



Outer West Community Committee

Calverley & Farsley, Farnley & Wortley, Pudsey

Meeting to be held in West Leeds Scouts, The Lanes, Pudsey, LS28 7AQ

Wednesday, 22nd November, 2017 at 1.00 pm

Councillors:

A Carter
Mrs A Carter
R Wood

Calverley and Farsley;
Calverley and Farsley;
Calverley and Farsley;

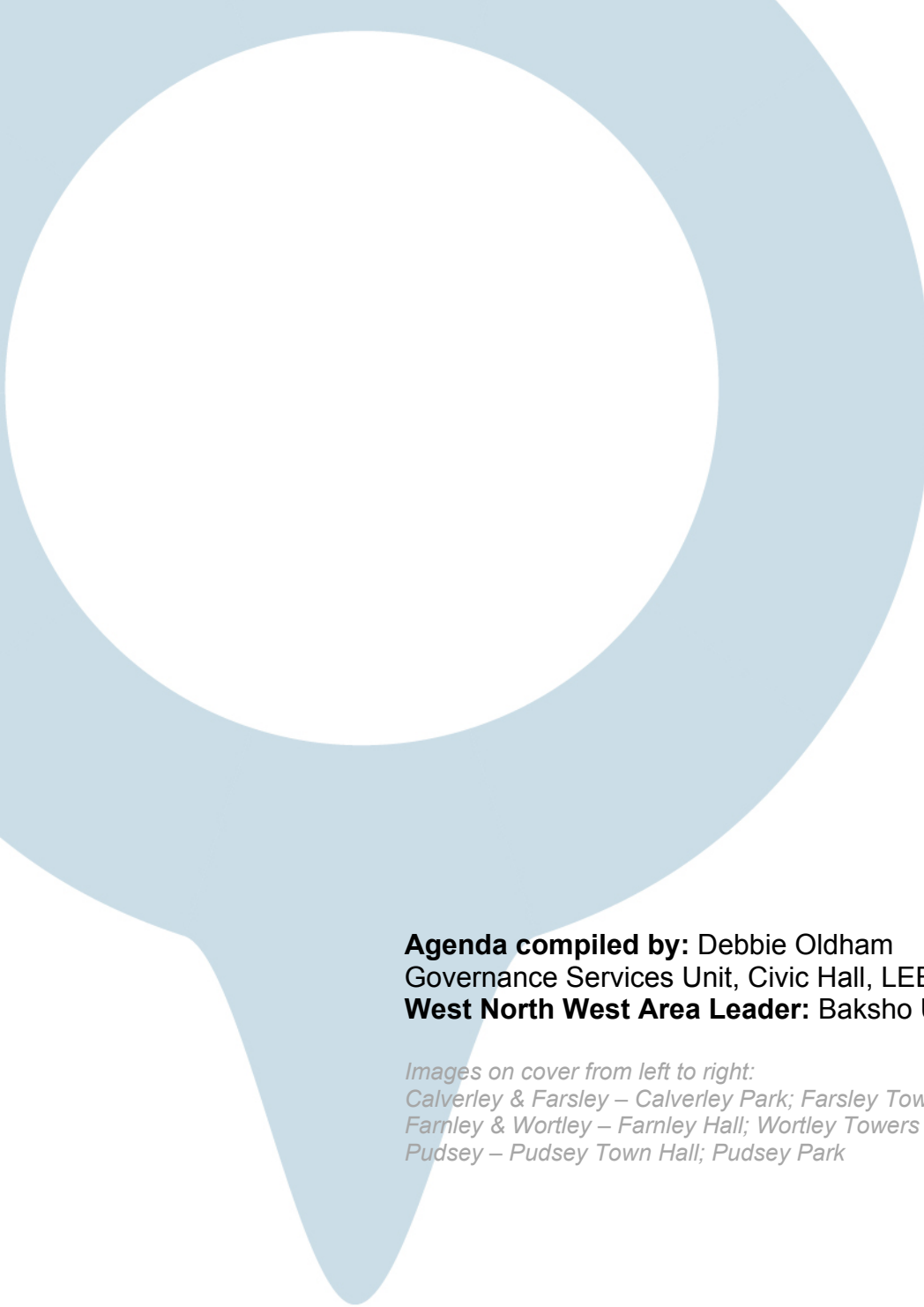
A Blackburn
D Blackburn
T Wilford

Farnley and Wortley;
Farnley and Wortley;
Farnley and Wortley;

M Coulson
J Jarosz
R Lewis

Pudsey;
Pudsey;
Pudsey;





Agenda compiled by: Debbie Oldham
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:
Calverley & Farsley – Calverley Park; Farsley Town Street
Farnley & Wortley – Farnley Hall; Wortley Towers
Pudsey – Pudsey Town Hall; Pudsey Park*

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting.)	
2			EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			LATE ITEMS To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			DECLARATION OF DISCLOSABLE PECUNIARY INTEREST 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 Conduct.	
5			APOLOGIES FOR ABSENCE To receive any apologies for absence.	
6			OPEN FORUM / COMMUNITY FORUM In accordance with Paragraphs 4.16 and 4.17 of the Community Committee Procedure Rules, at the discretion of the Chair a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Community Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
7			MINUTES To approve the minutes of the Outer West Community Committee held on 27th September 2017.	1 - 6

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8	Calverley and Farsley; Farnley and Wortley; Pudsey		FINANCE UPDATE REPORT To consider the report of the West North West Area Leader this report provides the Outer West Community Committee with an update on the budget position for the Wellbeing Fund and Youth Activities Fund for 2017/18 and the current position of the Small Grants and skips pots. The report also provides an update on the Wellbeing Fund, Youth Activity Fund, Small Grants and Skips that have been approved since the last meeting. (Report attached)	7 - 14
9	Calverley and Farsley; Farnley and Wortley; Pudsey		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 Outer 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)	15 - 74
10	Calverley and Farsley; Farnley and Wortley; Pudsey		LEEDS TRANSPORT CONVERSATION UPDATE - PUBLIC TRANSPORT INVESTMENT PROGRAMME (£173.5M), OUTER 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)	75 - 100
11			DATE AND TIME OF NEXT MEETING To note the next meeting of the Outer West will be 28 th February 2018.	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			VENUE DETAILS AND MAP West Leeds Scouts, The lanes, Pudsey, LS28 7AQ 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.	101 - 102

OUTER WEST COMMUNITY COMMITTEE

WEDNESDAY, 27TH SEPTEMBER, 2017

PRESENT: Councillor M Coulson in the Chair

Councillors A Blackburn, D Blackburn,
Mrs A Carter, J Jarosz, R Lewis, T Wilford
and R Wood

12 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

13 Exempt Information - Possible Exclusion Of The Press And Public

There were no exempt items.

14 Late Items

There were no late items.

15 Declaration Of Disclosable Pecuniary Interest

There were no declarations of disclosable pecuniary interests.

16 Apologies For Absence

Apologies for absence had been received from Cllr. Andrew Carter.

17 Open Forum / Community Forum

In accordance with Paragraphs 4.16 and 4.17 of the Community Committee Procedure Rules, at the discretion of the Chair a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Community Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.

On this occasion Joanne Wareham from Farsley Live at Home attended the meeting to provide Members with information in relation to a request for funding.

Cllr. Amanda Carter declared that she sits on the committee for the Live at Home scheme.

Ms Wareham explained that the Farsley and Pudsey Live at Home schemes would like to run a joint initiative to organise a men's group. The men's group 'Mainly Men' would offer a service across both Farsley and Pudsey wards.

Members heard that the Farsley and Pudsey Live at Home schemes have 875 members, only 165 are men. Ms Wareham said that men are less likely to make friends compared to women, and don't always enjoy the same outings or activities as women.

Members were advised that a similar project run at Rothwell had provided activities such as visits to a brewery, a double glazing firm, pub meals or events with speakers which had proved popular. The activities had been arranged after a consultation exercise to ascertain what types of activities the men would want to do.

Members were informed the minibus owned by Farsley Live at Home would be shared across both Farsley and Pudsey wards to transport members to activities, there would be a charge of £4 per person for transport.

Members noted that the project at Rothwell was doing well and that activities and outings had been well attended.

The Chair thanked Ms Wareham for attending.

18 Minutes

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

19 Finance Update Report

The report of the West North West Area Leader provided the Community Committee with an update on the budget position for the Wellbeing Fund and Youth Activities Fund for 2017/18 and the current position of the Small Grants and skips pots.

Members were reminded that the Community Committee had received an allocation of £104,670 for financial year 2017/18. Taking into account project underspends and carry forward figures from 2017/17, the total fund available for new projects in 2017/18 was £112, 237.06. It was noted that funding was committed to 23 projects for 2017/18. Table 1 of the submitted report set out Wellbeing applications which had been received or approved since the last meeting. The table included the 'Mainly Men' project for consideration, the Committee had received information in relation to this applications as part of the Open Forum. Minute 17 refers

It was noted by the Members that taking in to account underspends and if the 'Mainly Men' project was to be approved there would be £422 still available for allocation for the Wellbeing Revenue 2017/18 budget.

Members were advised that Table 2 of the submitted report set out the Small Grants that had been received or approved since the last meeting.

Table 3 of the submitted report provided Members with information on the skips that had been approved since the last meeting.

It was noted that there was £4,916 still available for allocation for the Small Grants and skips hire in the 2017/18 budget.

Members were asked to consider moving money from the Small Grants and skips pot should the need arise to fund a large grant project. Members were in agreement to consolidate the large grants and the Small Grants and skips pots.

It was noted that it was the time of year when skips may be requested especially for allotments and leaf fall collection. Members were informed by the Chair that a special meeting was to be organised for Ward Members with the Cleaner Neighbourhoods Team to identify hot spots of leaf fall in the wards with a view to look at how best to address the issue of clearing leaves.

Members were advised that £30,153 of capital monies was available for allocation in 2017/18. Table 4 of the submitted report provided Members with information of Capital projects approved since the last meeting.

Members heard that the Youth Activities Fund had now been fully committed for 2017/18.

The Committee was asked to consider approval of the method by which Wellbeing grants are approved for 2018/19. It was noted that the application round would follow the same process as previous years, with applications being invited between 27th October 2017 and 12th January 2018 for approval during February 2018.

RESOLVED - That the Committee:

- Note the current budget position for the revenue Wellbeing Fund 2017/18 and applications that have been approved since the last meeting at table 1 of the submitted report.
- Note the current budget position for the small grants and skips and those applications that have been approved since the last meeting at table 2 and table 3 of the submitted report.
- Note the current budget position of the Capital Wellbeing Fund for 2017/18 and those applications that have been approved since the last meeting at Table 4 of the submitted report.
- Note the current budget position for the Youth Activities Fund for 2017/18
- Agree the recommended application round process for 2017/18
- Agree to merge the large grants and the small grants and skips budgets

- Approve the project 'Mainly Men' submitted by Farsley and Pudsey Live at Home scheme

20 Leeds Inclusive Growth Strategy

The report of Economic Policy, Innovation and Sector Development Team was presented to the Committee by The Senior Economic Development Officer, Gilda Smith-Leigh.

Members were provided with a brief background to the Leeds Inclusive Growth Strategy and how the strategy aimed to be more inclusive to those communities outside the city centre.

Members were informed that as part of the consultation process the team were visiting the Community Committees to discuss some key ideas in the strategy and look at how they related to local priorities.

Members discussed the following points:

- The types of jobs that would be needed in the future
- The need for people to be retrained and up skilled for new types of jobs
- For schools to assist children to select the right GCSE's for future careers
- The need for better transport links to the city centre and to cities nearby such as Bradford
- The need to find more employers of large and small businesses to provide apprenticeships
- Courses to address skill gaps
- To consider local area boundaries with other cities
- The links between education, GCSE results, careers advice, the growth of the city and the skills that are required to continue the growth of the city to be inclusive and prosperous for all.
- To promote industries such as engineering and manufacturing to younger people
- How to increase the aspirations of young people living in inner city areas

Members also discussed at length the 12 big ideas set out in the attached summary of the submitted report and how they could link with local priorities in the Outer West area.

The Chair thanked the officer for an informative report which had been presented well and had encouraged good discussions with all the Committee Members. The Committee showed their appreciation with a round of applause for the officer.

RESOLVED – The Committee to:

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

- Note the intention for the report to form the basis of a localised discussion workshop as part of the open consultation on the Leeds Inclusive Growth Strategy.

21 Community Committee Update Report

The report of the West North West Area Leader provided an update to the Committee on the work of the sub groups, the report also updated Members on pieces of work and partnership working which had taken place since the last meeting.

A copy of the Committee's newsletter was attached at appendix 1 of the submitted report. It was noted that comment had been received in relation to the glass recycling sites and as a consequence more sites would be included. A list of all the sites to be listed were checked by Members with no further sites added.

Members were advised that the newsletter would be distributed to local sites including community centres and libraries within the area.

22 Any other business

The Chair informed the Committee that the Children's Forum would take place on Friday 6th October 2017 in the Civic Hall in Leeds starting at 10:00am.

He said that those attending the Forum would be provided with lunch at the Rosebowl.

The Chair asked Members where possible to attend especially the consultation workshop.

The Committee were informed that courses for 19 year olds and over in level 2 Maths and English were to be provided at Swinnow Community Centre. The courses would be free and run for 20 weeks and start on 21 October 2017. Students would need to register their interest. Once inducted they will be either given a link to the course details or a workbook to complete in their own time. The course provider will offer drop in sessions on request every Thursday should any students require any support.

23 Date and time of next meeting

The next meeting of the Outer West Community Committee will be on Wednesday 22nd November 2017 at 1:00pm in the Council Chambers, Pudsey Town Hall.

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Report of: The West North West Area Leader

Report to: The Outer West Community Committee – Calverley & Farsley; Farnley & Wortley; Pudsey

Report author: Rachael Mitchell 336 7875

Date: 22 November 2017

For decision

Finance Update Report

Purpose of report

1. This report provides the Outer West Community Committee with an update on the budget position for the Wellbeing Fund and Youth Activities Fund for 2017/18 and the current position of the Small Grants and skips pots.
2. The report provides an update on the Wellbeing Fund, Youth Activity Fund, Small Grants and Skips that have been approved since the last meeting.

Main issues

3. Community Committees have a delegated responsibility for the allocation of Area Wellbeing Funding. The amount of Wellbeing funding provided to each committee is calculated using a formula agreed by Council taking into consideration both population and deprivation of an area.
4. The Outer West Community Committee seeks to ensure that Wellbeing funding is allocated in a fair and transparent way and that recipients are able to commence delivery of their projects as early as possible in the financial year. To facilitate this process, a commissioning round is held which requires organisations to submit proposals for projects. Once the annual Wellbeing budgets are set by Executive Board and ratified by Full Council, the Community Committee meets to agree which projects will be supported in the year ahead. These projects are then monitored and assessed by the Community Committee throughout the year to ensure they are fully meeting their objectives.
5. In addition, the Outer West Community Committee receives a sum of Youth Activity Fund funding.
6. The Community Committee also received an allocation of Capital Funding in 2017/18.

7. 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, equality and diversity; and be unable to cover the costs of the project from other funds.
8. 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 integration). 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.

Wellbeing Revenue Budget Statement 2017/18

9. The Outer West Community Committee received an allocation of **£104,670** for the 2017/18 financial year. Taking into account project underspends and carry forward figures from 2016/17, the total fund available for new projects in 2017/18 was **£112,237.06**. This funding was committed to **26** projects for 2017/18. **Table 1** below outlines the Wellbeing Applications which have been received or approved since the last meeting of the Outer West Community Committee.

Table 1: Wellbeing Revenue applications received for consideration or approved

Project Name	Organisation / Department	Amount Requested	Amount Approved
Mainly Men	Farsley and Pudsey Live at Home Schemes	£2,000	£2,000
Bumps and Babes	Active Leeds	£600	£600 (a £179 contribution came from the small grants pot).

10. The Wellbeing Revenue 2017/18 budget is fully committed.

11. Details of monitoring returns provided by Wellbeing projects funded in 2017/18 are set out in Appendix 1. It shows what progress has been made by projects to deliver the activity as agreed through the application process, which projects are now complete and which are still live. Members are asked to note the content of the Wellbeing monitoring returns.

Small Grants & Skips

12. There is **£4,237** still available for allocation for Small Grants and for Skip Hire in the 2017/18 budget. The Community Committee are asked to note the current position of the budget and those grants and skips that have recently been approved.

2017/18 Wellbeing Capital Projects

13. In addition to Wellbeing revenue the Community Committee also receives an allocation of capital funding. The Outer West Community Committee has allocated capital funding to five projects for 2017/18. The latest update from the Council's Finance Department shows there is **£33,900** in capital monies available for allocation in 2017/18.

2017/18 Youth Activities Fund

14. In 2017/18, the Outer West Community Committee received a sum of **£37,690** Youth Activity Fund. This fund is to commission sports and cultural activity for young people age 8-17. This should be allocated with the involvement and participation of children and young people in the decision making process.
15. Taking into account project underspends and carry forward figures from 2016/17, the total fund available for new projects in 2017/18 was **£42,436.61** which has now been fully committed.

Community Infrastructure Levy (CIL)

16. 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.
17. Members, representing all 3 outer west wards, met on the 10th November to discuss the process they wish to use for allocating the Community Committee element of the Neighbourhood Fund in outer west. The recommendation is that any funds raised through CIL is, are retained by the ward in which it is generated.

Corporate considerations

a. Consultation and Engagement

18. The Community Committee has previously been consulted on the projects detailed within the report. The Youth Activity Fund application rounds are promoted through the Breeze Culture Network and local providers, with consultation from children and young people being taken into account through the Youth Engagement Panels.

b. Equality and Diversity / Cohesion and Integration

19. All Wellbeing funded projects are assessed in relation to Equality, Diversity, Cohesion and Integration. In addition, the Wellbeing process is currently being reviewed citywide, which will include undertaking a new Equality Impact Assessment to ensure the Wellbeing process continues to comply with all relevant policies and legislation.

c. Council policies and City Priorities

20. Projects submitted to the Community Committee for Wellbeing funding are assessed to ensure that they are in line with Council and City priorities as set out in the following documents:

- Vision for Leeds
- Leeds Strategic Plan
- Health and Wellbeing City Priorities Plan
- Children and Young People's Plan
- Safer and Stronger Communities Plan
- Regeneration City Priority Plan

d. Resources and value for money

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

e. Legal Implications, Access to Information and Call In

22. There are no legal implications or access to information issues. This report is not subject to call in.

f. Risk Management

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

Conclusion

24. Wellbeing funding provides an important opportunity to support local organisations and drive forward improvements to services. This report provides members with an update on the Wellbeing programme for 2016-17.

Recommendations

25. The Committee is asked to:

- Note the current budget position for the revenue Wellbeing Fund for 2017/18 and applications that have been approved since the last meeting at **Table 1**
- Note the content of the end of year monitoring returns for projects funded in 2017/18 (Appendix 1).
- Note the current budget position for the small grants and skips
- Note the current budget position for the Capital Wellbeing Fund for 2017/18

- Note the current budget position for the Youth Activities Fund for 2017/18
- Note and agree the Community Infrastructure Levy recommendations agreed on the 10th November.

