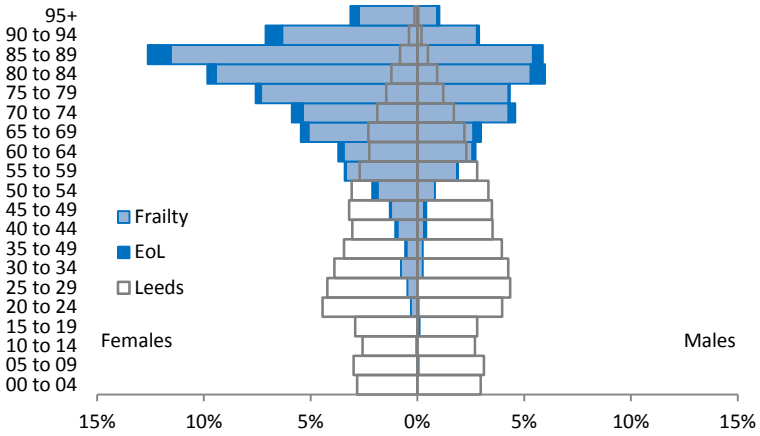
Leeds data model September 2016 cohort

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

Total: 1,941. Frailty 1,802. End of life 139



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

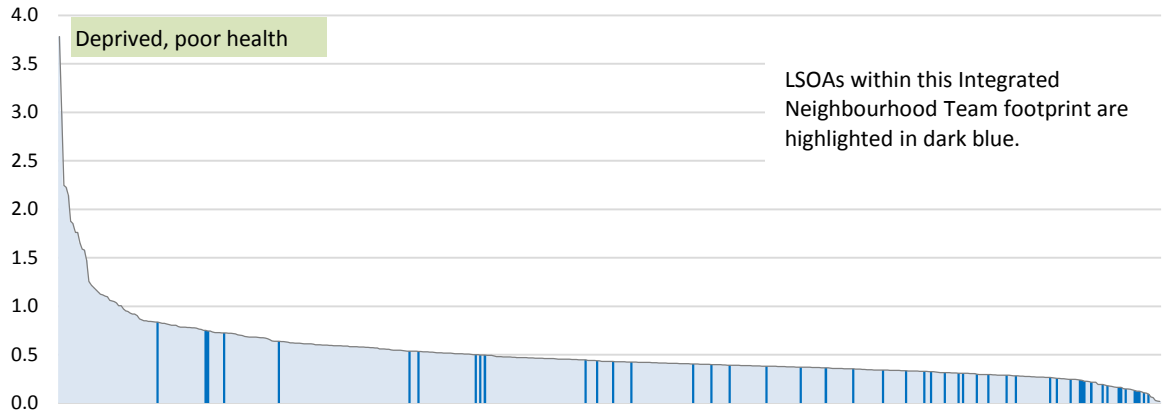


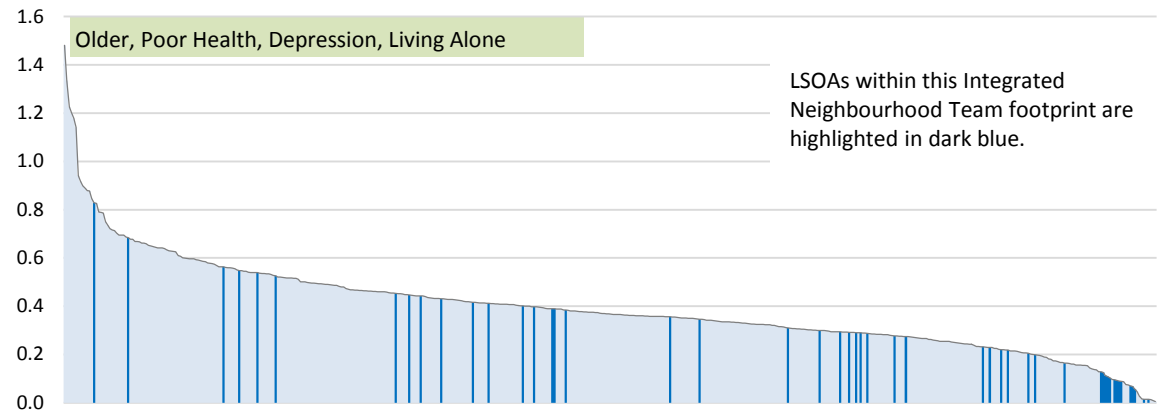
Social Isolation Index ⊀

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**

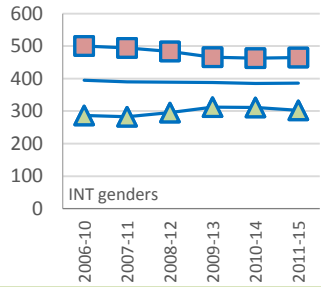
Shaded if significantly above Leeds

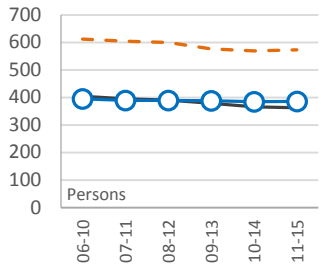
Shaded if significantly below Leeds

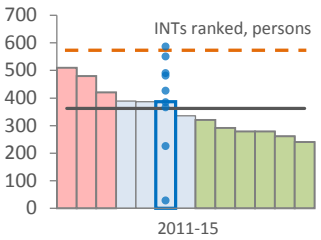
"Where is this INT in relation to the others, and Leeds"

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

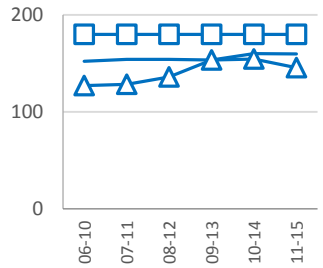


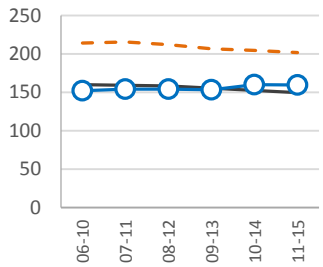


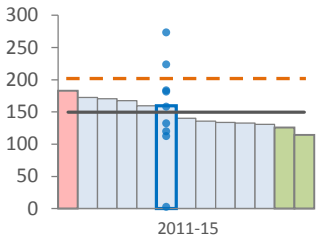


Persons (DSR per 100,000)	
INT	386
Leeds resident	363
Deprived fifth**	573
INT count	*761*

Cancer mortality

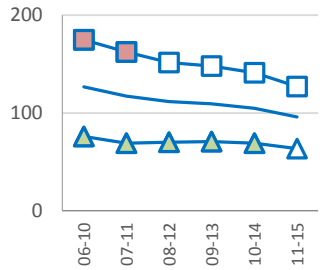


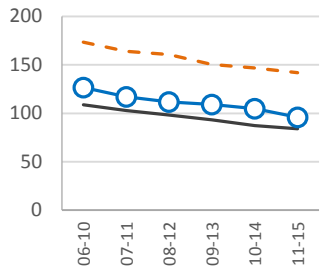


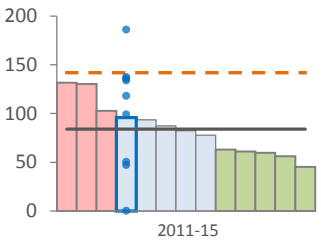


Persons (DSR per 100,000)	
INT	160
Leeds resident	150
Deprived fifth**	202
INT count	*299*

Circulatory disease mortality

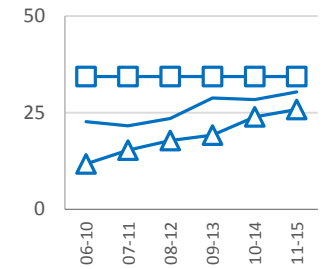


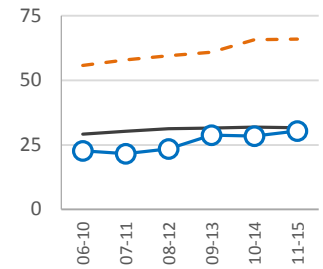


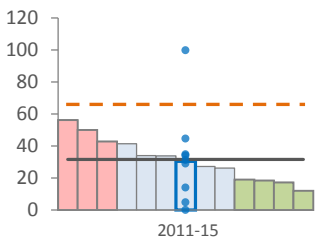


Persons (DSR per 100,000)	
INT	96
Leeds resident	84
Deprived fifth**	142
INT count	*179*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	30
Leeds resident	32
Deprived fifth**	66
INT count	*53*

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

Area overview profile for Armley Integrated Neighbourhood Team

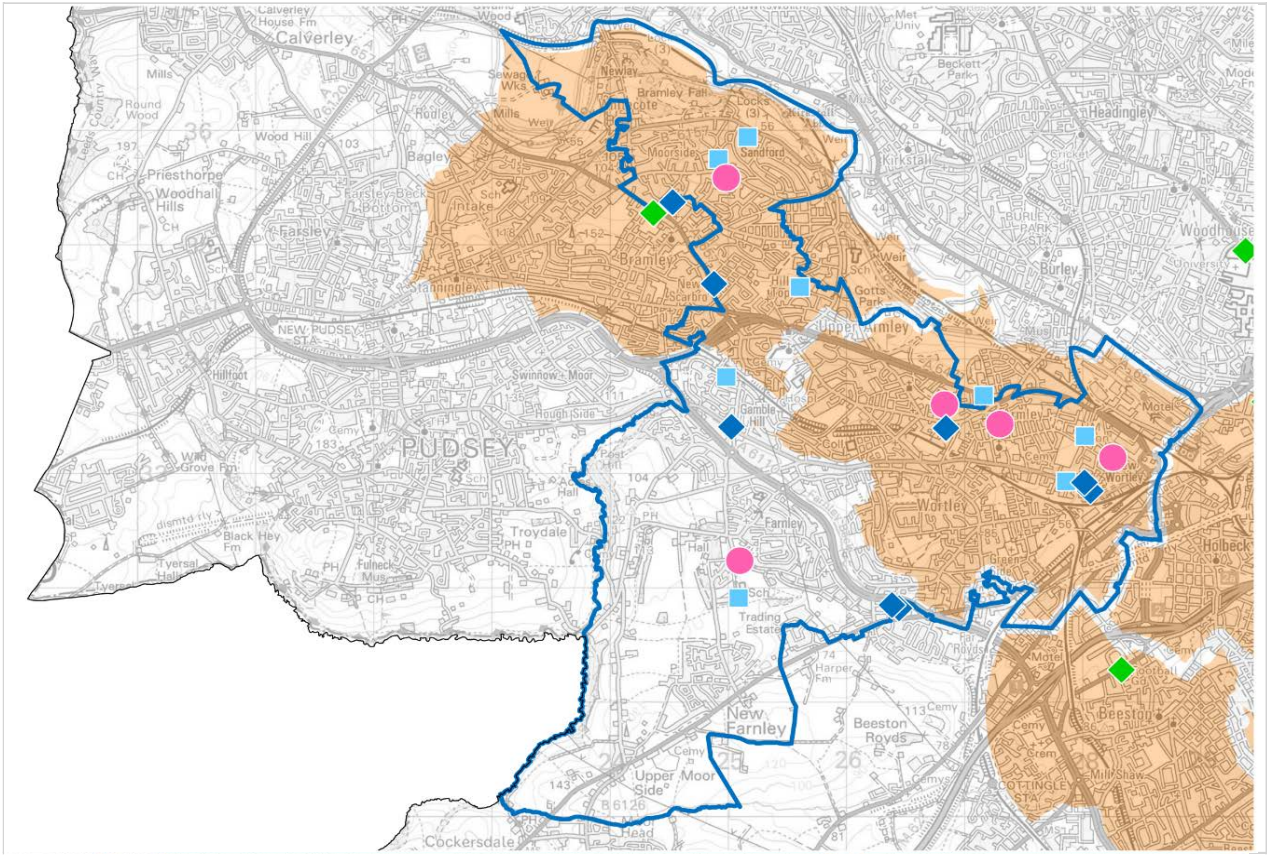
November 2017

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.

