



Inner North East Community Committee

Chapel Allerton, Moortown, Roundhay

Meeting to be held in Reginald Centre, Chapeltown Road, Leeds, LS7 3EX

Monday, 1st July, 2019 at 6.00 pm

Councillors:

J Dowson	- Chapel Allerton;
M Rafique	- Chapel Allerton;
E Taylor	- Chapel Allerton;

R Charlwood	- Moortown;
S Hamilton	- Moortown;
M Shazad	- Moortown;

J Goddard	- Roundhay;
E Tunnicliffe	- Roundhay;
A Wenham	- Roundhay;





Agenda compiled by: Natasha Prosser 0113 3788021
Governance Services Unit, Civic Hall, LEEDS LS1 1UR
East North East Area Leader: Jane Maxwell Tel: 336 7627

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

A G E N D A

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:-	
3			LATE ITEMS To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
4			DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-18 of the Members' Code of Conduct	
5			APOLOGIES FOR ABSENCE To receive any apologies for absence	
6			OPEN FORUM In accordance with Paragraphs 4:16 and 4:17 of the Community Committee Procedure Rules, at the discretion of the Chair a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Community Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
7			MINUTES OF THE PREVIOUS MEETING To confirm as a correct record the minutes of the previous meeting held 4 th March 2019.	1 - 6
8			MATTERS ARISING	
9			COMMUNITY COMMITTEE APPOINTMENTS 2019/2020 To consider a report of the City Solicitor which invites the Community Committee to consider and determine appointments to those designated Outside Bodies, partnerships and organisations as detailed within the report and appendix. (Report attached)	7 - 16

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10			INNER NORTH EAST COMMUNITY COMMITTEE SUB GROUP NOMINATIONS REPORT To consider the report of the Area Leader seeking nomination to each of the Inner North East Community Committee Sub Groups for 2019/20. (Report attached)	17 - 18
11			COMMUNITY COMMITTEE NOMINATIONS TO HOUSING ADVISORY PANELS (HAP) To consider a report from the Chief Officer (Housing Management) requesting nominations from the Inner North East Community Committee to the Inner North East Housing Advisory Panel (HAP). (Report attached)	19 - 24
12			INNER NORTH EAST COMMUNITY COMMITTEE - FORWARD PLAN 2019/20 To consider the report of the Area Leader introducing the Inner North East Community Committee Forward Plan 2019/20. The report details the Community Committee meeting dates and sets out workshop themes, as well as providing an update on engagement with local communities. (Report attached)	25 - 32
13			LEEDS HEALTH AND CARE PLAN - CONTINUING THE CONVERSATION To consider the report of the Chief Officer Health and Partnerships Team, providing an update on the progress made in actions contained within the Leeds Health and Care Plan following the previous engagement with the Committees in autumn 2017. (Report attached)	33 - 56

Item No	Ward/Equal Opportunities	Item Not Open		Page No
14			INNER NORTH EAST COMMUNITY COMMITTEE - UPDATE REPORT To consider the report of the Area Leader, introducing a verbal update regarding the Inner North East Community Committee work programme, recent successes and current challenges.	57 - 62
15			INNER NORTH EAST COMMUNITY COMMITTEE - FINANCE REPORT To consider the report of the Area Leader which provides details of the Inner North East Community Committee Wellbeing Budget, including the Wellbeing/ Youth Activing Funding 2019/20. (Report to follow)	
16			COMMUNITY COMMENT To receive any feedback or comments from members of the public on the reports presented to this Community Committee meeting. A time limit for this session has been set at 10 minutes . Due to the number and nature of queries it will not be possible to provide responses immediately at the meeting. However, members of the public shall receive a formal response within 14 working days.	
17			DATE AND TIME OF NEXT MEETING To note the date and time of the next formal meeting as Monday 2 nd September 2019. MAP OF VENUE	63 - 64

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

This page is intentionally left blank

INNER NORTH EAST COMMUNITY COMMITTEE

MONDAY, 4TH MARCH, 2019

PRESENT: Councillor E Taylor in the Chair

Councillors J Dowson, J Goddard,
S Hamilton, M Rafique, M Shazad and
A Wenham

43 Appeals Against Refusal of Inspection of Documents

There were no appeals.

44 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

45 Late Items

There were no formal late items.

46 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

47 Apologies for Absence

Apologies for absence were received from Councillors Tunnicliffe and Charlwood.

48 Open Forum

In accordance with the Community Committee Procedure Rules, the Chair allowed a period of up to 10 minutes for members of the public to make representations or ask questions within the terms of reference of the Community Committee.

No matters were raised on this occasion.

49 Minutes of the previous meeting

RESOLVED – That the minutes of the previous meeting held on 4rd December 2018, be agreed as an accurate record.

50 Connecting Leeds - Next Phase of Public Engagement - A61

Tom Harker WSP Ltd Consultant, was in attendance at the meeting and provided Members with a PowerPoint presentation. The key points highlighted throughout were as follows:

Draft minutes to be approved at the meeting
to be held on 1st July 2019

- The feedback received back from residents identified that local people want a service of which is reliable, accessible to the City Centre, encourages less traffic, provides more park & ride spots, and provides additional priority busses;
- There are currently 250,000 bus trips in Leeds and in the last five years, City congestion has risen by 14%;
- The programme has been successful in securing £500 million investment;
- The vision for Leeds' major transport schemes over the next 10 years.
- As part of the first phase of improvements to the bus network, five routes have been identified – Bradford-Leeds, Adel-Leeds, Alwoodley-Leeds, Oakwood & Roundhay-Leeds, Wakefield & Hunslet – Leeds;
- The 3 Bus-based Park & Ride sites;
- 4 City Centre Gateways;
- Members were informed of local proposals going through consultation, including:
 - Signal controlled crossroads with bus and cycle lanes
 - New Northbound and Southbound bus lanes
 - A new Circular Park and Ride scheme near Alwoodley Gates roundabout – in an attempt to alleviate traffic on the junction;
- The bus lane at Moortown had been approved by Executive Board;
- The consultation period to comment on the proposals is open until Friday 15th March and this can be done via paper, online and an event being held at the Treetops Community Centre on 6th March;
- The next steps in terms of route proposals and Park and Ride.

(Cllr J Goddard arrived at 18:50 during discussion of this item)

In response to questions, the following was discussed:

- Concerns were raised that a build-up of congestion would occur in residential roads/side roads as the proposals stand; Members were informed that the locations being put forward are for suggestions, and the consultation period allows people to review and identify areas of a particular issue.
- Clarity was sought on that where there is a particularly high footfall, the widening of footways will be looked at, ensuring there is provision to upgrade existing pedestrian crossing and providing cycle tracks & cycle lanes where needed.
- Members heard that although the proposals won't diminish congestion completely, the overall objective is to ensure that busses, bicycles and pedestrians can get in and out of the City Centre in a more efficient way.

RESOLVED – To note the contents of the report, the PowerPoint presentation and the comments made by Members during the discussions.

51 LASBT Review Update

Draft minutes to be approved at the meeting
to be held on 1st July 2019

Neil Bowden, Anti-Social Behaviour Team Manager, was in attendance at the meeting and presented the report on Leeds Anti-Social Behaviour Team (LASBT) review.

Members were informed of the following points:

- LASBT is now a multi-agency team which includes Police, Fire and Rescue services, Housing Leeds, Belle Isle Tenants Management Organisation Youth Offending and Victim Support;
- Three locally based teams covering South and City Centre, East North East and West North West deliver a specialist ASB service;
- Service standards have been made uniform to ensure consistency of delivery across all teams;
- 60% of issues are noise related and the domestic noise and out of hours noise nuisance teams have now joined LASBT and are currently located within the LeedsWatch Service;
- The complex issues of ASB need to be undertaken by more than one agency and it was acknowledged that a partnership approach was required to address the causes of ASB;
- A triage system is proposed to assess the severity of incoming cases to assist in the decision making and that this is best done at the first point of contact;
- Staff training will ensure that officers are confident using all the tools available to them, empower them to provide robust advice, deliver successful early intervention;
- A report is due to go to Executive Board in June 2019 for consideration of the final scheme.

In response to questions, the following was discussed:

- The measurements in place to tackle noise nuisance during the night, and early hours of the morning. Members heard that there is flexibility in regard to day time staff and have identified a gap for the allocation of evening staff but were informed that funding resources is separate on-going work.
- Member's heard that residents dealing with issues from their neighbour, are sent out an information pack, providing advice on how to self-deal with perpetrators, but the need for the Anti-Social Behaviour (ASB) Team to intervene and take action is still acknowledged.
- In terms of the triage referral system, Members received detail on the process the contact centre carries out and that cases identified as needing to be progress further, are transferred over to the ASB Team from Housing.
- Members' referred to Figure 1 of the report, setting out the current ASB structure and were informed of the temporary staffing arrangements in place.

RESOLVED - To note the contents of the report.

Draft minutes to be approved at the meeting
to be held on 1st July 2019

52 Meanwood Valley

The Meanwood Valley Heritage Ranger, Communities & Environment was in attendance and provided Members with a presentation on the progress of the Wilderness on Your Doorstep project.

Key points were highlighted as being:

- Meanwood valley runs from urban Leeds to the rural countryside of the north of the city.
- The Meanwood Valley Partnership were awarded with £65,000 from the Heritage Lottery Fund, for a joint project which covers all of the Meanwood Valley;
- The project provides opportunities for younger and older people, to enable them to discover and care for wildlife in their locality;
- The project provided the use of innovative methods of interpretation, mobile apps, web content, KS1 and KS2 education sessions and Bioblitzes – helping volunteers to build relevant skills towards gaining employment and relevant educational purposes;
- The public nature events for bat walks had proven to be extremely popular, particularly in Sugarwell Hill and this site had been identified as having 7 species of bats;
- Volunteers are encouraged to attend the training sessions for the Bioblitzes to gain a better understanding of habitats in the wildlife;
- The programme currently have 15 Meanwood Valley Rangers and there are further opportunities for volunteers to join the programme and learn ranger skills;
- It was reported that almost 600 people had attended outreach activities and volunteers are expected to rise in numbers over spring and summer 2019.

Members commented on the Rangers enthusiasm throughout the presentation and thanked the good work the project provided for the local community.

RESOLVED – To note the contents of the report.

53 Finance Report

The report of the Area Leader provided Members of the Inner North East Community Committee with details of its Wellbeing Budget along with the Youth Activity fund for 2018/19 and details of projects approved since the previous meeting under delegated authority of the Director of Communities and Environment.

The following was appended to the report – INE Wellbeing Report 2018/19 (breakdown of approved projects)

Preet Matharu, Localities Officer, presented the report. Members were informed that the 2019/20 budget allocation would be provided in due course, and in light of this Members were asked to consider the following:

- Ward Budgets - £10,000
- Provision of Community Skips - £600 per Ward
- Community Engagement Activities - £1,000

Members heard that two projects have been funded since the meeting in December.

RESOLVED –

- To note the current balances for 2018/19 and the spend to date against these budgets as set out in Appendix 1.
- To note the delegated decisions made since the last meeting of the Inner North East Community Committee as outlined at paragraph 22.

54 Community Committee Update Report

The Area Leader submitted a report which provided a summary of the work programme of the Inner North East Community Committee including the Committee's sub groups and events held in the locality since the last meeting.

Preet Matharu, Localities Officer, introduced the report. Highlighting the success of the activities and events in the locality. Members were advised the INE Finance Sub Group had met and Youth Activity Funding (YAF) applications had been extended.

Neil Pentelow, Senior Localities Officer, was in attendance and highlighted key points in terms of Neighbourhood Improvement, which included:

- Provisional dates for Action Days have been added for April and May;
- Members noted the planning of Leeds Black Music Festival and Leeds West Indian Festival;
- The Prince Philip Centre User Group is up and running;
- The Mandela Centre User Group met in February.

Member's attention was drawn to paragraphs 17-21 of the submitted report which provided information in relation to the NHS Leeds Clinical Commissioning Group. Members were also referred to Appendix 1 which provided an update on Health and Wellbeing.