Background information

1. None

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1.1 Wellbeing Large Grant Funded Projects

1.2 The table shows the monitoring for the Large Grants for 2017 / 2018

Project Name	Lead Organisation	Approved	Paid	Monitoring Update
Small Grants & Skips Pot	Communities Team WNW	£ 7,821.00	£ 2,669.35	Project ongoing. Six projects funded and seven skips
Neighbourhood Improvement Programme Budget Pot 2017/18	Communities Team WNW	£ 6,000.00	£ -	Project ongoing. Working groups developing projects, other services have been delivering projects in the area.
Pudsey Christmas Lights Pot 2017/18	Communities Team WNW & Leeds Lights	£ 9,000.00	£ -	Project ongoing. The Christmas Lights will be taking place in November and December.
Farsley Christmas Lights Pot 2017/18	Communities Team WNW	£ 5,750.00	£ 833.33	Project ongoing. The Christmas Lights will be taking place in November and December.
Calverley Christmas Lights Pot 2017/18	Communities Team WNW	£ 1,750.00	£ 833.33	Project ongoing. The Christmas Lights will be taking place in November and December.
Pudsey in Bloom	Parks and Countryside	£ 4,169.44	£ -	Project completed and awaiting payment. Floral displays have been provided in the area.
Farsley in Bloom	Parks and Countryside	£ 2,630.62	£ -	Project completed and awaiting payment. Floral displays have been provided in the area.
Calverley in Bloom	Parks and Countryside	£ 2,838.68	£ -	Project completed and awaiting payment. Floral displays have been provided in the area.
New Farnley in Bloom	Parks and Countryside	£ 1,000.00	£ -	Project ongoing. Floral displays have been provided in the area.
Site-based Gardener for Tyersal Park and New Farnley Park	Parks and Countryside	£ 12,367.22	£ -	Project completed and awaiting payment.
CCTV Monitoring & Maintenance	Leedswatch	£ 23,833.00	£ -	Project ongoing. During the period 1st April 2017 – 30th September 2017 – 169 incidents were captured.
Summer Holiday Targeted Provision	Leeds Youth Service	£ 1,400.00	£ -	Project completed and awaiting payment. The young people enjoyed the session which included canoeing, horse riding and bush craft.
Summer Bands in Leeds Parks 2017	Leeds International Concert Season	£ 3,200.00	£ -	Project completed and awaiting payment. 10 free concerts took place across the three wards.
St James Community Hall Equipment	St James the Great PCC	£ 1,500.00	£ 1,500.00	Project completed. The improvements have been made to the kitchen and a variety of activities are taking place.
Cow Close Community Centre	Armley Juniors Project 4 Young People	£ 10,048.00	£ 7,536.00	Project ongoing. The service is open four days a week as well as delivering outreach work.
Farsley Community Activities 2017/18	Farsley Community Initiative	£ 2,000.00	£ 2,000.00	Project completed. The event was a success and enjoyed by the community.
Hollybush for Enduring Wellbeing	The Conservation Volunteers	£ 3,500.00	£ 664.75	Project ongoing. The project is progressing well in line with targets set.
Lego Storystarter	Leeds Library Service	£ 599.94	£ -	Project ongoing. Delay in project, equipment now purchased and sessions being organised.
Modern Dance	Swinnow Community Centre	£ 1,727.00	£ 525.00	Project ongoing. The dance lessons have been enjoyed by many children.
Restaurant Nights in Swinnow	Bramley Elderly Action	£ 2,255.00	£ -	Project ongoing. Two restaurant nights have been held 3rd June 43 people attended, 19 were over 60. 2nd September 42 people attended, 21 over 60.
Target Hardening	Care & Repair (Leeds)	£ 3,000.00	£ 1,230.00	Project ongoing. Some concerns about the project which are being addressed.
Teaching Young Children to Swim	Pudsey Amateur Swimming Club	£ 3,000.00	£ 3,000.00	Project completed. The swimming lessons were delivered as planned, the project was a success.
Pudsey Carnival	Pudsey Carnival Committee	£ 1,000.00	£ 1,000.00	Project completed. The Carnival took place on 20th May 2017 and was enjoyed by the community.
Money Buddies	Ebor Gardens Advice Centre	£ 1,716.00	£ -	Project ongoing. Began in September.
Mainly Men	Farsley and Pudsey Live at Home Schemes	£ 2,000.00	£ -	Project not started. Funding awarded in September.
Bumps and Babes	Active Leeds	£ 600.00	£ -	Project not started. Funding awarded in October.

1.3 The table shows the monitoring for the Large Grants from previous years carried forward.

Project Name	Lead Organisation	Approved	Paid	Monitoring Update
Pudsey Business Support Group Pot 2015/16	Communities Team WNW	£ 667.66	£ -	Project ongoing. Event for the LS128 Group. Funding to be used on event if it goes ahead. If no event, funding will be returned to the pot.
Money Buddies (OW/15/23/LG) Additional Funding 2015/16	Communities Team WNW	£ 404.00	£ -	Project completed and awaiting payment. Project ended in September.
Community Committee and Communications Budget Pot 2016/17	Communities Team WNW	£ 926.85	£ 76.52	Project ongoing.
Neighbourhood Improvement Programme Budget Pot 2016/17	Communities Team WNW	£ 2,012.00	£ 652.88	Project ongoing. Pot used to financially support various activities delivered through the Working Group.
Pudsey Christmas Lights Pot 2016/17	Communities Team WNW	£ 756.57	£ 756.57	Project completed. The lights were a success.
Farsley Christmas Lights Pot 2016/17	Communities Team WNW	£ 797.50	£ 797.50	Project completed. The lights were a success.
Community Development Worker	Barca	£ 8,750.00	£ 8,750.00	Project completed. The post ended in May at the end of a 12 month project.
Hollybush for Enduring Wellbeing	The Conservation Volunteers	£ 3,373.11	£ 3,373.11	Project completed. Participants engaged well with the scheme which had a positive impact on their wellbeing.
Target Hardening	Care and Repair	£ 720.00	£ 720.00	Project completed. Crime reduction was delivered across all three wards, there was an underspend of £2,150.

Owlcotes Mosaic	Seagulls	£ 4,360.00	£ 4,360.00	Project completed. The project was developed with the local community, who have commented how good the mosaic looks.
Dog Fouling Signs Pot	Communities Team WNW	£ 1,230.00	£ -	Project ongoing. Two successful events have been held and the signs are to be installed.

1.4 Youth Activity Funded Projects

1.5 The table shows the monitoring for the Youth Activity Fund for 2017 / 2018

Project Name	Lead Organisation	Approved	Paid	Monitoring Update
Breeze Friday Night Project (BFNP)	The Breeze Team	£ 8,500.00	£ -	Project ongoing. The project is progressing well at Pudsey Leisure Centre.
Mini Breeze	The Breeze Team	£ 11,300.00	£ -	Project ongoing. Monitoring requested.
Love Pudsey Youth Café	Love Pudsey	£ 3,900.00	£ -	Project ongoing. Project no longer incurs staffing charge, therefore project may look at providing additional activities for young people.
DAZL Farnley & Wortley Community Program	Dance Action Zone Leeds	£ 3,340.00	£ -	Project ongoing. Project on target. Dance sessions are provided at St Johns and Hillside Hall.
Pop-Up Activity Camps	Sport & Active Lifestyles	£ 5,000.00	£ -	Project ongoing. All sessions delivered at full capacity and on target.
Get Active Camps	AIM Education	£ 3,423.00	£ -	Project ongoing. Sessions delivered as per targets.
Schools Out!	Armley Juniors Project 4 Young People	£ 6,000.00	£ 1,500.00	Project ongoing. Due to changes in the project, this project will not spend in full.

1.6 The table shows the monitoring for the Youth Activity Fund from previous years carried forward.

Project Name	Lead Organisation	Approved	Paid	Monitoring Update
Winter Youth Activity	Lazer Centre	£ 477.00	£ 477.00	Project completed.
Aim Higher Youth Club	AIM Education	£ 369.00	£ 369.00	Project completed.
Love Pudsey Youth Café	Love Pudsey	£ 2,080.00	£ -	Project ongoing. Project no longer incurs staffing charge, therefore project may look at providing additional activities for young people.
Farnley & Wortley Smaller Youth Activities Pot 2016/17	Communities Team WNW	£ 3,610.00	£ -	Project ongoing. Dazl are delivering a weekly session at the Family of God Church.
Scrap Tinker Lab	Scrap – Centre of Creative Reuse Play and Learning	£ 2,950.00	£ 2,950.00	Project completed.

1.7 Capital Funded Projects

1.8 The table shows the monitoring for the Capital Projects

Project Name	Lead Organisation	Approved	Paid	Monitoring Update
Victoria Park Improvements	Parks & Countryside	£ 10,000.00	£ 10,000.00	Project completed.
Renovations to Pudsey Scout Hut	First Pudsey Scout Group (Pudsey Parish)	£ 1,000.00	£ -	Project ongoing. Refurbishment underway, aiming to be completed by end of December.
Connect Supper / Stanningley Foodbank	The Oak Church	£ 4,000.00	£ -	Project ongoing. Monitoring received, queried and awaiting response.
New Artificial Cricket Practice Area	Rodley Cricket Club	£ 2,500.00	£ -	Project not started. Other funding is no longer available, applicant to reassess their project.
Refurbishment of Farnley Scout Hut	24th South West Leeds (Farnley) Scout Group	£ 14,400.00	£ -	Project not started. Surveyor and electrical surveyor attended. Recommendations being drawn up.
Farsley Lamp Restoration	Various	£ 3,747.00	£ 3,153.00	Project ongoing.
Grit Bins	Communities Team WNW	£ 2,500.00	£ 800.00	Project ongoing. 5 grit bins to be installed in Pudsey and 5 grit bins to be installed in Farnley and Wortley.



Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Outer West Community Committee

Report author: Paul Bollom (Head of the Leeds Health and Care Plan, Health Partnerships)

Date: 22 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 Outer 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 Outer West Community Committee, please find attached the corresponding profiles for Integrated Neighbourhood Teams (INTs) to inform discussions (Appendix 1).
- 3.2 The four suggested areas for action in the Plan remain as: better prevention, better self-management and proactive care, better use of our hospitals and a new approach to responding in a crisis. These are supported by improvements to our support for our workforce, use of digital and technology, financial joint working, use of our estates and making best use of our purchasing power as major institutions in the city to bring better social benefits.

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

4. How does the Plan affect local community services?

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

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

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

PEOPLE HAVE SAID...



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

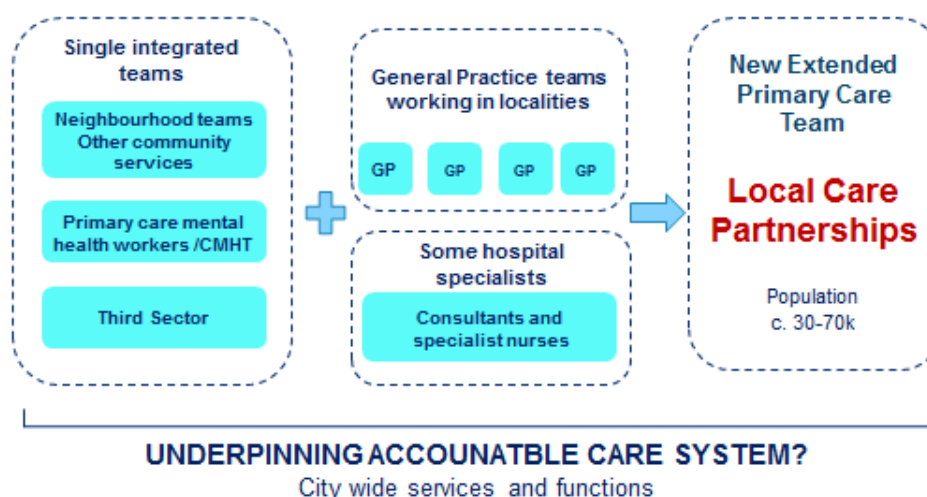
Leeds Neighbourhood Teams



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

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

WHAT COULD COMMUNITY CARE LOOK LIKE IN THE FUTURE?



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

5. A Conversation with Citizens

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

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

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

6. Corporate considerations

6.1 Consultation, engagement

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

6.2 Equality and diversity / cohesion and integration

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

6.3 Resources and value for money

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

6.4 Legal Implications, access to information and call in

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

6.5 Risk management

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

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

7. Conclusion

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

8. Recommendations

The 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 - Draft Area overview profile for Armley and Pudsey Integrated Neighbourhood Team (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.

Key messages from the profiles are highlighted below:

Armley INT

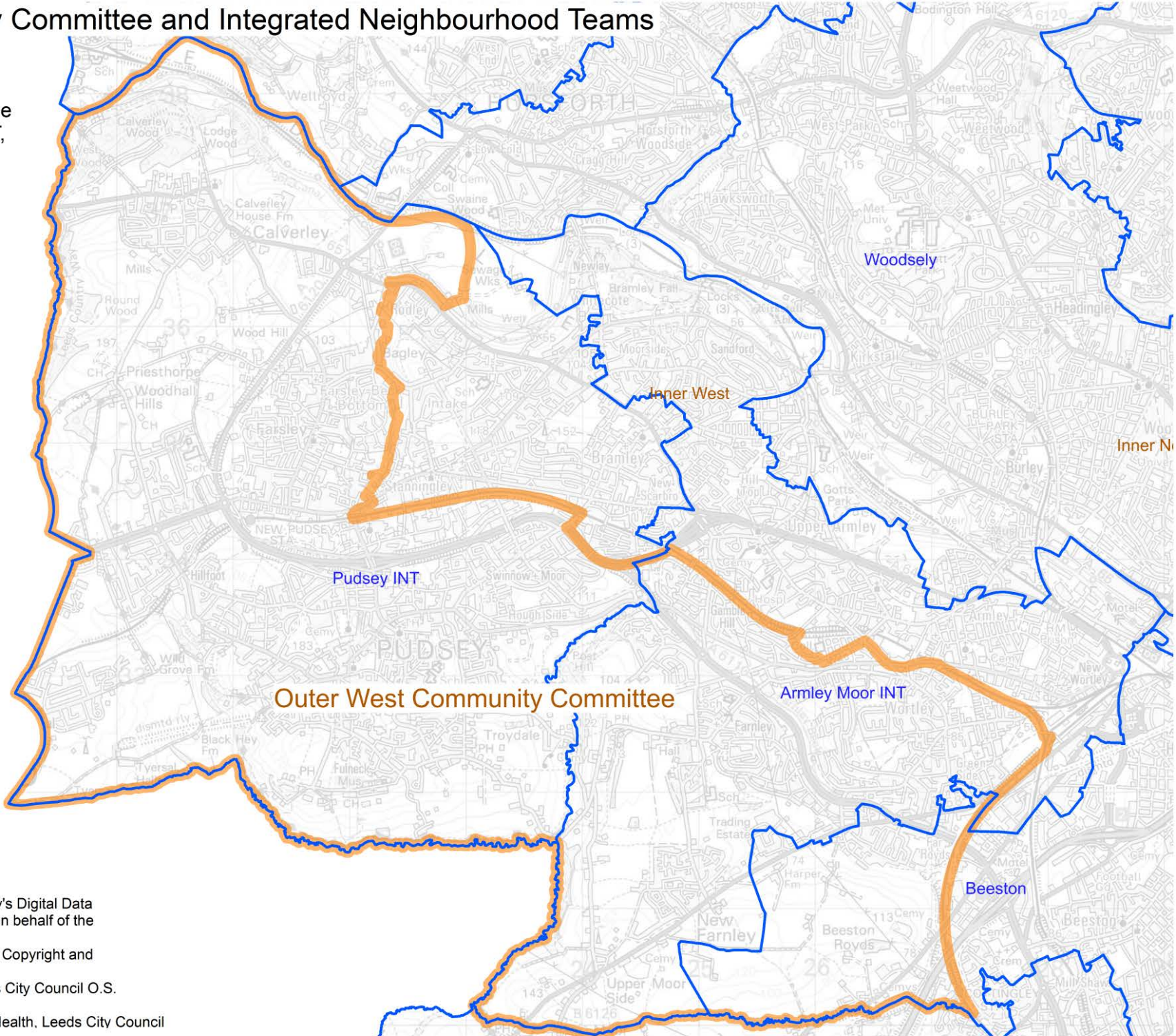
- One in three of the population live within the most deprived 5th of Leeds, the remaining majority live within the 2nd most deprived 5th.
- Child obesity in year 6 is 2nd highest in the city, reception obesity not far behind.
- This INT overlaps two children's clusters with very low primary school achievement, one cluster has the lowest rate in the city.
- NEET (Young people not in education, employment or training) rates are very high in clusters that overlap this INT.
- Adult smoking and obesity are 2nd and 1st 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.

Pudsey INT

- Similar population structure to Leeds but without the student and young adult age band bulge.
- 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.

Outer West Community Committee and Integrated Neighbourhood Teams

Outer West Community Committee intersects most of the Pudsey INT, with the remaining Community Committee residential area being covered by the Armley Moor INT



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Adam Taylor, Office of the Director of Public Health, Leeds City Council

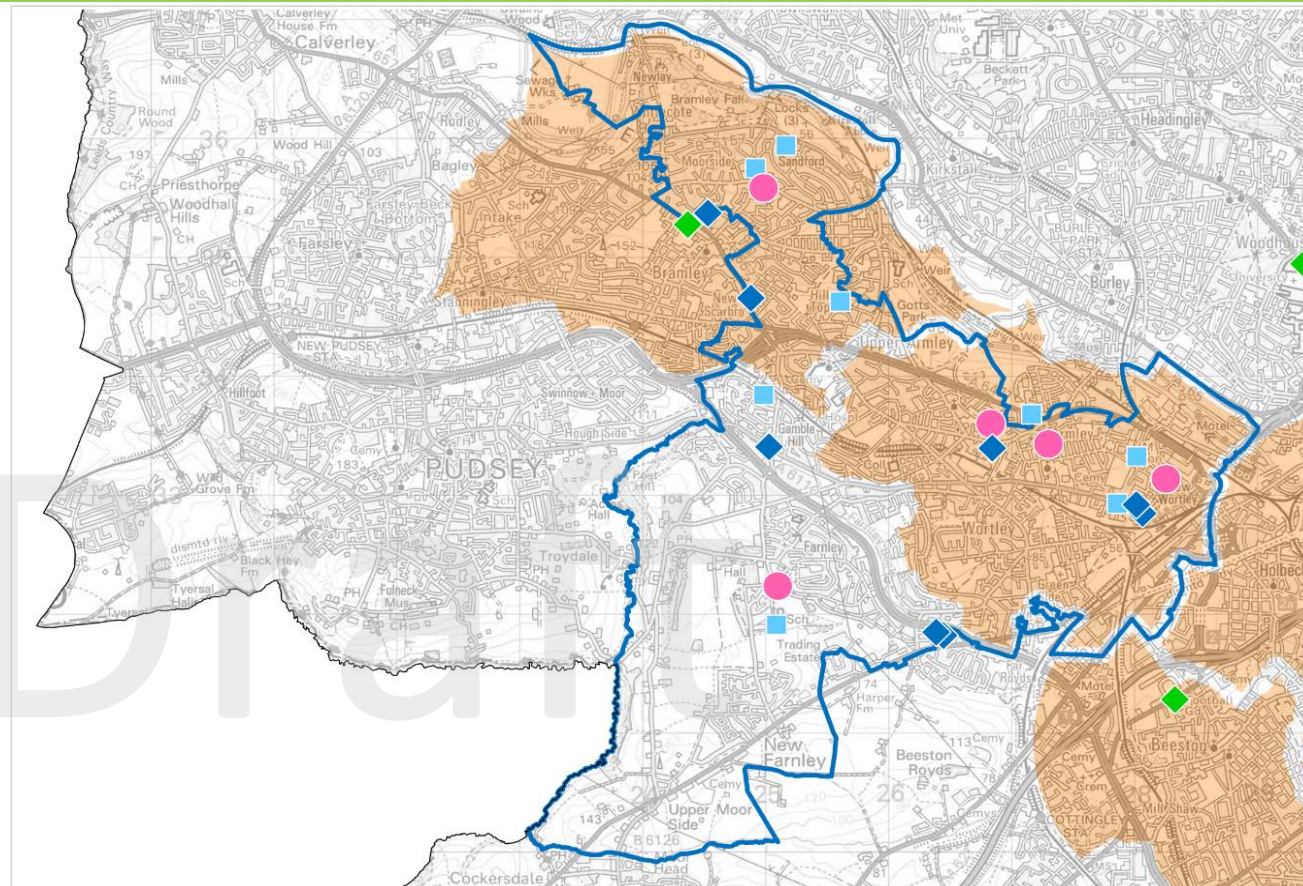
Area overview profile for Armley Integrated Neighbourhood Team

November 2017

This profile presents a high level summary 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.