One in three of the population live within the most deprived 5th of Leeds, the remaining majority live within the second most deprived 5th. Child obesity in year 6 is second highest in the city, reception obesity not far behind. This INT overlaps two children's clusters with very low primary school achievement, one cluster has the lowest rate in the city.

NEET rates are very high in clusters that overlap this INT. Adult smoking and obesity are second and first highest in the city with all practice rates above Leeds averages. GP recorded conditions are significantly higher than Leeds rates except cancer which is joint lowest (low screening uptake and higher death rates are seen in more deprived areas). All cause mortality for under 75s is significantly above Leeds, female rates are not falling as fast as male rates.

Circulatory mortality rates show male rates falling fast but females static.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Armley Medical Practice. Manor Park Surgery. Priory View Medical Centre. Thornton Medical Centre. Whitehall Surgery. The Highfield Medical Centre. Beechtree Medical Centre. Hawthorn Surgery.

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

INT footprint boundary

Most deprived 5 Children's Clusters

GP practice - member of INT

Children's centre within INT footprint

Community Health Development venue

Voluntary Community Sector venue

Area overview profile for Armley Integrated Neighbourhood Team

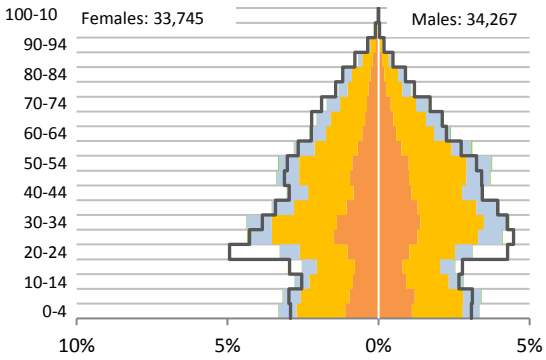
This profile presents a high level summary of data for the Armley Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 68,012 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.

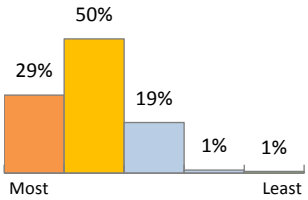


GP recorded ethnicity, top 5	% INT	% Leeds
White British	66%	62%
Other White Background	9%	9%
Not Recorded	8%	6%
Not Stated	8%	2%
Black African	2%	3%

(April 2017)

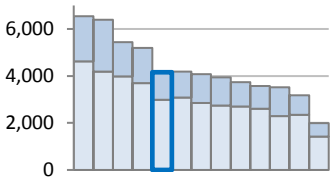
Deprivation distribution

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



Aged 74+ *(April 2017)*

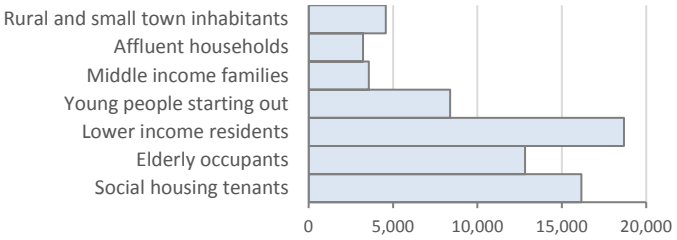
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



Mosaic Groups in this INT population *(October 2017)*

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

http://www.segmentationportal.com



Population counts in ten year age bands for each INT *(April 2017)*

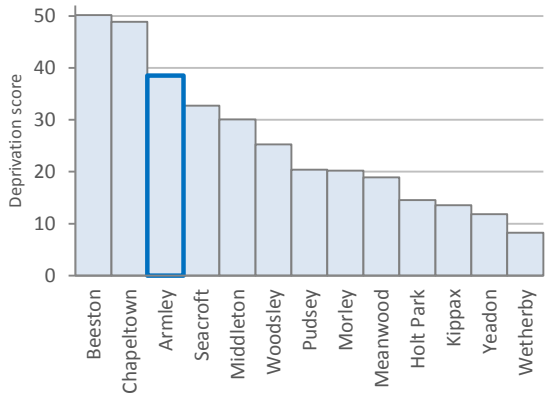
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550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

Deprivation and the population of Armley INT

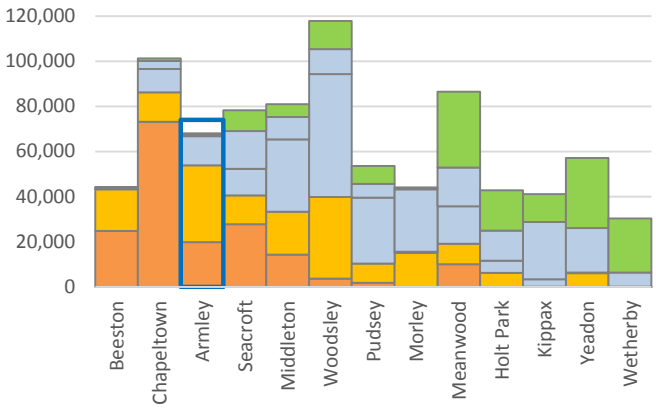
IMD2015 and GP data

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 38.5, ranked number 3 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

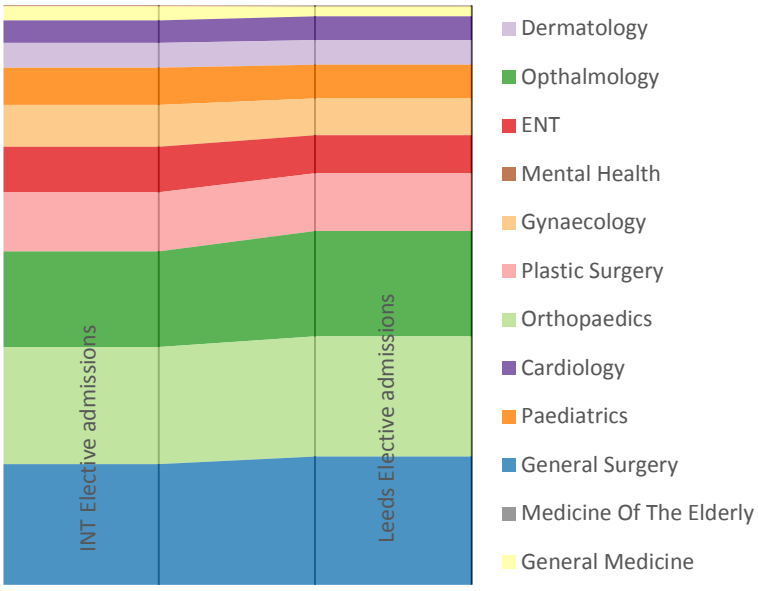


Hospital admissions for this INT by specialty (2016/17)

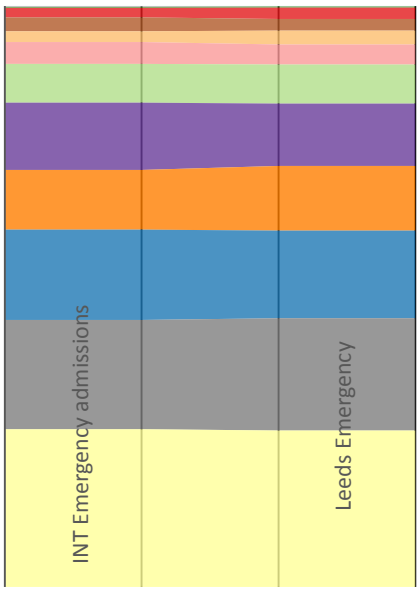
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

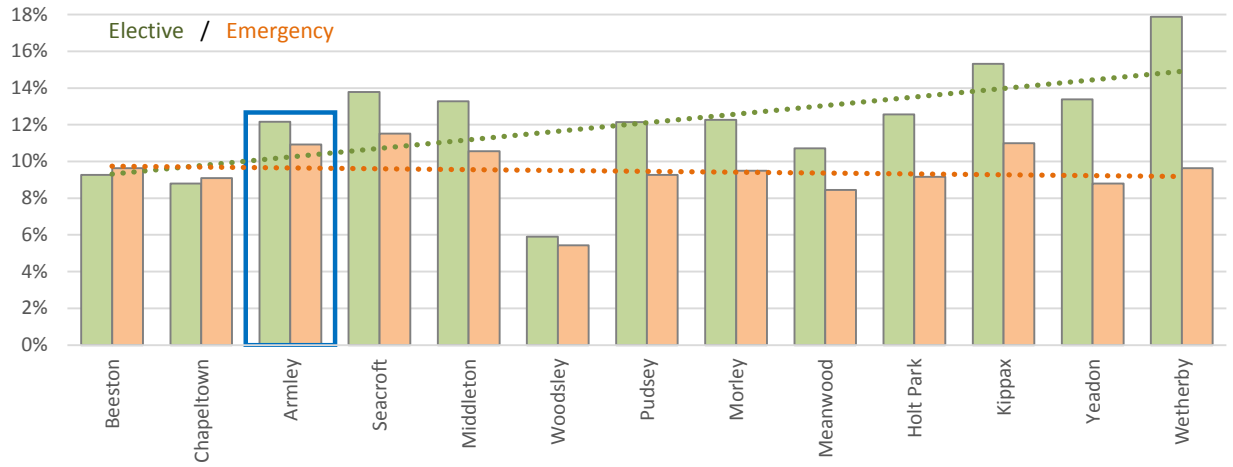


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Surgery	*12%*	12%
2nd	Orthopaedics	*11%*	11%
3rd	Opthalmology	*9%*	10%
4th	Plastic Surgery	*6%*	5%
5th	ENT	*4%*	4%

INT Emergency admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	General Medicine	*16%*	*16%*
2nd	Medicine Of The Elderly	*11%*	*12%*
3rd	General Surgery	*9%*	*9%*
4th	Cardiology	*7%*	*7%*
5th	Paediatrics	*6%*	*7%*

Elective and emergency admission *rates* and deprivation

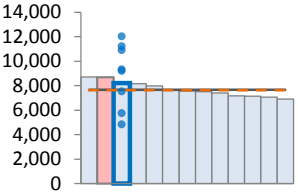
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

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

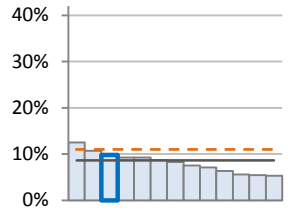


Asthma - under 16s

INT	8,211
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*935*

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

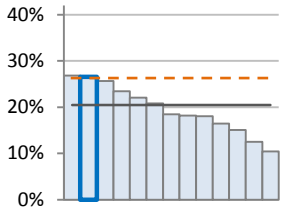
Child obesity 2015-16 — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	9.8%
Leeds registered	8.6%
Deprived fifth**	11.0%

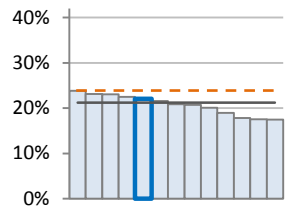
61 of 621 children in INT



Obesity in Year 6

INT	26.6%
Leeds registered	20.5%
Deprived fifth**	26.3%

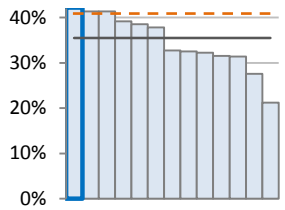
137 of 516 children in INT



Obese *or* overweight, Reception year

INT	21.9%
Leeds registered	21.2%
Deprived fifth**	23.9%

129 of 589 children



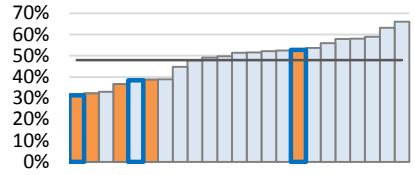
Obese *or* overweight, Year 6

INT	42.2%
Leeds registered	35.5%
Deprived fifth**	40.9%

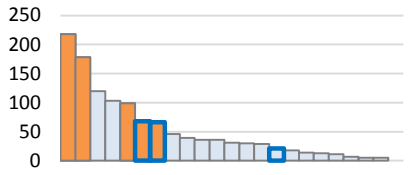
218 of 516 children

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

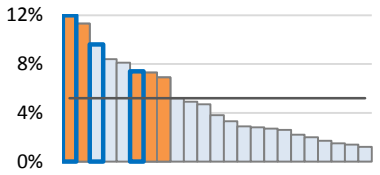
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



