



Outer West Community Committee

Calverley & Farsley, Farnley & Wortley, Pudsey

Meeting to be held in Pudsey Town Hall, Council Chambers, Robin Lane, Pudsey

Wednesday, 1st March, 2017 at 1.00 pm

Councillors:

A Carter
Mrs A Carter
R Wood

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


A Blackburn
D Blackburn
T Wilford

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

M Coulson
J Jarosz
R Lewis

Pudsey;
Pudsey;
Pudsey;





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Governance Services Unit, Civic Hall, LEEDS LS1 1UR
West North West Area Leader: Baksho Uppal Tel: 395 1652

*Images on cover from left to right:
Calverley & Farsley – Calverley Park; Farsley Town Street
Farnley & Wortley – Farnley Hall; Wortley Towers
Pudsey – Pudsey Town Hall; Pudsey Park*

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>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).</p> <p>(*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.)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>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:</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY INTEREST</p> <p>To disclose or draw attention to any Disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>OPEN FORUM / COMMUNITY FORUM</p> <p>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.</p>	
7			<p>MINUTES</p> <p>To approve the minutes of the meeting held on 13th January 2017.</p>	1 - 10

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8	Calverley and Farsley; Farnley and Wortley; Pudsey		FINANCE UPDATE REPORT The Report of the West North West Area Leader provides the Outer West Community Committee with an update on the budget position for the Wellbeing Fund for 2016/17 and the current position of the Small Grants and skips pots and those Small Grants and skips that have been approved since the last meeting. The report provides an update on the Youth Activity Fund. The report also outlines the applications received through the open funding round for funding in the 2017/18 financial year. (Report attached)	11 - 18
9	Calverley and Farsley; Farnley and Wortley; Pudsey		OVERVIEW ON THE DEVELOPMENT OF THE LEEDS PLAN AND WEST YORKSHIRE AND HARROGATE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) The report of the Interim Chief Officer, Leeds Health Partnerships provides Outer West Community Committee with an overview of the emerging Leeds Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plans (STPs). It sets out the background, context and the relationship between the Leeds and West Yorkshire plans. It also highlights some of the key areas that will be addressed within the Leeds Plan which will add further detail to the strategic priorities set out in the recently refreshed Leeds Health and Wellbeing Strategy 2016 – 2021. (Report attached)	19 - 42
10	Calverley and Farsley; Farnley and Wortley; Pudsey		DATES, TIMES AND VENUES OF COMMUNITY COMMITTEE MEETINGS 2017/2018 The report of the City Solicitor is to request Members to give consideration to agreeing the proposed Community Committee meeting schedule for the 2017/2018 municipal year, whilst also considering whether any revisions to the current meeting and venue arrangements should be explored. (Report attached)	43 - 46

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			<p>Third Party Recording</p> <p>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.</p> <p>Use of Recordings by Third Parties – code of practice</p> <p>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.</p> <p>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.</p>	

OUTER WEST COMMUNITY COMMITTEE

FRIDAY, 13TH JANUARY, 2017

PRESENT: Councillor M Coulson in the Chair

Councillors A Blackburn, Mrs A Carter,
J Jarosz and R Lewis

29 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

30 Exempt Information - Possible Exclusion Of The Press And Public

There were no exempt items.

31 Late Items

There were no formal late items. However, there was supplementary information in relation to item 8 Finance update report. This information had been published and provided to all Members and attendees of the meeting.

32 Declaration Of Disclosable Pecuniary Interest

There were no declarations of disclosable pecuniary interests.

33 Apologies For Absence

Apologies for absence were received from Councillors D Blackburn, Andrew Carter, T Wilford, and R Wood.

34 Open Forum / Community Forum

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

35 Outer West Community Safety Update Report

Tanya Wilkins the new Inspector for Outer West area introduced herself to the Outer West Community Committee Members.

Councillors requested that a meeting be set up with the new Inspector.

The report of the North West Locality Safety Partnership was presented by Sgt. Louise Julian of West Yorkshire Police (WYP).