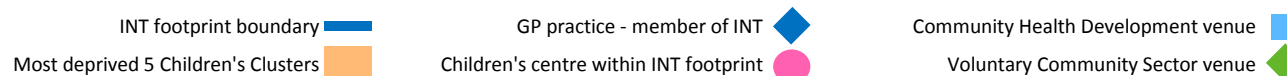
Page 29

Space kept free for bullet point key messages from stakeholder engagement



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.



Ordnance Survey PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved.

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 ✕.

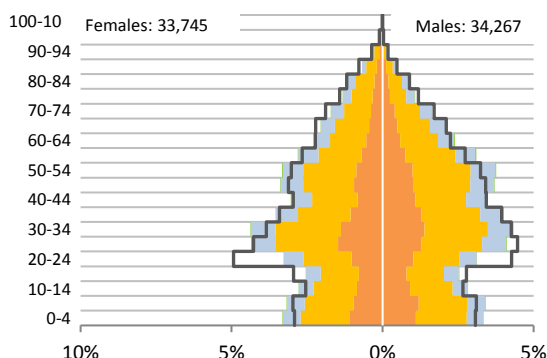
All INTs are ranked to display variation across Leeds and this one is outlined in blue. Practices belonging to this INT are shown as individual blue dots. Actual counts are shown in blue text. Leeds overall is shown as dark grey, the most deprived fifth of Leeds** is shown in orange.

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.

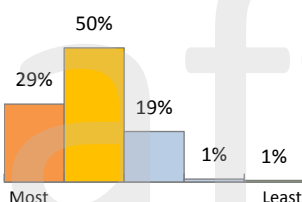


GP recorded ethnicity, top 5	% INT	% Leeds
White British	66%	62%
Other White Background	9%	9%
Not Recorded	8%	6%
Not Stated	8%	2%
Black African	2%	3%

(April 2017)

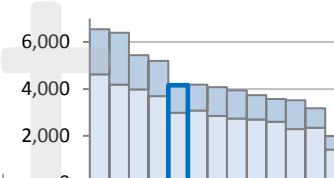
Deprivation distribution

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.

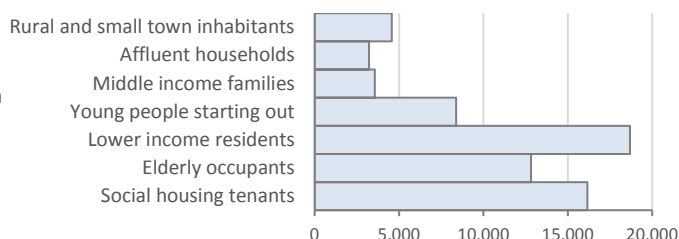


Mosaic Groups in this INT population

(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)

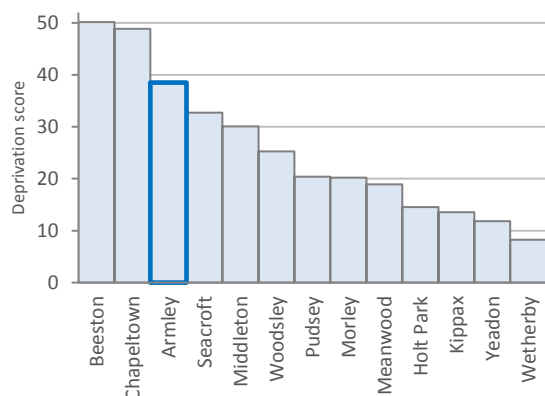
Age Band	Woodsley	Chapelton	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569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

Deprivation and the population of Armley INT

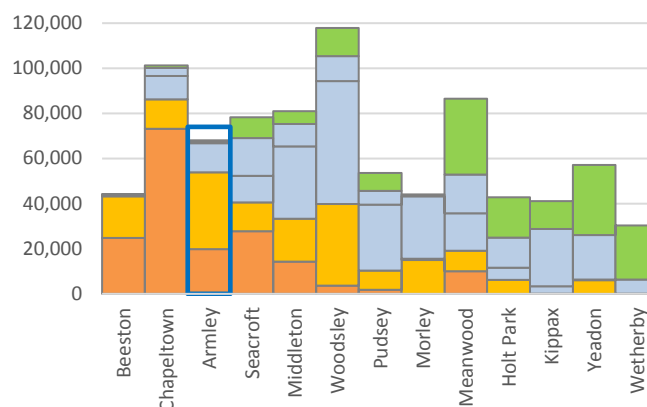
IMD2015 and GP data

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

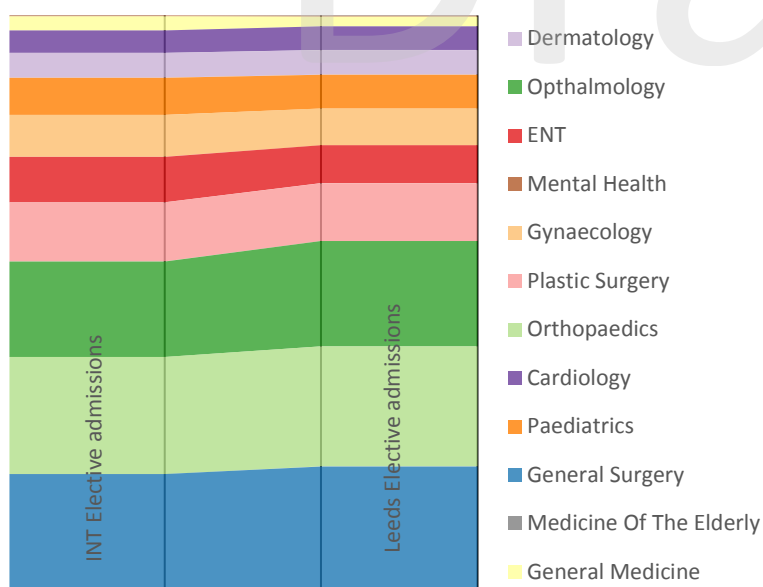


Hospital admissions for this INT by specialty (2016/17)

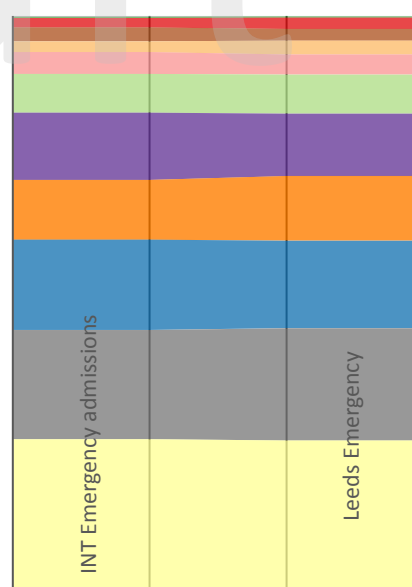
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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 use the same colour coding and both rank specialties by their contribution to Leeds overall, (the 'others' group is not charted or included in top 5 lists)

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

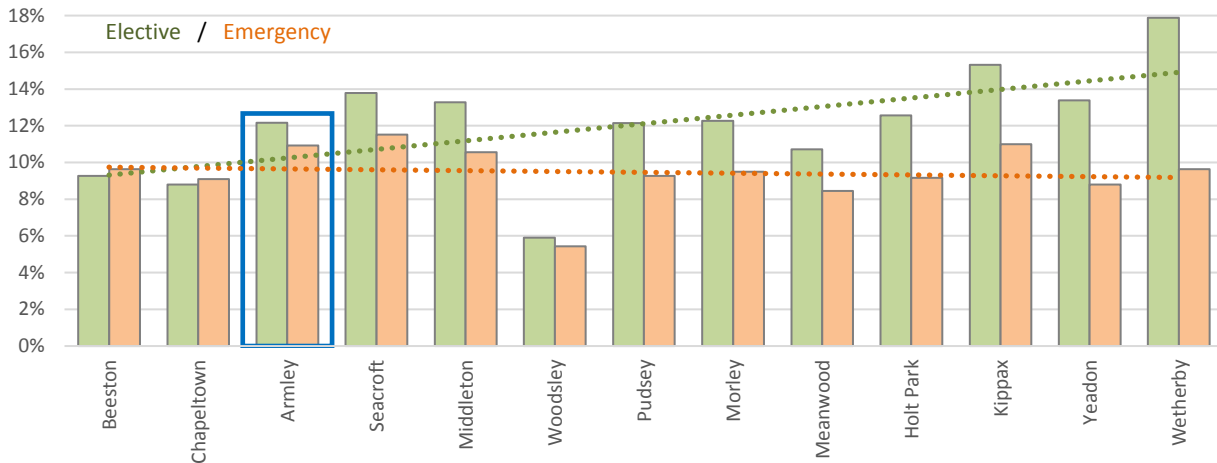


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st General Surgery	12%	12%
2nd Orthopaedics	11%	11%
3rd Ophthalmology	9%	10%
4th Plastic Surgery	6%	5%
5th ENT	4%	4%

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.

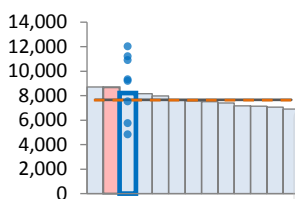


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

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

GP data



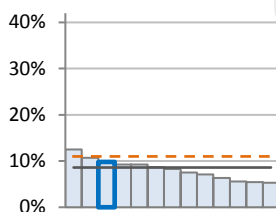
Asthma - under 16s

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.

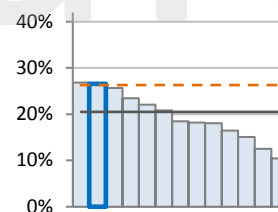
Child obesity 2015-16 ✖

NCMP, aggregated from LSOA to INT boundary



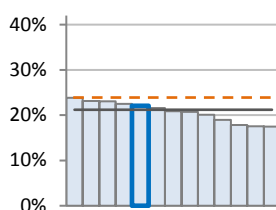
Obesity in Reception year

INT	9.8%
Leeds registered	8.6%
Deprived fifth**	11.0%
61 of 621 children in INT	



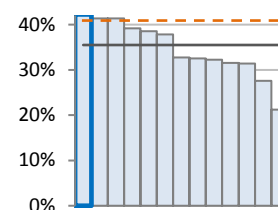
Obesity in Year 6

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	



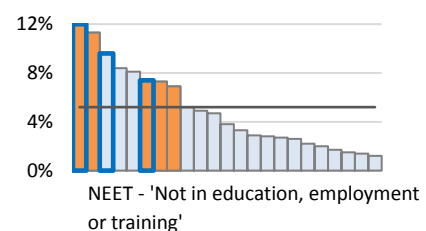
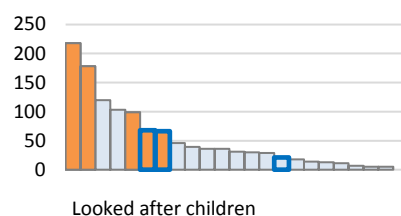
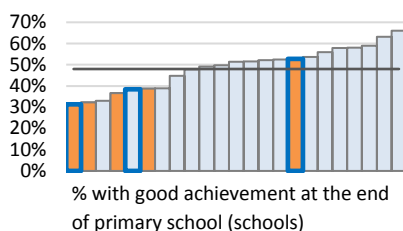
Obese or overweight, Year 6

INT	42.2%
Leeds registered	35.5%
Deprived fifth**	40.9%
218 of 516 children	

Children's cluster data ✖

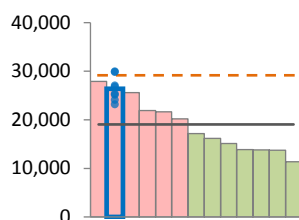
Children and Young People's Plan Key Indicator Dashboard July 2017

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.



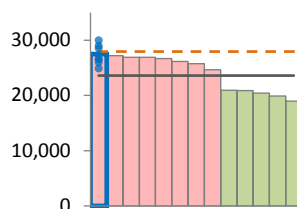
Healthy adults

GP data



Smoking (16y+)

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



Obesity (BMI>30)

INT	27,499
Leeds registered	23,606
Deprived fifth**	27,951
<u>INT count</u>	<u>13,248</u>

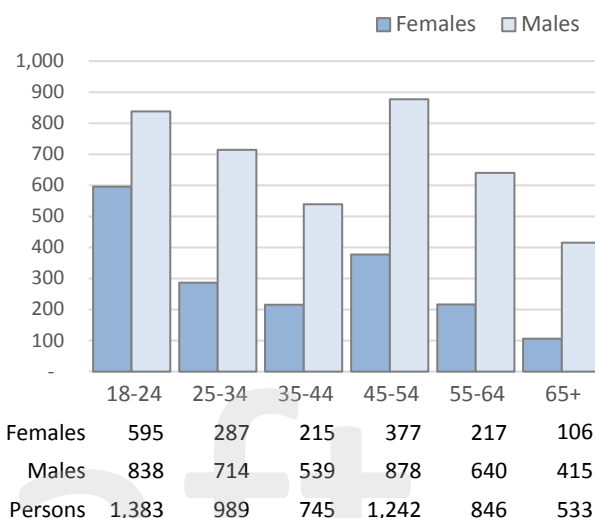
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

The Audit-C test assesses a 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.

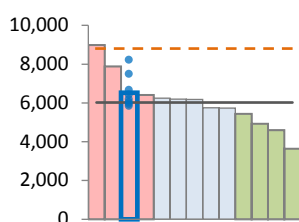
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

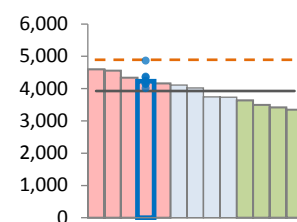
GP data

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



Diabetes

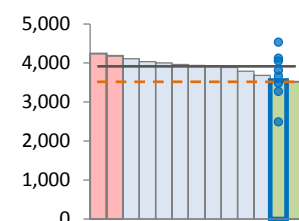
INT	6,528
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>3,577</u>



CHD

(January 2017)

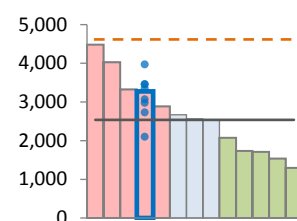
INT	4,229
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>2,130</u>



Cancer

(January 2017)

INT	3,551
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>1,839</u>



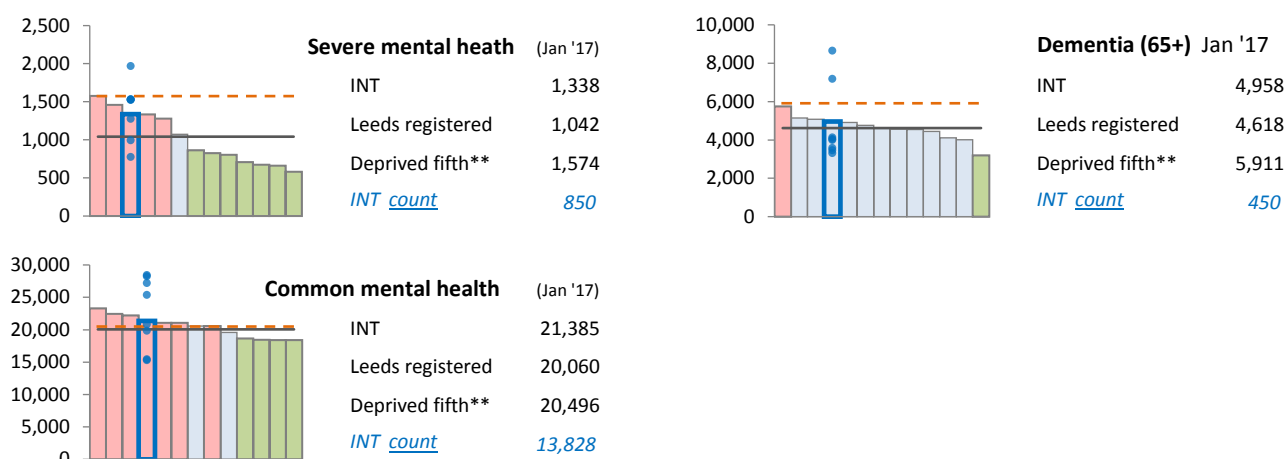
COPD

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

Long term conditions, adults and older people continued

GP data

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



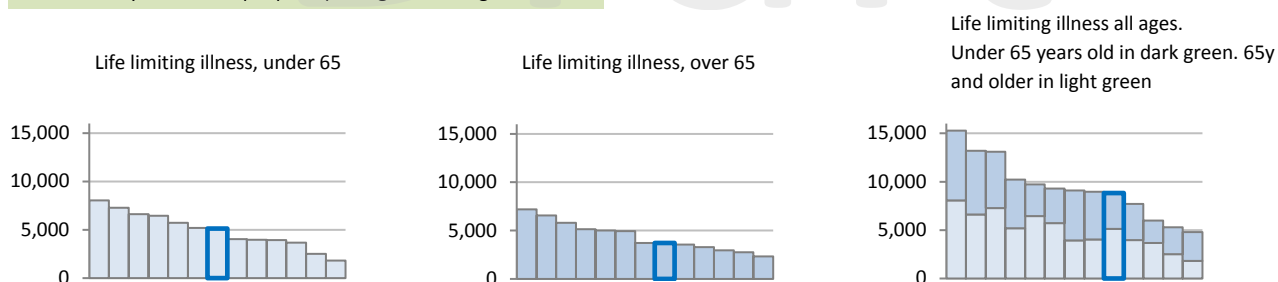
The GP data charts show all 13 INTs in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant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

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

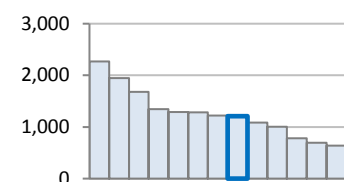
Life limiting illness ✕

Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness



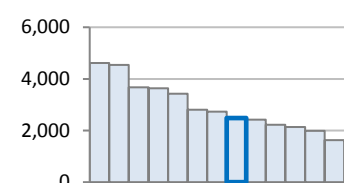
Carers providing 50+ hours care/week ✕



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

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

One person households aged 65+ ✕

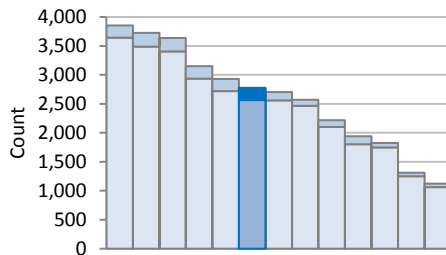


	number	rank
Limiting Long Term Illness - All Ages	8,821	9
Limiting Long Term Illness - under 65	5,115	7
Limiting Long Term Illness - 65+	3,706	8
Providing 50+ hours care/week	1,208	8
One person households aged 65+	2,487	8