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



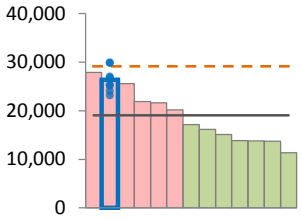
Looked after children



NEET - 'Not in education, employment or training'

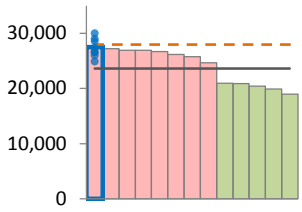
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	26,406
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*15,046*



Obesity (BMI>30)

INT	27,499
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*13,248*

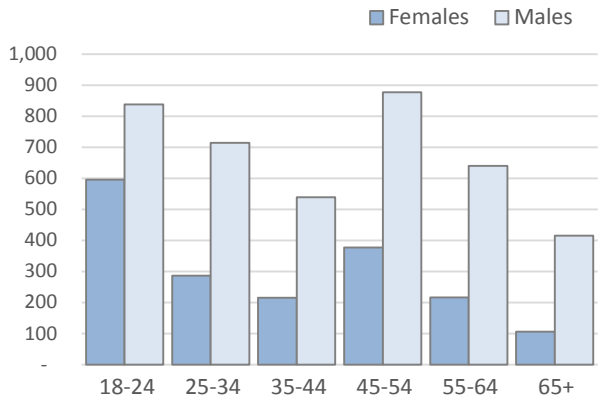
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

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

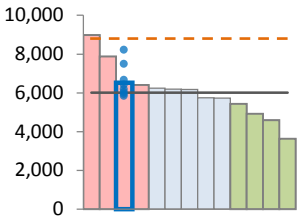


	18-24	25-34	35-44	45-54	55-64	65+
Females	595	287	215	377	217	106
Males	838	714	539	878	640	415
Persons	1,383	989	745	1,242	846	533

Long term conditions, adults and older people

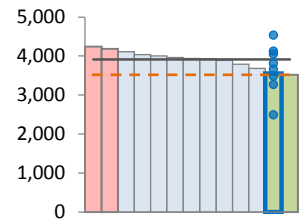
GP data

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



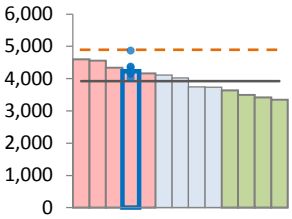
Diabetes

INT	6,528
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*3,577*



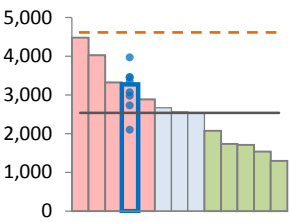
Cancer

INT	3,551
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,839*



CHD

INT	4,229
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*2,130*



COPD

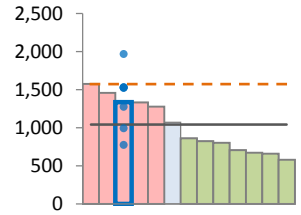
INT	3,275
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*1,680*

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

Long term conditions, adults and older people continued

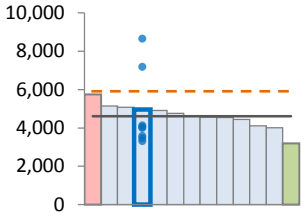
GP data (January 2017)

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



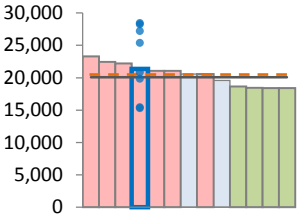
Severe mental heath

INT	1,338
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*850*



Dementia (65+)

INT	4,958
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*450*



Common mental health

INT	21,385
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*13,828*

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

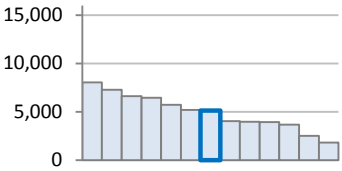
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

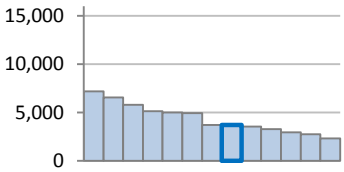
Census 2011, aggregated from MSOA to INT boundary

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

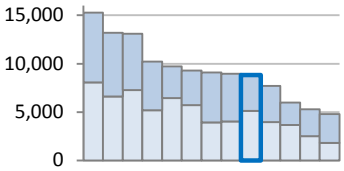
Life limiting illness, under 65



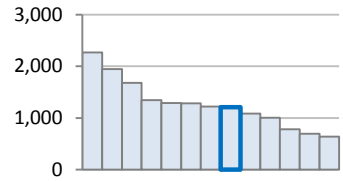
Life limiting illness, over 65



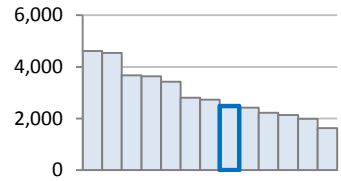
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



Carers providing 50+ hours care/week ⊁



One person households aged 65+ ⊁



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

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

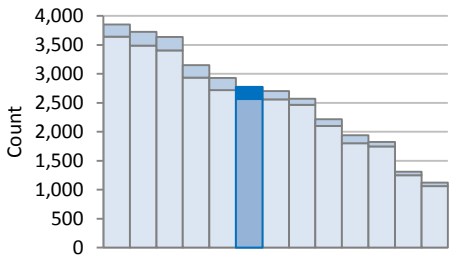
	number	rank
Limiting Long Term Illness - All Ages	*8,821*	9
Limiting Long Term Illness - under 65	*5,115*	7
Limiting Long Term Illness - 65+	*3,706*	8
Providing 50+ hours care/week	*1,208*	8
One person households aged 65+	*2,487*	8

People living with frailty and 'end of life'

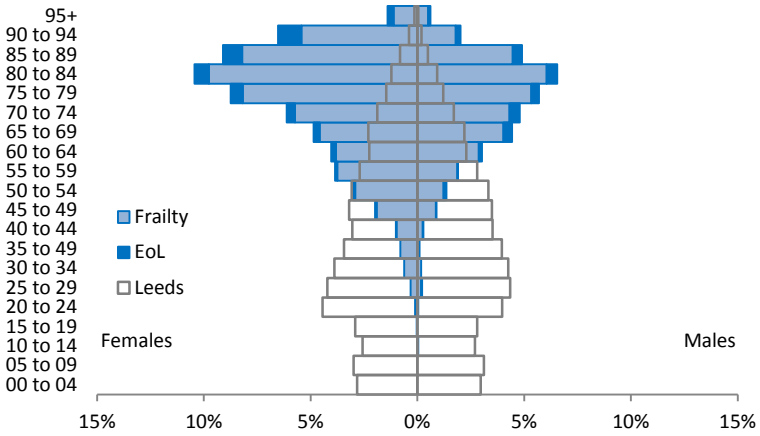
Leeds data model September 2016 cohort

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

Total: 2,777. Frailty 2,564. End of life 213



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

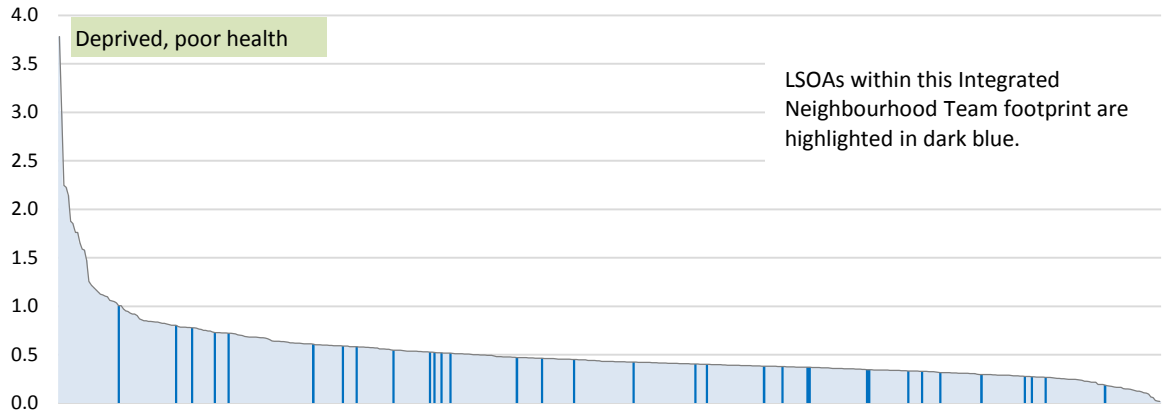


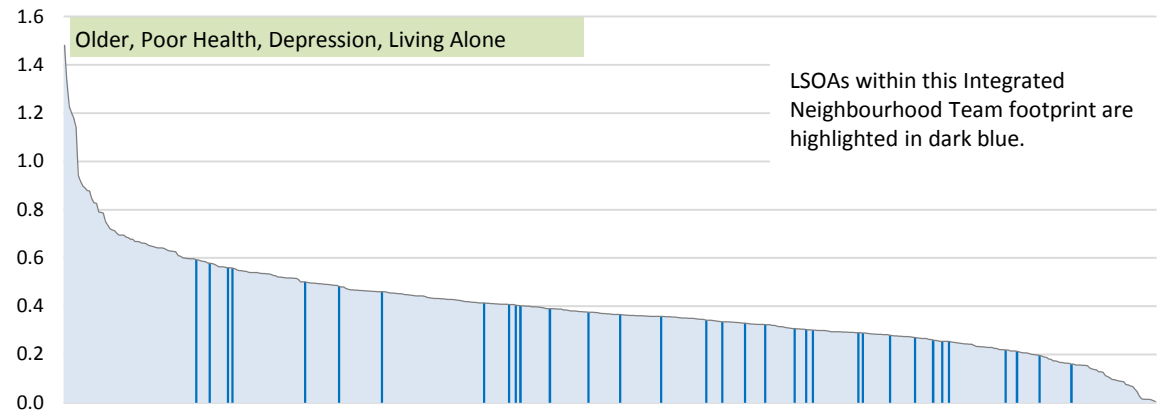
Social Isolation Index ⚡

LSOAs in INT footprint

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

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





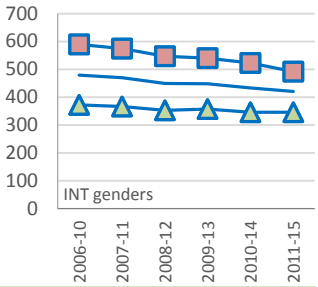
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

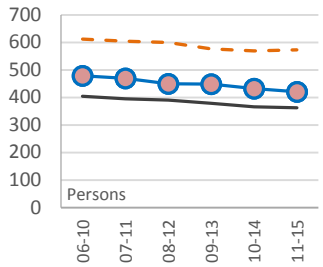
Mortality, under 75s, age standardised rates per 100,000

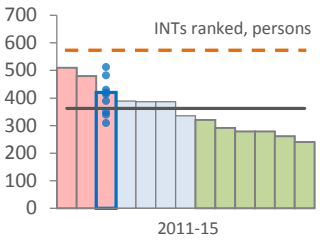
ONS and GP registered populations

"How different are the sexes in this INT"	*"How different is this INT to Leeds"*	*"Where is this INT in relation to the others, and Leeds"*
INT Males	INT persons	INTs are ranked by the most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Practice rates for those within this INT are shown as blue dots. This INT is highlighted with a blue border.
INT Females	Leeds	
INT Persons	Deprived fifth of Leeds**	
Shaded if significantly above Persons	Shaded if significantly above Leeds	
Shaded if significantly below Persons	Shaded if significantly below Leeds	