The report provided Members with an overview of the Neighbourhood Police Team and Partnership priorities for the Outer West covering the period September – December 2016.

Members were informed of the following:

- A change in how burglary is recorded means that not comparing like for like. However, the crime data for Outer West showed a decrease in the number of burglary dwellings being recorded.
- It was noted that there is currently an emergent problem with motor vehicles being taken in burglary offences across Outer West area. This increase was consistent with recorded offences across the Leeds District.
- A significant decrease in theft from motor vehicles
- A slight increase in theft of motor vehicles but this is lower than the rise in incidents across Leeds. It was noted that the increase was due to the current trend of theft of Ford Transit vans and motorcycles or scooters.
- Anti-Social Behaviour had seen a reduction in the Outer West area.
- Police would be holding roadshows in ward areas to raise awareness on crime of vehicles, from vehicles and encourage the marking of vehicles and tools etc.
- It was noted that there had been an increase in nuisance vehicles which related to parking issues.
- Noted that issues in relation to the Aagrah restaurant and the use of fireworks on their site had now been resolved.
- Partnership Action Days had taken place at the Bawns and the Heights
- Partnership working had assisted in reducing the calls for service in relation to Anti-Social Behaviour and safeguarding issues at Pudsey bus station.
- The funding for PCSO's located at the Owlcotes Centre had stopped. However, M&S were looking to reinstate security as part of the security measures for Owlcotes Centre.

The Chair thanked the Sergeant for her presentation saying that the relationship between the Police and the Members of the Outer West area was good and asked for Members to be kept informed of any issues.

36 Minutes

RESOLVED – That the minutes of the meeting held on 28th September 2016 be approved as a correct record.

37 Matters arising

In relation to minute 23 of the minutes from the last meeting on 28th September 2016, Members were informed that Cllr. T Wilford would be taking up the role of Children's Service Champion and Corporate Parenting Board representative.

38 Finance Update Report

The report of the West North West Area Leader provided the Outer West Community Committee with an update on the budget position for the Wellbeing Fund for 2016/17 and the current position of the Small Grants and skips pots.

Members were provided with quarter 1 and 2 monitoring report for projects funded in 2016/17 at appendix 1 of the submitted report.

Members were informed that the remaining budget for Wellbeing Revenue in 2016/17 was £8,864.50.

Members were asked to consider 2 large grant applications these were listed at paragraph 12 of the submitted report;

- Seagulls Reuse Limited – Owlcotes Subway. To plan, coordinate, deliver and install a large scale community mosaic for the entrance of the subway leading to the Owlcotes Centre at the end of Primrose Hill. The work would be carried out with participation and involvement of the Community.
- Outer West Environment Sub Group – Dog Fouling Campaign. To provide and fully install composite material signs designed by local primary school children as part of the Outer West Environment Sub Group Campaign against dog fouling. The signs are to be placed in suitable locations as identified through a mapping exercise undertaken of the main hotspot areas in the Outer West area.

It was noted that should these applications be approved this would leave £3,274 in the Wellbeing Revenue budget for 2016/17.

Members attention was drawn to paragraph 15 of the submitted report in relation to two small grant applications that had been submitted since the last meeting.

Members noted that the remaining balance for Capital monies was £40,300

Members were informed that a consultation exercise had taken place with young people to find out what range of activities they would like next year. The findings were attached at appendix 4 of the submitted report.

Members noted that £6,000 was to be allocated to Youth Activities Fund for Farnley and Wortley ward. The sum of £2,490 had been funded for dance sessions to be delivered in the ward, by Dance Action Zone Leeds (DAZL).

Members considered the applications provided in the supplementary information;

1. Bramley Elderley Action pop up supper at Swinnow, £2,255 requested.

2. Target Hardening Project for door and window locks, spy holes and door chains for the most vulnerable in the Outer West area. An Officer from the Police and Care and Repair were at the meeting to answer questions.
3. Youth Activities Fund: Love Pudsey Café. The request was to look at changes to the project which would include provision of workshops and food.