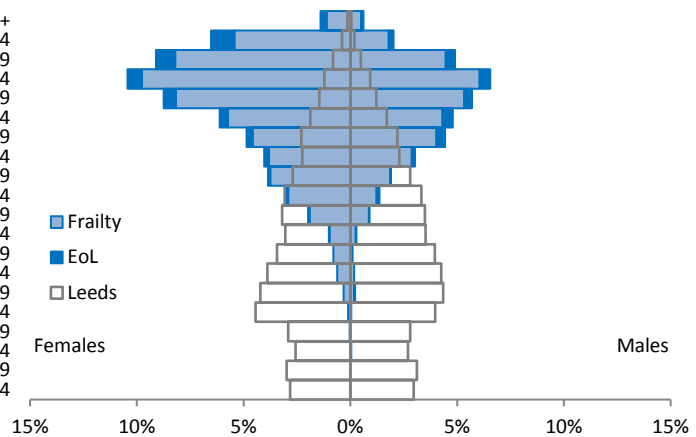
People living with frailty and 'end of life'*Leeds data model September 2016 cohort*

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

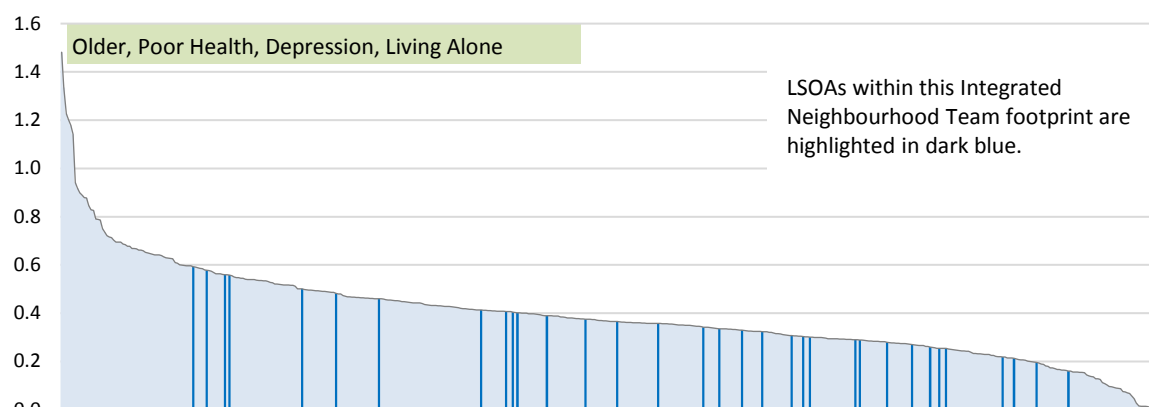
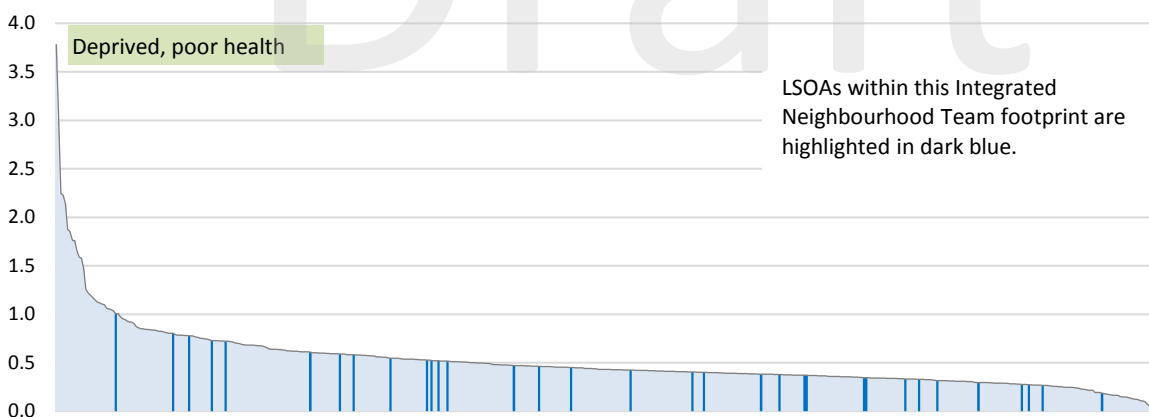


INT (in blue) compared to Leeds by gender and age band.

**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"

- Males
△ Females
— Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

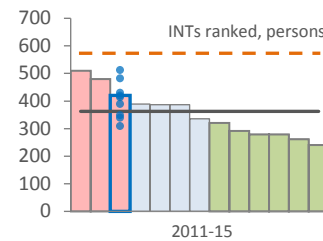
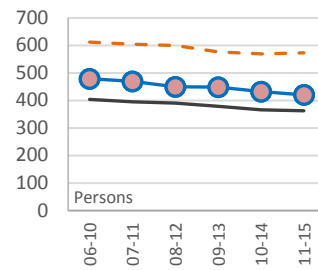
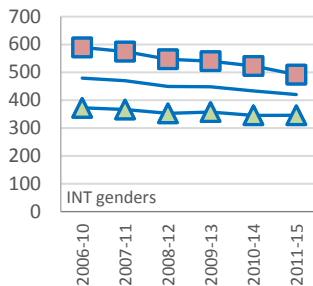
- INT
— Leeds
— Deprived fifth of Leeds**

Shaded if significantly above Leeds

Shaded if significantly below Leeds

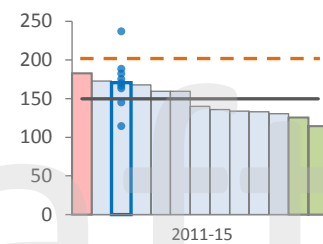
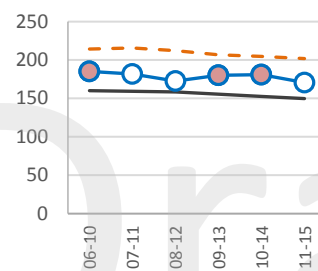
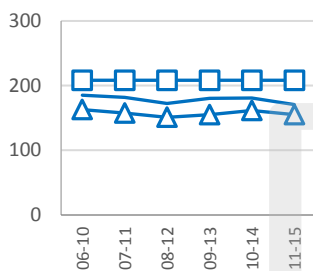
"Where is this INT in relation to the others, and Leeds"

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

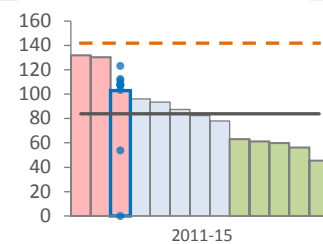
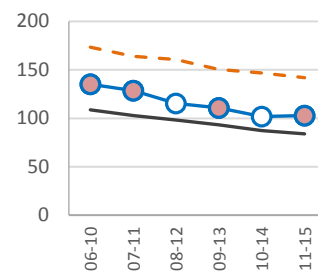
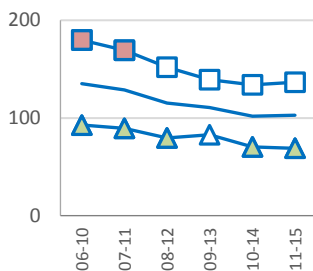
Persons (DSR per 100,000)

INT	420
Leeds resident	363
Deprived fifth**	573
<u>INT count</u>	989

Cancer mortality

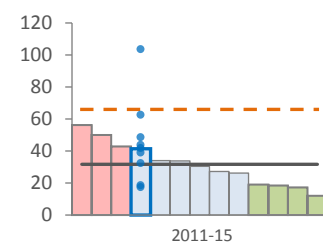
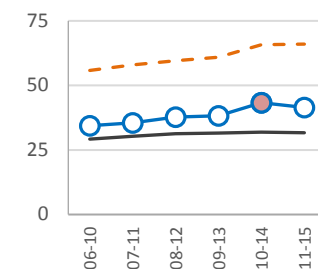
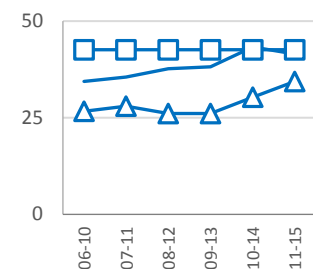
Persons (DSR per 100,000)

INT	171
Leeds resident	150
Deprived fifth**	202
<u>INT count</u>	392

Circulatory disease mortality

Persons (DSR per 100,000)

INT	103
Leeds resident	84
Deprived fifth**	142
<u>INT count</u>	239

Respiratory disease mortality

Persons (DSR per 100,000)

INT	42
Leeds resident	32
Deprived fifth**	66
<u>INT count</u>	89

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

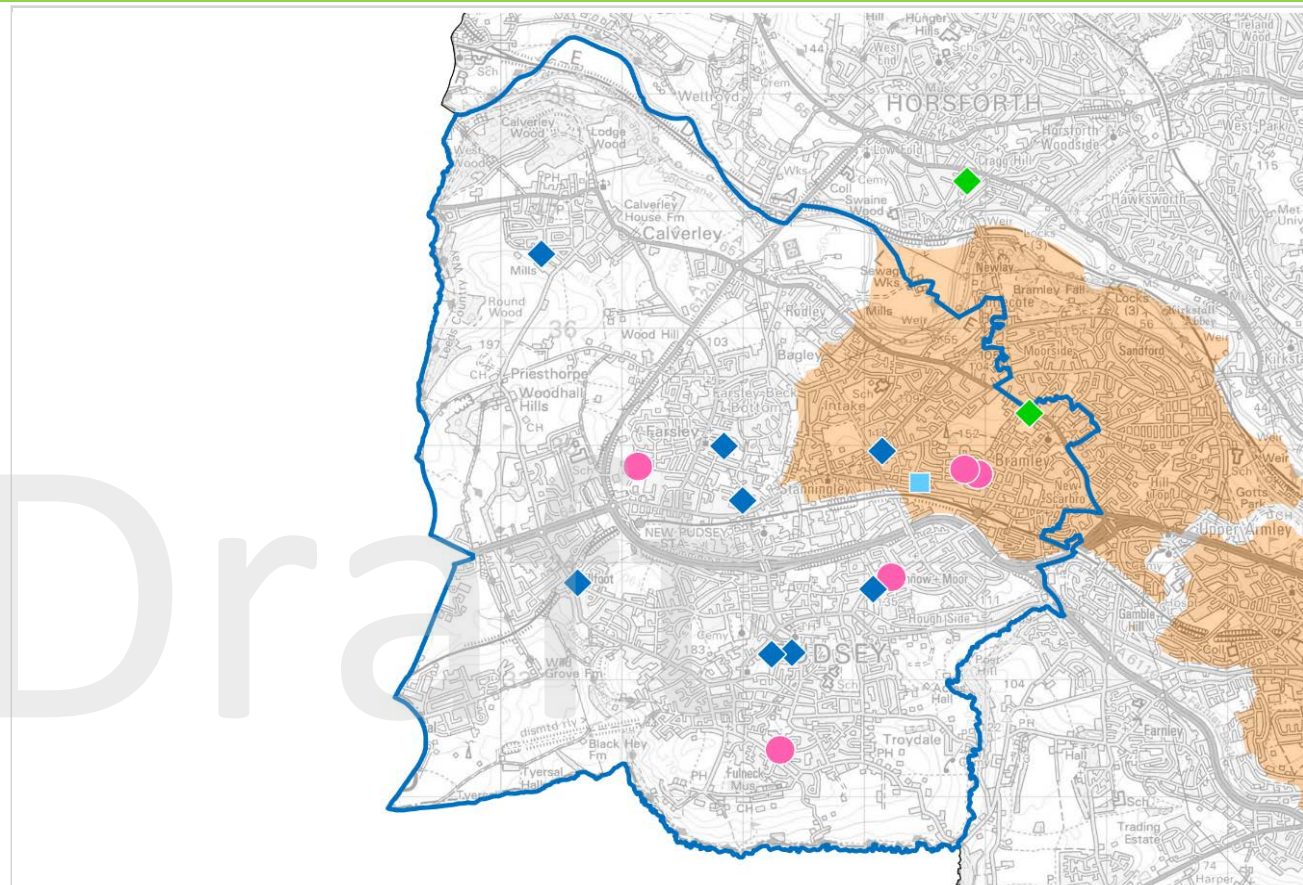
Area overview profile for Pudsey Integrated Neighbourhood Team

November 2017

This profile presents a high level summary 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.

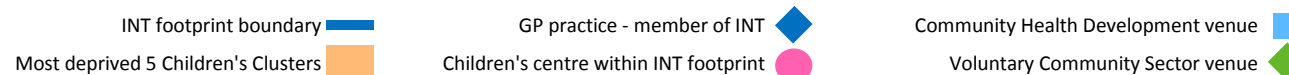
Page 37

Space kept free for bullet point key messages from stakeholder engagement



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.



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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.

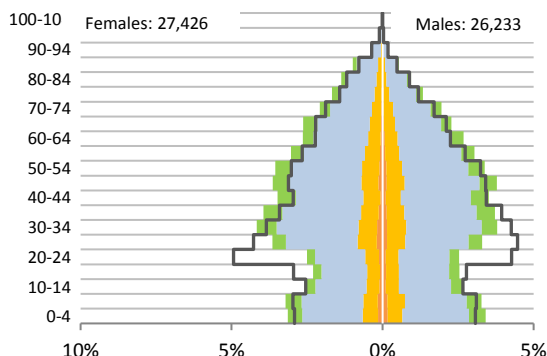
All INTs are ranked to display variation across Leeds and this one is outlined in blue. Practices belonging to this INT are shown as individual blue dots. Actual counts are shown in blue text. Leeds overall is shown as dark grey, the most deprived fifth of Leeds** is shown in orange.

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.

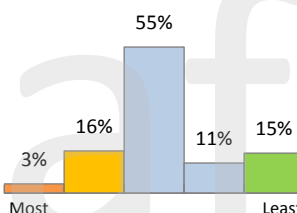


GP recorded ethnicity, top 5	% INT	% Leeds
White British	73%	62%
Not Recorded	7%	6%
Unknown	6%	1%
Other White Background	3%	9%
Not Stated	3%	2%

(April 2017)

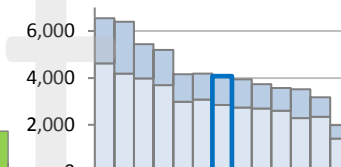
Deprivation distribution

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.

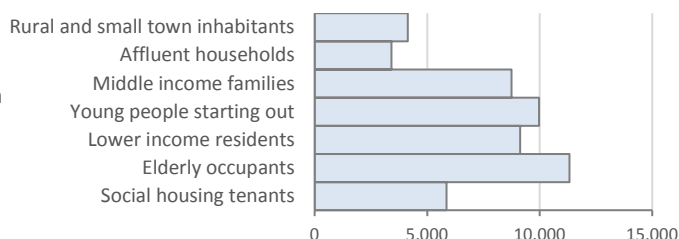


Mosaic Groups in this INT population

(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)

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

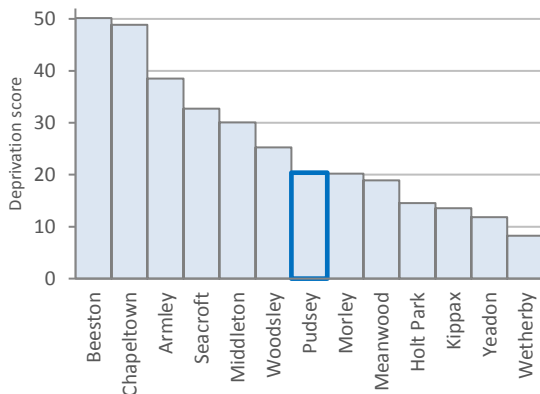
Woodsley Chapelton Meanwood Middleton Seacroft Armley Yeadon Pudsey Beeston Morley Holt Park Kippax Wetherby

Deprivation and the population of Pudsey INT

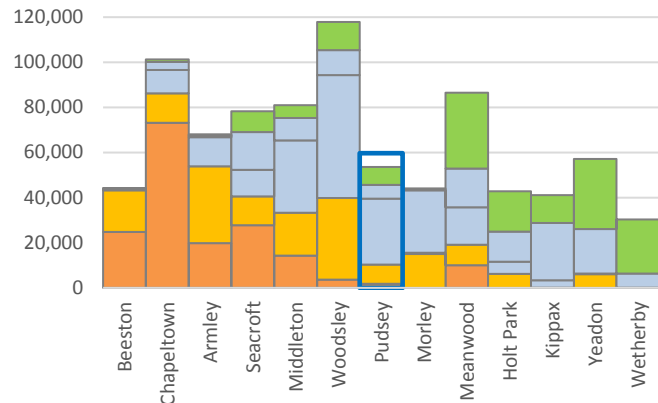
IMD2015 and GP data

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

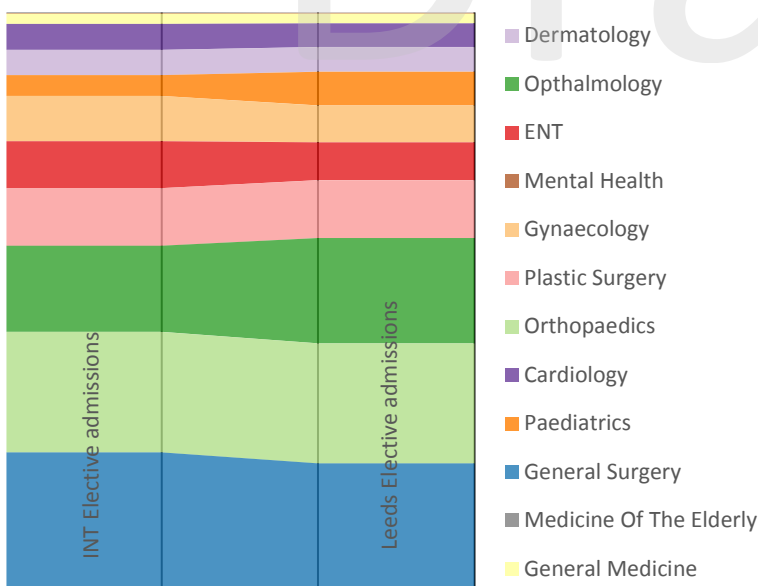


Hospital admissions for this INT by specialty (2016/17)

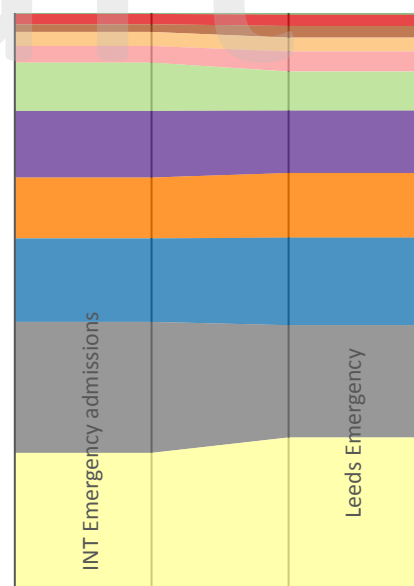
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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 use the same colour coding and both rank specialties by their contribution to Leeds overall, (the 'others' group is not charted or included in top 5 lists)

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

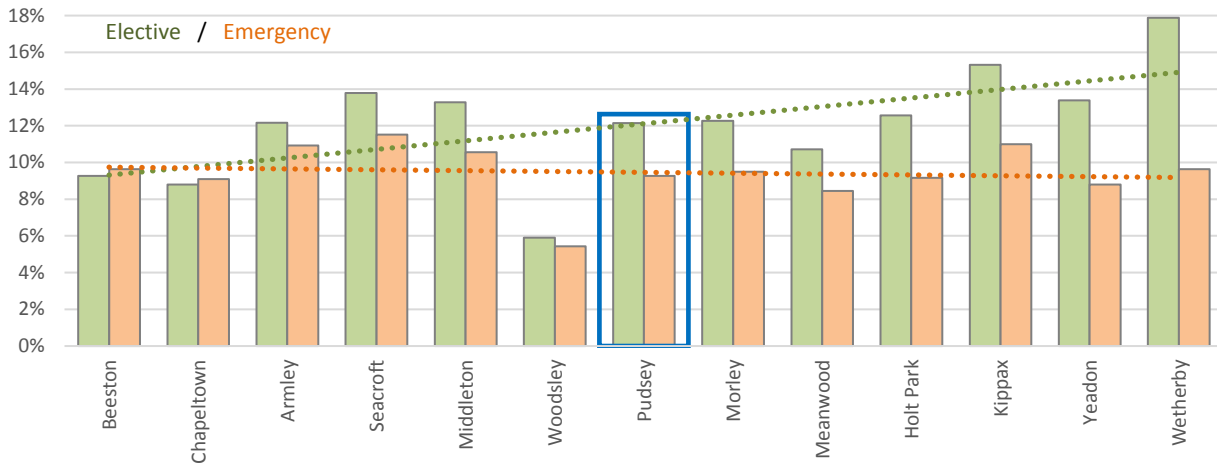


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st General Surgery	13%	12%
2nd Orthopaedics	11%	11%
3rd Ophthalmology	8%	10%
4th Plastic Surgery	5%	5%
5th ENT	4%	4%

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.