All cause mortality

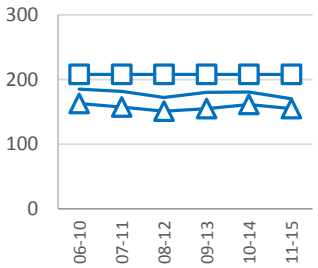


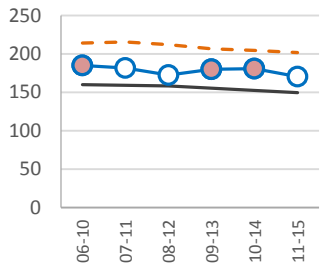


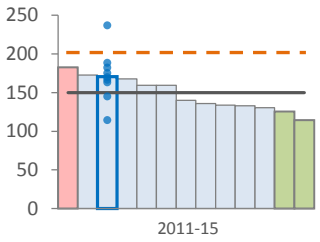


Persons (DSR per 100,000)	
INT	420
Leeds resident	363
Deprived fifth**	573
INT count	*989*

Cancer mortality

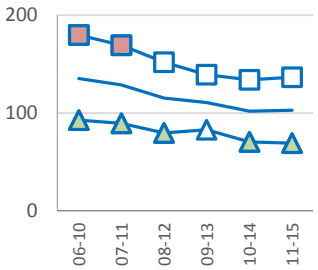


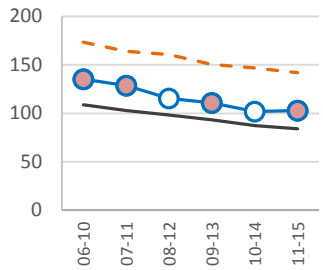


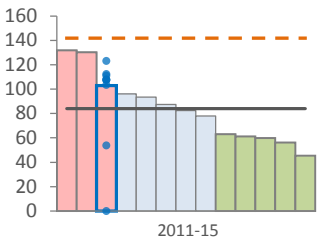


Persons (DSR per 100,000)	
INT	171
Leeds resident	150
Deprived fifth**	202
INT count	*392*

Circulatory disease mortality

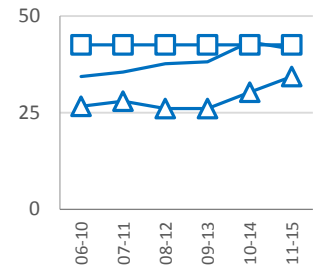


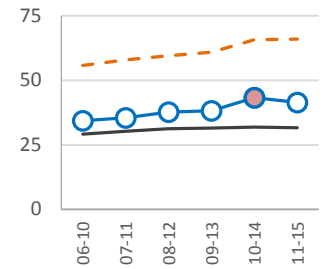


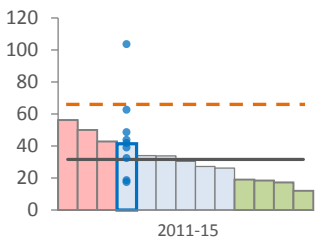


Persons (DSR per 100,000)	
INT	103
Leeds resident	84
Deprived fifth**	142
INT count	*239*

Respiratory disease mortality

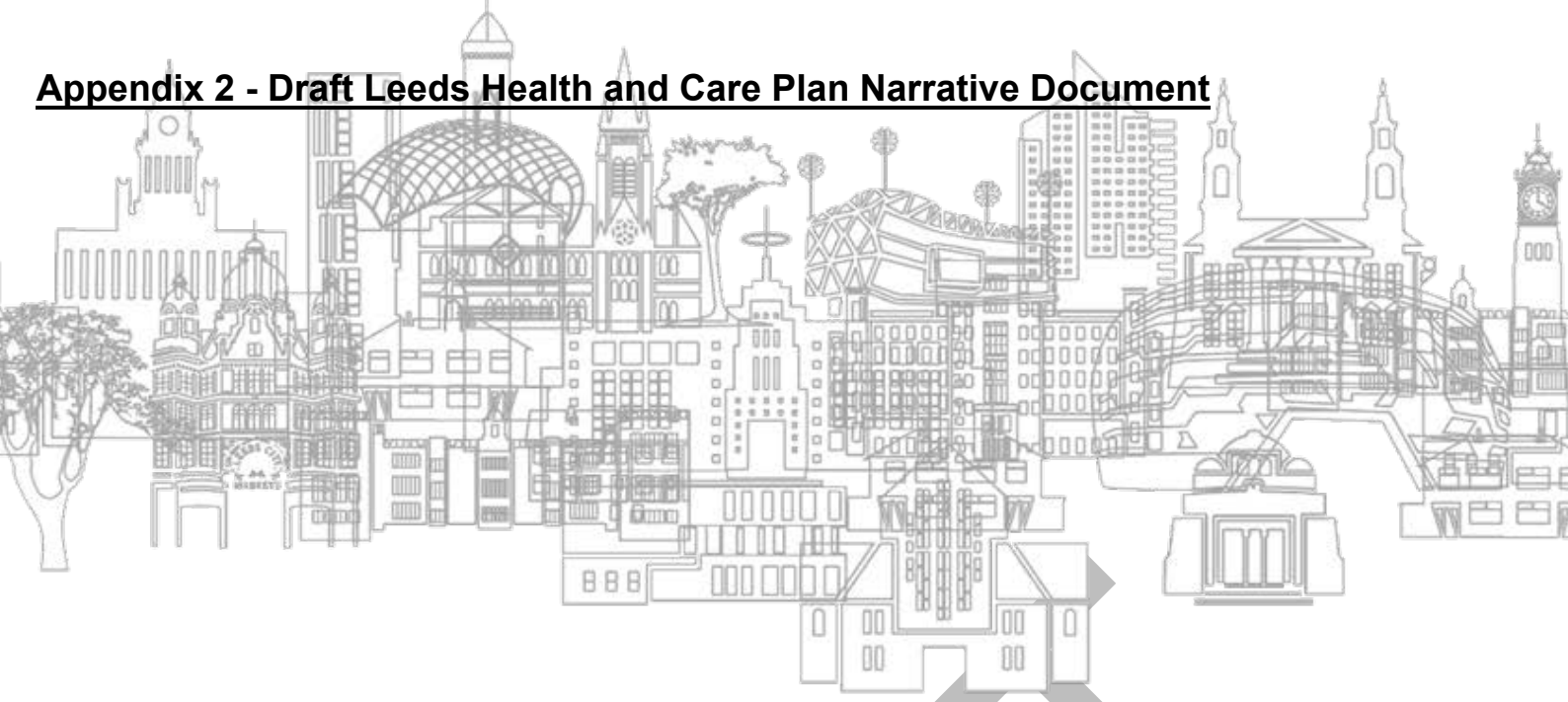






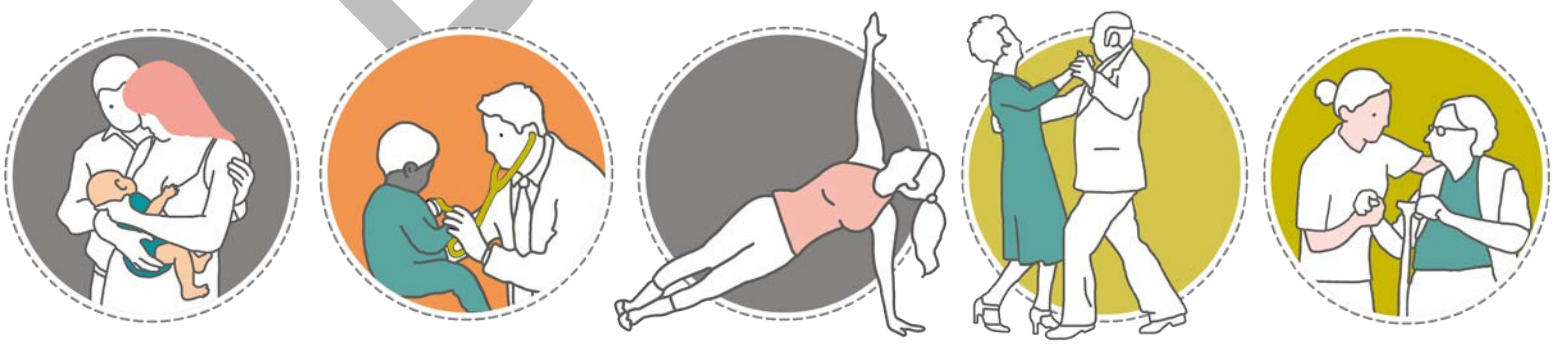
Persons (DSR per 100,000)	
INT	42
Leeds resident	32
Deprived fifth**	66
INT count	*89*

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



Leeds

The best city for health and wellbeing



Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

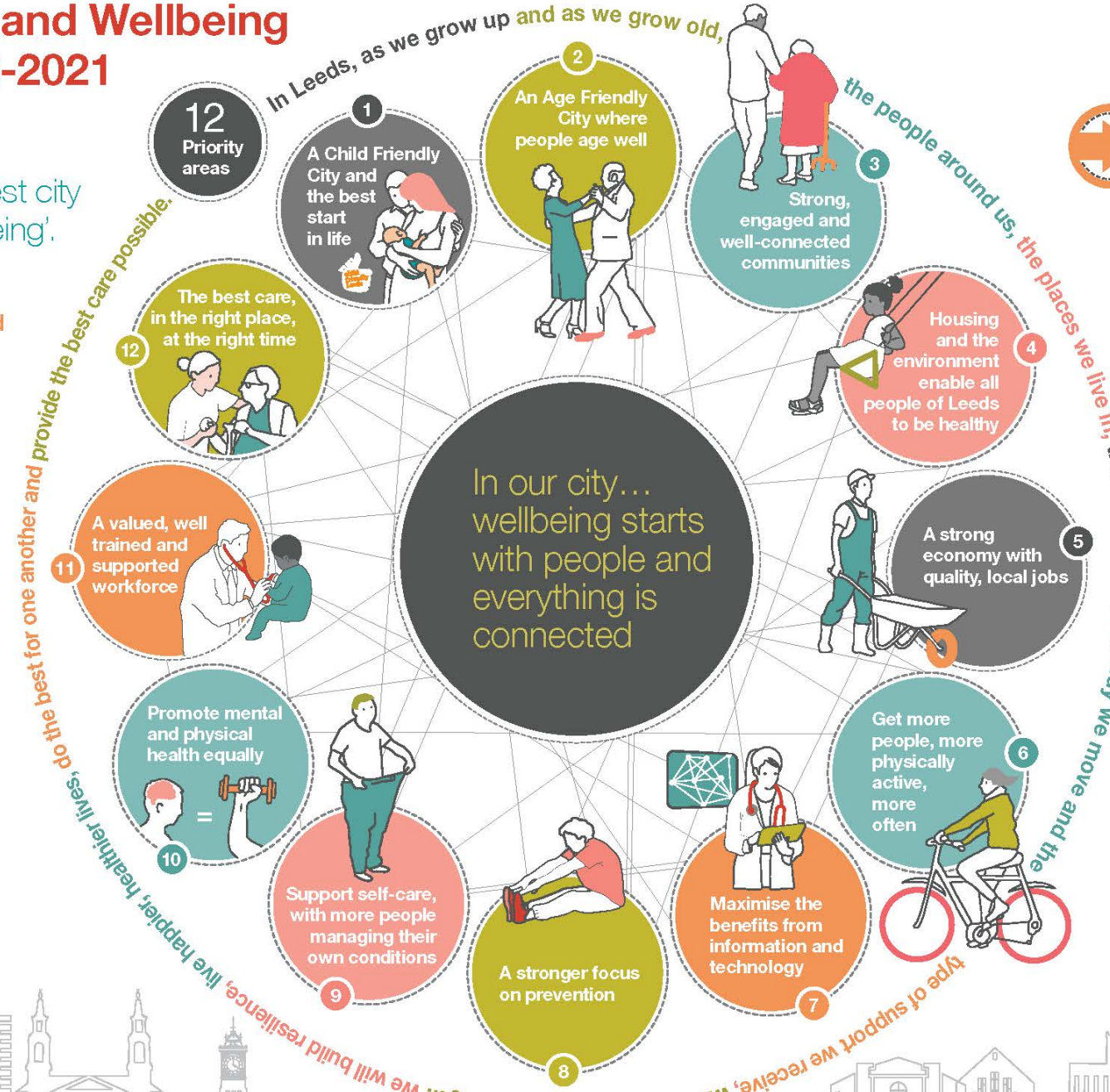
'Leeds will be the best city for health and wellbeing'.