Members acknowledged the social media growth to promote work and events within the Inner North East Communities Team. It was noted that their Facebook page currently receives a following of 720 people.

RESOLVED – To note the contents of the report.

55 Community Comment

The Chair noted the opportunity for members of the public to give feedback and/or queries on the reports presented during the formal part of the

Community Committee meeting, the intention being that the written response would be provided within 14 days.

There were no comments raised.

56 Dates, Times & Venues of Inner North East Meetings 2019/20

The Committee considered the report of the City Solicitor setting out a proposed schedule of meetings for the forthcoming 2019/20 Municipal Year for Members' consideration:

- 1st July 2019 at 7pm
- 2nd September 2019 at 7pm
- 2nd December 2019 at 7pm
- 2nd March 2020 at 7pm

The proposed dates reflected the current pattern of meetings, however Members were mindful of public attendance and discussed the addition of workshop sessions and altered start times.

RESOLVED – To agree the Committee's meeting schedule for the 2019/20 municipal year as detailed at point 6 of the submitted report and to be included within the Council's Diary for the same period.

57 Any Other Business

Committee Members. Members of the Committee noted that this would be Councillor Taylors last meeting for the 2018/19 Municipal Year, prior to the May elections and her new role as Lord Mayor. The Committee expressed their gratitude and passed on their best wishes to her.

Additionally, Councillor Taylor thanked all of the INE Communities Team for their hard work and support offered to her as Chair.

58 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as 1st July 2019 at 7pm.



Report of: City Solicitor

Report to: Inner North East Community Committee, Chapel Allerton, Moortown and Roundhay Wards.

Report author: Natasha Prosser, 0113 3788021

Date: 1 July 2019

For decision

Community Committee Appointments 2019/2020

Purpose of report

- 1 The purpose of this report is to note the appointment of Councillor Shahzad as Chair of the Community Committee for 2019/20 as agreed at the recent Annual Council Meeting, and also to invite the Committee to make appointments to the following, as appropriate:-
 - Those Outside Bodies as detailed at section 19 / Appendix 1 of this report;
 - One representative to the Corporate Parenting Board;
 - Community Committee Champions, as listed; and
 - Those Children's Services Cluster Partnerships, also as listed.

Main issues

1. **Noting Appointment of Community Committee Chair for 2019/20**
2. Members are invited to note the appointment of Councillor Shahzad as Chair of the Community Committee for 2019/20, as agreed at the recent Annual Meeting of Council.
3. **Appointments to Outside Bodies**
4. Member Management Committee annually determines which Outside Bodies will be delegated to Community Committees for appointment. Attached at Appendix 1 are those organisations.

5. **Appointments to Community Committee ‘Champions’**

6. The Constitution requires that Community Committees appoint Member ‘Champions’ in several designated areas. Currently, these areas are: ‘Environment & Community Safety’; ‘Children’s Services’; ‘Employment, Skills & Welfare’; and ‘Health, Wellbeing & Adult Social Care’.

7. **Appointments to Children’s Services Cluster Partnerships**

8. Previously, Member Management Committee has resolved that the nomination of Elected Member representatives to the local Children’s Services Cluster Partnerships be designated as a ‘Community & Local Engagement’ appointment, and therefore be delegated to Community Committees for determination.

9. **Appointment to Corporate Parenting Board**

10. In recent years Community Committees have been used as the appropriate body by which local Elected Member representatives are appointed to the Corporate Parenting Board.

Options

9. **Outside Bodies**

10. The Community Committee is invited to determine the appointments to those Outside Bodies as detailed within section 19 / Appendix 1. The Council’s Appointments to Outside Bodies Procedure Rules can be made available to Members upon request, however, a summary of the rules can be found at sections 11-16:
11. The Community Committee should first consider whether it is appropriate for an appointment to be of a specific office holder¹ either by reference to the constitution of the outside body concerned (if available), or in the light of any other circumstances as determined by the Community Committee. Such appointments would then be offered on this basis.
12. Nominations will then be sought for the remaining places, having regard to trying to secure an overall allocation of places which reflects the proportion of Members from each Political Group on the Community Committee as a whole.
13. All appointments are subject to annual change unless otherwise stated within the constitution of the external organisation, which will therefore be reflected on the table at Appendix 1. Each appointment (including in-year replacements) runs for the municipal year, ending at the next Annual Council Meeting.
14. Elected Members will fill all available appointments but it is recognised that Political Groups may not wish to take up vacancies which are made available to them. In such circumstances, vacancies will be notified to the Community Committee and agreement sought as to whether the vacancy will be filled.

¹ For example it may be considered necessary or otherwise appropriate to appoint a specific Ward Member

15. A vacancy occurring during the municipal year will normally be referred to the Community Committee for an appointment to be made, having regard to the principles described above.
16. Community Committees may review the list of organisations to which they are asked to make appointments at any time and make recommendations to Member Management Committee.
17. Please note, any appointments to those Outside Bodies detailed in Appendix 1 / section 19 which are made by the Committee at today's meeting are subject to Member Management Committee approving at its first meeting of the municipal year, that arrangements for such appointments remain unchanged and that they continue to be made by this Community Committee.

18. **Outside Body Appointments 2019/2020**

19. This year, the following appointments are due for review/determination:-

Moor Allerton Elderly Care

Community Action For Roundhay Elderly

Local Housing Advisory Panels

20. As was the case in 2018/19, a dedicated report regarding Elected Member representation on the Local Housing Advisory Panels can be found elsewhere on the agenda.

21. **Community Committee 'Champions'**

22. The Community Committee Champions role aims to provide a local "lead" perspective and further facilitate local democratic accountability; particularly in conjunction with the relevant Executive Member. It is formally defined as covering the following areas:
 - To provide local leadership and champion the agenda at the Community Committee.
 - To represent the Community Committee at relevant meetings, forums and local partnerships.
 - To build links with key services and partners.
 - To provide a link between the Community Committee and the Executive Member to ensure local needs are represented, issues are highlighted, best practice is shared and to facilitate local solutions to any issues.
 - To maintain an overview of local performance.
 - To consult with the Community Committee and represent local views as part of the development and review of policy.

23. As set out in the Constitution, the Community Committee is invited to appoint to the following Community Lead Member roles, in respect of:

- **Environment & Community Safety**
- **Children's Services**
- **Employment, Skills and Welfare**
- **Health, Wellbeing and Adult Social Care**

24. Given that these roles may need to be tailored to best reflect specific local needs and circumstances, Community Committees may wish to consider splitting two of the roles namely:
- Environment & Community Safety – with one Member focusing on the environment agenda and another on community safety.
 - Health, Wellbeing and Adult Social Care – with one Member covering the public health and wellbeing agenda and another focusing upon adult social care.
25. **Corporate Parenting Board**
26. Under the Children's Act 1989, all local Councillors are corporate parents, this means they have responsibilities relating to the quality of services for those children who have been taken into care by the local authority (children looked after).
27. Executive Board has previously agreed a clearer framework for the corporate parenting role in Leeds. This included establishing a core group of councillors with a special interest in leading the work on Corporate Parenting - the 'Corporate Parenting Board'. This core group includes representation from each of the 10 Community Committees and takes particular responsibilities relating to influencing, performance monitoring, and governance of those issues and outcomes that affect looked after children.
28. In February 2015, Executive Board approved a report that proposed a number of developments to enhance the Corporate Parenting Board, including a better link to the 'Care Promise' for looked after children and more regular involvement from senior leaders and partners both within and outside of the Council. The Board considers information including fostering services, residential care, looked after children's educational attainment and their voice and influence across the city. Representatives are asked to link back to local looked after children's issues through their Community Committee and champion the importance of effectively supporting those children. This is an important role within the overall framework of support and accountability for looked after children's services. The March 2015 Ofsted report for Leeds highlighted the positive benefits and impact of the Board's work.
29. The Community Committee is asked to appoint one representative to the Corporate Parenting Board for the duration of the 2019/20 municipal year. The Committee may consider it appropriate to combine the role with that of the Committee's Children's Services 'Champion'.
30. It should be noted that membership of the Corporate Parenting Board is encouraged for any Elected Members with a particular interest in the outcomes of looked after children, therefore whilst each Community Committee is asked to appoint one Member (to ensure an even geographic spread), it is possible for additional Members to participate. Therefore, additional Members with a particular interest are advised to approach the Chair of the Corporate Parenting Board, or make the relevant officers aware.
31. **Children's Services Cluster Partnerships**
32. Clusters are local partnerships that include, amongst others: the Children's Social Work Service, schools, governors, Police, Leeds City Council youth service, Youth Offending Service, Children's Centres, Housing services, third sector, health, local elected

members and a senior representative from children's services. Local clusters are key to the Children & Families Trust Board partnership and delivery arrangements.

33. They aim to:

- enable local settings and services to work together effectively to improve outcomes for children, young people and their families;
- build capacity to improve the delivery of preventative and targeted services to meet local needs;
- create the conditions for integrated partnership working at locality level;
- promote the Children & Young People's Plan and the ambition of a child friendly city across the locality.

34. A "well-coordinated locality and cluster approach results in early identification and extensive work with families according to need." (Ofsted report, March 2015).

35. Clusters began life as extended services for schools and have grown to engage a wide range of partners who provide early help and early intervention and prevention. In April 2011, the Children & Families Trust Board and Schools Forum agreed the adoption of a minimum standard for the terms of reference across the cluster partnerships, which included elected members as standing members of the governance group for each partnership.

36. Elected Members also sit alongside a senior leader (Local Authority Partner) from the Children's Services directorate to be part of the Council's representation on each cluster partnership.

37. In June 2013 Member Management Committee delegated the nomination of Elected Member representatives to local Children's Services Cluster partnerships to Community Committees. This was with the aim of establishing a clear formal link between those Committees and Clusters. It was also with the intention of building closer working arrangements to better support the needs children and families across the city.

38. The Committee is invited to nominate Members to each cluster partnership within their area for the 2019/20 municipal year. The table below sets out the suggested numbers, Ward links and current representation as a basis for discussion:

Cluster	Number of Elected Members suggested	Suggested Ward link	Current Elected Member Representation
2Gether Cluster	1	1 Chapel Allerton or Moortown	E Taylor
ARM (Alwoodley, Roundhay & Moortown) Cluster	2	1 Moortown & 1 Roundhay	R Charlwood A Wenham

Corporate considerations

a. Consultation and engagement

This report facilitates the necessary consultation and engagement with Community Committee Members in respect of appointments to the designated positions and

Outside Bodies. Given that the Community Committee is the relevant appointing body, there is no requirement to undertake a public consultation exercise on such matters.

b. Equality and diversity / cohesion and integration

Both the Community Committee Champion roles and the Corporate Parenting role aim to champion, address and monitor issues arising in their respective fields, whilst also providing clear links with the relevant Executive Member, Council officers and partner agencies. As such, these roles would also look to address any equality, diversity, cohesion or integration issues arising in their specific areas.

Also, Council representation on Outside Bodies and Children's Services Cluster Partnerships will enable those appointed Members to act as a conduit in terms of promoting the Council's policies and priorities. As such, this would potentially include matters relating to equality, diversity, cohesion or integration.

c. Council policies and city priorities

Council representation on, and engagement with those Outside Bodies, partnerships and organisations to which the Community Committee has authority to appoint, is in line with the Council's Policies and the Best Council Plan's 'Best City Priorities'.

d. Legal implications, access to information and call in

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

e. Risk management

In not appointing to those Outside Bodies or Cluster Partnerships listed within the report, there is a risk that the Council's designated representation on such organisations would not be fulfilled.

Conclusion

39. The Community Committee is asked to consider and determine the appointments to those designated Outside Bodies, partnerships and organisations as detailed within the report and appendix.

Recommendations

40. The Community Committee is asked to consider and confirm appointments to the following:-

- (i) The Elected Member representatives to work with the Outside Bodies identified above/at Appendix 1, or agree any changes to the schedule, having regard to the Appointments to Outside Bodies Procedure Rules, as summarised in this report;
- (ii) Member representatives to those Community Committee Champion roles, as listed;
- (iii) Member representatives to the local Children's Services Cluster Partnerships relevant to the Community Committee, as listed; and
- (iv) One Member representative to the Corporate Parenting Board. (Further Members can be involved in the Corporate Parenting Board, should they wish – please see section 30 for further details).