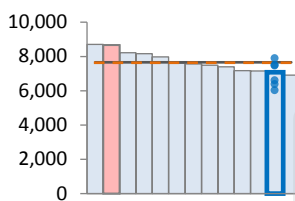


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

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

GP data



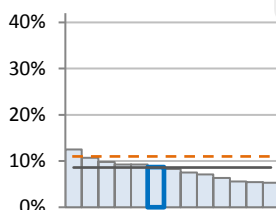
Asthma - under 16s

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.

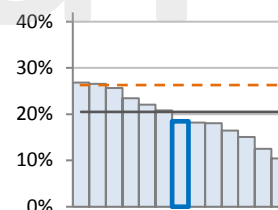
Child obesity 2015-16 ✖

NCMP, aggregated from LSOA to INT boundary



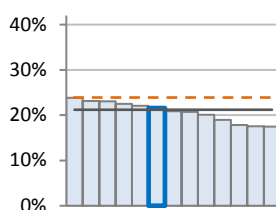
Obesity in Reception year

INT	8.7%
Leeds registered	8.6%
Deprived fifth**	11.0%
75 of 862 children in INT	



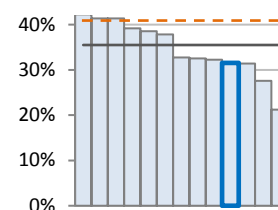
Obesity in Year 6

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	



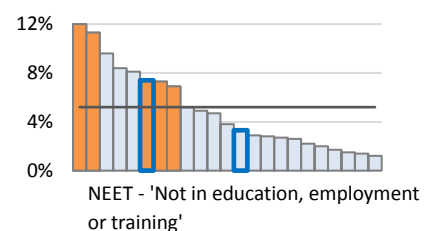
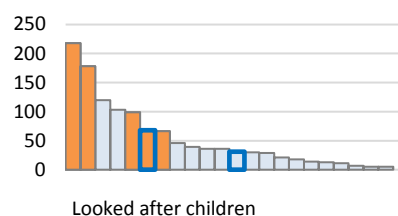
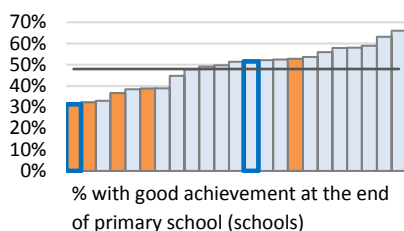
Obese or overweight, Year 6

INT	31.6%
Leeds registered	35.5%
Deprived fifth**	40.9%
210 of 665 children	

Children's cluster data ✖

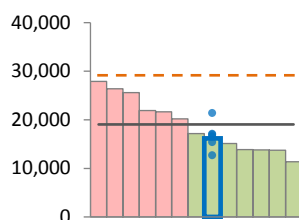
Children and Young People's Plan Key Indicator Dashboard July 2017

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.



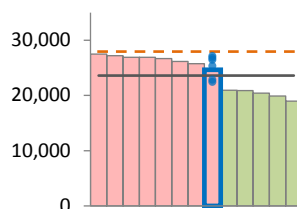
Healthy adults

GP data



Smoking (16y+)

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



Obesity (BMI>30)

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

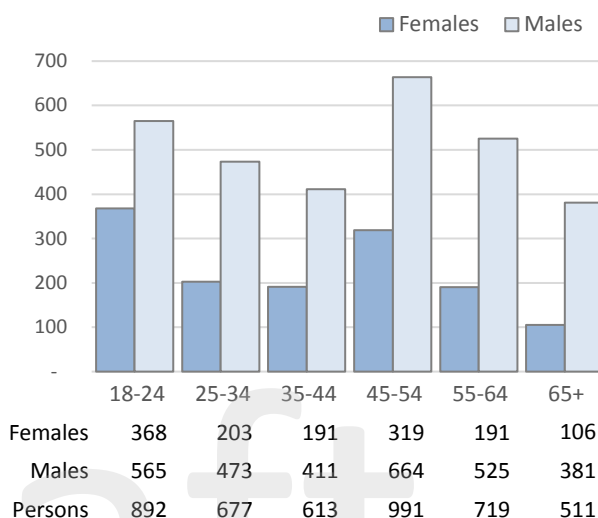
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

The Audit-C test assesses a 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.

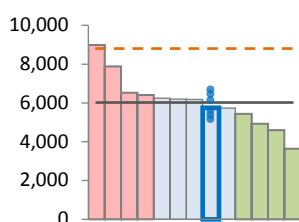
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

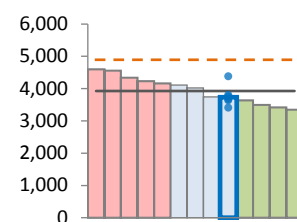
GP data

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



Diabetes

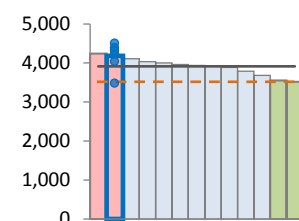
INT	5,754
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>2,774</u>



CHD

(January 2017)

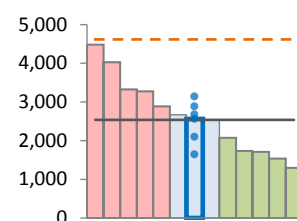
INT	3,736
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>1,747</u>



Cancer

(January 2017)

INT	4,187
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>1,990</u>



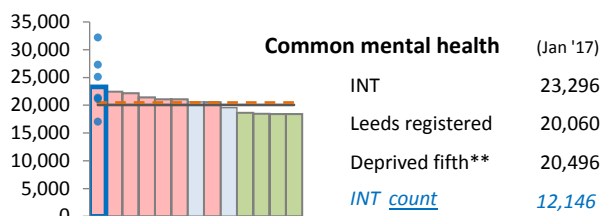
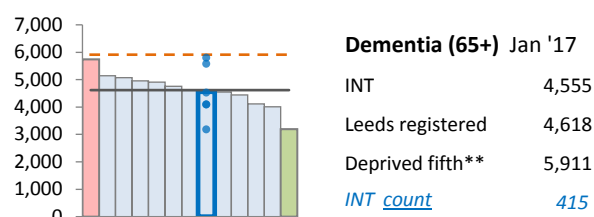
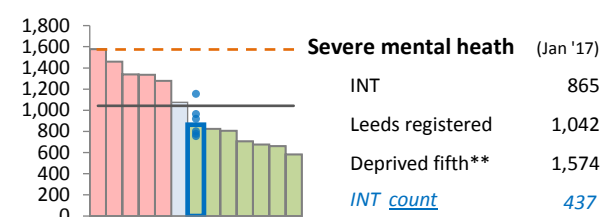
COPD

INT	2,563
Leeds registered	2,537
Deprived fifth**	4,617
<u>INT count</u>	<u>1,200</u>

Long term conditions, adults and older people continued

GP data

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



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

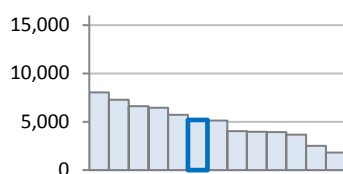
****Most deprived fifth, or quintile of Leeds** - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture.

Life limiting illness ✖

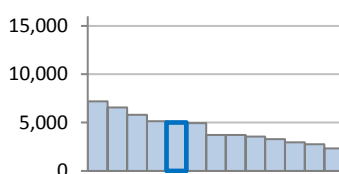
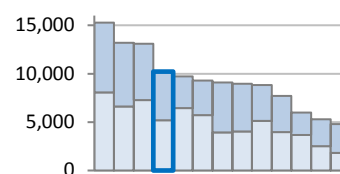
Census 2011, aggregated from MSA to INT boundary

INTs ranked by number of people reporting life limiting illness

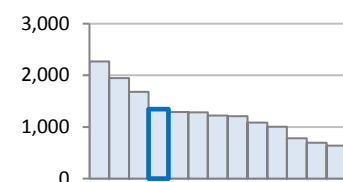
Life limiting illness, under 65



Life limiting illness, over 65

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

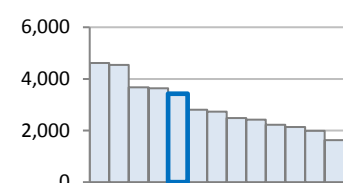
Carers providing 50+ hours care/week ✖



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

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

One person households aged 65+ ✖



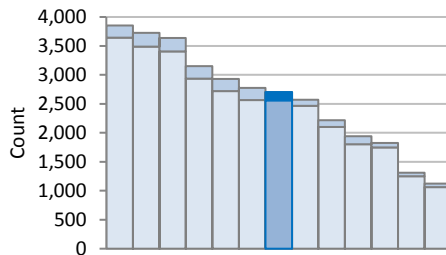
	number	rank
Limiting Long Term Illness - All Ages	10,199	4
Limiting Long Term Illness - under 65	5,202	6
Limiting Long Term Illness - 65+	4,997	5
Providing 50+ hours care/week	1,347	4
One person households aged 65+	3,424	5

People living with frailty and 'end of life'

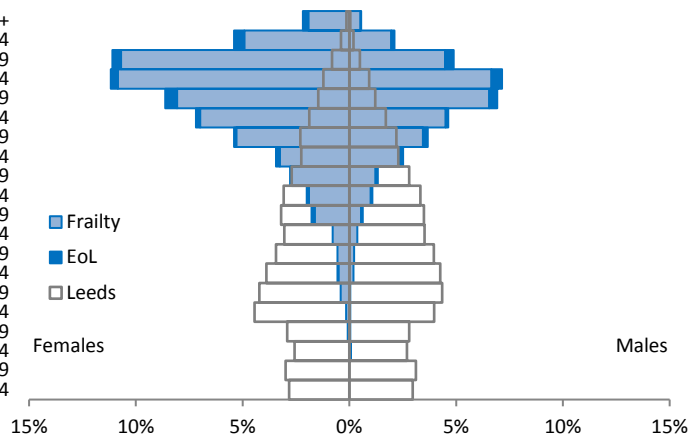
Leeds data model September 2016 cohort

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.

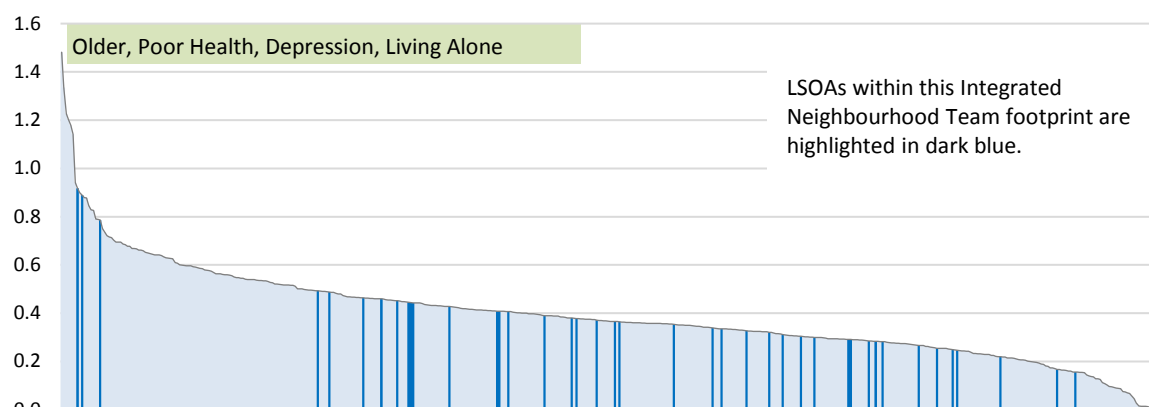
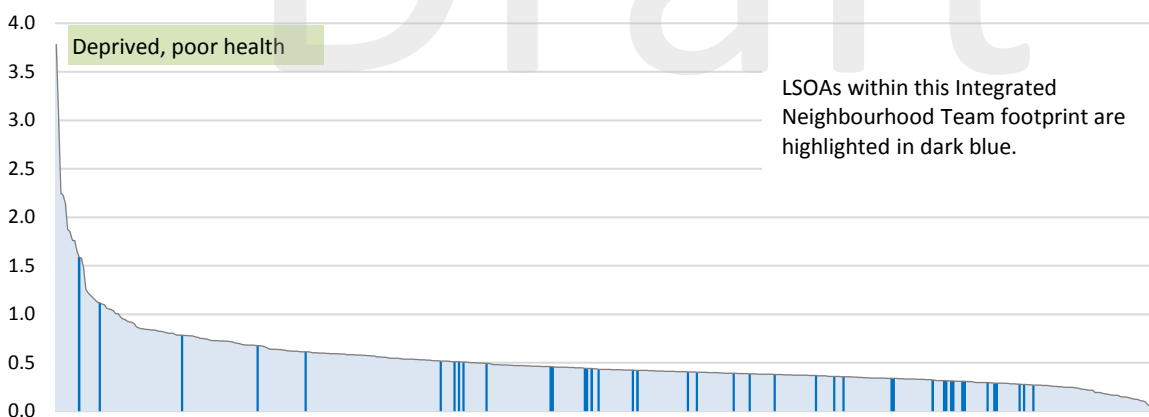


Social Isolation Index ✕

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"

- Males
△ Females
— Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

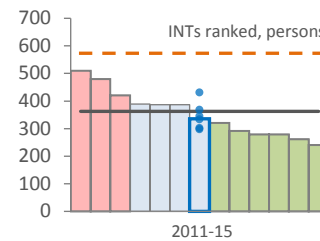
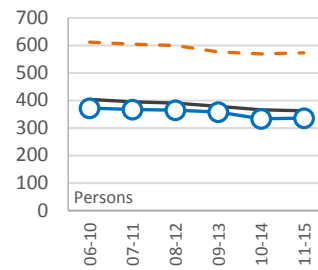
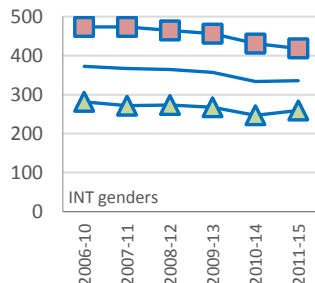
- INT
— Leeds
— Deprived fifth of Leeds**

Shaded if significantly above Leeds

Shaded if significantly below Leeds

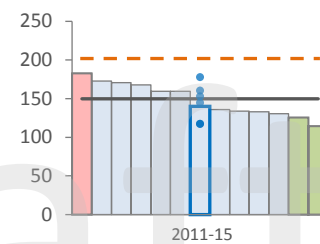
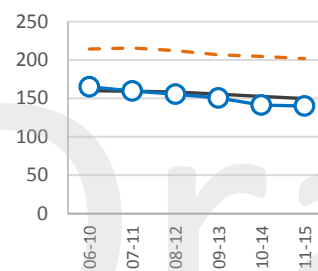
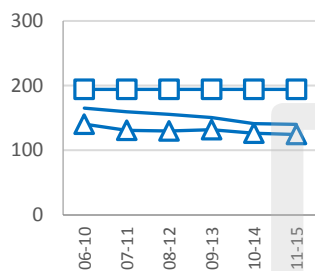
"Where is this INT in relation to the others, and Leeds"

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

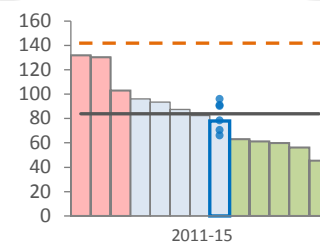
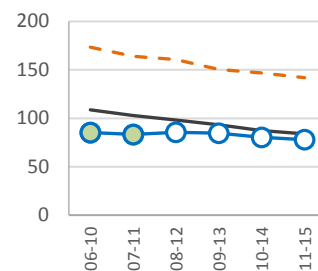
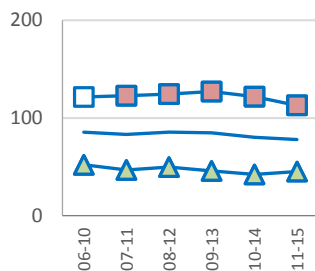
Persons (DSR per 100,000)

INT	336
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>671</i>

Cancer mortality

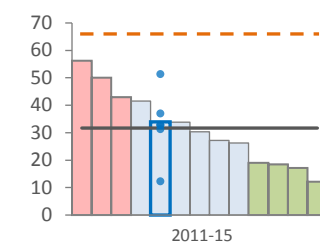
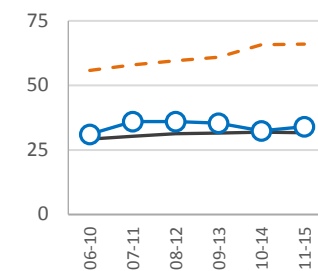
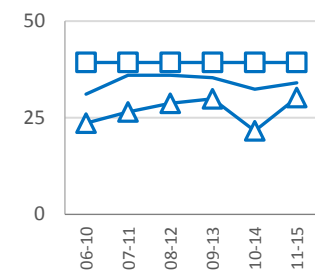
Persons (DSR per 100,000)

INT	140
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>279</i>

Circulatory disease mortality

Persons (DSR per 100,000)