Cllr. R Lewis joined the meeting during the consideration of this item

RESOLVED – That the Committee:

- Note the current budget position for the revenue Wellbeing Fund 2016/17
- Note the content of the quarter 1 and 2 monitoring returns for projects funded in 2016/17 (Appendix 1)
- Consider applications received for funding from the Wellbeing Revenue pot at Table 1 (Appendix 2 and 3)
 - Seagulls Reuse Limited – Owlcotes Subway - £4,360 – APPROVED
 - Outer West Environment Sub Group – Dog Fouling Campaign - £1,230 – APPROVED
- Note the budget position and approvals for small grants and skips since the last meeting at Table 2
- Note the current budget position for the Capital Wellbeing Fund and consider any applications received for 2016/17
- Note the current budget position for the Youth Activities Fund and report on youth engagement consultation undertaken at Appendix 4
- Note the position of the Farnley and Wortley smaller youth activities pot

The Committee approved the following projects as set out in the supplementary information:

- Target Hardening Project for door and window locks, spy holes and door chains for the most vulnerable in the Outer West area. Members suggested an application for £1,000 for each ward should be submitted for the Wellbeing Fund round
- Youth Activities Fund: Love Pudsey Café. The request was to look at changes to the project which would include provision of workshops and food. – £2,080 - APPROVED
- The Bramley Elderly Action Pop up suppers at Swinnow was deferred for more information.

39 Environmental Service Level Agreement 2016/17

The report of the Chief Officer Environmental Action Service was presented by John Woolmer, Head of Service.

The report asked Members to confirm the continuation of the current Service Level Agreement (SLA) between the Committee and Environmental Action Service, as overseen on its behalf by the Environmental Sub Group.

Members were asked to consider any potential issues for next year's SLA 2017/18 and to refer them through the sub group.

It was noted that an email had been sent to Members in relation to de-leafing. This issue had been particularly difficult this year with the lateness of the fall, the amount that had fallen and the impact of rainfall on the leaves making them slippery.

Members were informed that due to the issues encountered with the leaf fall a review was taking place to look at improvements for next year. Members were invited to pass on any comments that would improve the service.

Members were informed that the service would be undertaking reductions to make savings. This would not be through frontline staff but through managerial reductions, although overtime would be part of the reductions.

Members were informed that the service would concentrate on zonal working as this approach had worked well.

Councillors discussed the following points:

- Joint working with Parks and Countryside in emptying bins located in parks over the weekend period
- De-leafing in town centre still an issue
- Litter in the town centre is an issue
- Need to prioritise certain sites particularly in relation to the elderly.

The Chair reminded Members that he had sent an email asking Members for areas that had been of particular issue with regard to leaf fall so that it can be dealt with at Environmental sub group.

RESOLVED – That the Community Committee:

- a) Approve the continuation of the existing Service Agreement;
- b) Consider any current SLA performance concerns that it would like to refer to the Outer West sub group to look at in more detail;
- c) Consider if there are any changes it would like to see in the SLA for 2017/18, in order to give the service time to consider and respond through the sub-group.

40 Parks and Countryside interim update - December 2016

The report for Parks and Countryside interim update was presented to the Committee by the Parks Technical Manager. The report was provided at the specific request of the Community Committee Chair.

Members noted that Parks and Countryside would provide full details in the scheduled annual report of the service. The annual report would include the budget position, the outcome of residents consultation exercise carried out in partnership with University of Leeds and the latest Leeds Quality Park assessment results. The report would also include performance information on frontline services and predicted savings.