And a clear vision:

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

5 Outcomes

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



Indicators

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

Draft version 2.2 | Date 03/07/17

Leeds Health and Care Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

Contents

Chapter 1

Introduction

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

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

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

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

Simon Stevens, Chief Executive NHS England

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

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

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

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

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

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

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

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

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

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

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

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

What is this document for?

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

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

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

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

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

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

Chapter 2

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

Working *with* people

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

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

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

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

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

The NHS Constitution

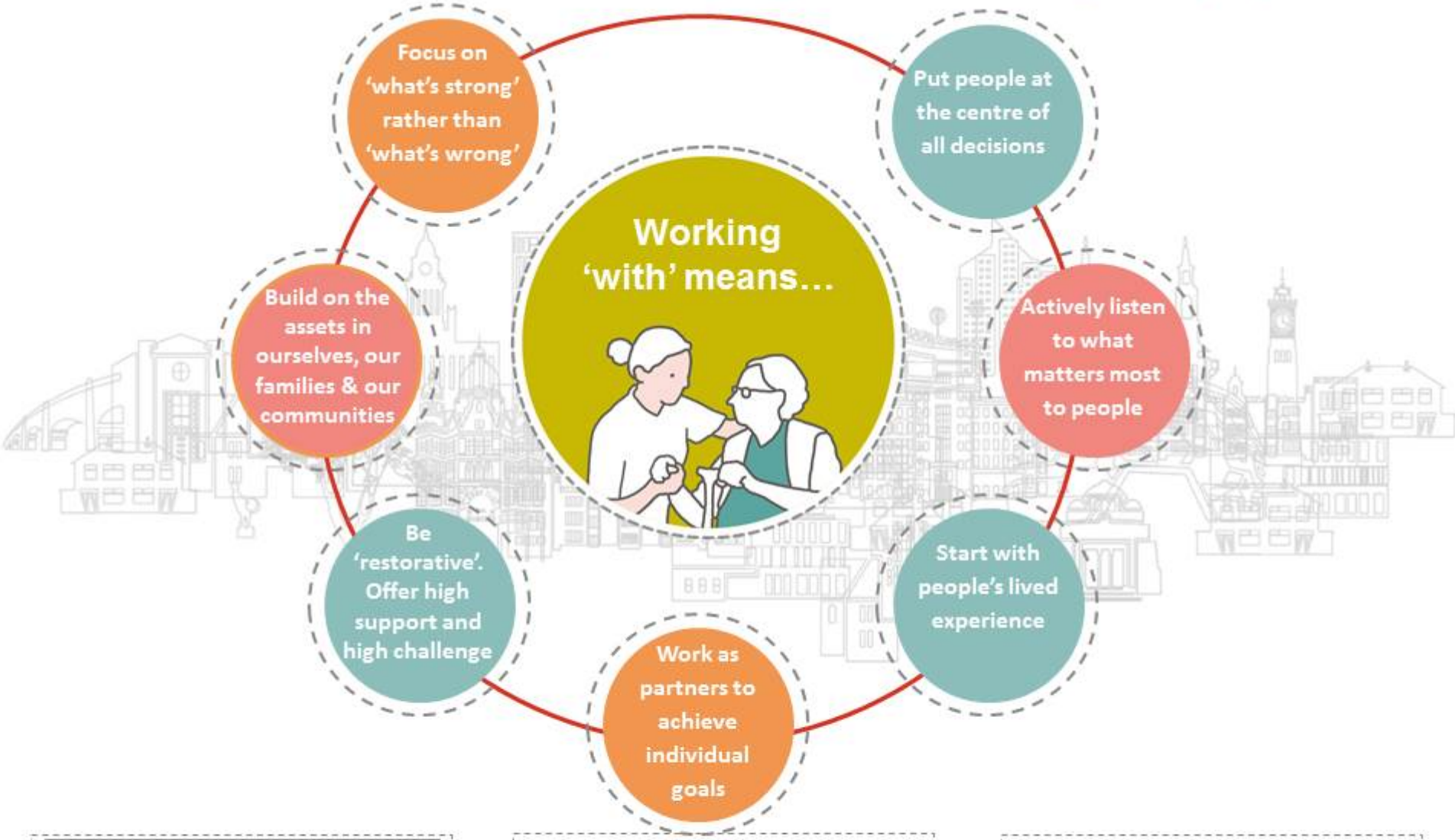
Patients and the public: our responsibilities

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

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

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

Better conversations: A whole city approach to working with people



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

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

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

Joining things up

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

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

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

Taking responsibility for our health

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

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

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

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

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

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

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

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

Chapter 3

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter 4

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

Areas for change and improvement

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

Prevention ("Living a healthy life to keep myself well") – helping people to stay well and avoid illness and poor health.
Some illnesses can't be prevented but many can. We want to reduce avoidable illnesses caused by unhealthy lifestyles as far as possible by supporting citizens in Leeds to live healthier lives.

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

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

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

Self-management ("Health and care services working with me in my community") – providing help and support to people who are ill, or those who have on-going conditions, to do as much as they have the skills and knowledge to look after themselves and manage their condition to remain healthy and independent while living normal lives at home with their loved ones.

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

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

Making the best use of hospital care and facilities ("Hospital care only when I need it") – access to hospital treatment when we need it is an important and limited resource, with limited numbers of skilled staff and beds.

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

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

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

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

Urgent and Emergency Care ("I get rapid help when needed to allow me to return to managing my own health in a planned way") – making sure that people with an urgent health or care need are supported and seen by the right team of professionals, in the right place for them first time. It will be much easier for people to know what to do when they need help straight away.
Currently there are lots of options for people and it can be confusing for patients. As a result, not all patients are seen by the right medical professional in the right place.

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

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

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

GP and Primary Care Changes

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

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

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

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

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

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

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

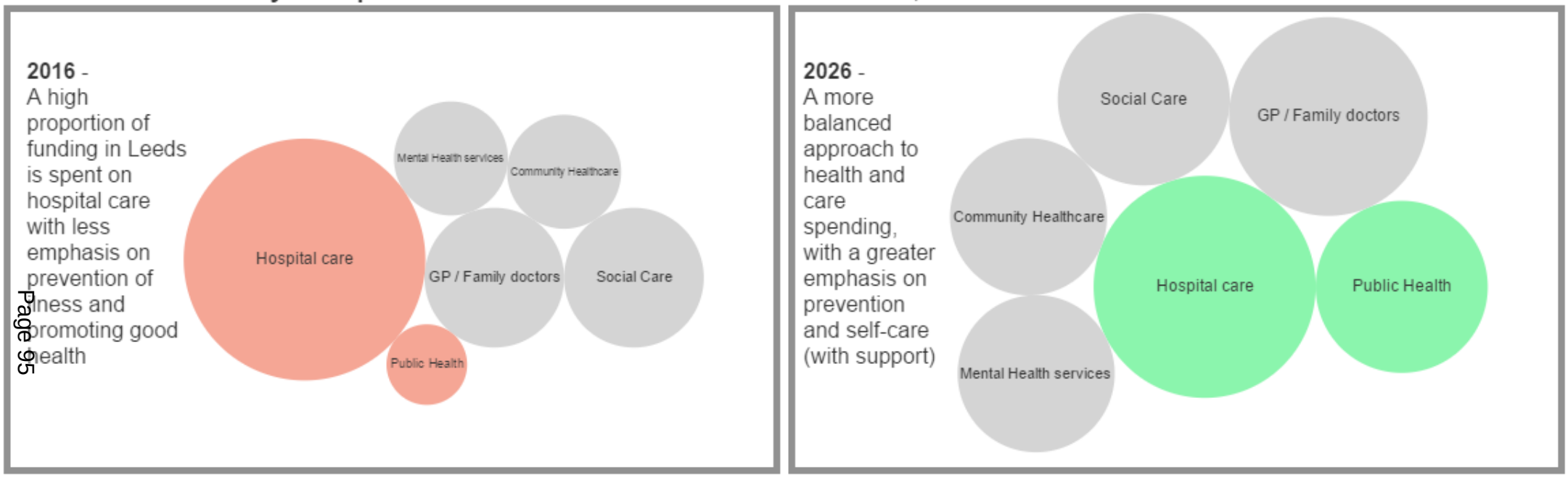


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

Chapter 5

So why do we want change in Leeds?

Improving health and wellbeing

Most of us want the best health and care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter 6

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

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

The government, the Department of Health and the NHS

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

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

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

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

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

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

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

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

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

GPs (or family doctor) in Leeds

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

Mental Health Services in Leeds

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

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

Hospital in Leeds

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

Providing health services in the community for residents in Leeds

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

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

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

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

Public health – keeping people well and preventing ill health

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

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

Social care - supporting people who need help and support

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

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

Adult social care also has responsibility for ensuring the provision of good quality care to meet the long-term and short-term needs of people in the community, the provision of telecare, providing technology to support independent living, occupational therapy and equipment services.

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

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

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

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

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

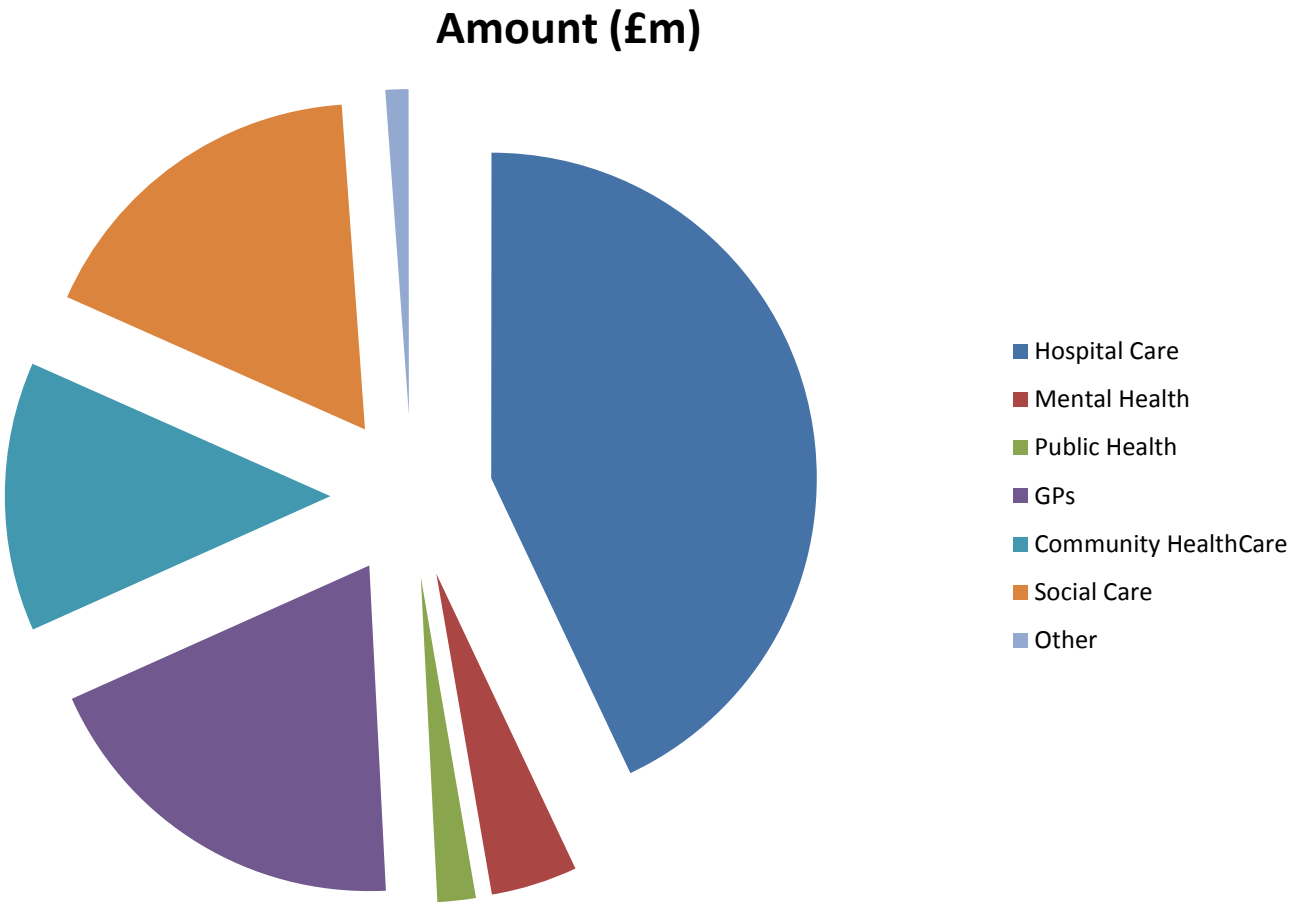


Figure 3 – Indicative spending of health and care funding in Leeds

Children and Families Trust Board

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

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

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

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

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

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

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

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

The plan has five high-level outcomes:

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

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

Leeds Health and Wellbeing Board

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

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

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

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

Healthwatch Leeds

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

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

Chapter 7

Working with partners across West Yorkshire

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

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

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

This joint working is captured in the **West Yorkshire and Harrogate Health and Care Partnership**.