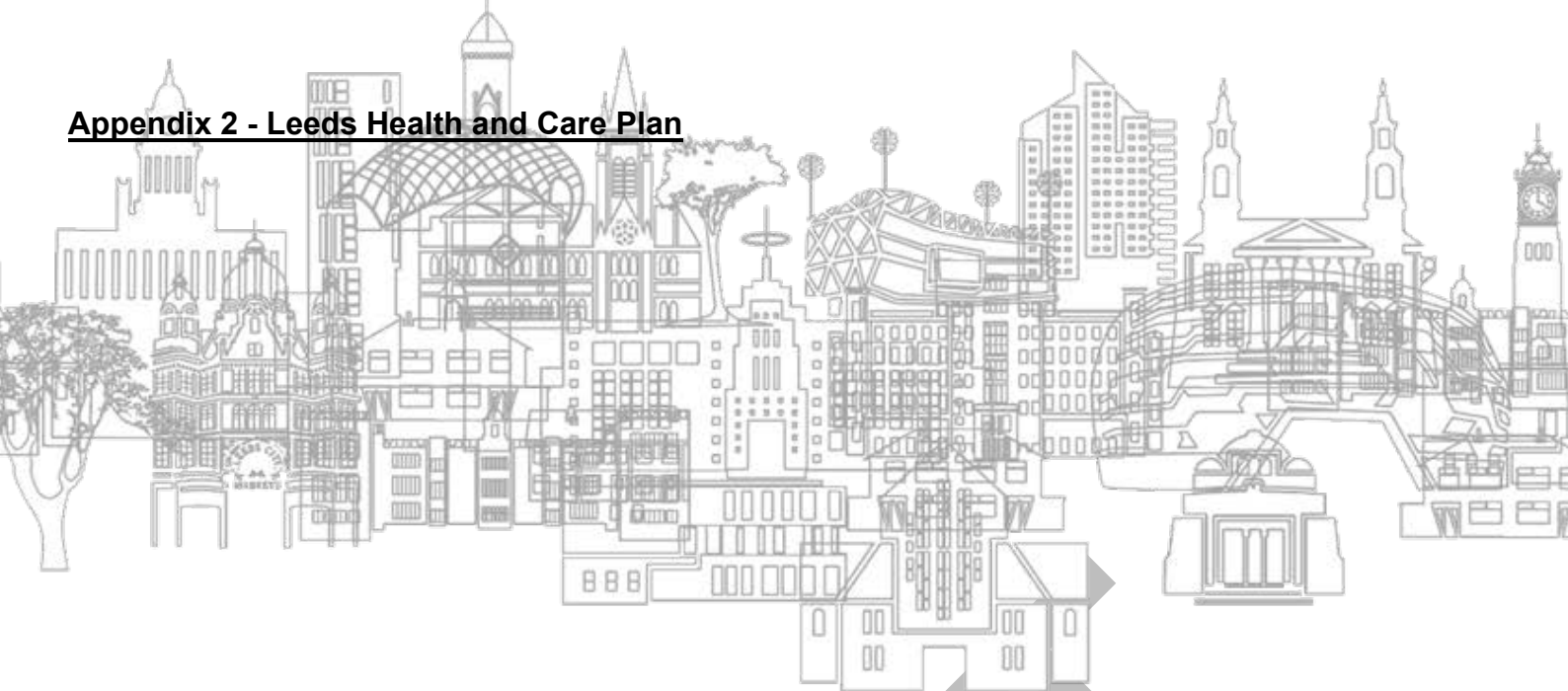
INT	78
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>155</i>

Respiratory disease mortality

Persons (DSR per 100,000)

INT	34
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>63</i>

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



Leeds

The best city for health and wellbeing



Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

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

And a clear vision:

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

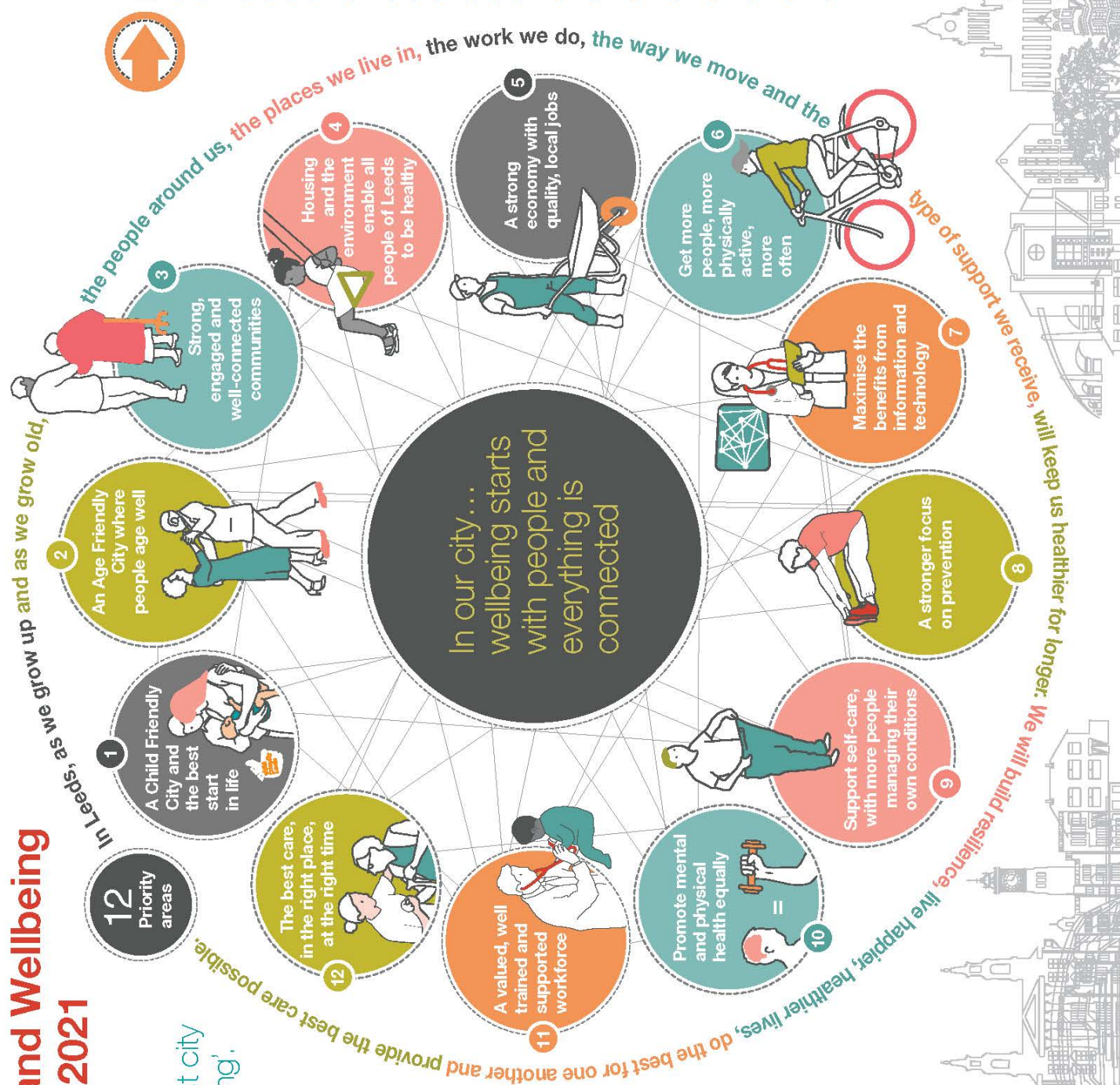
5 Outcomes

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



Indicators

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



Leeds Health and Care Plan

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

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

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

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

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

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

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

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

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

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

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

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



Working as if we are one organisation, growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology

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

Using existing buildings more effectively, ensuring that they are right for the job

Using our collective buying power to get the best value for our 'Leeds £'

Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work

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Chapter 1

Introduction

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

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

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

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

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

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

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

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

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

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

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

Simon Stevens, Chief Executive NHS England

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

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

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

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

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

What is this document for?

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

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

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

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

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

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

Chapter 2

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

Working with people

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

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

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

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

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

The NHS Constitution

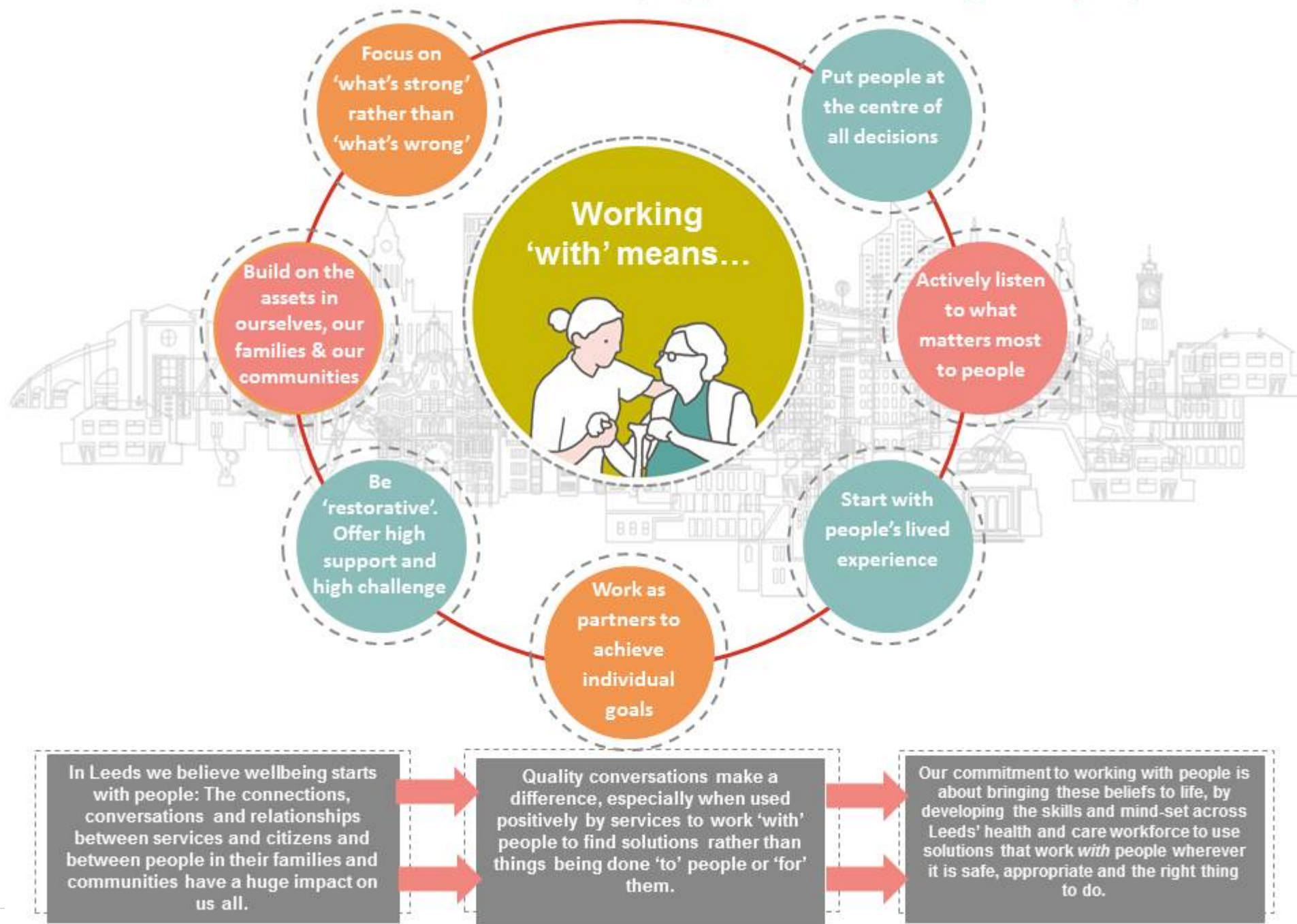
Patients and the public: our responsibilities

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

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

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

Better conversations: A whole city approach to working with people



Joining things up

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

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

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

Taking responsibility for our health

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

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

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

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

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

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

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

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

Chapter 3

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

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

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

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

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

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

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

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

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

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

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

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

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



Chapter 4

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

Areas for change and improvement

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

GP and Primary Care Changes

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

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

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

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

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

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

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

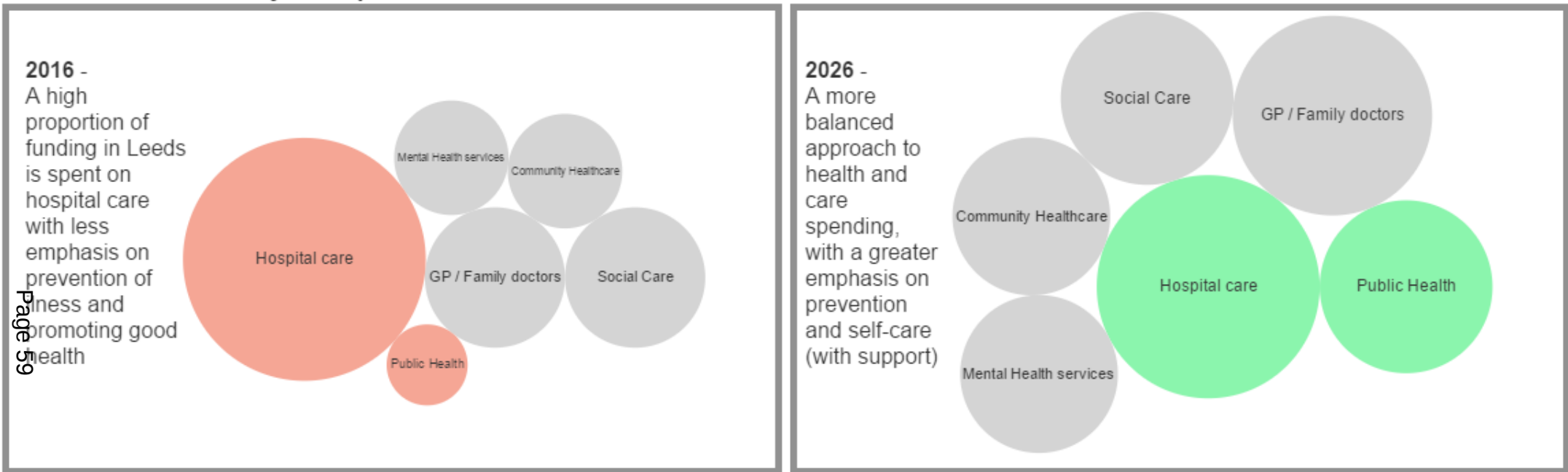


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

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Chapter 5

So why do we want change in Leeds?

Improving health and wellbeing

Most of us want the best health and care.

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

Chapter 6

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

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

The government, the Department of Health and the NHS

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

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

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

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

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

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

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

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

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

GPs (or family doctor) in Leeds

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

Mental Health Services in Leeds

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

Hospital in Leeds

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



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

Providing health services in the community for residents in Leeds

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

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

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

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

Public health – keeping people well and preventing ill health

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

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

Social care - supporting people who need help and support

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

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

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

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



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

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

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

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

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

Amount (£m)

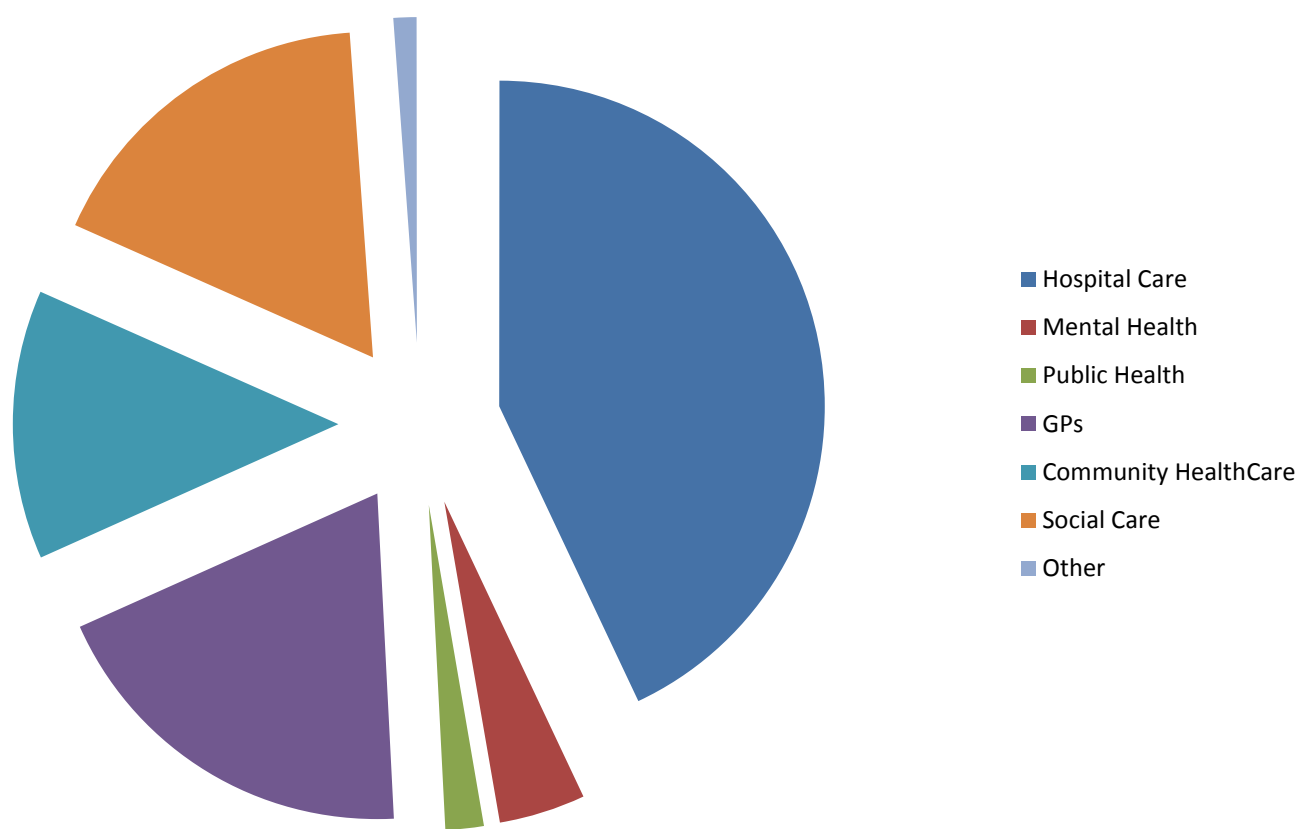


Figure 3 – Indicative spending of health and care funding in Leeds

Children and Families Trust Board

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

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

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

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

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

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

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

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

The plan has five high-level outcomes:

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

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

Leeds Health and Wellbeing Board

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

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

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

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

Healthwatch Leeds

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

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

Chapter 7

Working with partners across West Yorkshire

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

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

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

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

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

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

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

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

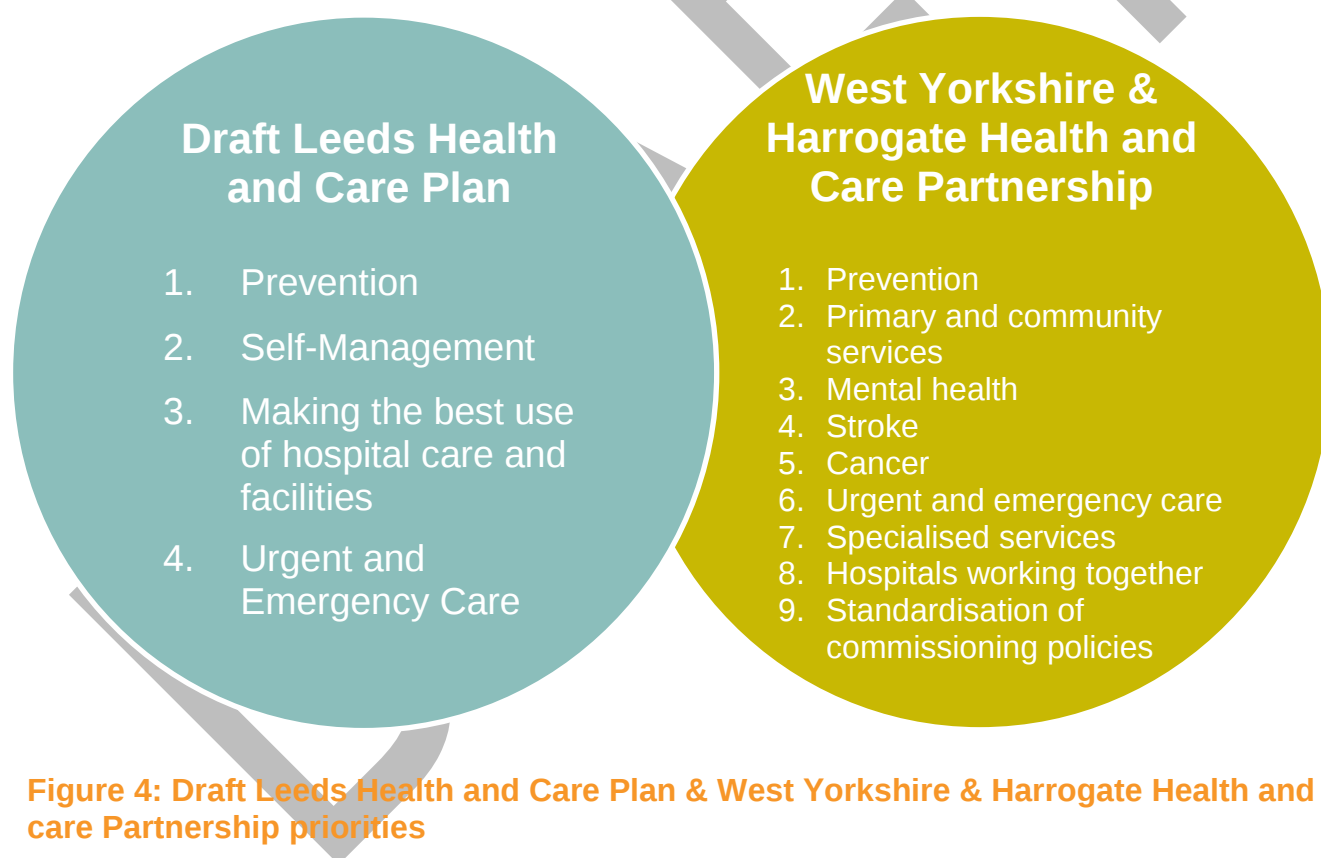
Chapter 8

Making the change happen

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

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

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



Chapter 9

How the future could look...