Members were informed of the following points:

- Of the 62 parks across the City the Outer West area has 9 community parks along with a number of cemeteries and recreation grounds
- Pudsey Park holds a Green Flag status as part of the Leeds Quality Park Status (LQP). A list of the criteria was set out at point 7.1 of the submitted report. It was noted that the LQP requires a management plan however, there were not enough resources to produce a plan and the Green Flag is on physical criteria only.
- Members were informed that the cricket pitch at Farnley Park was no longer in use by a LOCAL team. It was noted that the pitch is still there but teams now preferred the 3G artificial pitches which let them play throughout the year.
- Point 5 of the submitted report focused on the volunteering that had taken place over the past 12 months. It was noted that this continues to work well and that volunteering both in groups and corporately had increased. The activities that the volunteers had undertaken were listed.
- In 2016 48 events took place in the Outer West area, which demonstrated the value that people in the area placed on the facilities.
- Members noted that only 6 of the 9 parks in Outer West reached the required standard. Work was taking place to bring these in line with other parks in the area. Planned and proposed work was set out at 7.7 of the submitted report.
- Members were informed that the removal of old changing rooms in Queens Park had not yet happened and that this issue was currently being looked at.
- It was noted by the Committee that the site based gardeners had worked well and that Parks and Countryside had again submitted an application for Wellbeing funding.
- The co-ordinated work with Environmental Services was working well in particular the emptying of litter bins by Environmental Services over the weekend. This had benefitted the service letting Parks and Countryside teams tend to the gardens.

RESOLVED - That the Community Committee note the contents of this interim report and record that the scheduled Parks and Countryside annual report will be made available after February 2017.

Draft minutes to be approved at the meeting
to be held on Wednesday, 1st March, 2017

The Co-opted Member Canon Paul Ayres arrived at the meeting during this item.

41 Outer West Housing Update

The report of the Chief Officer Housing Management was presented by the Area Housing Manager.

Members were informed the Pudsey and Wortley Housing teams were now based together at one location on Heights Drive.

The Committee were informed that within Housing Services the priorities were:

- Homelessness
- 30 day turnaround
- Rent collection
- Impact of Welfare Reform
- Annual Tenancy Visits
- Capital Programme

It was also noted that Housing Leeds were actively involved in the Neighbourhood Improvement Partnership – Heights and Bawns which was proving to be effective with a focus on four key priority areas:

- Crime and Grime
- Health and Wellbeing
- Education
- Training and Skills / Employment and Income.

The Housing Manager, Tenant Involvement provided Members with an update on the following:

- Housing Advisory Panel (HAP)
 - The panel budget for the year was £82.238 to consider and support a range of environmental and community related projects within the area. 17 projects had been supported to date including Community Payback in partnership with West Yorkshire Rehabilitation Service, the Big Lunch and the Parenting Programme at Swinnow Children's Centre.

The following points were raised by the committee:

- Future reports should reflect more information in relation to Farnley /Wortley.
- The funding for Community Payback to be looked at by officers
- The removal of the barrier at Acres Hall Crescent which had been funded by HAP money
- Better co-ordination of capital programme repairs
- Need to address priorities for properties in the area

The Community Committee requested that a further report be brought to the Community Committee meeting on the 1st March 2017.

RESOLVED – That the Community Committee note the report.

42 Children's Services area committee update report

The Targeted Services Area Lead presented the report of the Children's Services Lead Officer. The report provided Members with a comprehensive data set of children's information.

The Members noted the three obsessions identified in the Children and Young People's Plan:

1. Reducing the need for children to be looked after
2. Improving attendance
3. Reducing those not in Education, Employment or Training (NEET)

Members were informed that there were 76 looked after children in the Outer West area, a rise of 2. It was noted that this did not indicate a rise in the underlying level of need within the area.

The number of children subject to a child protection plan had remained level, at 27.

Total contacts made to Children's Social Work Services were in the most recent reporting period. However it was too early to draw conclusions about a reduction in the underlying level of need in either the Outer West or the city.

Members were informed that attendance levels in the Outer West were higher than the city averages at both primary and secondary level. However, persistent absence was lower in the Outer West area than the city averages.

There were now 109 young people categorised as NEET a reduction of 20 since December 2015. There was also a reduction in the number of young people whose status is unknown. From this information it can be deduced that the targeted advice, guidance and support are assisting young people in the area to secure education, employment or training.