41. The Committee is also invited to note the appointment of Councillor Shahzad, as Chair of the Community Committee for the duration of 2019/20, as agreed at the recent Annual Meeting of Council.

Background information

- None

This page is intentionally left blank

Community Committee Appointments to Outside Bodies (North East Inner)

APPENDIX 1

Outside Body	Charity /Trust	No of Places	Review Date	No of places to review	Current appointees	Cllr Y/N	Review Period	Group
Moor Allerton Elderly Care	Yes	1	Jun-19	1	M Shahzad	Y	Annual	Labour
Community Action For Roundhay Elderly	Yes	1	Jun-19	1	E Tunnicliffe	Y	Annual	Labour
Chapeltown CAB	Yes	1	Jun-20	1	J Dowson	Y	3 yearly	Labour
Local Housing Advisory Panel(s) - Inner North East HAP		3	Jun-19	3	J Dowson, Sharon Hamilton, J Goddard	Y	Annual	Labour
CLUSTERS								
2Gether Cluster (Chapel Allerton OR Moortown)		1	Jun-19	1	E Taylor	Y	Annual	Labour
ARM (Alwoodley, Roundhay & Moortown)		2	Jun-19	2	R Charlwood A Wenham	Y	Annual	Labour
		9		9				
Number of places9 Places held pending review8 Places currently filled beyond June1 Number of Members in the Committee Area9 Percentage of Members on the Committee Notional Places Allocated								
Labour	9				100		0.00	
Liberal Democrat	0				0		0.00	
Conservative	0				0		0.00	
Other to list	0				0		0.00	
Total	9							

This page is intentionally left blank



Report of: Area Leader

Report to: Inner North East Community Committee
Chapel Allerton, Roundhay & Moortown

Report author: Preet Matharu and 0113 535 1239

Date: 17 June 2019 **For decision**

Title: Inner North East Community Committee Sub Group Nominations
Report

1. Purpose of Report

To make nominations to each of the Inner North East Community Committee Sub Groups for 2019/20.

2. Main Issues

Members will have considered Appointments to Outside Bodies and Community Champions elsewhere on the Community Committee agenda. Members are now asked to make nominations to each of the Inner North East Community Committee Sub Groups for 2019/20. The 2018/19 representatives are shown below:

Sub Group	Number of places	Current appointees	Community Committee Champion
Finance & policy sub group	3 = 1 place for each ward	Cllr Dowson – Chapel Allerton Cllr Hamilton – Moortown Cllr Tunnicliffe – Roundhay	N/A
Environmental sub group)	3 = 1 place for each ward	Cllr Hamilton – Moortown (Chair) Cllr Goddard – Roundhay Cllr Rafique – Chapel Allerton	Cllr Hamilton

3. Recommendation

Members are invited to nominate representatives for each of the Inner North East Community Committee Sub Groups.

This page is intentionally left blank



Report of: Jill Wildman, Chief Officer Housing Management

Report to: Inner North East Community Committee, Chapel Allerton, Moortown and Roundhay Wards.

Report author: Ian Montgomery, Service Manager – Tenant Engagement 07891 271612

Date: 1 July 2019

For decision

Community Committee nominations to Housing Advisory Panels (HAP)

Purpose of report

1. To seek Ward Councillor nominations from the Inner North East Community Committee to the Inner North East Housing Advisory Panel (HAP)

Main issues

2. There are 11 HAPs across the city, in geographical alignment with Community Committees, with the exception of the East Inner Community Committee – which is split into two HAPs due to the large number of Council homes.
3. Ward Members play an important role in helping the HAPs undertake their role and helping tackle shared local priorities, this may include:
 - a. Sharing with local HAPs the Community Committee priorities, giving updates about key pieces of work or projects that the HAP may be able to help support.
 - b. Helping the HAP establish their priorities, sharing local knowledge and insight about local community or environmental issues.
 - c. Encouraging tenants on the HAP to be involved and contribute to Community Committee meetings and workshops.

- d. When appropriate, helping join up HAP funding with local Community Committee funding and other funding sources.
 - e. To support the overall focus on the community, helping bring Tenant Engagement forums together with Community Committee led activity.
4. Community Committees in their June/July 2019 round of nominations are therefore requested to:
- a. Nominate up to 1 Ward Member per Ward within the HAP area (with the exception of Outer East which has 1 Ward, where 2 nominations from the same Ward are welcomed).
 - b. To undertake the above on the basis that all nominations are for full members, with HAP voting rights.
 - c. Take into account the number of Council homes in each Ward. For Wards with relatively few Council homes nominations are sought on an optional basis. (see Appendix 1)
5. Council nominations to the panel will continue to help develop local working relationships, especially between the local housing teams, the Tenant Engagement Service and local Communities Teams.

Corporate considerations

7.

d. Consultation and engagement

This report facilitates the necessary consultation and engagement with Community Committee Members in respect of appointments to the designated positions and Outside Bodies. Given that the Community Committee is the relevant appointing body, there is no requirement to undertake a public consultation exercise on such matters

e. Equality and diversity / cohesion and integration

Council representation on Housing Advisory Panels enables those appointed Members to act as a conduit in terms of linking the Council's policies and priorities. It also encourages joint working between services to support local projects; these would potentially include matters relating to equality, diversity, cohesion or integration.

f. Council policies and city priorities

Council representation on, and engagement with Housing Advisory Panels, to which the Community Committee has authority to appoint, is in line with the Council's Policies and City Priorities.

g. Resources and value for money

Council representation on the HAPs encourages closer working relationships, in particular the opportunities for the joint funding of projects that meet local needs.

h. Legal implications, access to information and call in

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

i. Risk management

In not appointing to the HAPs, there is a risk that the Council's designated representation would not be fulfilled and the opportunities and benefits to local tenants and residents not maximised.

Conclusion

8. The Housing Service is seeking nominations to Inner North East Housing Advisory Panel. Community Committees are requested to nominate up to 1 Ward Councillor per Ward within the HAP area. The nominations to the HAPs will continue to help the service build positive working relationships with the Committee and to ensure local priorities are reflected in panel activity.

Recommendations

9. The Community Committee is requested to nominate up to 1 Ward Member from each of the Moortown, Roundhay and Chapel Allerton Wards within the HAP area.

Background information

- The key functions of Housing Advisory Panels remain in principle the same as during 2018/19, and are to:
 - Be aware of the needs of local communities and wider Council priorities and use HAP funds to support a range of community and environmental projects that help support these.
 - Work with local housing and other Council teams to help review and monitor the delivery of local services and help shape services that meet local communities' needs.
 - More information is available from www.leeds.gov.uk/hap or from the Tenant Engagement Service, 0113 378 3330 or email housingadvisorypanel@leeds.gov.uk

This page is intentionally left blank

Housing Advisory Panel	LCC Homes	Wards	LCC Homes
Inner East	7098	Burmantofts & Richmond Hill	4417
		Gipton & Harehills	2681
Inner North East	3034	Chapel Allerton	1934
		Moortown	490
		Roundhay	610
Inner North West	3759	Headingley & Hyde Park	503
		Little London & Woodhouse	1933
		Weetwood	1323
Inner South	6414	Beeston & Holbeck	2439
		Hunslet & Riverside	1817
		Middleton Park	2158
Inner West	8120	Armley	2694
		Bramley & Stanningley	2965
		Kirkstall	2461
Outer East	4437	Killingbeck & Seacroft	4437
Outer North East	2358	Alwoodley	1124
		Harewood	383
		Wetherby	851
Outer North West	3630	Adel & Wharfedale	644
		Guiseley & Rawdon	703
		Horsforth	889
		Otley & Yeadon	1394
Outer South	4204	Ardsley & Robin Hood	890
		Morley North	934
		Morley South	1105
		Rothwell	1275
Outer South East	4419	Crossgates & Whinmoor	1870
		Garforth & Swillington	876
		Kippax & Methley	1143
		Temple Newsam	1530
Outer West	5009	Calverley & Farsley	728
		Farnley & Wortley	2537
		Pudsey	1744

(2018/19 Year End)

This page is intentionally left blank



Report of: Area Leader

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

Report author: Preet Matharu and 0113 535 1239

Date: 18 June 2019

For decision

Inner North East Community Committee – Forward Plan 2019/20

Purpose of report

1. This report introduces the Inner North East Community Committee Forward Plan for 2019/20. It details the Community Committee meeting dates and sets out workshop themes, as well as providing an update on engagement with the local communities.
2. It also highlights the role of the Community Committee Champions and the work of the Community Committee in relation to the Council Constitution and associated delegations which are managed through its sub group structure.

Main issues

3. Leeds City Council has agreed a constitution which sets out how the Council operates, how decisions are made and the procedures which are followed to ensure that these are efficient, transparent and accountable to local people. Some of these processes are required by law, while others are a matter for the Council to choose.
4. Community Committees were established to build on community engagement and in particular, increase the attendance and active involvement of local people at Community Committee meetings. Themed workshops were introduced to provide a forum for Councillors, residents and services to consider issues affecting their communities and find solutions. The topics were determined in collaboration with service leads and Community Committee Champions.
5. In order to give local citizens a greater say in Council affairs, Community Committees were established on the basis of representing inner and outer areas of the City. The Constitution states that the Executive is to make arrangements for the discharge of some functions for which the Executive is responsible to Community Committees.

6. The Executive has identified a number of functions that Community Committee's exercise decision making on. The Executive however remains ultimately responsible for these services and may remove or limit a Committee's powers. As with the Executive, in exercising their powers Community Committees must make decisions which are in line with the Council's overall policies and budget. The Committees involve all the Councillors from the wards within each committee area and meetings are held in public. The following areas are delegated to the Inner North East Community Committee:

- Wellbeing Fund
- Youth Activities Fund
- Capital Budget
- Community Infrastructure Levy (CIL)
- Community Centres
- Environmental Services
- CCTV
- Parks & Countryside

7. The Inner North East Community Committee has put in place a sub structure to provide support, monitoring of performance and when required decision making to the delegations it is responsible for. These sub groups are as follows:

- Finance and policy sub group
- Environmental sub group

Information on the activities of the sub groups is included in the Inner North East Community Committee Update Report.

8. The Council's approach to locality working through Community Committees and its emerging work in priority neighbourhoods is an essential component of the stronger communities programme in the city. This programme incorporates a strategic approach to migration, tackling poverty, inequality and disadvantage, community cohesion, engagement and development, prevent, counter extremism, and work with the Third Sector and equality.

9. Executive Board approved a new model for Locality Working in November 2017 to respond to the national Indices of Multiple Deprivation (IMD) data for 2015 which demonstrated Leeds had sixteen neighbourhoods categorised as being in the most deprived 1% of neighbourhoods nationally.

10. Six priority neighbourhoods were identified to accelerate the Council's approach to tackling poverty and inequality in the city to support and encourage partners and stakeholders to work differently and encourage learning and development around some of the most challenging issues in the city.

11. The Executive Board report also identified twelve priority wards as the focus for targeted neighbourhood improvement to address poverty and inequality. The twelve wards include: Armley; Bramley and Stanningley; Kirkstall; Burmantofts and Richmond Hill;

Gipton and Harehills; Killingbeck and Seacroft; Temple Newsam; Chapel Allerton; Middleton Park; Beeston and Holbeck; Hunslet and Riverside; and Hyde Park and Woodhouse (now Little London and Woodhouse).