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

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

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

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

Chapter 10

What happens next?

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

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

Change is happening already

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

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

Involving you in the plans for change

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

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

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

Working with Healthwatch

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

When will changes happen?

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

Joint working

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

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

Who will make decisions?

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

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

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

Legal duties to involve people in changes

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

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

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

The advice can be viewed here:

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

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

Scrutiny

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

Chapter 11

Getting involved

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

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

Other ways to get involved

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

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

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

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

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

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

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

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

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

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Report of: Gary Bartlett, Chief Officer Highways and Transport

Report to: Outer West Community Committee

Report author: Vanessa Allen, (0113 3481767)

Date: 22nd November 2017 To note

Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Outer 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 Outer 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 Outer 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 (1st November 2016). The following section details the feedback from the Transport Conversation and specifically the feedback from this committee and community area, as well as a summary of the Leeds wide transport proposals and development of a Leeds Transport Strategy.

Leeds Transport conversation introduction:

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

Transport Conversation: Leeds response

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

current travel in and around Leeds such as bus priority lanes and wider ranging longer term solutions of mass transit to meet the demands of a growing population.

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

Transport Conversation: Outer 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 Outer West area is included as an appendix to this document. This showed that a total of 680 respondents (8%) to the Leeds Conversation questionnaire were from the Outer West communities. The list below shows the top three priorities for transport investment indicated by Outer West respondents from the questionnaire.

Top three comments	Outer West %	Leeds overall %
1. Criticism of cycling improvements/waste of money	17	6
2. Invest in tram system	16	16
3. More reliable bus service	15	14

15. The questionnaire response also highlighted other key issues as being; improvements to cycling facilities (12%), expanded rail service, tackling traffic congestion, cheaper/better bus fleets, better connections with surrounding areas and a more frequent bus service.

16. In addition to the questionnaire analysis there was further feedback received from this committee on the 28th Sept 2016. The feedback from these meetings was included as part of the overall assessment within the Transport Conversation and reflected many of the issues also highlighted in the Leeds wide response to the Conversation including the following issues of: more Rail Stations; Park and Ride; improving bus services; the increased need for walking and cycling in particular in the context of air quality and health. As well as the locally specific issues of congestion at Dawsons Corner, parking availability at New Pudsey Station and the connectivity between the rail station and Pudsey district centre and bus hub.
17. In overall conclusion of the questionnaire and workshop responses, the respondents from the Outer West were more likely to criticise money (Central government funding for cycling) spent on the cycling network, although there were also a substantial number of respondents who also wanted to see improvements in cycling. Respondents from Outer West were also significantly more likely to highlight the need to improve the road network/capacity (11% compared to 6% overall in Leeds) with a local emphasis on the interchange of Pudsey rail and bus.

Transport Improvements suggested – 28th September

- Improved bus services in Pudsey.
- New Pudsey train station improvements - car park full, interchange with bus services and improved walk and cycle connections, Security improved including lighting and CCTV.
- New local rail stations.
- Armley gyratory improvements required
- Signalise Five Lane Ends.
- River Aire crossings are bottlenecks, increase capacity of existing crossings and consider additional ones.

Leeds Transport – LPTIP transport improvements:

18. As outlined above, the Transport Conversation identified that people overall in both Leeds and the Outer West area wanted to see a better bus network, train service and cycle and walking improvements and park and ride in the shorter term but also in the longer term wanted ambitious infrastructure improvements.
19. 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.
20. 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:

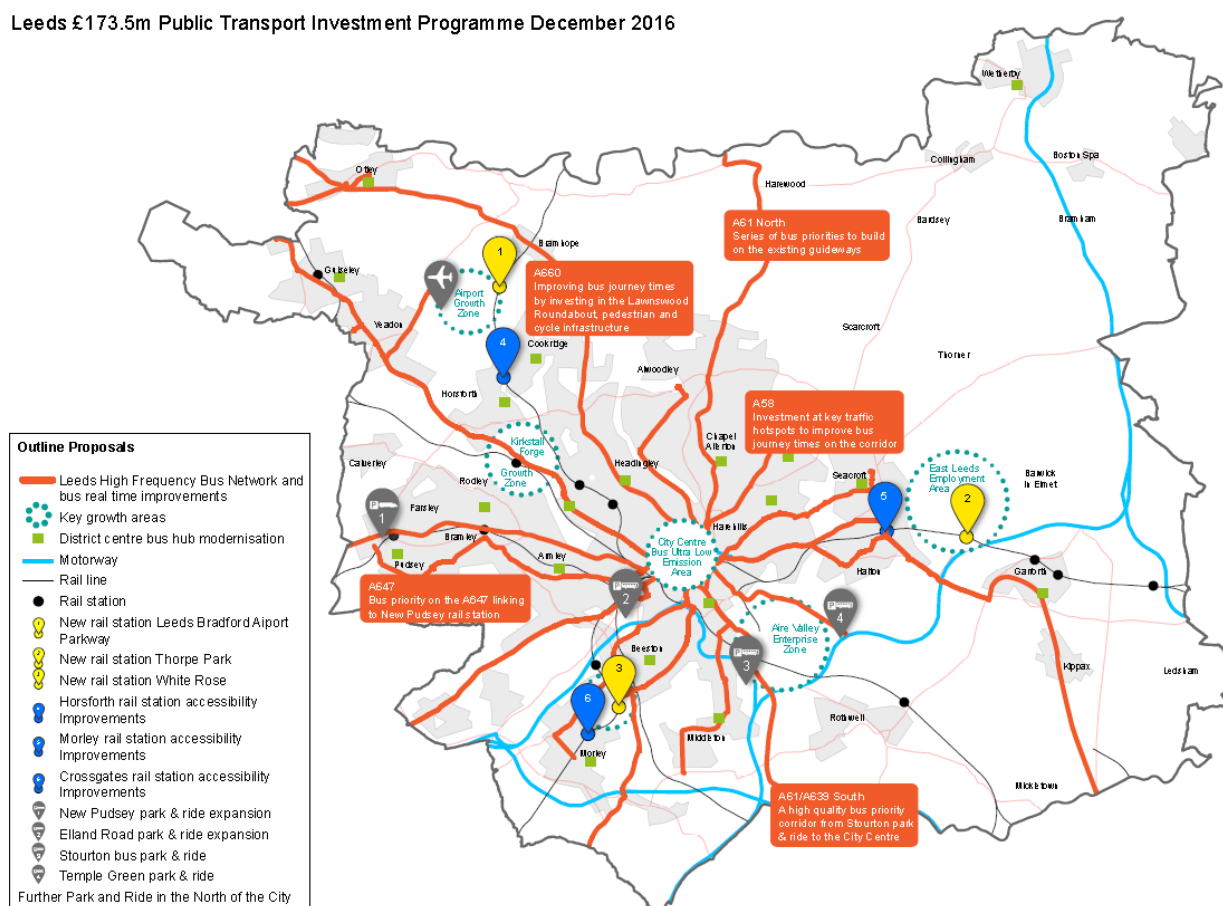
- 1. Transport Hubs** -investing £8m of capital funding to deliver new or upgraded facilities outside the City Centre which strengthen the role of community/ district centres as transport interchanges
- 2. Connecting Communities** -investing £5m of capital funding and targeting current revenue support 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.



21. 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.
22. This list shows that there are substantial schemes underway in Leeds, however there are more planned to be taken forward through the emerging Leeds Transport Strategy which is covered below (para 31).

Transport improvements – for the Outer West area:

23. The following section details those schemes from both the LPTIP and other Leeds transport proposals to outline what is currently planned in the area.
24. **New Pudsey Station:** has been allocated £500,000 LPTIP funding to develop an Outline Business Case during 2017-18 to extend the rail station car park capacity from the existing 452 car parking spaces, the new spaces have yet to be defined but potentially doubling capacity.
25. Additionally whilst there is existing provision of Sheffield Stands, shelter, and CCTV coverage at New Pudsey Rail Station there is an opportunity to install an enclosed cycle hub and connect cycle routes accessing the station from the City Connect Superhighway on the A6147 via the current footpath to the east of the station. There is no funding identified at this time, however the West Yorkshire Combined Authority intend to propose New Pudsey as a desirable scheme for any future rounds of cycle-rail funding and Northern Railways are in principle supportive of such a scheme.

26. **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.
27. Reducing congestion through increasing junction capacity at Dawson’s Corner will contribute towards the delivery of developments in West Leeds. Journey time enhancements to key bus routes between Leeds and Bradford will also increase the potential for residents in West Leeds to access new skills and increase opportunities for career progression and so assist Leeds in delivering more jobs and economic growth. It will also provide better cycle and pedestrian infrastructure, and help in increasing the capacity of New Pudsey car park (for park and ride) which will promote environmental improvements including better air quality for the area.
28. **Elland Road Park and Ride expansion:** Elland Road is performing well and is at capacity (800 cars) with the over flow car park (200 cars) being used on occasions. The hours of operation have also been extended and Sunday operation introduced. Consequently Highways are examining the feasibility of expanding the existing 800 space car park. This feasibility work is examining further demand for the site including taking into account the following factors;
- The recently opened Temple Green park and ride and the Stourton park and ride (see below)
 - The regeneration plans for Elland Road football grounds.
 - First Bus have confirmed that there has been no loss of local service as a result of the park and ride.
 - The majority of users arrive at the site using the strategic road network.
 - Improvements by Highways England at M621 J2 (as part of the wider J1 to J7 improvement scheme).
 - LCC junction improvements at Armley Gyratory will also ease any future congestion.
29. **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.
30. 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
31. 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.



32. **A647 Corridor Improvements:** As part of £173.5m public transport funding 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.
33. 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.
34. 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.
35. **Thornbury Barracks:** the site is located on the A647 (at the junction with the B6154), which is the principal highway link between Leeds and Bradford, and is often known as the 'Thornbury Barracks'. The junction suffered from significant congestion, was listed as a site for concern in terms of road safety. The site is on a designated Quality Bus Corridor and the high frequency 72 bus service has been recently upgraded with refurbished Streetcar

articulated vehicles. Funding for the project was secured by Leeds City Council through the Department for Transport's (DfT) Local Pinch Point bidding process. Improvements were completed in October 2015, and have been successful in reducing congestion. Peak period delays (vehicle mins) have fallen by 70% (am) and 78% (pm) at Thornbury; Delays over the full (12 hour) weekday have fallen by 66% at Thornbury.

36. **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 32% (am) and 43% (Pm) at Rodley. Delays over the full (12 hour) weekday have fallen by 36% at Rodley.
37. **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.
38. **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:

39. The Transport Conversation showed us that whilst people want short term improvements they also want to see longer term thinking. In response to this, an emerging transport strategy is underway (see background papers), with the question of how does Leeds address its key transport challenges in the context of needing to contribute towards economic growth, inclusivity, health and wellbeing and City liveability over the next 20-30 years.
40. Reconciling these challenges will be crucial to the successful delivery of a long term transport strategy for Leeds and include;
 - *Changing our highway infrastructure for quality place making, strong communities and a knowledge rich economy* – To create people friendly city and district centres, prioritising pedestrian movement can reduce vehicle capacity, which in turn may produce the economic dis-benefit of congestion unless considered within a wider strategic transport context.
 - *Promoting Leeds as a regional and northern economic hub* – The strength of Leeds economy has resulted in a large increase in commuting to Leeds from outside the district which the current transport system is struggling to accommodate. Delivering rail growth is an essential element of this strategy.
 - *Ensuring transports role in good growth, equality and connected communities* - The city must respond to community needs by connecting neighbourhoods, linking people to services and recognise that transport is a vital service that needs to be accessible for all.
 - *Improving air quality and decarbonising our transport system* - Traffic congestion exacerbates emissions of air pollutants, greenhouse gases and noise. The city must make a rapid improvement in air quality and meet legal obligations by 2020.

- *Building on a transport system already under pressure* - With the adopted Core Strategy provision of 70,000 additional homes 493 hectares of employment land and 1 million square metres of office space by 2028, both existing and future growth means a substantial increase in travel demand, along with rising car ownership, with the consequence of increased peak congestion levels, delay and low network resilience.
 - *Gaining a city wide consensus on the role of mass transit and changing the way we travel* – High capacity high frequency public transport remains the most effective way of moving large numbers through limited road space. Building on our existing public transport network, we need a step change in the number of people using public transport, and a transport solution that works with the grain of the city.
 - *Delivering public transport schemes through the reallocation of road space* - the key unresolved issue remains giving priority to major public transport schemes continues to cause considerable debate because of the need to prioritise them over other modes of transport.
 - *Delivering a long term strategy for our strategic transport assets* - short term repairs to the Leeds Inner Ring Road are becoming increasingly unviable. We need to explore long term options for this asset which keeps our city moving.
 - *Maximising the transformational benefits of nationally strategic projects* – realising the benefits of HS2 and successfully master planning Leeds Station into the fabric of the city, and mitigating the impact of the HS2 line of route into Leeds.
 - *Harnessing Technology and understanding future travel scenarios* - how to plan for new technologies, and how to integrate them with current modes and infrastructure.
41. As part of taking the strategy forward, a Leeds Transport Expert Panel was set up and first met in November 2016. The panel includes leading transport experts and senior figures from transport bodies and organisations from across the UK, along with representatives from business, education, planning, accessibility, equalities and campaign groups. The panel has considered future transport trends and challenges, and how transport can best facilitate the Council's 'Best City' goal and will continue to input into the strategy as it evolves.

Corporate considerations

Equality and diversity / cohesion and integration

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

Council policies and city priorities

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

Conclusion

45. The first phase of the Transport Conversation showed that across Leeds and in Outer 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 Outer West on bus service network improvements.
46. Whilst the Conversation was particularly focused on securing the promised £173.5m from the government. It also sits in the wider context of the £1 billion of transport schemes identified through the Transport Fund and the interim Leeds transport strategy.
47. A presentation at the meeting will follow the main structure and content of this report and offer an opportunity for further discussion and feedback.

Recommendations

- To note the feedback from the Transport Conversation and its input into the £173.5m public transport improvements and informing a wider transport strategy for the City and the Outer South area over the next 20 years.
- To note the overall progression of Leeds Transport and £173.5m public transport schemes in Leeds overall.
- To note progression of the major transport schemes within the Outer 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

- Outer West Workshop –notes of workshop 28th Sept 2016
- Aecom analysis of Outer West questionnaire responses
- Leeds Transport: Summary of Major Transport Schemes

Background information

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

Leeds Transport Conversation

Outer 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 Outer West.

2. Outer West

A total of 680 respondents (8%) to the Leeds Conversation were designated as Outer West. Of those, 359 gave comments on their priorities for transport investment.

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

Priority 1: Criticism of cycling improvements: criticism of cycling improvements was significantly heavier amongst respondents from the Outer West (17% compared to just 6% of others. The quotes below illustrate the strength of feeling in this regard.

"Cyclists have become a real problem. The waste of money spent on the cycle lane is frankly disgraceful! Cyclists now have even less manners and feel they need to ride on the pavements as well as an astronomically costed cycle lane."

"Stop wasting money on cycle paths people don't actually use. Make more pedestrian areas in the city centre, where no vehicles can go."

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

"A tram-train system has to be considered as the best option within the west Yorkshire region, utilising existing regional rail routes with old viaduct systems to allow trams to interchange from mainline network into the city centre and neighbour areas. Cities such as Manchester, Sheffield, Newcastle and Liverpool have proved tram-trains work and newly opened routes in the Midlands have shown this would be the best way to connect Leeds and the orbital areas with efficient/cost effective transport."

"Leeds really needs a mass transit system. A tram system could be built line by line, as and when funding is available/can be raised."

Priority 3: More reliable bus service: a more reliable bus service (15%) was the third most frequently mentioned issue by Outer West respondents, slightly higher than others (14%). Some of the views regarding this priority are highlighted in the quotes below.

"The reason I use my car for non-work local journeys is that our bus service is terrible. Infact we are limited through the day and to none in an evening into Pudsey."

"Buses need to be more reliable! I have to use buses five days per week to access university and it is highly frustrating when buses randomly do not show up or run very late, thus I miss crucial information given within a lecture. This is also applicable to those with jobs as on numerous occasions I have spoken to others in the area (often waiting together at a bus stop) and found they too have the same problem which negatively impacts their work life. I understand there is traffic which can cause delays, but have never understood why some buses simply fail to turn up. Please try to address this 'no show' issue along with improving reliability, as this will not only increase the number of people using public transport, but benefit current users too."

Criticism of cycling improvements, better connections with surrounding areas and a more frequent bus service all featured in the top ten priorities raised by respondents in the Outer West, but not overall (see main report).