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

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

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

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

Chapter 8

Making the change happen

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

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

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

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

Chapter 9

How the future could look…

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

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

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

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

Chapter 10

What happens next?

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

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

Change is happening already

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

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

Involving you in the plans for change

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

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

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

Working with Healthwatch

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

When will changes happen?

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

Joint working

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

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

Who will make decisions?

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

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

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

Legal duties to involve people in changes

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

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

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

The advice can be viewed here:

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

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

Scrutiny

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

Chapter 11

Getting involved

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

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

Other ways to get involved

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

1. **By becoming a member of any of the local NHS trusts in Leeds:**
    - Main Hospitals: Leeds Teaching Hospitals Trust - http://www.leedsth.nhs.uk/members/becoming-a-member/
    - Mental Health: Leeds & York Partnership Foundation Trust - http://www.leedsandyorkpft.nhs.uk/membership/foundationtrust/Becomeamember
    - Leeds Community Healthcare Trust – http://www.leedscommunityhealthcare.nhs.uk/working-together/active-and-involved/

2. **Working with the Commissioning groups in Leeds by joining our Patient Leader programme:**https://www.leedswestccg.nhs.uk/content/uploads/2015/11/Patient-leader-leaflet-MAIN.pdf

3. **Primary Care –Each GP practice in Leeds is required to have a Patient Participation Group**
   Contact your GP to find out details of yours. You can also attend your local Primary Care Commissioning Committee, a public meeting where decisions are made about the way that local NHS leaders plan services and make spending decisions about GP services in your area.

4. **Becoming a member of Healthwatch Leeds or Youthwatch Leeds:**
    - http://www.healthwatchleeds.co.uk/content/help-us-out
    - http://www.healthwatchleeds.co.uk/youthwatch

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Community Committee

Leeds CITY COUNCIL

Report of: Area Leader, West North West

Report to: Inner West Community Committee

Report author: Zoe Tyler (0113 3367869)

Date: 29th November 2017 **For decision**

Finance Update and Monitoring Report

Purpose of report

The purpose of this report is to update Members on the projects funded through the Inner West Wellbeing and Youth Activities Fund budgets.

Attached at Appendix 1 is the Finance Monitoring Report which provides Members with details of the current financial and monitoring position of the Wellbeing, Youth Activity and Capital fund.

Members are asked to:

a) Note the balance of Wellbeing Fund at **4**
b) Note the balance of small grants and skips at **9**
c) Note the balance of the Youth Activities Fund **11**
d) Note the balance of the Capital Fund at **12**
e) Note the Community Infrastructure Levy allocation at **13**
f) Note the spend of the Wellbeing, Youth Activities and Capital budget and monitoring report at **Appendix 1**

Main issues

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

2. 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 (including Trans), marital status, race, ethnic origin, age, sexual orientation or disability; under the Public Sector Equality Duty the Council must have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. Funding for projects specifically targeted at certain groups is allowed under the Equality Act provided there is a clear evidence base for doing so (such as activities to promote women's health through sport projects or a project targeted at people with hearing impairments, or one for new migrants to help them integrate). Further advice on these can be given on a case by case basis if required. 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.

Current position

3. The Community Committee received a Wellbeing revenue allocation of **£128,500**. Including carry forward from 2016/17, the Committee had a total budget of **£141,226** for 2017/18 which is split between the three wards as follows:

   Armley: £46,062
   Bramley & Stanningley: £55,214
   Kirkstall: £39,948

Wellbeing balances

4. Following the commissioning round at the March Committee meeting, the remaining balance available per ward for 2017/18 are as follows:

Remaining Balances For 2017/18	
Armley	£211
Bramley & Stanningley	£2,294
Kirkstall	£7,561

5. Attached at appendix 1 is the Finance Statement which provides Members with details of the current financial and monitoring position of the Wellbeing Fund and the Youth Activity Fund.

6. Full monitoring details can be provided on projects at the request of Members.

New Wellbeing Applications for 2017/18

7. There are no projects for consideration.

Small grants and skips

8. Since the October Committee, no small grants have been approved.

9. The balance of the small grants and skips budget available at 13th November 2017 was **£2,668**.

Youth Activities Fund

10. The Community Committee received a Youth Activities Fund allocation of **£34,530**. Including carry forward from 2016/17, the Committee had a total budget of **£37,370** for 2017/18 which is split between the three wards as follows:

    - Armley: £12,183
    - Bramley & Stanningley: £12,106
    - Kirkstall: £13,080

11. Following the commissioning round at the March Committee meeting, the remaining balance available per ward for 2017/18 are as follows:

Remaining Balances For 2017/18	
Armley	£97
Bramley & Stanningley	£843
Kirkstall	£1,502

Capital Wellbeing Balance

12. Following a recent injection of funds, the current Inner West Capital Receipts Incentive Scheme balance is **£36,700.**

Community Infrastructure Levy (CIL)

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

2017/18 Wellbeing Funding Round

14. At the last meeting, Members approved the process for allocating grants and funding projects in 2018/19. The deadline for grant applications is 5pm on 12th January 2018. Members are asked to encourage projects to apply where they meet the Community Committee's priorities.

15. The Communities Team will consult with Members in ward groups before and during the process, bringing everyone together for a workshop to review all applications on week commencing 12th February 2018.

Corporate considerations

Consultation and engagement

16. Consultation with Children and Young People will take place through the Inner West Youth Summit for the Committee's Youth Activities Fund.

17. Elected Members have been consulted on local priorities through the former Area Committee Business Plans. The 2018/19 commissioning round began with a communication to all Community Committee contacts and a press release.

Equality and diversity / cohesion and integration

18. All projects are assessed in relation to Equality, Diversity, Cohesion, and Integration.

Resources and value for money

19. Aligning the distribution of Community Committee Wellbeing funding to local priorities will help to ensure that the maximum benefit can be achieved.

20. In order to meet the Area Committee's functions (see Council's Constitution Part 3, section 3C), funding is available via Well Being budgets.

Risk management

21. Risk implications are considered on all Wellbeing applications. Projects are assessed to ensure that applicants are able to deliver the intended benefits.

Conclusion

22. The Community Committee has invested its Wellbeing funding in a wide variety of projects that benefit local communities. The majority of projects are progressing as planned with some very positive outcomes recorded.

23. Early feedback indicates that the summer holiday projects funded through the Youth Activities Fund were a great success.

Recommendations

24. Members are asked to:

a) Note the balance of Wellbeing Fund at **4**
b) Note the balance of small grants and skips at **9**
c) Note the balance of the Youth Activities Fund **11**
d) Note the balance of the Capital Fund at **12**
e) Note the Community Infrastructure Levy allocation at **13**
f) Note the spend of the Wellbeing, Youth Activities and Capital budgets and monitoring report at **Appendix 1**

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INNER WEST COMMUNITY COMMITTEE
2017-18 Wellbeing Statement

Appendix 1
20 November 2017

1.0 Revenue

1.1 Revenue Budget Calculation

The table below describes the revenue budget calculation for the 2017-18 financial year. It shows the amount allocated to each ward of the Inner West Community Committee, details of the carry forward from 2016-17 and any existing commitments.

2016/17 IW Revenue Budget	Inner West Community Committee	
Balance Brought Forward from 16/17	£	83,369.67
IW Revenue Allocation for 2017/18	£	128,500.00
Total	£	211,869.67
Schemes Approved from 2016-17 budget to be paid in 2017-18	£	70,637.48
Projects approved in 17/18	£	131,165.02
Total Commitments	£	201,802.50
Remaining to Allocate (Wellbeing)	£	10,067.17
Remaining to Allocate (Youth Activities)	£	2,443.41

1.2 Revenue Projects Live from Previous Years

The table below provides a revenue project statement of grants funded in previous years that are still live.

Project Name	Lead Organisation	Approved	Paid	Remaining	Monitoring update
Tasking Budget Pot (2015/16)	West Yorkshire Police	£ -	£ -	£ -	Project delivering as per agreed deadlines. The remaining funding has been used to hire Bramley Community Centre for Barca to deliver Youth Club from until March 2018.
Motiv-8 counselling service	Barca Leeds	£ 500.12	£ -	£ 500.12	Project monitoring request and not yet received.
Kirkstall Flood Relief Projects Pot	Communities Team WNW	£ 10,000.00	£ -	£ 10,000.00	Project not started yet, No new projects identified.
Broadlea's Teatime Club	Barca Leeds	£ 3,443.09	£ -	£ 3,443.09	Project monitoring request and not yet received.
Small Grants & Skips Pot 2016/17	Communities Team WNW	£ 1,090.00	£ -	£ 1,090.00	Project Completed
Second Chance (Furniture) Project	St George's Crypt	£ 4,000.00	£ -	£ 4,000.00	Project delivering as per agreed outputs. New premises have been purchased. Sessions due to start Jan 2018.
Hollybush for Enduring Wellbeing	The Conservation Volunteers – Hollybush Conservation Centre	£ 4,497.84	£ -	£ 4,497.84	Project Completed
Young Persons Community Cohesion Project	Leeds Youth Service in partnership with Armley Cluster TSL	£ 717.43	£ -	£ 717.43	Project delivering as per agreed outputs. Underspend to be used during 2017/18 to deliver additional activities.
Egyptian Mummy Learning Experience	Manor Park Surgery	£ 1,500.00	£ -	£ 1,500.00	Project delivering as per agreed outputs. Project delayed.
Broadlea Grove CCTV	Housing Leeds	£ 1,650.00	£ -	£ 1,650.00	Project not delivering as per agreed deadlines.
Broadlea Hill CCTV	Leedswatch	£ 1,784.00	£ -	£ 1,784.00	Project Completed.
Money Buddies	Ebor Gardens Advice Centre	£ 4,419.00	£ -	£ 4,419.00	Project Completed. Low numbers of clients recorded at Hawksworth Wood. Looking to move in to the Community Hub to increase numbers and raise awareness.
Leeds Women's Aid Appointment Session	Leeds Women's Aid	£ 3,656.00	£ -	£ 3,656.00	Project delivering as per agreed outputs. Project delayed due to issue with recruitment.
Basketball Sport & Active Lifestyle	Leeds Beckett University	£ 1,030.00	£ -	£ 1,030.00	Project delivering as per agreed deadlines. Attendance has been good with a regular 12 -15 coming each week. The sessions started again in September. One young person attended a trial for The City Of Leeds Basketball Club and now plays for the under 15 team.
The Hollybush Roundhouse	The Conservation Volunteers, Hollybush	£ 4,000.00	£ -	£ 4,000.00	Project Completed
Bramley Credit Union Expansion	Bramley Credit Union	£ 1,200.00	£ -	£ 1,200.00	Project delivering as per agreed outputs. Project delayed due to relocation.
West Leeds Eagles Changing Room Refurbishment	West Eagles Rugby Club	£ 4,000.00	£ -	£ 4,000.00	Project delivering as per agreed outputs

Cragside Recreation Ground Masterplan	Groundwork Leeds	£ 4,000.00	£ -	£ 4,000.00	Project Completed
Bramley Bins	WNW Locality Team	£ 3,000.00	£ -	£ 3,000.00	Project Completed
Milford Sports Club Changing Rooms	Milford Sports Club	£ 4,000.00	£ -	£ 4,000.00	Project delivering as per agreed deadlines. Work due to start at the end of the rugby season in November.
Queenswood Drive Outdoor Gym Equipment	Parks & Countryside	£ 10,000.00	£ -	£ 10,000.00	Project delivering as per agreed deadlines. Equipment due to be installed Jan/Feb 2018.
	Totals:	£ 70,637.48	£ -	£ 70,637.48	

1.3 Revenue Projects Statement

The table below provides a current revenue project statement; most grants are paid retrospectively, so grants shown as unpaid at this point in the year do not necessarily reflect any potential underspend.