12. Local partnership teams, known as Core Teams, were introduced towards the end of 2018 and have worked with communities to increase community involvement and participation, develop local action plans and build collaborative projects around key community issues.
13. Town and local centres across Leeds play a crucial role in supporting places and communities to respond to economic change. The Council's draft Inclusive Growth Strategy recognises their importance as economic, social and service hubs and the need to continue to deliver improvements that promote enterprise and connect people to jobs and opportunities within them. Targeting improvements to local centres would assist in delivering the Best Council Plan ambition of promoting sustainable and inclusive economic growth.
14. There have been significant strides in recent years to develop and improve the vitality and viability of local centres. People are passionate about local centres and high streets and a number of recent initiatives have provided a platform to turn that passion into action. The Portas Pilots Initiative, the establishment of several Town Teams and Business Improvement Districts, Townscape Heritage Initiatives together with the Town and District Centres Improvement Programme have all used this local activism to deliver improvements to support the sustainability of local centres.
15. However, many local centres still need to adapt and change to accommodate the challenges of internet shopping, the demand for more leisure activities, out of town shopping centres and edge of centre supermarkets and the disappearance of many day to day services from the high street. The Local Centres Programme (LCP) provides a programme of support and interventions that can be introduced to increase the vitality and viability of local and neighbourhood centres through the development of ward based bids for funding, supported by Council services and local agencies. The Local Centres Programme (LCP) seeks to utilise the £5m announced at Full Council in March 2017 to fund innovative and sustainable improvements to town and district centres as a component of supporting regeneration and growth across the city.
16. Separately the city has been proposed as the first Future High Street under a government funding initiative and partnerships between the public and private sector are also being developed elsewhere in the city to ensure local centres have the best possible futures to provide retail, commerce and social space for all.
17. Driving the work of the Community Committee through the sub groups, the Core Teams and the Local Centres Programme are the Community Committee Champions. The Champion role aims to provide local leadership for each theme, while acting as an interface with services. Meeting quarterly with service leads, Community Committee Champions are well placed to shape the local agenda around each theme.
18. While the Community Committee format has proved successful in Inner North East Community Committee opportunities do exist to further develop this approach. The following are points for consideration:

- Service delegations are currently managed through the sub group structures. Through the Community Champion leadership the sub groups play an increasingly vital part in driving service improvements locally. The Update Report keeps the Community Committee apprised of progress.
- Community Committee Champions have played an active role in shaping the agenda and working with service leads which has a positive impact. The Community Committee Champions role has proved more successful in shaping the local service agenda when working with a designated service lead. This connectivity with services is essential if we are to achieve increased service improvement and local influence on service delivery, especially when dealing with those services delegated to the Community Committee.
- The use of Facebook and features such as video by the Chair and Champions to promote Community Committee events has been effective in reaching a wider audience and securing attendance at Community Committee workshops. We will continue to explore innovative ways to develop the use of social media through profiling the role of the Chair and Community Committee Champions.
- Throughout the year different styles of workshops will be introduced. The aim will be to try and make the workshops interactive and relevant to local communities.

19. The draft Forward Plan is included in **Table 1** and **2** for Inner North East Community Committee. Members are asked to consider the Forward Plan, agree themes for workshops for each of the meetings scheduled for 2019/20, as well as note the work of the Core Teams. Proposed themes will be considered in collaboration with Community Committee Champions and service leads.

Corporate Considerations

Consultation and Engagement

20. The Community Committee has, where applicable, been consulted on information detailed within the report.

Equality and Diversity/Cohesion and Integration

21. All work that the Communities Team are involved in is assessed in relation to Equality, Diversity, Cohesion and Integration. In addition, the Communities Team ensures that the wellbeing process for funding of projects complies with all relevant policies and legislation.

Council Policies and City Priorities

22. Projects that the Communities Team are involved in are assessed to ensure that they are in line with Council and City priorities as set out in the following documents:

1. Vision for Leeds 2011 – 30

2. Best City Plan
3. Health and Wellbeing City Priorities Plan
4. Children and Young People's Plan
5. Safer and Stronger Communities Plan
6. Leeds Inclusive Growth Strategy

Resources and Value for Money

23. Aligning the distribution of community wellbeing funding to local priorities will help to ensure that the maximum benefit can be provided.

Legal Implications, Access to Information and Call In

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

Risk Management

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

Conclusions

26. The report provides up to date information on key areas of work for the Community Committee.

Recommendations

27. The Community Committee is asked to:
- a. note the content of the report and make comment as appropriate
 - b. consider scope and content of future Community Committee agendas

Background documents¹

28. There are no background documents associated with this report.

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting Accordingly this list does not include documents containing exempt or confidential information, or any published works Requests to inspect any background documents should be submitted to the report author.

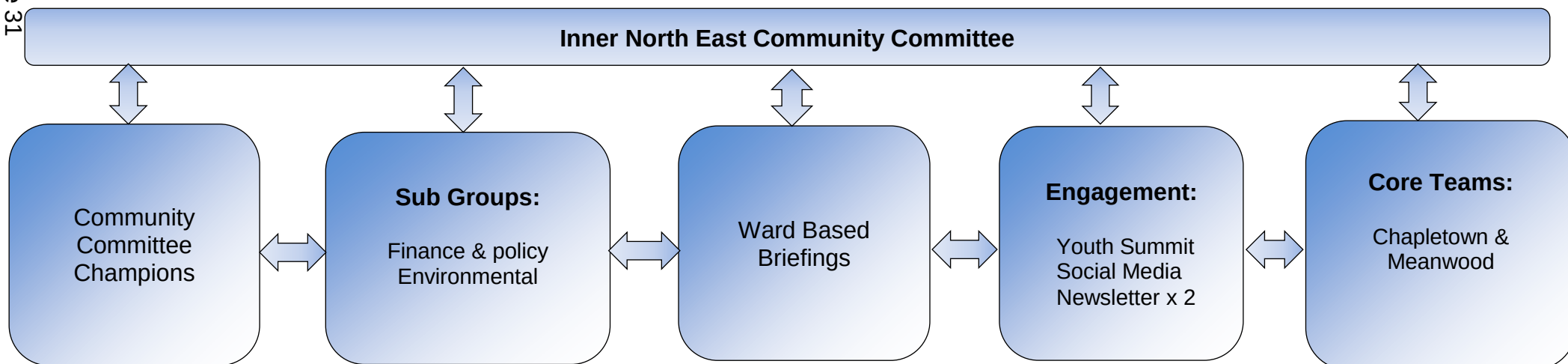
Proposed Forward Plan for 2019/20 – Community Committee and Workshops					
Core business		Appeals against refusal of inspection documents Exempt information Late items Declarations of disclosable pecuniary interests Apologies for absence	Minutes of last meeting Open Forum Finance Report Update Report Review of previous themed meeting		
Community Committee and workshop date	Workshop theme	Ideas for workshop	Community Committee Champion	Service Lead/Key contributors	Others
1 July 2019	Topic	Ideas for workshop	TBC	Leads/key contributors	???
2 September 2019	Topic	Ideas for workshop	TBC	Leads/key contributors	???
2 December 2019	Topic	Ideas for workshop	TBC	Leads/key contributors	???
2 March 2020	Topic	Ideas for workshop	TBC	Leads/key contributors	???

There is also the potential to have reserve themes should any of the planned workshops have to be deferred. Members are also encouraged to consider emerging priorities as themes.

Theme	Community Committee Champion
Adult Social Care	TBC
Children's Services	TBC
Employment, Skills and Welfare	TBC
Environment & Community Safety	TBC
Health and Wellbeing	TBC

Sub Groups	Ward members	Meeting dates
Environmental Sub Group	TBC	TBC
Finance and Policy Sub Group	TBC	Every 6/7 weeks

Ward based briefings	Meeting dates
Chapel Allerton	Every six weeks
Moortown	Bi monthly
Roundhay	Monthly



This page is intentionally left blank



Report of: Tony Cooke (Chief Officer Health Partnerships Team)

Report to: Inner North East Community Committee

Report author: Paul Bollom (Head of Leeds Plan, Health Partnerships Team), Catherine Sunter (Lead for Delivery Support Health Partnerships Team), Georgia Kaye (Project Officer Health Partnerships Team)

Date: 1st July 2019

To note

Leeds Health and Care Plan, Continuing the Conversation

Purpose of report

1. Provide the Community Committee with an update on the progress made in actions contained within the Leeds Health and Care Plan following the previous engagement with the Committees in autumn 2017.
2. Provide a summary of progress made in implementing the emerging Local Care Partnerships (LCPs).
3. To outline the rationale for refreshing the Leeds Plan and progress made to date.
4. To provide Community Committees with the information required to appoint elected members to LCPs

1 What is the Leeds Health and Care Plan?

- 1.1 The Leeds Health and Care Plan (the 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. The Leeds Health and Care Plan is guided by the vision that in 2021 Leeds will be a healthy and caring City for all ages where people who are the poorest improve their health the fastest. Implementation of the plan should take the Leeds Health and Care system some way towards achieving this vision.
- 1.2 It is also our 'place based plan for the West Yorkshire and Harrogate Integrated Care System (ICS).

- 1.3 Integrated Care System (ICS) are partnerships of health and care organisations (including the Ambulance Service, Community Healthcare providers, Clinical Commissioning Groups, Healthwatches, Hospital Trusts, Local Authorities, Mental Health Trusts and the Voluntary and Community Sector) that work collectively to plan health and care services on a larger footprint. West Yorkshire and Harrogate Health and Care Partnership is an ICS in development – meaning it has some limited responsibilities for system oversight, but no devolved responsibilities or budgets.
- 1.4 The NHS Five Year Forward View in 2016, described health and care planning across three levels. The approach starts with where people live – their neighbourhood or locality, in our context the Local Care Partnerships (LCPs). Secondly the approach uses the power of ‘place’, in our context Leeds, where Health and Care services can collaborate most effectively with many of the wider determinants of health such as housing, employment, environment and skills. It then recognises certain key service improvements may happen best working across a wider geography. The West Yorkshire and Harrogate Integrated Care System (ICS) supports the importance and primacy of the Leeds Health and Care Plan as one of six ‘place’ based plans within the overall geography.
- 1.5 The Leeds Health and Care Plan has been developed through extensive political engagement. An initial round of discussions in 2017, with ten community committees, involved presenting the case for change in our health and care system. These were led by local GPs and system leaders and presented local data on needs. The local conversations generated significant support and comment for the approach, which was captured and used to amend and refine the Leeds Health and Care Plan.
- 1.6 There has also been and continues to be significant engagement with the public on individual components of the Leeds Plan. In 2018/19 this has included consultation on:
- Ways of working better locally - A deliberative event was held in April 2018 with the public, patients and carers in Leeds about the new ways of local working to support us in developing our plans and priorities
 - The support that young parents need – reviewing maternity information for young parents (under 25) and information used will improve the way this group are referred into maternity services
 - People living with Frailty - understanding what matters to people living with frailty, those at the end of their life and their carers to support development of a tool that measures outcomes from a patient perspective ; and
 - Social Prescribing - understanding peoples experiences of Social Prescribing to support the development of a new service that meets peoples’ needs and preferences.
- 1.7 The Leeds Health and Care Plan works across three dimensions. The first captures principles, qualities and behaviours that have wide implications in how we all work with people. The second has been to work across four programmes to accelerate partnership working for specified projects. The third dimension has drawn together our collective resources that enable transformation (workforce, finance, digital, innovation, estates).

Leeds Health and Care Plan				
By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest				
A plan that will improve health and wellbeing for all ages and for all of Leeds which will...				
Protect the vulnerable and reduce inequalities		Improve quality and reduce inconsistency		Build a sustainable system within the reduced resources available
Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that...				
Have citizens at the centre of all decisions and change the conversation around health and care				
Build on the strengths in ourselves, our families, carers and our community; working with people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong				
Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens				
Use neighbourhoods as a starting point to further integrate our health, social care and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis				
Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do				
Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire				
What this means for me...	Prevention “Living a healthy life to keep myself well”	Self Management and Proactive Care “Health and care services working with me in my community”	Optimising Secondary Care “Go to a hospital only when I need to”	Urgent Care and Rapid Response “I get rapid help when needed to allow me to return to managing my own health in a planned way”

- 1.8 The four programmes of projects to accelerate partnership working referred to above are; prevention at scale; self-management and proactive care; optimising secondary care; and unplanned care and rapid response.
- 1.9 Achievements of the Leeds Health and Care Plan can be found in section 4 of this report and in appendix 4. However, to further build on this success and in recognition of the need to evolve and adapt to changes in the system, the strategic context for committing to a forward look and refresh of the Plan is compelling. Further detail on this is provided in section 5 of this report.