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

	Outer West	Others
1. Criticism of cycling improvements/ waste of money	17%	6%
2. Invest in tram system	16%	16%
3. More reliable bus service	15%	14%
4. Improvements to cycling facilities	12%	19%
5. Expanded Metro rail service	10%	9%
6. Tackle traffic congestion, e.g. congestion charge, car share	9%	11%
7. Cheaper/ better VFM (Bus)	9%	8%
8. Better connections with surrounding areas	8%	7%
9. More frequent bus service	8%	7%
10. Expansion of Park and Ride facilities	8%	9%
Base: Respondents who provided a comment	359	4186

Green = statistically significant difference

At the end of the Leeds Conversation questionnaire respondents were given the opportunity to provide any other comments. 197 respondents from the Outer 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 Outer 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; including the **top three priorities**:

- Improvements to rail services/ network/ facilities (19%)
- Improvements to bus services/ network/ facilities (18%)
- Longer term vision for transport solutions needed (14%)

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

"A rail link from the city centre to the Leeds Bradford Airport could be part of this transport infrastructure upgrade. Leeds needs to become like other major cities in the UK, Europe and the rest of the world with a rail link. This could also be used by commuters for work and leisure in the surrounding suburbs between the Leeds Bradford Airport and the city centre and by tourists and business people from down south visiting Leeds."

"A complete overhaul of bus routes and looking at options for alternative public transport is the solution. There do not seem to be many things that can be done to improve the existing routes or roads that would help ease congestion as much as is needed."

"It has to be long term so that it becomes more attractive, more people use it which should bring the cost of using it down - making it more attractive and letting people leave their cars at home whenever they can. I genuinely long not to have to drive everywhere and cannot wait for a more improved public transport that I can afford."

There were a few noticeable differences in the top priorities cited by respondents in the Outer West. In particular, a significantly higher proportion of respondents highlighted the need to improve the road network/ capacity (11% compared to 6% of others).

Similarly, there was a significantly higher proportion of Outer West respondents that criticised the emphasis and money spent on the cycling network to date (8% compared to 2% of others).

The need to improve the road network/ capacity and criticism regarding the emphasis/ money spent on the cycling network both featured in the top ten priorities raised by respondents in the Outer West, but not overall (see main report).

Table 2: Top Ten Other Comments in Outer West

	Outer West	Others
1. Improvements to rail services/ network/ facilities	19%	14%
2. Improvements to bus services/ network/ facilities	18%	16%
3. Longer term vision for transport solutions needed	14%	18%
4. Consider needs of all users, e.g. commuters, residents, visitors, etc.	12%	9%
5. Improve road network/ capacity	11%	6%
6. Implement tram system/ rapid mass transit	10%	11%
7. Reduce car use in city centre/ tackle congestion, e.g. restrict access, reduce speeds, Park and Ride	8%	12%
8. Criticism regarding emphasis/ money spent on cycling network, e.g. Super Network	8%	2%
9. Creative/ imaginative/ innovative ideas needed – need to think big/ bold, etc.	8%	7%
10. Improvements to ticketing, e.g. affordability, fare structure, VFM	7%	7%
Base: Respondents who provided a comment	197	2126

Green = statistically significant difference

Summary

Criticism of the cycling improvements made to date was a key issue in the Outer West area and came top in the list of priorities with a significantly higher proportion of respondents citing this as a priority. Conversely, a significantly smaller proportion of respondents referenced improvements to cycling facilities as a priority for investment. Respondents from the Outer West criticised the emphasis and money spent on cycling facilities in both open ended questions.

The top three priorities for respondents from the Outer West for the delivery of transport investment mirrored those of respondents overall (see main report). In addition, a significantly larger number of respondents from the Outer West raised the need to improve the road network/ capacity.

#LeedsTransport - Scheme Summary

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

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

Bus network Improvements:

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



- **City centre bus gateways** - Simplifying the road layouts to reduce congestion, upgrading the pedestrian environment, improving signage and legibility and redesigning stop infrastructure is proposed at the following key gateway locations: The Headrow; Infirmary Street / Park Row; Vicar Lane (Corn Exchange) / Boar Lane / Lower Briggate
- **New CCTV contracts:** WYCA has let a new contract to manage and replace all its CCTV installations across West Yorkshire. The new system will be digital and fibre (rather than analogue) and will provide higher quality live camera feeds and improved evidence gathering facilities. The system will also allow WYCA to provide WIFI for customers in the bus stations.
- **Leeds City Bus Station Exit Works:** Highway improvement works have been undertaken along St Peter Street and to the existing bus station exit. The completed works provide improved exit arrangements for buses, better journey times for passengers and an improved controlled pedestrian crossing and route to the bus station and city centre. Improved access arrangements are also provided for coaches using the coach station.
- **Senior Travel Passes:** To make it easier for people to order new Passes or renew their existing ones, West Yorkshire Combined Authority has introduced online applications but can still apply for Senior Passes at Bus Station Travel Centres.

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

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



Rail and Station Improvements:

New Stations

- Leeds rail growth package with the recent opening of two new stations at **Kirkstall Forge** opened in (19.06.16) and **Apperley Bridge** (13.12.15) with associated car parks providing a new park and rail option, and unlocking the development of new homes and jobs. Monitoring and evaluation work is being carried out to assess the performance of Kirkstall Forge and Apperley Bridge rail stations. The work includes household surveys to determine if commuters have changed their travel behaviour and rail platform surveys to gather information on reasons for travel, and how the journey was made prior to the stations opening.
- Development of **three new rail stations** for key development and economic hubs serving Leeds Bradford Airport, Thorpe Park and White Rose.
 - A parkway station serving Leeds Bradford Airport providing a rail link for airport passengers, supporting employment growth surrounding the airport and providing strategic park & ride for the city and surrounding districts.
 - A new station at Millshaw to improve connectivity to the employment area around the White Rose retail centre.
 - A new station at Thorpe Park, linked to employment and housing growth areas with a park & ride facility.

Station Improvements

- **Rail Station Car Park Expansions:** Work has started on a £32m programme of car park extensions at a number of rail stations throughout West Yorkshire, using land owned by Network Rail or local authorities. Increased car parking capacity will enhance accessibility to the rail network and support sustainable employment growth in the main urban centres. The car parks will provide: additional standard and blue badge parking bays, CCTV, lighting, drainage and future proofing for Electric Vehicle (EV) charging points. Stations included in the programme are as followed in Leeds: Guiseley, Morley, Outwood.
- Car park expansion is also proposed at **New Pudsey** from 452 existing spaces with an additional number of spaces to be defined but likely to double capacity.
- By 2023 all **rail stations will become accessible** including upgrades planned at Cross Gates, Morley and Horsforth.
- **Northern Stations Improvement Fund:** Within the Northern Franchise there is a Stations Improvement Fund of £38m. The majority of money is aimed at middle and smaller sized stations and is focussed on bringing facilities and standards up to a consistent level, looking at areas such as seating, information, lighting and security. Station investment will also include additional ticket machines and improved accessibility. The project is progressing well with 36 stations due to be completed by the end of 2017 as part of phase one, with the remainder phased for implementation up until March 2020. The following stations in the Leeds district are included in the programme: Phase 1, Bramley, Micklefield. Phase 2 Burley Park, Cross Gates, East Garforth, Garforth, Guiseley, Headingley, Horsforth, Morley, Woodlesford.



New and Refurbished Trains

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

Strategic Rail network

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



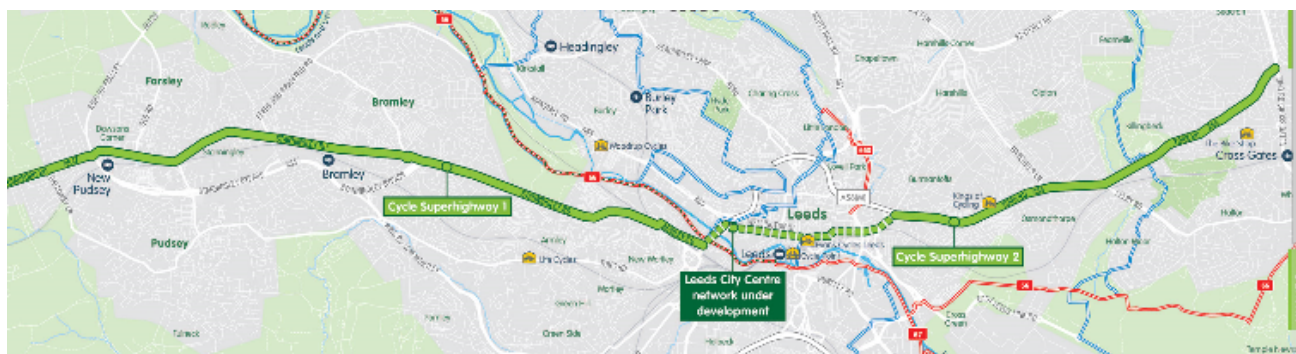
- The **southern entrance to Leeds Station** opened early 2016 (03.01.16) supports Leeds ambition to double the size of the City Centre by regenerating the Southbank.
- **Northern Powerhouse Rail (NPR)** or also referred to as HS3 is a major strategic rail programme developing a new east-west rail link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

Active Travel – Cycle and Walking improvements:

- LPTIP initiative will involve improvements to key public transport corridors (A58 north-east, A6, north and south, A647 and A660), improving provision for pedestrians and cyclists along these corridors.
- A programme of **20 mph speed limits** around schools aims to improve child safety and provide opportunities for children to travel actively.
- **City Connect Cycle Superhighway.** See [City Connect website](#): West Yorkshire Combined Authority is working with Leeds and other Local Authority partners across the district to deliver the CityConnect programme. It will bring about increased levels of cycling and walking through improvements to infrastructure and activity to enable more people to access to a bike. The Phase 1 schemes in Leeds include; Leeds & Bradford Cycle Superhighway; Kirkstall Shipley Canal Towpath upgrade; Increased cycle parking; Leeds Community Cycle Hub and Activity Centre.
- A programme of monitoring and evaluation supports the programme and is ongoing. Automatic Cycle Counters have been installed at points across the route and over 400,000 trips by bike have been recorded since opening.
- The second phase of the CityConnect cycle superhighway project in Leeds includes 7km of superhighway to the North and South of Leeds City Centre; the delivery of works within the City Centre which comprise of extensions of the superhighway routes into the city from the west and east, links to the emerging education quarter in the south of the city and the first sections of a cycle loop around the city at Wellington /Northern Street. It is expected works will commence in late October with completion by the end of 2018. Plans and further details can be found at www.cyclecityconnect.co.uk/Leedscitycentre



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



- Recent **segregated cycle facilities** have started to be used on other routes, for example on Kirkstall Road and Regent Street.
- £3.2m to introduce segregated provision for cyclists on the **outer ring road** between (A61) Alwoodley and (A58) Whinmoor.
- **Cycling Starts Here** cycling strategy, ambitious plans for a comprehensive Core Cycle network, including up to 6 cycle superhighways and a network of on street and 'green' routes – Also drafting a Local Cycling and Walking Infrastructure Plan which will identify routes and improvements.
- **Public bike share** scheme proposals under exploration.

Major New Roads:

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



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

Leeds City Centre / South Bank

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

Local pinch point schemes

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

Strategic junction and corridor improvements

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



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

Aire Valley

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

Air Quality

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



Outer West Community Committee Workshop Notes

Venue: Pudsey Leisure Centre Date: 28th September 2016

Summary of the discussion

Bus challenges and solutions:

- An Oyster card system and integrated ticketing are seen as essential to running a modern bus system.
- Clear routes into the city centre required for faster buses and bus priority measures.
- Leeds does not have the flexibility of London which is often cited as having very good public transport and ticketing options. Transport for London can set the fares for themselves and are using contactless cards. Leeds is currently halfway to a smart card system but want to move to a flat fare, which is the next step. We are some time off not accepting cash, although over time less cash will be used to the point where system becomes cashless.
- There have been two recent meetings in Pudsey with the bus operators as a concern that the bus services are not acceptable. The keys to resolving issues with the buses are punctuality, flexibility, frequency and flat fares. If these elements work it should not matter who runs the service.
- Would like a bold, integrated system with clear routes and a mix of journeys with access to facilities.
- Many of the routes are radial i.e. straight into the City, whilst Orbital routes going around the City are very difficult to create viable bus services for.
- One fare system on buses/flat fare travel (London £1.50 for 1hrs worth of bus travel across multiple buses).
- Emulate London's one 'bus' operator (more one bus 'brand' than operator, as operators bid to run the services).
- Monday journeys are slow when all passengers buy their weekly ticket from the driver.
- Concerns over being able travel if card empty and fares not accepted on mode of transport.
- Park and rides required.
- Electric buses (leasing to operators if most appropriate method).
- Bus operators need to be held accountable.
- View that P&R should be for users from outside the city.

Rail challenges and solutions:

- Cottingley – (Western) – access to platform issue.
- More local rail stations (e.g. Armley/Wortley), as historically one in Wortley.
- If additional rail stations are built, need to create longer platforms and trains, to increase capacity.

General traffic issues and solutions:

- Better use of technology to inform journeys e.g. Pittsburgh – driverless Supercars.
- Look to Europe and consider new technologies e.g. electric car hire (Paris/Marseille).
- Workplace car parking scheme - like Nottingham?
- Need to induce people to use public transport.
- Even if highways improved it will just increase car usage and block up in 5 years.
- If space is taken away from cars – need to be signed up to it. Give members some confidence

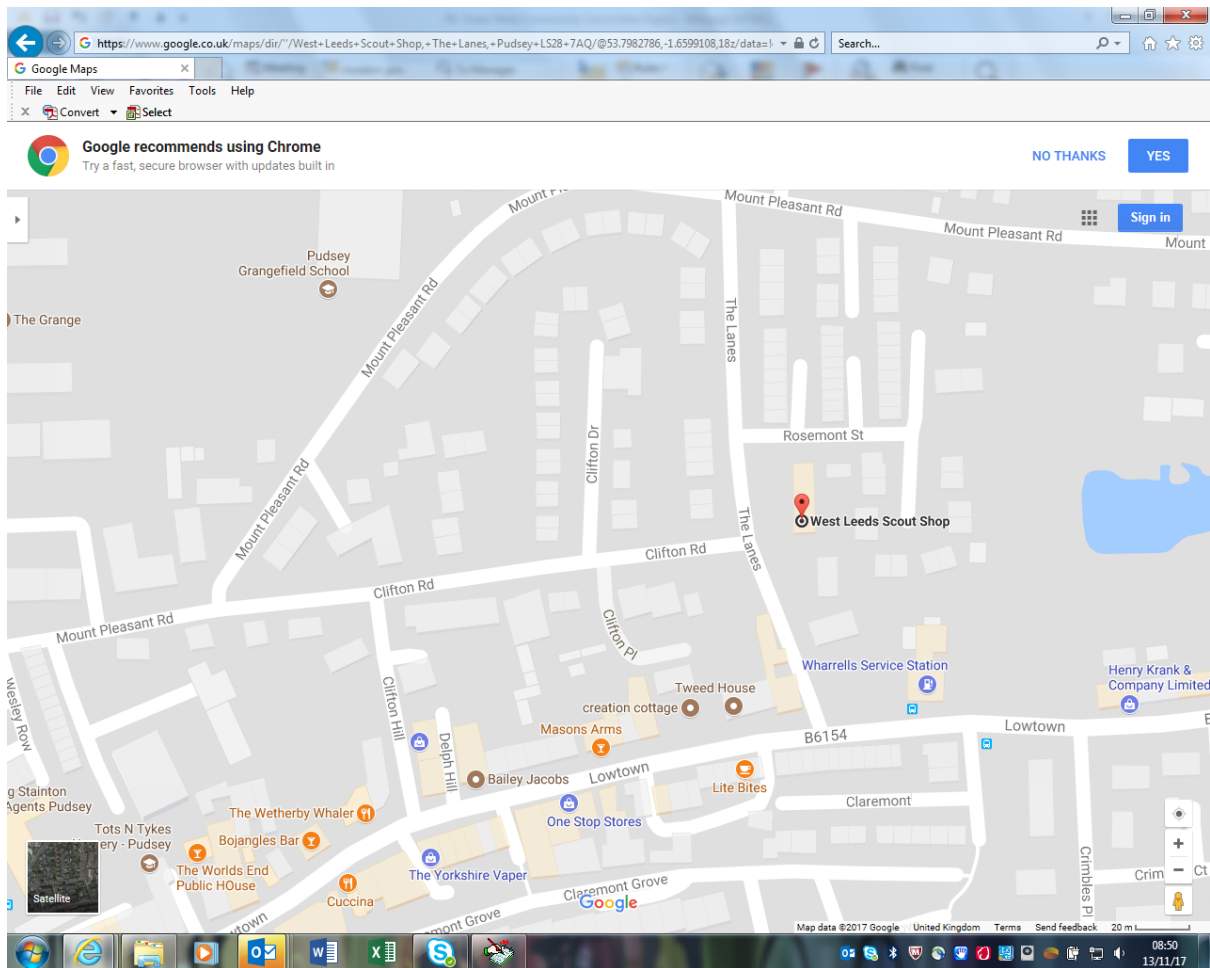
- More thought needs to be given to integration between housing and transport.
- Businesses interacting in the area – transport an issue.
- Highway maintenance an issue.
- Look at reducing the impact on the wider network when an accident occurs (e.g. on IRR).
- Look to places like Manchester and Newcastle as exemplars and to learn lessons from other cities (UK and elsewhere).
- Consider travel FOR work, not just travel TO work.
- Public knowledge of bus networks and travel opportunities at district/county level is not great.
- Direct, frequent, fast journeys into Leeds (including the bus) providing an alternative for people who drive but should not need to.
- Can smartcard options include operator tickets?
- Real time updates on journeys and alterations (if needed) to all road users.
- Armley gyratory is a congestion hotspot.
- Signalise Five Lane Ends.
- There are too many cars – this causes the problems/issues, concern that increasing capacity will not remove cars, create passenger transport priority measures/lanes.
- Make roads better – induce users of cars to switch modes.
- Safety and security in dark areas – not feeling safe = changes in travel behaviours during winter months.
- Regeneration opportunities (e.g. Kirkstall Forge).
- Look to new technologies (e.g. Uber).
- Look at the potential and impacts of driverless cars.
- Be ambitious – sell the city and attract investment.
- Identify (now) unused infrastructure, and consider reusing it (new lease of life).
- River Aire crossings are bottlenecks, increase capacity of existing crossings and consider additional ones.

Local Pudsey issues raised:

- Concern expressed about the bus services in Pudsey.
- New Pudsey train station car park is often full.
- No bus service from train station in Pudsey.
- Interchange between bus and train at New Pudsey Station – there is no direct interchange at present (requires a 10 min walk). Transport hubs required to provide short point-to-point journey times.
- Walking/cycling access to New Pudsey Station from the south (currently through a field). Suggestion to put in a walk and cycle route to the station. (Further details on this scheme proposal submitted).
- Practical short term solutions to New Pudsey – made more secure / lighting / CCTV.
- Provision of more local railway stations at Wortley? Looking at stations with the £173.5 million although limited to economic growth areas e.g. Thorpe Park.
- The opening of local stations - costs approximately £10 million to build a station.
- Concern expressed about the bus services in Pudsey but also the consideration of additionally stopping and a longer journey time / sensitive about areas and numbers can use.
- Spend the money now – don't want the government to change its mind and to take it back.



West Leeds Scouts, The Lanes, Pudsey LS28 7AQ



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