Project Name	Lead Organisation	Approved	Paid	Reamining	Monitoring update
Small Grants & Skips Pot (2017/18)	Communities Team WNW	£ 9,000.00	£ 5,743.86	£ 3,256.14	Project delivering as per agreed outputs. 12 skips and 11 small grants have been approved todate.
Festive Lights	Communities Team WNW	£ 7,240.00	£ -	£ 7,240.00	Project delivering as per agreed outputs. The motifs are currently being installed.
Armley Light Switch on Pot 2017	CommunitiesTeam WNW	£ 4,752.00	-£ 885.00	£ 5,637.00	Project delivering as per agreed outputs. The Switch On is planned for Saturday 18th November, 4-6pm.
Bramley Together Christmas Lights Switch on 2017	Bramley Lights Project	£ 3,500.00	£ 275.00	£ 3,225.00	Project delivering as per agreed outputs. The Bramley Lights Switch On is planned for Friday 24th November, 5-8pm.
Broadlea CCTV Monitoring & Maintenance	Leedswatch	£ 1,784.00	£ -	£ 1,784.00	Project monitoring request and not yet received.
Target Hardening	Care & Repair (Leeds)	£ 3,000.00	£ 280.00	£ 2,720.00	Project monitoring request and not yet received.
Hollybush for Enduring Wellbeing	The Conservation Volunteers	£ 5,244.00	£ 995.98	£ 4,248.02	Project delivering as per agreed outputs.
Irish Arts, Cultural Activities and Events 2017/18	Irish Arts Foundation (IAF)	£ 850.00	£ -	£ 850.00	Project monitoring request and not yet received
Motiv-8	Barca Leeds	£ 4,000.00	£ -	£ 4,000.00	Project delivering as per agreed outputs. Group have received matched funding from Bramley Cluster. The Wellbeing funding will be used to deliever so will be drawning down Wellbeing funding for sessions between September - March 2018. Monitoring not due until December.
Bosom Buddies Training	Bramley Bosom Buddies	£ 1,567.00	£ -	£ 1,567.00	Project delivering as per agreed outputs
Family Fun Day Events	West Leeds Activity Centre (WLAC)	£ 3,000.00	£ -	£ 3,000.00	Project monitoring request and not yet received.
Second Bramley Scout Hut Refurbishment	Second Bramley Scout Group	£ 1,500.00	£ 1,500.00	£ -	Project Completed
Follow the Detectives	Community Central CIC	£ 5,000.00	£ 4,574.00	£ 426.00	Project delivered. Monitoring and receipts requested.
West Leeds CLLD Programme Pot	Communities Team WNW	£ 9,000.00	£ -	£ 9,000.00	Project delivering as per agreed outputs.
Children's Champion Project	St Mary's Hawksworth Wood	£ 4,250.00	£ 2,125.00	£ 2,125.00	Project monitoring request and not yet received.
Fifth Year Projects	Kirkstall in Bloom	£ 1,600.00	£ -	£ 1,600.00	Project delivering as per agreed outputs.
Kirkstall Art Trail 2017	Kirkstall Art Trail (KVCA)	£ 1,859.22	£ 1,859.22	£ -	Project Completed.
Kirkstall Festival 2017	Kirkstall Festival Committee	£ 4,250.00	£ 4,250.00	£ -	Project Completed.
Music from the Attic	Kirkstall Educational Cricket Club	£ 4,000.00	£ -	£ 4,000.00	Project monitoring request and not yet received
Mini Breeze	Breeze Team	£ 7,700.00	£ -	£ 7,700.00	Project monitoring request and not yet received
Armley Festival 2017	All Together Armley	£ 2,760.00	£ 2,760.00	£ -	Project monitoring request and not yet received.
Coding, Crafting & Creating	Armley Hub Customer Services	£ 731.00	£ -	£ 731.00	Project monitoring request and not yet received
Bramley Festival 2017	Friends of Bramley Festival	£ 4,500.00	£ 4,500.00	£ -	Project monitoring request and not yet received
Bramley War Memorial Commemorative Bench	Friends of a War Memorial for Bramley	£ 960.00	£ 960.00	£ -	Project monitoring request and not yet received
Kitchen Project	The Villagers Community & Sports Foundation	£ 2,500.00	£ -	£ 2,500.00	Project not started yet. Work due to start Jan 2018 and expected to last 8 weeks.
Smart Energy	Bramley Baths and Community Ltd	£ 4,000.00	£ -	£ 4,000.00	Project Completed - Works completed end of October 2017.
Kirkstall Pocket Park Revenue Pot	Communities Team WNW	£ 1,000.00	£ -	£ 1,000.00	Project delivering as per agreed outputs.
Prioirty Neighbourhood Pot (2017/18)	Communities Team WNW	£ 1,356.00	£ 414.45	£ 941.55	Project delivering as per agreed outputs. Funding used to support engagement work at fun days throughout the year

Communications Budget Pot (2017/18)	Communities Team WNW	£	1,273.80	£ 6.69	£ 1,267.11	Project delivering as per agreed outputs. Remaining of the pot will be used to fund the IW Youth Summit
Community Leader	New Wortley Community Association	£	8,000.00	£ -	£ 8,000.00	Project delivering as per agreed outputs.
Bramley Healthy Living Park	Your Back Yard	£	5,000.00	£ -	£ 5,000.00	Project monitoring request and not yet received
Money Buddies in Armley & Kirkstall	Money Buddies	£	5,148.00	£ -	£ 5,148.00	Project delivering as per agreed deadlines. First monitoring due December 2017.
Broadleas TT Club Cont.	Barca Leeds	£	5,972.00	£ -	£ 5,972.00	Project delivering as per agreed deadlines. First monitoring due December 2017.
Leeds Gateway Trail	Parks and Countryside	£	1,168.00	£ -	£ 1,168.00	Project not started yet
Bumps and Babes	Active Leeds, LCC	£	1,200.00	£ -	£ 1,200.00	Project not started yet
	Totals:	£	128,665.02	£ 29,359.20	£ 99,305.82	

1.4 Youth Activity Fund 2016/17 Carry Forwards

The table below lists those Youth Activity projects supported in 2015-16 and provides a current balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily reflect any potential underspend.

Project Name	Lead Organisation	Approved	Paid	Remaining	Monitoring update
Inspire! Holiday Programe	Christ Church Armley Youth Project	£ 457.78	£ 457.78	£ -	Project Completed.
AIM Higher Youth Club	AIM Education	£ 1,885.00	£ 1,885.00	£ -	Project Completed.
Summer Diversionary Project	ACES Cluster & West Yorkshire Police	£ 1,710.02	£ 1,710.02	£ -	Project Completed.
Woodbridges youth project	Youthpoint, Cardigan Centre	£ 2,859.50	£ 2,859.50	£ -	Project Completed.
		£ 6,912.30	£ 6,912.30	£ -	

1.5 Youth Activity Fund 2017/18

The table below lists Youth Activity projects supported this year and provides a current balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily reflect any potential underspend.

Project Name	Lead Organisation	Approved	Paid	Remaining	Monitoring update
Family Fun in the Park	Ranger Team, Parks & Countryside	£ 2,000.00	£ -	£ 2,000.00	Monitoring due January 2018.
Get Active Camps	AIM Education	£ 3,000.00	£ -	£ 3,000.00	Project complete.
Urban Art Workshops	DJ School UK	£ 940.00	£ -	£ 940.00	Project not started yet. Expected to start February 2018.
West Leeds Activity Centre programme 17/18	West Leeds Activity Centre (WLAC)	£ 4,500.00	£ -	£ 4,500.00	Project monitoring requested and not yet received
Breeze Saturday Night Project (BSNP)	The Breeze Team	£ 4,000.00	£ -	£ 4,000.00	Project complete and awaiting payment.
Bramley Summer Camp	Bramley Cluster	£ 5,100.00	£ -	£ 5,100.00	Project monitoring requested and not yet received
DAZL Bramley Dance Project	Dance Action Zone Leeds (DAZL)	£ 1,350.00	£ -	£ 1,350.00	Project delivering as per agreed outputs.
Woodbridges - Kirkstall Cricket Club Youth Group	The Cardigan Centre	£ 7,415.00	£ -	£ 7,415.00	Project delivering as per agreed outputs. Monitoring due December 2017.
		£ 28,305.00	£ -	£ 28,305.00	

INW Youth Activity Funding 2017-18		
YAF Balance brought forward	£	9,752.71
YAF Allocation for Year 2017-18	£	34,530.00
YAF Total Allocation (inc b/f)	£	44,282.71
YAF Earmarked 16/17	£	6,912.30
Current YAF Figures		
Budget for Year:	£	37,370.41
Total Approved 17/18	£	34,927.00
Available Left to Allocate:	£	2,443.41

1.6 Capital Spend

The table below lists capital projects previously supported and provides a current balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily reflect any potential underspend.

Capital Funding available to allocate:	£	36,700.00

Project Name	Lead Organisation	Wards Benefiting	Approved	Paid	Monitoring update
Kirkstall Pocket Park Capital Pot	Communities Team WNW	Kirkstall	£ 19,550.00	£ 5,932.75	Project delivering as per agreed outputs.
Gotts Park Mansion	Gotts Park Golf Club	Kirkstall	£ 11,764.00	£ 6,580.00	Project delivering as per agreed outputs.
West Leeds Eagles Changing Room	West Eagles Rugby Club	Armley	£ 1,000.00	£ -	Project delivering as per agreed outputs.
Rainbow Senory Room refurbishment	Rainbow House	All	£ 816.00	£ -	Project not started yet.
			£ 33,130.00	£ 12,512.75	

1.7 Small Grant Breakdown of Spends 2017/18

The table below lists small grant projects supported this year and provides a current balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily reflect any potential underspend.

Project Name	Lead Organisation	Approved	Paid	remaining
Get Cooking	Get Cooking	£ 195.00	£ 195.00	£ -
PHAB Youth Group	Leeds PHAB Club	£ 350.00	£ 350.00	£ -
Purchase of Patrol Tents	17th S W Leeds Scout Group	£ 350.00	£ 350.00	£ -
Healthy Together	Russian Speakers Group for Children	£ 350.00	£ 350.00	£ -
Lego Storystarter	Leeds Library Service	£ 600.00	£ 600.00	£ -
New Wortley Festival	New Wortley Community Association	£ 350.00	£ 350.00	£ -
Dancing Tots at North Leeds Community	North Leeds Community Nursery	£ 293.00	£ 293.00	£ -
Kirkstall Big Lunch Great Get Together	Kirkstall Big Lunchers/ St Stephens Well Community Garden	£ 280.86	£ 280.86	£ -
Broadleas Fun Day	Housing	£ -	£ -	£ -
Coach Hire for Armed Forces Fun Day Festival	Community Central Café CIC	£ 700.00	£ 700.00	£ -
Climbing Tower Hire for Hawksworth Wood Fun Day	Commununities Team	£ 350.00	£ 350.00	£ -
Moorside Funday	Moorside TARA Community Centre	£ -	£ -	£ -
		£ 3,818.86	£ 3,818.86	£ -

1.8 Skips Breakdown of Spends 2017/18

The table below lists skip applications supported this year and provides a current balance of funding remaining to allocate. Most grants are paid retrospectively so grants shown as unpaid do not necessarily reflect any potential underspend.