2 What are Local Care Partnerships?

- 2.1 Local Care Partnerships (LCPs) form the basis of Leeds' vision of locally integrated health, wellbeing and care based in communities. They will use a "bottom up" approach to improving health, wellbeing and care with a focus on priorities such as a better response to people living with frailty. LCPs are based on 18 geographies which aim to mirror natural communities, GP practice patient lists and existing relationships between GPs. Please see appendix 1 for the map of LCP areas.
- 2.2 As can be seen from this map, the LCPs that predominantly cover this Community Committee are Central (includes Meanwood and Moortown) and Chapeltown.
- 2.3 Each LCP will use a multi-agency approach working with staff and local resources including those which impact on the wider determinants of health, such as housing or employment. LCPs are formative. They are aligned to existing 13 Neighbourhood Teams and emerging Primary Care Networks (PCNs) but will take time and resources to support their development and therefore will take a number of years to achieve their full potential.

- 2.4 Resource requirements for developing LCPs are being addressed by putting additional support in place. The need to develop neighbourhood models has been recognised within the Integrated Care System arrangements for West Yorkshire and Harrogate, and this has resulted in allocated funding to Leeds to progress its requirements. To date this has resulted in recruiting a Head of LCP Development and supporting team and includes a specific role to support voluntary sector inclusion and participation in LCPs.
- 2.5 In the recent ward member conversations there was overwhelming support for the LCP approach as a route to better outcomes through integrated working.
- 2.6 Reflecting the progress Leeds is making in establishing LCPs, developing outcomes for people living with frailty as a whole population and establishing linked data, Leeds was selected as one of four 'leading edge' sites to participate in a national 20 week Population Health Management programme. Having a population outcomes framework has brought together providers working across organisational boundaries to design approaches and achieve outcomes that matter most to people. 4 LCPs – Pudsey, Woodsely, Seacroft and Garforth have designed personalised interventions to support people living with frailty. 7 further LCPs (with an emphasis on the more deprived areas of Leeds) will start this work in September. Further information on the population health management approach can be found in appendix 2.
- 2.7 Through the NHS Long Term Plan, additional resources will be invested in a local approach through an initiative known nationally as Primary Care Networks (PCNs). PCNs will support better contracting, additional innovation funding and develop clearer roles to support our Leeds LCP approach.
- 2.8 LCPs will benefit from this and will support PCN development through bringing together leaders from statutory health and care services with third sector, housing, employment, planners, elected members and local people to deliver the ambition of the Leeds Health and Wellbeing Strategy.

3 Progress made in the last year

Engagement / Big Leeds Chat

- 3.1 A specific commitment made to both the Leeds Health and Wellbeing Board and the Community Committees in 2017 was 'having citizens at the centre of all decisions and change the conversation around health and care'. This is one of the guiding principles of the Leeds Health and Care plan.
- 3.2 As part of this commitment The Big Leeds Chat, a new 'one partnership, one city' approach to engagement with citizens, took place on 11 October 2018 in Kirkgate Market. It is planned to be an annual event and the next Big Leeds Chat will be taking place on 7th November 2019.
- 3.3 The listening event focused on three questions: what do you love about Leeds, what do you do to keep yourself healthy and lastly what can we do to make Leeds the best city for health and wellbeing? This was followed, where appropriate, by detailed conversations between people and decision makers on the topics that mattered to people related to health and care in the city.
- 3.4 The principles of the Big Leeds Chat approach were:

Principle	Action
Go to where people are	The event took place at Leeds Kirkgate Market which has a footfall of over of 25,000 on a Thursday and brings together people from many different communities, geographic, socioeconomic and communities of interest from all over Leeds.

One health and care team	We asked people to imagine that we were working for a coordinated health and care system and therefore there was a no jargon, no lanyard approach and everyone wore yellow Big Leeds Chat t-shirts.
Senior decision makers	There was significant attendance from senior decision makers and policy makers. This meant that people could speak directly with people that make things happen as well as giving real insight to decision makers about their everyday lives and experiences.

- 3.5 Key themes raised during this event can be found in Appendix 3. Themes cover both health related issues and wider determinants of health, such as education and housing.

4 Progress made though the Leeds Plan

- 4.1 To date, through the strategic direction of the Leeds Health and Wellbeing Strategy, the Leeds Health and Care Plan has driven a number of successes that are to be celebrated. Some examples of where we are starting to see a difference locally include:

- 6,533 Collaborative Care Support Planning (CCSP) appointments held between 1st April and 31st December 2018. CCSP facilitates a change in people's annual review for long term conditions. It enables the person to be more prepared for the consultation by ensuring they receive their results and relevant information in advance of the review, and therefore be a true partner in their care.
- 952 referrals to the National Diabetes Prevention Programme were made between April 18 and March 19. The programme aims to help people reduce their risk of developing Type 2 diabetes, by offering them a referral to an intensive lifestyle intervention programme.
- 265 GP referrals to the service One You Leeds between April 2018 and March 2019. One You Leeds is designed to support Leeds residents to start and maintain a healthy lifestyle. It has a key aim to support the ethos of 'improving the health of the poorest the fastest'.
- Over a 12 month period from February 2017, 1,428 referrals were made to social prescribing services which offer activity, social and cultural interventions in communities as an alternative to, or adjunct to, medical interventions.

We are not yet able to break down the local impact of as many city initiatives as we would like to, however appendix 4 details further successes which will benefit residents in the Community Committee area.

- 4.2 The broader successes include:

- A first plan for Leeds spanning the health and care system developed through significant co-production;
- An organic plan shaped by wide range of partners;
- Elected Member engagement as central to the changes;
- Developing a strong identity and thinking of Leeds as a place;
- Simple yet effective approach with better consistency in language and definition;
- Understanding that we have to operate within our means and refocus existing resources to develop and implement change; and
- A governance framework that is being led by connections, relationships, trust and a collective ambition rather than processes and strict governance.
- A recognised cross cutting golden thread of the importance of 'working with' people

- 4.3 In terms of the overall practical impact of the plan, as a system, we are pleased to say that:

- Data released by Public Health England shows that smoking rates in Leeds are continuing to fall and are now at the lowest in West Yorkshire.
- The work of the Best Start programme and Children and Young People's Plan has led to Leeds bucking the trend in child obesity rates among four and five year olds. Leeds is the only English City to achieve this. The drop in obesity has been seen primarily among the most disadvantaged areas in the city. In general obesity levels fell from 9.4% to 8.8% in reception age children with levels falling from 11.5% to 10.5% in the most deprived areas.
- This winter not a single patient was cared for in a non-designated area - this is where someone is being treated in a space that's not dedicated for patient care. We also made significant strides this winter in reducing delayed transfers of care so that patients aren't staying longer than they need to within a hospital-based setting. This fits in with our 'Home First' ethos which means that people will be supported to remain or return quickly to their own beds, and their own home (including a care home if that is their usual place of residence) wherever possible.

5 Next Steps

- 5.1 The Leeds Health and Care Plan is making a significant contribution towards achieving our Health and Wellbeing Strategy. To build on this success and in recognition of the need to evolve to adapt to changes in Leeds, the strategic context for committing to a forward look and refresh of the Plan is compelling for the following reasons:
- **Progress achieved** - Aspects of the current Leeds Plan have been completed therefore some actions may no longer need to be included, or alternatively through delivery have become embedded as business as usual.
 - **Local context** - The emerging headlines from our Joint Strategic Assessment (JSA) which looks at the current and future health and care needs of a population, highlights the need for a continuing and expanded focus on the wider determinants of health and challenge to reduce health inequalities in Leeds. There are significant emergent changes in need, particularly in our deprived communities that require support.
 - **National and regional context** - The NHS Long Term Plan, published in January 2019 states that all regional Integrated Care Systems (ICS), such the West Yorkshire and Harrogate Health and Care Partnership (WY&H Partnership) that Leeds is part of, will have a central role going forward. Since the majority of the work of the WY&H Partnership will be in the health and care plans from each place (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds, Wakefield) the refreshed Leeds Plan will be a key component of this.
- 5.2 The previous conversations at Community Committees in 2017 significantly influenced and directed the Leeds Plan. Similarly, we invite to board to consider the local implications and comment on local priorities to shape the future of the Leeds Health and Care Plan.

6 Appointing elected members to Local Care Partnerships

- 6.1 We have had significant engagement with elected members to date on Local Care Partnerships through a range of routes including:
- Discussions at Community Committees in 2017 and 2018
 - Ward level health and care conversations with elected members
 - Citywide Health, Wellbeing and Adults Community Committee Champions meeting

Through these engagements elected members fed back the following:

- Overwhelming support for the Local Care Partnerships approach as a route to better outcomes through integrated working by not only health and care partners, but those that impact on the wider determinants of health and wellbeing (e.g. Housing).
- Elected members have valuable knowledge and intelligence of the area they represent and the importance of a democratic link between Local Care Partnerships and Community Committees.

- 6.2 In order to deliver on the feedback we have received, elected member appointments to LCPs have been delegated to Community Committees by Member Management Committee in a similar way to Housing Advisory Panels/Clusters. As a result, work has occurred to map LCPs to Community Committees (see Appendix 1 – LCP 2019 footprints and Community Committee boundaries) and a detailed population analysis of local residents (see Appendix 5).

Based on this analysis, it is recommended that Inner North East Community Committee:

- Appoints 2 elected members 1 to Central LCP and 1 to Chapeltown LCP based on the suggested alignment outlined in the table below (or more subject to its discretion).

Community Committee	Suggested number of LCP appointments	Names of LCP appointed to
Inner North West	2	1 Holt Park LCP & Woodsley LCP <i>(both LCPs meet jointly)</i> 1 Leeds Student Medical Practice
Inner East	2	1 Seacroft LCP <i>(meetings occur jointly with Crossgates LCP)</i> 1 Harehills LCP & Burmantofts and Richmond Hill LCP <i>(meets jointly as HATCH LCP which includes Chapeltown LCP)</i>
Outer North West	1	1 Aire Valley LCP & Otley LCP <i>(Both LCPs meet jointly)</i>
Outer South	2	1 Garforth/Kippax/Rothwell LCP 1 Morley LCP
Inner South	1	1 Middleton LCP & Beeston LCP <i>(both LCPs meet jointly)</i>
Outer East	2	1 Garforth/Kippax/Rothwell LCP 1 Crossgates <i>(meetings occur jointly with Seacroft LCP)</i>
Inner North East	2	1 Central LCP (includes Meanwood and Moortown) 1 Chapeltown LCP <i>(meets jointly as HATCH LCP which includes Harehills LCP & Burmantofts and Richmond Hill LCP)</i>
Inner West	1	1 Armley LCP
Outer West	1	1 Pudsey LCP (includes Bramley)
Outer North East	1	1 Wetherby LCP

7 Role of elected members on Local Care Partnerships

7.1 Elected members' roles in LCPs will develop as LCPs mature, but will include helping to shape and influence local health and care services to address local needs in addition to achieving citywide priorities. It is envisaged that elected members may use their local knowledge and wider links and influence to impact the wider determinants of health. It is expected that:

- Frequency of formal partnership meetings will be at least once a quarter. Each LCP is unique and may meet more frequently with elected members having the opportunity to be more actively involved in shaping them as they develop.
- The appointed elected member(s) continue to strengthen the relationship between Community Committees and Local Care Partnerships as part of an ongoing broader conversation about health and wellbeing within each locality.