Members were informed of the changes to funding in relation to the Clusters. They were informed that New Farnley Academy had opted not to provide funding however Children's Services will continue to work with the school.

Members expressed concerns for the other Clusters within the Outer West area. Members asked that they be kept informed

Members discussed data sharing and were informed that Leeds had robust agreements on place and had been proactive in supporting people.

RESOLVED – That the Community Committee note the content of the report.

43 Any other business

The Chair informed Members of the Committee that the co-opted member Canon Paul Ayres was resigning from the Committee due to being recently appointed as Archdeacon of Leeds and relocating to Alwoodley to take up the appointment.

The Committee congratulated Paul on his appointment.

The Chair thanked Paul for his contributions to the Community Committee and wished him every success in his new role.

44 Date and time of next meeting

The next meeting of the Outer West Community Committee will be 1st March 2017, at 1:00pm.

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Report of: The West North West Area Leader

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

Report author: Harpreet Singh 336 7862

Date: 1st March 2017

For decision

Finance Update Report

Purpose of report

1. This report provides the Outer West Community Committee with an update on the budget position for the Wellbeing Fund for 2016/17 and the current position of the Small Grants and skips pots and those Small Grants and skips that have been approved since the last meeting.
2. The report provides an update on the Youth Activity Fund
3. The report also outlines the applications received through the open funding round for funding in the 2017/18 financial year.

Main issues

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

6. In addition, the Outer West Community Committee receives a sum of Youth Activity Funding.
7. The Community Committee also received an allocation of capital funding in 2016/17.

Wellbeing Revenue Budget Statement 2016/17

8. The Outer West Community Committee received an allocation of **£113,310** for the 2016/17 financial year. Taking into account project underspends and carry forward figures from 2015/16, the total fund available for new projects in 2016/17 was **£149,482.55**. This funding has now been committed to **28** projects for 2016/17.
9. Taking into account underspends and the balance following the funding round there is **£3,507** still available for allocation for Wellbeing Revenue in the 2016/17 budget.

Small Grants & Skips

10. **Table 1** below outlines those Small Grant applications that have been received or approved since the last meeting of the Outer West Community Committee. Since the last meeting there have been no skip requests.

Table 1: Small Grants Received and / or Approved

Project Name	Organisation /Department	Amount Requested	Amount Approved
Join Our Club 2016	West Leeds Juniors	£500	£500

11. Taking these into account, there is **£4,982** still available for allocation for Small Grants and for Skip Hire in the 2016/17 budget. The Community Committee are asked to note the current position of the budget and those grants and skips that have recently been approved.

2016/17 Wellbeing Capital Budget

12. In addition to wellbeing revenue the Community Committee also receives an allocation of capital funding. The latest update received from the Council's Finance Department shows, there is **£40,300** in capital monies available for allocation in 2016/17.

2016/17 Youth Activities Fund (YAF)

13. In 2016/17, the Outer West Community Committee received a sum of **£41,670** Youth Activity Fund. This fund is for sports and cultural activities for young people aged 8-17. This should be allocated with the involvement and participation of children and young people in the decision making process.
14. In total the funding has now been committed to 9 projects for 2016/17, this leaves **£3,394** for allocation in 2016/17.
15. At the Outer West Community Committee meeting in June, it was agreed that £6,000 of the Youth Activities Fund would be allocated for Farnley & Wortley Ward as a pot, to be commissioned in liaison with the Farnley & Wortley members. The remaining balance in the Farnley & Wortley Smaller Youth Activities Pot is £3,510. However this fund is earmarked to a project which is currently being developed.

Wellbeing Revenue Budget Position 2017/18

16. The Wellbeing funding round for 2017/18 received 26 applications for revenue funding totalling £151,778.90. (For a full list of these projects, please see **Appendix 1**). These applications have been assessed against the funding criteria for the Outer West Wellbeing Fund. Members have reviewed the applications in detail and have agreed that the 21 projects listed in Table 3 below, valued at a total of £99,520.90 should go forward for consideration by the Community Committee on 1st March 2017.