Group Name	Full Address of skip	Approved	Paid	Remaining
New Wortley Community Association	40 Tong Rd, Leeds, LS12 1LZ	£ 280.00	£ 280.00	£ -
Hawksworth Wood Tenants & Residents	Various location see skip form	£ 445.00	£ 445.00	£ -
The Towers Resisends	23a The Towers, LS12 3SQ	£ 140.00	£ 140.00	£ -
Broadleas Better Communities TRA	Broadlea Community Centre	£ 140.00	£ 140.00	£ -
Haleys Field Allotments	5 Prospect View, LS13 3AN	£ 145.00	£ 145.00	£ -
2ND Bramley Scout Group	Highfield Street Bramley ,Ls13	£ 140.00	£ 140.00	£ -
2ND Bramley Scout Group	Highfield Street Bramley ,Ls13	£ 140.00	£ 140.00	£ -
2ND Bramley Scout Group	Highfield Street Bramley ,Ls13	£ 140.00	£ 140.00	£ -
		£ 1,570.00	£ 1,570.00	£ -

Total approved spend on small grants & Skips 2017/18	£	9,000.00
Remaining to allocate	£	2,668.00

Community Committee

Leeds CITY COUNCIL

Report of: The West North West Area Leader (Citizens and Communities)

Report to: The Inner West Community Committee (Armley, Bramley & Stanningley and Kirkstall)

Report author: Sarah Geary (3367872)

Date: 29th November 2017

For Information

Community Committee Update Report

Purpose of report

1. This report updates the Community Committee on the work of the sub groups of the Committee: Children and Young People and Environment.

2. This report updates the Committee on community events, local projects and partnership working that has taken place in the area since the last meeting.

Main issues

3. **Children & Young People – Champion: Cllr C Gruen**
   There was a sub group meeting held on 9th October. The following items were discussed:
   - West Leeds Activity Centre – an update was given on the success of the open days which had a large number of local people attend
   - Youth Service Review – Chris Dickenson (Commissioning) and Andrea Richardson (Head of Learning for Life) attended and gave an overview of what was within the parameters of the Youth Service Review – ensuring correct contracts are in place with external organisations and whether the Youth Service are meeting the needs of users. A request was made for more monitoring of quality.
   - Early Years Update – Obesity levels for young people in Armley and Bramley are increasing against the city wide trend of reducing levels.

- Graeme Tiffany – a specialist in detached youth work gave an interesting presentation on the benefits of outreach and detached work

Environment – Champion: Cllr Illingworth

4. The next Environment Sub Group is on Friday 26th January.

Health & Wellbeing & Adult Social Care – Champion: Cllr Lowe & Cllr Venner

5. **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.

6. **CAREVIEW**-Social Isolation App is an app that can work on any smart mobile device and can help reconnect socially isolated residents to their communities and services which can help improve and maintain their health. CAREVIEW is currently being tested in the 6 x 1% priority neighbourhoods 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.

7. 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-LEEDS

8. 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.

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

10. **Care Home Employment**
    As part of the core team work on wider determinants of health / vulnerable adults a study of employment opportunities at the local care/nursing and residential homes was carried out. The objective was to establish the extent of local job / career opportunities. All establishments were visited or contacted with the help of a residential home nurse form the Thornton Medical Practice. It is now hoped employment services can meet with one of the local directors of a larger care firm to establish a professional relationship and help local people by preparing them for work in the local homes. A 70 bed residential home may reopen which could present the local population with employment vacancies. Employment services have now met with the Director of a local Care Home to help local community members access the vacancies and prepare for work in this sector.

11. Public Health is looking to inject £10,000 of funding on a local employment and health and wellbeing project based in New Wortley. Project ideas are currently being worked up.

12. **Migrant Access Project in Armley**
    Touchstone have recently been commissioned to deliver a migrant community project across Leeds to help and support migrants and improve migrant health, Armley will be one of the zones the project starts in. The project is an innovative approach to some of the issues Leeds faces in helping new arrivals to the city with complex social and health needs. Part of project will involve embedding community development workers in local GP practices to help health care staff and clinicians offer the best support and medical advice to migrants.

Employment, Skills & Welfare – Champion: Cllr McKenna & Cllr Heselwood

13. Within the Community Committee area, there are 1,010 people claiming Job Seekers Allowance (JSA), as of September 2017 which is a 19% (240 people) decrease compared to the same period last year. There are 4,180 people claiming Employment Support Allowance (ESA), as of November 2016, which is a 1.76% (75 people) decrease compared to the same period last year.

14. From April to September 2017, there have been 1,157 residents accessing Jobshops and Employment and Skills programmes, with 338 supported to secure employment and 505 to improve their skills.

15. The Personal Work Support package (PWSP), requiring those unemployed residents in receipt of Council Tax Benefit to attend Jobshops for additional job search support, is working well. Since it commenced in October 2015, a total of 2,552 residents have started on the programme, 26% (664) have secured employment. 334 residents from Inner West have engaged or have completed this programme, 26% (87) of these have secured employment.

Community Safety – Champion: Cllr Ritchie

16. Darker nights bring us many policing challenges. Local Officers have been busy spreading Crime prevention advice and targeting those who seek to harm us by committing crime.

17. It is satisfying to report that we have secured detention for several prolific offenders in the last month. Of particular note a career criminal from Bramley was detained, after been on the run for weeks. Tenacious enquiries by officers eventually paid off and he is now in prison awaiting trial, for many offences.

18. One of our sheltered housing complexes was targeted by burglars but the offenders were caught within a day and charged to Court.

19. Residents of Armley Town Street report that past problems there are much improved.

20. The Bonfire period is always very testing but with careful planning and interagency work I am pleased to say that there were no major problems. Officers and partner agencies worked extremely hard in the months prior to Bonfire night to educate and divert young people from disorderly conduct.

21. As the nights draw in and Christmas approaches please check your own crime prevention strategy;

    1. Lock your doors and windows every time you leave the house, even when you're just out in the garden, remembering to double-lock UPVC doors (lift handle and turn key)
    2. Hide all keys, including car keys, out of sight and away from the letterbox (remember a device could be used to hook keys through the letterbox)
    3. Install a visual burglar alarm and good outside lighting
    4. Get a trusted neighbour to keep an eye on your property when you are away
    5. Leave radios or lights in your house on a timer to make the property appear occupied
    6. Make sure the fences around your garden are in good condition and trim hedges so your neighbours can keep an eye out for you
    7. Secure bikes at home by locking them to an immoveable object inside a locked shed or garage
    8. Keep ladders and tools stored away; don't leave them outside where they could be used to break into your home

9. Ensure side gates are locked to prevent access to the rear of the property
10. Hide expensive items from view, including Christmas presents under the tree.

Armley Forum

22. A Community Led Forum was held on the 17th October, the next Armley Forum will be on 21st November.

23. The Armley Christmas Lights Switch on held on Saturday 18th November. Armley Library and Love and Light Tea Rooms hosted Christmas Fayre during the day. The weather was kind to this year's switch on which was a great success.

Bramley & Stanningley Ward Forum

24. The next Bramley & Stanningley is on Thursday 30th November.

25. The Bramley Lights Switch on is planned for Friday 25th November.

Corporate

26. **a. Consultation and engagement -** Local priorities were set through the Community Plan process.

b. Equality and diversity / cohesion and integration - The Business Planning process takes into account equality, diversity, cohesion and integration issues.

c. Council policies and city priorities - The themes in the Business Plan mirror the themes and priority outcomes at a city wide level and also reflect the delegated functions and priority advisory functions.

Conclusion

27. The work of the sub groups are essential in the delivery of the Community Committee priorities. The Communities Team continues to look at opportunities to develop projects and promote new ways of working to achieve the objectives outlined in the Community Plan.

Recommendations

26. To note the report including the key outcomes from the sub groups and approve the new Community Plan.

Background information

- None

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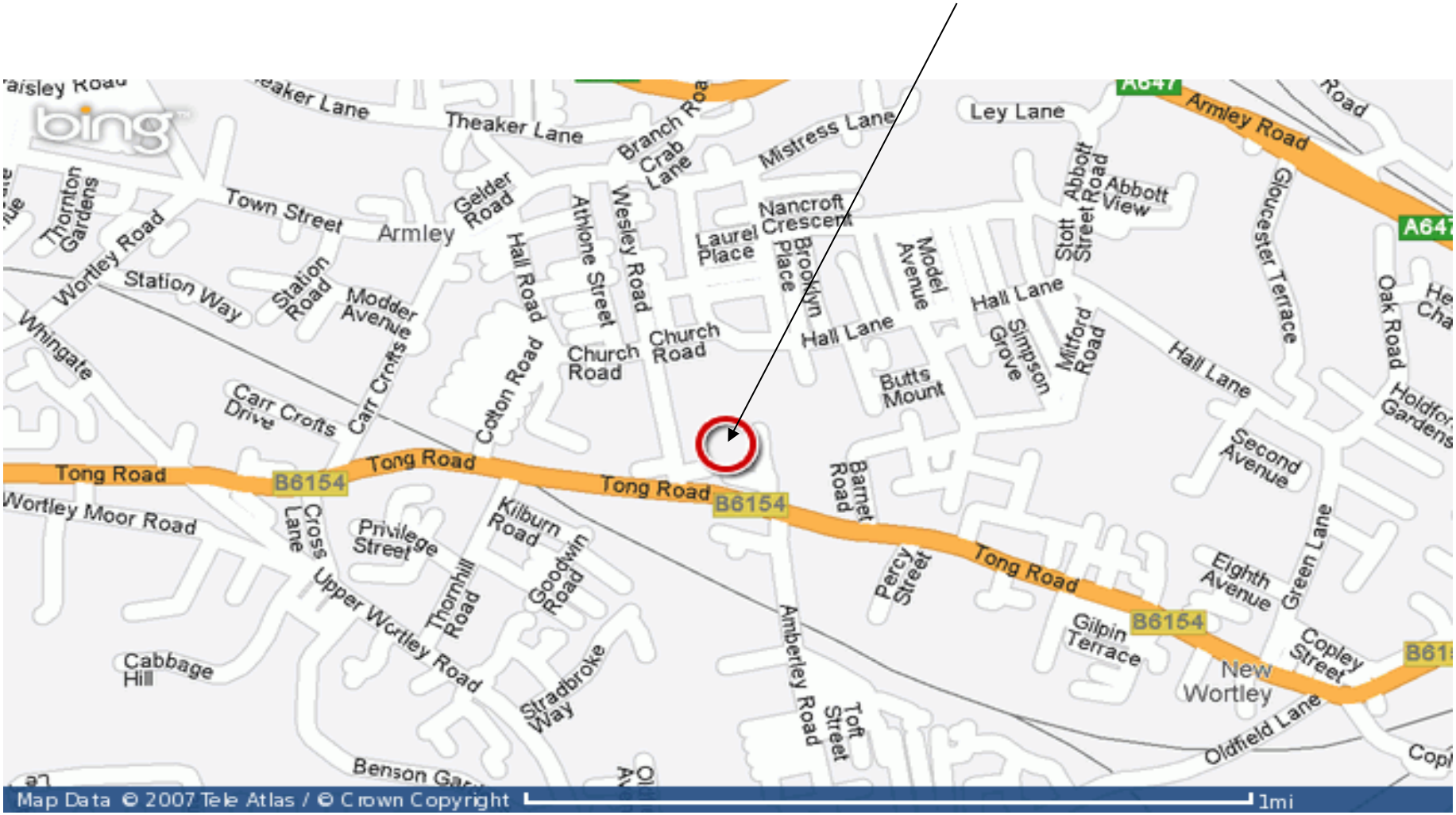
Strawberry Lane Community Centre, Strawberry Lane, Leeds LS12 1SF



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