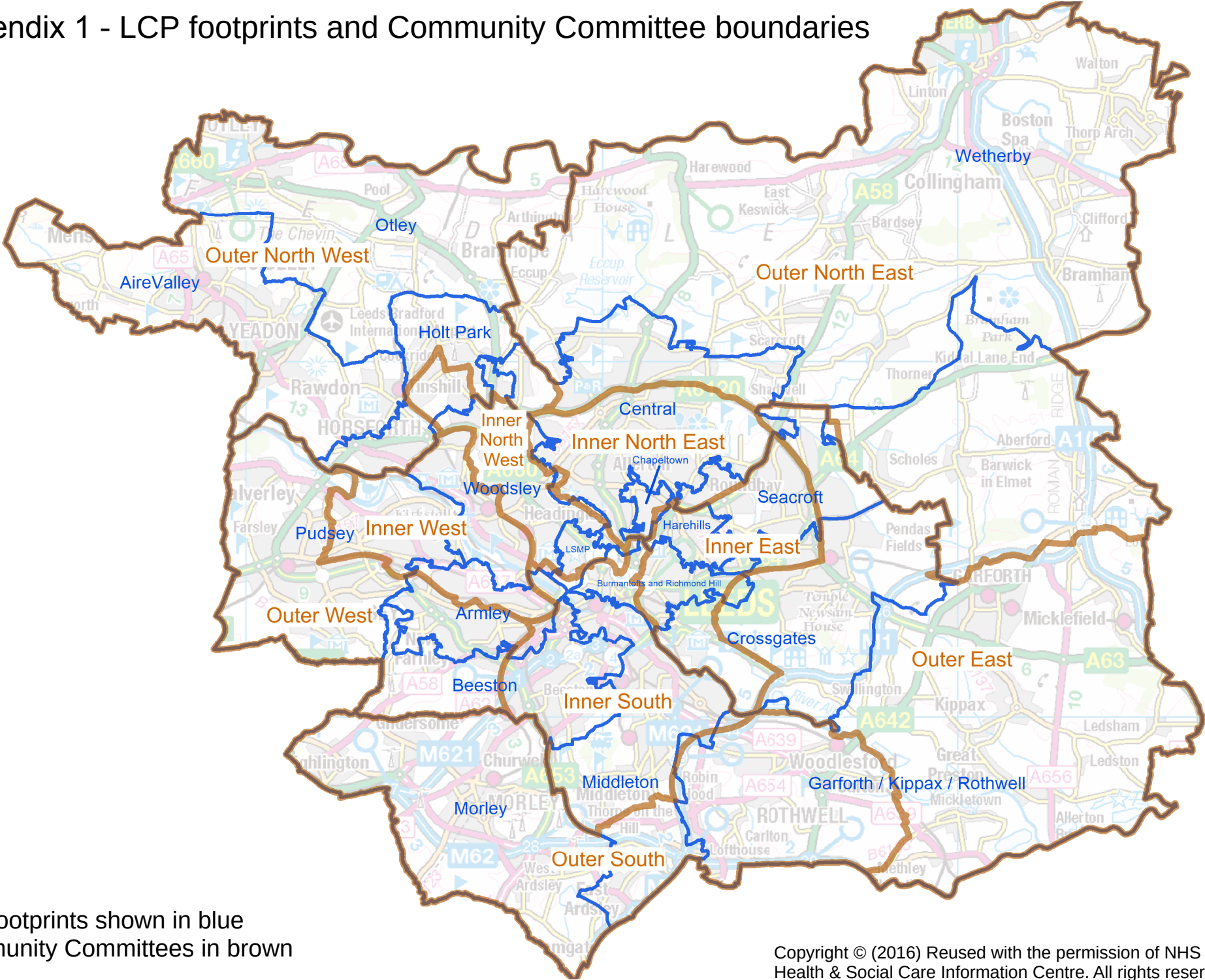
After appointment support will be given to elected members to create initial engagement with LCP's, this will begin with, and learn from, areas where LCP working is most mature.

Recommendations

The Community Committee is asked to:

- a) Note the overall progress in delivery of the Leeds Health and Care Plan;
- b) Discuss and agree the approach to elected member appointment on LCPs
- c) Consider the local priorities to inform the refresh of the Leeds Health and Care Plan

Appendix 1 - LCP footprints and Community Committee boundaries



LCP footprints shown in blue
Community Committees in brown

Leeds Health and Wellbeing Strategy

Leeds wants to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'. We believe that using a **Population Health Management** approach will be a key mechanism to enable us to achieve this commitment.

What is Population Health Management?

Population Health Management (PHM) is founded on a collective understanding, across organisations, of the needs and behaviours of the defined population they are responsible for. It uses data to understand where the greatest opportunities to improve health outcomes, value and patient experience can be made; and then using available resources to plan, design and deliver care solutions to achieve better outcomes for the defined population.

PHM is a data driven approach which focuses resources on preventative and proactive care.



What is happening in Leeds?

Reflecting the significant progress Leeds has made in establishing Local Care Partnerships, developing outcomes for people living with frailty and establishing linked data, Leeds has been selected as one of four 'leading edge' sites to participate in a national 20 week Population Health Management programme which will run from January to May 2019.

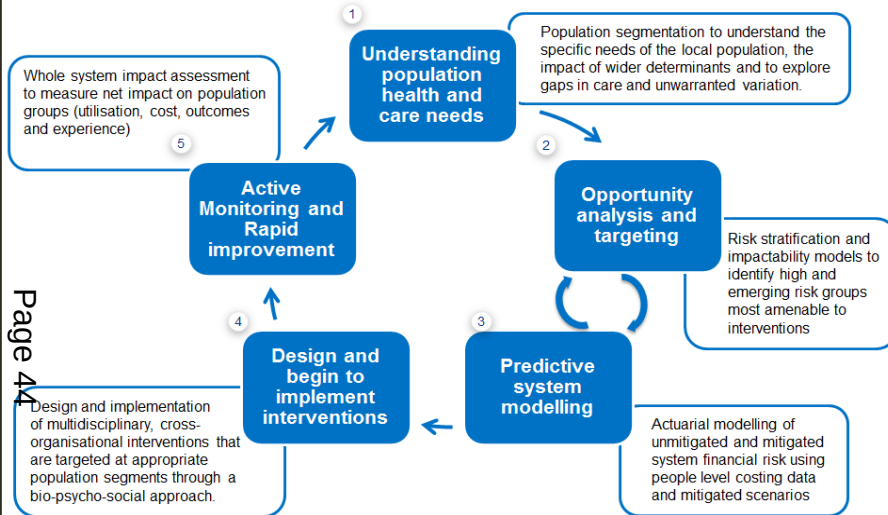
The programme is being delivered by NHS England and their partner Optum Alliance who are providing dedicated expertise. The programme will focus on progressing a PHM approach to improve outcomes for people living with frailty.



What are the aims of the PHM development programme in Leeds?

1. Changes in care delivery to achieve demonstrably better outcomes and experience for people:
2. Advancing the system's PHM infrastructure and enabling future use of PHM cycle:

PHM Cycle: Intelligence-led Care Design The Engine of Change for the Programme



Programme Structure

Programme leadership team (with support and guidance from System Executive team in PEG)

- **Tim Ryley**, PEG Executive Sponsor (Chief Executive, NHS Leeds CCG)
- **Dr Chris Mills**, Clinical Lead (GP and Chair of Leeds GP Confederation)
- **Gina Davy**, Co-Workstream Lead (Head of Programme Delivery, System Integration, NHS Leeds CCG)
- **Lucy Jackson**, Co-Workstream Lead (Consultant in PH/Chief Officer Adults and Health, Leeds City Council)
- **Frank Wood**, Analytics Lead (Chief Analyst – Portfolio Lead for Public Health and Health Intelligence, Health and Care Hub, Leeds City Council / NHS Leeds CCG)
- **Caroline Baria**, Adult Social Care (Deputy Director, Integrated Commissioning, Adults & Health Directorate, Leeds City Council)
- **Joanne France**, Project Manager (System Integration, NHS Leeds CCG)

PHM Executive: Clinical Strategy Group for Frailty

Activities include:

- Practical support from Optum clinical and population health team on care redesign

Outputs include:

- Identification of local opportunities
- Development of targeted interventions and implementation
- Construction of measures to test and evaluate interventions' success
- Learning and sharing best practice

Design to Action Team: 4 Local Care Partnerships

Activities include:

- Assessment & implementation of interventions to change care delivery for local populations

Outputs include:

- Team of system change agents work to support delivery of PHM interventions on the front line
- Analyse local data and evaluate opportunities for intervention
- Design and implement local initiatives to change frontline care delivery in Leeds

Business Intelligence Team: System BI & Finance Leads

Activities include:

- Practical support from Optum actuaries and population health analytics SMEs

Outputs include:

- Localised population health insight report
- Case for change for identified opportunities
- Balanced outcomes framework
- System model

Selecting the four Local Care Partnerships

The four LCPs participating in the PHM programme were identified by assessing:

- Maturity of relationships
- Frailty identified as a priority
- Interest and willingness to participate in the programme

The final list of four LCPs were then selected on the basis of:

- Deprivation of LCP area
- Prevalence of frailty

The four LCPs participating in the initial 20 weeks pilot are:

1. Pudsey
2. Woodsley
3. Seacroft
4. Garforth, Kippax & Rothwell



Appendix 3 – Big Leeds Chat Key Themes

Theme	Key Points
Diet	People told us that their diet is an important part of keeping healthy. Almost a third of the people we spoke to told us that they keep themselves healthy by eating well. For some people this was about cooking fresh food at home, for others it was about eating less and reducing the amount of alcohol they drink.
Exercise	Keeping fit and active was identified by many people as important. Walking, running and gardening are seen by many people as an easy and cheap way to keep fit and healthy. People also told us that activities such as going to the gym, cycling and yoga help them to keep themselves healthy.
No time for self-care	Some people also told us that a lack of time and motivation makes it difficult to take part in healthy activities. Poor health was another reason why people find it harder to get involved in healthy activities.
Cost	45 people told us that leisure facilities are too expensive and that free or affordable activities would encourage more people to stay fit and active. Some people also said that it was too expensive to buy healthy food and that public transport was not affordable.
Transport	21 people told us that they would like to see public transport improved by providing better bus routes, cheaper fares and a more reliable service. Many people also raised concerns about congestion in the city and suggested that less cars in the city centre and more pedestrian areas would make Leeds a better city for health and wellbeing.
Information	Some people told us that information about healthy activities in the city should be easier to find. People also want more information about how to self-care and stay healthy.
Environment	People told us that the environment they lived in was important to them and that they want more green spaces nearby. Some people raised concerns about smoking and asked for more smoke free areas in Leeds.
Healthcare	Many people are happy with the health services they receive in Leeds, but some people are unhappy with access to specialist services and waiting times (especially for GP surgery appointments). Many people told us that they want better mental health services in the city with improved access to counselling and shorter waiting lists.

Education	Some people told us that they would like to see local schools being more involved in promoting health and wellbeing with young people and parents.
Employment	Some people told us that they feel that there are not enough jobs in Leeds and that more should be done to create employment opportunities.
Housing	Some people told us that they want better housing in Leeds, especially for deprived communities and the homeless.



Appendix 4 – Leeds Plan Successes

Prevention at scale – “Living a healthy life to keep myself well”

Progress is being made to reduce the future burdens on the NHS and social care resources. Focus includes:

- Ensuring people who live healthy lives continue to do so
- Increasing the number of people who are prompted and supported to change unhealthy behaviours to enable them to live healthy lives;
- Ensuring our future generations are born healthy and enjoy healthy living as the norm

Recent successes under this programme include:

Project and Description	Successes
Better Together The programme focusses on the issues that lead to poor health, such as social isolation, and use a community development approach to work with individuals, groups and communities to help them improve their situation and live longer, healthier lives.	Outreach work has engaged over 18,000 people from the 10% most deprived communities into community groups and programmes to improve general health and wellbeing.
‘One You Leeds’ (OYL) OYL is designed to support Leeds residents to start and maintain a healthy lifestyle. It has a key aim to support the ethos of ‘improving the health of the poorest the fastest’. There is a specific aim around increasing access by specific target populations (eg. people living in deprived Leeds, people at risk of long term conditions, pregnant women and emerging migrant populations).	OYL continues to achieve high levels of referrals into the service. In the Inner North East Community Committee area there were 265 GP referrals to the service One You Leeds between April 2018 and March 2019.
Alcohol Programme This programme aims to continue to reduce harm from alcohol through: • promoting safe alcohol consumption as the norm • reducing access to alcohol by young people and providing; and • promoting alternative routes to behaviour change for those people who would prefer to self-help.	There has been a significant amount of activity over the last year aimed at alcohol awareness, including; Alcohol awareness week held from 19 to 25 November which saw significant alcohol related health promotion. The ‘No Regrets’ campaign, an online responsible drinking campaign aimed at 18-25 year olds. Forward Leeds holding a series of events across the city, where people were able to make positive pledges to change their drinking behaviour.



	There has also been a focus on secondary prevention for people who may be attending health services for a condition and present an opportunity to discuss smoking and alcohol use. For example, the Nursing Specialist Assessment 'e-form' is now live on all inpatient wards throughout Leeds Teaching Hospitals NHS Trust (LTHT). This means alcohol and tobacco screening is now being undertaken as part of every inpatient's admission into the hospital as they come onto the wards.
Tobacco Programme This programme aims to continue to reduce the harm from tobacco through promoting smoke free as the norm, reducing access to tobacco by young people and providing and promoting alternative routes to behaviour change for those people who would prefer to self-help.	Smoking prevalence across the city is now at an all-time low of 16.7%. Progress continues to be made towards the aim to create a smoke free generation, with over 35,000 less smokers in Leeds than there were in 2011. Data released by Public Health England shows that smoking rates in Leeds are continuing to fall and are now at the lowest in West Yorkshire.
Best Start The programme has a key aim to give every child the best start in life, specifically the crucial period from conception to the age of 2.	Food and activity for a Healthy Pregnancy sessions have been made available for pregnant women with a BMI over 25 (and their partners). The sessions use the HENRY strengths based approach – building on participant's current knowledge and begins with an activity looking at what they think a healthy pregnancy looks like. The work of the Best Start programme has led to Leeds being the first city in the UK to report a drop in childhood obesity. There is also a lot of ongoing work with the maternity voices group, ongoing engagement with young people and their families. There has been a focus on mental health, and support for breastfeeding.



Self-Management and Proactive Care - “Health and care services working with me in my community”

This programme vision is that

In 5 years time people will be able to confidently manage their own health and wellbeing and services will be delivered in a way that identifies and addresses need earlier. Self-Management and Proactive Care will be embedded into every relevant pathway across Leeds?’

We are achieving this by:

- Put in place accessible, appropriate opportunities for support so that people have the knowledge, skills and confidence to live well with their long term condition
- Equip staff with the knowledge, skills and confidence to support someone with managing their long term condition
- Ensure the systems and process support a person centred collaborative approach to long term condition management
- Improved Early Identification of symptoms and conditions
- Improved Management of people with diseases
- Improved support for people at the end of their life

Recent successes under this programme include:

Project and Description	Success
Better conversations Better conversations is a culture change programme moving the conversation between worker and citizen from a paternalistic dynamic where the worker is viewed as the ‘expert’ and has a role to ‘fix’ the citizen, towards an equal partnership where the worker looks to enable the citizen	To date 48 skills days have been developed overall, with over 700 attendees from 52 different health and care organisations across the city including both the statutory and third sector. Specific skills sessions have taken place for Seacroft and Crossgates LCPs and a session will be taking place with Pudsey LCP in June with a view to potentially rolling sessions out across all LCPs to ensure that focused localities develop skills together at the same time. 89% of attendees agreed or strongly agreed that they will use the skills practiced in their role.
The Diabetes Structured Education Programme To improve uptake for Type 2 Diabetes education courses with an emphasis on targeted groups (men over 40 and BME) with the overall outcome that people feel well supported and confident to manage their condition.	In the last quarter of 2018 there have been 347 referrals into the Diabetes Structured Education Programme. Diabetes education sessions have increased from 33 to 125 per annum.



Self-Management support is now part of the ICS Universal Personalised care plan programme as detailed by NHS England (NHSE).	The percentage of people reporting an improved confidence to manage their condition after the course is sustained at 100%. Representation in those attending of the targeted groups for the programme remain strong – men over 40 years (52%), proportion of attendees from deprived areas (62%) and people from BAME groups (51%).
National Diabetes Prevention Programme (NNDP) The programme aims to help people reduce their risk of developing Type 2 diabetes, by offering them a referral to an intensive lifestyle intervention programme. The intervention consists of improved diet, weight loss and increased physical activity. Self-Management support is now part of the ICS Universal Personalised care plan as detailed by NHSE	Between April 1 2018 and March 31 2019 5,542 people have been referred for the National Diabetes Prevention Programme (NNDP). In the Inner North East Community Committee area, 952 referrals to the NDPP Programme were made between April 18 and March 19.
Breathe Easy The project aims to develop an integrated network of respiratory peer support groups in Leeds which will result in higher quality and more consistency in terms of how patients with COPD manage their condition.	The 10 Breathe Easy groups in Leeds are in a position of sustainability. The groups are located in Bramley, Middleton, Gipton, Hunslet, Yeadon, Beeston, Allerton Bywater, Harehills, Richmond Hill and Osmondthorpe. All groups are now operating from low/no cost venues and the numbers attending are growing. This project has led to a wider programme of developing peer support networks with people with long term conditions.
Collaborative Care Support Planning (CCSP) CCSP facilitates a change in people's annual review for long term conditions. It enables the person to be more prepared for the consultation by ensuring they receive their results and relevant information in advance of the review, and therefore be a true partner in their care. The results forms a collaborative discussion between professional and person, focusing on "what is important to the person" enabling person	There have been 85,859 CCSP Annual reviews performed in Leeds between April 1st 2018 and March 31st 2019. This programme is part of the ICS Universal Personalised care plan programme as detailed by NHSE. Leeds has been recognised by the ICS and NHSE as meeting the quality markers for personalised care planning.



centered goals to be agreed to support people to self-manage their condition.	In the Inner North East Community Committee area, there were 6,533 CCSP appointments held between 1st April and 31st December 2018.
Social Prescribing Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions.	Social Prescribing is also now part of the ICS Universal Personalised care plan programme as detailed by NHSE There has been 3749 referrals to the Social Prescribing service. The city is on track to meet the target of 5,000 referrals for the year. Following reprocurement by the CCG there will now be one provider (a consortia) covering the whole of the city, and ensuring that all LCPs have social prescribers.
Virtual Respiratory Ward Leeds Community Healthcare NHS Trust's virtual respiratory ward was expanded to cover Armley to help patients with long-standing respiratory conditions.	The virtual respiratory ward is designed to help those with Chronic Obstructive Respiratory Disease (COPD) exacerbations avoid being admitted to hospital and support earlier discharges for those that have been admitted. COPD can be caused by a number of things including smoking and genetics.
Frailty Unit A multi-disciplinary team work on the unit providing medical and holistic care for patients over the age of 80, or from 65 if they have particular frailty needs. Emergency departments can be really busy and noisy with lots going on. This can be really difficult for older patients while they are waiting, particularly if they are frail and may have dementia. The Frailty Unit is set away from the main emergency department, so it's a lot quieter and a much better environment for our older patients to be while they're being assessed.	The latest available figures (November 2018) show that the frailty unit at St James's Hospital has prevented 951 admissions in nine months, around 1902 bed days.



Optimising Secondary Care - “Go to a hospital only when I need to”

Progress is being made with activities with focus to:

- Improve the ways in which we test for cancer, provide treatment and offer support to people after they have had a cancer diagnosis.
- Ensure people will not stay in hospital longer than they need
- Reduce the visits people need to take to hospital before and after treatment
- Have a system that supports people with mental illness requiring secondary care interventions in the most appropriate setting.
- Ensure people will get the medicines that are the best value for them and the city

Recent successes under this programme include:

Project and Description	Successes
Cancer Programme The objective of the programme is to achieve the best in cancer care for the people of Leeds. The programme is centred around four areas of focus: • Prevention awareness and screening • Early diagnosis • Living with and beyond cancer • High quality modern services	713 additional people have completed a bowel screening test since April 2018 after being contacted by practice champions. The Accelerate Coordinate Evaluate (ACE) pilot pathway is for patients with non-specific but concerning symptoms has now been mainstreamed and the 1000th patient has just recently been referred on this pathway. Early evaluation indicates ACE provides faster diagnosis and clarity to patients and physicians, improves diagnostic findings of other significant but non-cancer conditions and as equally or more cost effective than previous approaches. <i>[insert the individual relevant Community Committee referral data]</i>
Care Navigation Leeds and York NHS Partnership Foundation Trust (LYPFT) have appointed a nurse to a Care Navigator role based at The Mount. She attends operational delayed discharge forums at Leeds Teaching Hospital Trust (LTHT) as well as The Mount in order to co-ordinate arrangements for people with complex needs in dementia, regardless of hospital setting.	The role has become a valued member of the LTHT Operational Discharge Group, ensuring people are referred to the LYPFT Enhanced Care Homes Team. The role works in partnership with commissioners to invite interested providers to discuss individual needs, develop the care home market and support individuals to leave hospital.



Enhanced Care Home Team

The initiative aims to reduce avoidable delays that older people with complex dementia needs face when being placed from hospital beds to suitable long-term care home placement. They do this through proactively pursuing care home placement options as well as then providing care homes with rapid access to intensive short term input/care.

Between July and December 2018, successfully placed 42 service users to care homes who otherwise would have been in hospital for longer.

There are a number examples of supporting care homes in admission avoidance.

This service has now received recurrent funding.

Medicines and Consumables

The objective of this programme is for patients to receive the medicines that are the best value for them and for Leeds.

Significant progress has been made in making the best use of the Leeds pound whilst improving service in the following areas;

- Stoma care
- Oral nutritional supplements
- Silk Garments
- Wound Dressings

Urgent Care and Rapid Response - “I get rapid help when needed to allow me to return to managing my own health in a planned way”

Progress is being made with activities to:

- Review the ways that people currently access urgent health and social care services including the range of single points of access.
- 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.
- 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.
- 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.

Recent successes under this programme include:



Project and Description	Successes
Urgent Treatment Centres (UTC) This programme will develop UTCs across the city. UTC's offer urgent primary care, both for minor injury and minor illness. The proposal is to develop five UTC's in Leeds. Three UTC's will be in the community (St Georges, Middleton, Wharfedale, Otley and potentially in Seacroft) and two will be co-located at the A&E departments (St James University Hospital and Leeds General Infirmary)	The St Georges Centre in Middleton, South Leeds was formally designated as an UTC in December 2018 by NHS England. This means it meets the national mandate as set out by NHS England. A formal 12 week public engagement programme which sought views on the proposals for UTC's in Leeds has recently been undertaken-analysis is underway during May 2019. The development of Urgent Treatment Centres are underway at the Wharfedale site and at St James's Hospital. Further information on Urgent Treatment Centres will be coming to the next round of Community Committees
Clinical Assessment Service (CAS) This project aims to provide a Clinical Assessment Service for the Leeds population. People who ring NHS 111 will receive a clinical assessment over the telephone, reducing the number of people who need to receive a face to face appointment. The ambition is for all single points of access to link into the CAS, and for the CAS to book appointments into services when a face to face appointment is required. This will standardise and simplify access into health and care services	The 6 month pilot has been evaluated. Findings show that 50% of all calls to the Leeds CAS were dealt with over the phone. The learning from the pilot is helping to inform how the service can expand for Phase 2. The scope for Phase 2 (2019/20) is currently being determined.
High Intensity Users Project The service provides tailored support to people who attend A&E frequently to address underlying social, medical and mental health issues.	Those that use the service for three or more months have been found to have better experiences and outcomes – being supported to access the services they most need rather than A&E. Emergency Department attendances and ambulance conveyances were reduced by 53% over the 12 months for the 72 people the service worked with in the last year. This service is ongoing.



Yorkshire Ambulance Service (YAS)

YAS are now able to refer patients directly into the Leeds Frailty Unit at St James's hospital. This means that ambulance staff can assess patients they are called to attend to with a 'frailty score' and determine if they may be best supported in a specialist unit that supports people with similar conditions. This means patients may bypass a potentially delaying and stressful period in the hospital Emergency Department.

The project allows ambulances to take people straight to the most appropriate place for their care giving them the best chance of avoiding admission.

In the first 15 days 18 people benefitted from this pathway.

Collective resource areas that enable transformation

Estates successes include:

- Closer working with Planning on ensuring sustainable community health provision in light of housing growth (actual and target figures in the Site Allocations Plan)
- Focused work on priority neighbourhoods, linking closely with the Neighbourhood Improvement programme and Localities team.

Digital successes include:

- Introduced some significant shared IT services between LCC, CCG, LCH and GP Practices
- Added Children's data in to the Leeds Care Record
- Introduced a new way of sharing child protection information between urgent and emergency care services and social care
- Increased the number of GP Practices taking appointment bookings directly from the 111 service

Workforce successes include:

- 130 people from Lincoln Green attended recruitment events held in the local community in April. All attendees signed up for courses or interviews and 3 nurses from overseas are joining Leeds Teaching Hospitals Trust.
- 300 of the Leeds 'One Workforce' have already attended the System Leadership Programme which has the objective of growing a connected community, who have people of Leeds at the heart of everything we do.
- The first Leeds wide Health and Care Careers and Recruitment Event held on 14 May 2019.

Community Committee	LCP Footprint	Most deprived 5th of Leeds	2nd most	mid	2nd least	Least deprived 5th of Leeds	Grand Total
Inner North West	Armley	104					104
	Beeston	585					585
	Burmantofts & Richmond Hill	717	5,219	1,241			7,177
	Central		1,987		974		2,961
	Holt Park		4,826	4,161	292		9,279
	LSMP		8,177	20,634			28,811
	Middleton			273			273
	Woodsley		6,410	27,749	8,243	11,429	53,831
Inner East	Burmantofts & Richmond Hill	18,219	5,027				23,246
	Chapeltown	2,109					2,109
	Crossgates	1,780	6,392				8,172
	Harehills	36,490					36,490
	Seacroft	27,187					27,187
Outer North West	Aire Valley		5,942		13,295	23,818	43,055
	Central					3,029	3,029
	Holt Park		1,714	1,003	14,278	6,559	23,554
	Otley				6,367	15,224	21,591
	Wetherby					38	38
	Woodsley					1,672	1,672
Outer South	Beeston			144			144
	Garforth/Kippax/Rothwell			19,395	7,816		27,211
	Middleton		2	8,384			8,386
	Morley		15,213	3,315	30,981	6,501	56,010
Inner South	Armley	1	68				69
	Beeston	22,019	18,104	105			40,228
	Burmantofts & Richmond Hill	1,869		670			2,539
	LSMP			300			300
	Middleton	19,377	23,405	4,000			46,782
Outer East	Burmantofts & Richmond Hill	1,672	153				1,825
	Central			1,652			1,652
	Crossgates	5,363	1,946		17,030	6,096	30,435
	Garforth/Kippax/Rothwell			3,205	26,130	8,267	37,602
	Seacroft	2	7,508	6,660			14,170
Inner North East	Central	11,973	47	16,833	18,618	15,081	62,552
	Chapeltown	7,847					7,847
	Harehills	634					634
	Seacroft			7,694			7,694
	Woodsley		611	1,141		763	2,515
Inner West	Armley	7,984	4,954				12,938
	Bramley		17,628	1,352			18,980
	Pudsey	6,209	1,469	9,155			16,833
	Woodsley	1,908	17,626	8,182		599	28,315
Outer West	Armley	1,001	6,081	3,097			10,179
	Beeston			2,513			2,513
	Bramley	5,215	6,530	1,489			13,234
	Pudsey	126	7,855	25,269	6,217	8,372	47,839
Outer North East	Central		6,818		1,653	16,278	24,749
	Garforth/Kippax/Rothwell					6,701	6,701
	Seacroft		4				4
	Wetherby				6,192	26,692	32,884
Grand Total		180,391	181,716	179,616	158,086	157,119	856,928



Report of: Area Leader

Report to: Inner North East Community Committee

Report author: Preet Matharu, 0113 535 1239

Date: 20 June 2019

To note

Area Update Report

Purpose of report

1. On this occasion, a report has not been provided and instead, a verbal update will be provided and update Members on the work programme of Inner North East Community Committee, its recent successes and current challenges. It will also provide a general update on other activities in the Inner North East area. Partner organisations and council services can also contribute information to the update report.

Main issues

2. The verbal report is provided at the specific request of the Community Committee.
3. A service review update from the Leeds Anti-Social Behavior Team will be provided as an appendix.

Recommendations

4. To note the contents of the verbal report that will be provided.

This page is intentionally left blank

Overview

At recent Committee Meetings a briefing was given around the service review for the Leeds Anti-social Behaviour Team (LASBT).

The briefing outlined the key areas of focus for the review;

- **Triage system for referrals**
- **Creation of a Community MARAC**
- **Review of Mediation provision**
- **Review of Noise Processes**
- **Creation of a Communication Plan**
- **Re-location of the LASBT West Team**
- **Development of an ASB Strategy**

This briefing provides an update of the key areas of focus as the review progresses.

A Q&A section has also been provided in response to questions raised at the Committee Meetings.

Triage System

An effective triage system needs to identify high risk, high harm situations at the beginning of the customer journey. There has been extensive research and development work to understand how to effectively deliver this in Leeds.

Shadowing has taken place at the contact centre to listen to current call handling techniques used for both anti-social behaviour and Adult Social Care calls. There has also been consultation with police colleagues to learn from their call handling and risk assessment processes. An enhanced 'strength based conversation' script is being developed for use by the contact centre and this will identify at the first point of contact the risk attached to the call.

Consultation is underway with the contact centre around delivery of this model. It is also proposed that a central Triage Team is created, and this team will be responsible for undertaking a full risk assessment of all incidents based on the National Policing THRIVE model (Threat, Harm, Risk, Investigation Opportunities, Vulnerability & Engagement).

The team will be responsible for identifying high risk, high harm issues and ensure the appropriate level of response is provided. They will also provide advice and guidance to customers and will be a crucial link between police colleagues in the NPT's and the wider services.

Creation of a Community Marac

The creation of a Community Marac will promote the early resolution for complex and persistent cases. Research is being undertaken to understand the most effective way to deliver this. We have visited Islington Council where a successful Community MARAC has been in place for some time. The learning from their model will assist us as we start to work on our own procedures, Terms of Reference, and Information Sharing/Confidentiality Agreements.

Mediation Provision

The current Mediation provision has been reviewed and it is proposed that a mediation service is commissioned that has the flexibility to work in various localities and at times which suits the needs of residents.

Review of Noise Processes

The noise review is ongoing and is a big piece of work given that almost 60% of incoming referrals relate to noise nuisance. We are working alongside a service design team to review current processes. We have mapped out the customer journey, and have looked at how the day time and out-of-hours services can be joined up more effectively to ensure that available resource is deployed effectively, and based on priority need.

Communication Plan

Our current communications are to be reviewed (website, leaflets etc) to ensure that customers wishing to access the service have clear information and are aware of the services we are able to offer.

We are working with the communications team to look at other outlets to strengthen our communication with residents such as the use of social media.

Location of the LASBT West Team

The current office provision for the West Team does not fully meet the needs of the service, and work is underway to identify alternative accommodation. It is hoped that the team can be co-located alongside a Housing Team in line with the East and South Team model.

Development of an ASB Strategy

An ASB Strategy for Leeds is in development and this will set out the strategic framework for activity going forward. The strategy will be focused around the key themes; Intervention, Prevention, Enforcement, Community Empowerment and Integrated Intelligence. The strategy will include an ASB Action Plan and this will drive the work to be delivered within the strategic themes.

Question - Will the Community Marac duplicate the work of other meetings?
Answer: As part of the research we are undertaking around the Community Marac we are considering other meetings (such as Police Tasking) where there is the risk of duplication of efforts. We have looked at a number of referral mechanisms and if the right process is in place, it should negate this risk.
Question - How will we track outcomes of Mediation cases and know that it works?
Answer: So we're aware of the effectiveness of Mediation we will ensure that a Performance Framework is in place that will evidence the number of cases managed by mediation, this will include the number of cases with a successful outcome, the average duration of a case and we will also measure the levels of customer satisfaction with the service provided.
Question – Is the Noise service under resourced?
Answer: There is high demand for our Out of Hours Noise Service. As part of the noise review we have looked at call handling levels, how we deploy resource and have also looked at how best we can effectively manage customer expectations. We are reviewing the current call handling processes with a view to implementing a system where those in high risk/high harm situations are prioritised.
Question – Has the use of technology for noise reporting been piloted elsewhere?
Answer: The service design team that are assisting with the noise review are looking at a number of options around reporting, this includes the options to report on line and also the use of mobile phone apps.
Question – Can LASBT identify locations across the city where there is a need to allow the necessary resources to be deployed?
Answer: LASBT work closely with a range of partner and services, and under our Information Sharing Agreements we are able to share information around 'Hot Spot' and 'Cold Spot' areas. Our partnership approach means that we are able to deploy officers where there is most need. For future the Proposed Triage Team will also have a crucial role to play in identifying problematic people and places at the earliest opportunity.
Question – Is there adequate capacity for deployment of LASBT staff in the rural areas?
Answer: Yes there is capacity for officers to be deployed to rural areas, and this would be based on intelligence from partners and reports of anti-social behaviour/calls for service. We do try and keep officers working within a geographical areas as we believe this strengthens our partnership approach. However officers can be deployed to any area across the City.

This page is intentionally left blank

Reginald Centre

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

[SHARE](#)



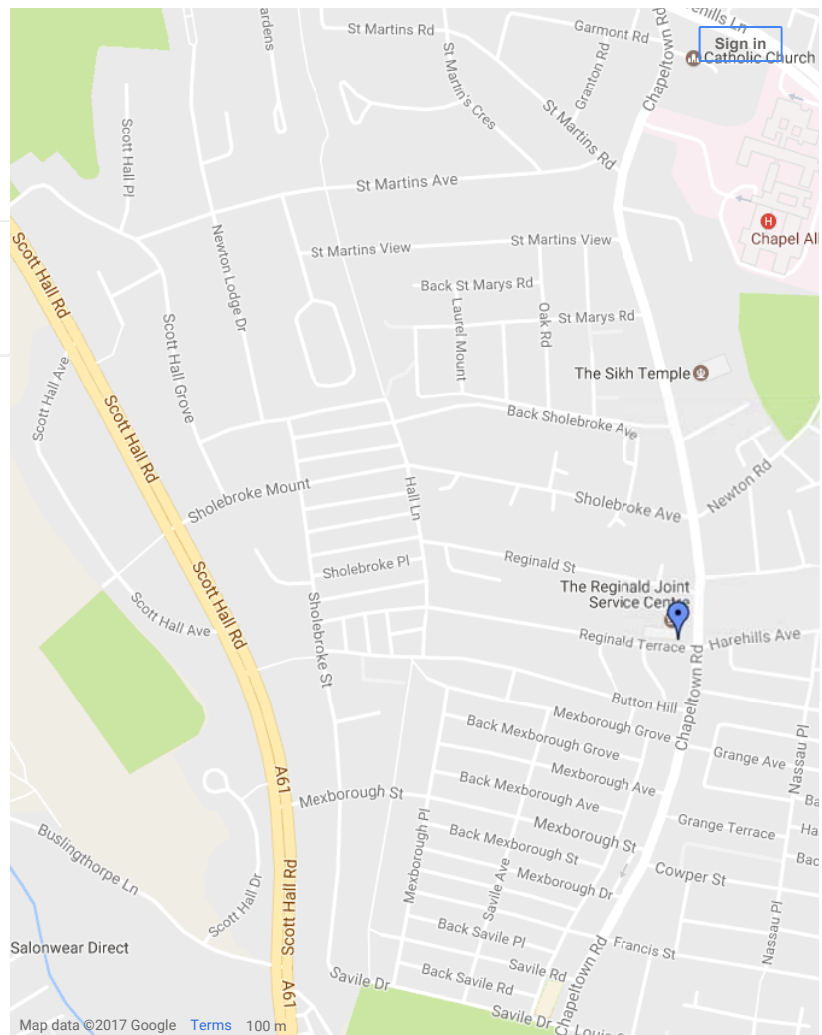
Untitled layer



Reginald Centre



Made with Google My Maps



This page is intentionally left blank