Table 3 Wellbeing revenue projects for consideration (as agreed at the Wellbeing funding Meeting on 14 February)

Project	Project Applicant	Amount
Summer Bands in Leeds Parks 2017	Leeds International Concert Season	£3,200
Small Grant and Skips	Communities Team	£8,000
Neighbourhood Improvement Budget	Communities Team	£6,000
Pudsey Christmas Lights	Leeds City Council	£9,000
Farsley Christmas Lights	Leeds City Council	£5,750
Calverley Christmas Lights	Leeds City Council	£1,750
Pudsey in Bloom	Parks & Countryside - Leeds City Council	£4,169.44
Farsley in Bloom	Parks & Countryside - Leeds City Council	£2,630.62
Calverley in Bloom	Parks & Countryside - Leeds City Council	£2,838.68
New Farnley in Bloom	Parks & Countryside - Leeds City Council	£1,000
Farsley Community Activities 2017/18	Farsley Community Initiative	£2,000
Site-based Gardener - Tyersal and New Farnley Park	Parks & Countryside - Leeds City Council	£12,367.22
CCTV Monitoring & Maintenance	Leedswatch	£23,833
Target Hardening	Care & Repair (Leeds)	£3,000
Community Hall Equipment	St James the Great PCC	£1,500
Hollybush for Enduring Wellbeing	The Conservation Volunteers	£3,500
Pop Up Lunches	Bramley Elderly Action	£2,255
Summer Holiday Targeted Provision	Leeds Youth Service	£1,400
Teaching Young Children to Swim	Pudsey Amateur Swimming Club	£3,000
Lego Storystarter	Leeds Library Service	£599.94
Modern Dance	Swinnow Community Centre	£1,727

2017/18 Wellbeing Capital Projects For Consideration

17. Four applications for Capital Funding were received for this funding round totalling £37,145. (For a full list of these projects, please see **Appendix 1**) These applications have been assessed against the funding criteria for the Outer West Wellbeing Fund. Members have reviewed the applications in detail and have agreed that the 4 projects as listed in Table 4 below, valued at a total of £21,900.00 should go forward for consideration by the Community Committee on 1st March 2017.

Table 4 Wellbeing capital projects for consideration (as agreed at the Wellbeing funding Meeting on 14 February)

Project	Project Applicant	Amount
Pudsey Scout HQ Renovations	1st Pudsey Scout Circup	£1,000
Farnley Scout Hut Renovations	24th South West Leeds (Farnley) Scout Group	£14,400
Connect Supper / Stanningley Foodbank	The Oak Church	£4,000
New Artificial Cricket Practice Area	Rodley Cricket Club	£2,500

18. Should the above projects be approved, this will leave **£18,400** of Wellbeing Capital funding available for allocation in 2017/18

2017/18 Youth Activities Fund

19. Eleven applications for Youth Activities Funding were received for this funding round totalling £64,113.04. (For a full list of these projects, please see **Appendix 1**) These applications have been assessed against the funding criteria for the Outer West Youth Activities Fund. Members have reviewed the applications in detail and have agreed that the 8 projects listed in Table 5 below, valued at a total of £43,963.04 should go forward for consideration by the Community Committee on 1st March 2017.

Table 5 Youth Activities Fund for consideration (as agreed at the Wellbeing funding Meeting on 14 February)

Project	Project Applicant	Amount
Breeze Friday Night Project (BFNP)	LCC's Breeze Team	£8,500
Mini Breeze	Breeze	£11,300
Love Pudsey Youth Café	Love Pudsey	£3,900
DAZL Farnley & Wortley Community Program	Dance Action Zone Leeds	£3,340
Pop-Up Activity Camps	LCC Sport & Active Lifestyles – Pudsey Leisure Centre	£5,000
Get Active Camps	AIM Education	£3,423.04
Schools Out!	Armley Juniors Project 4 Young People	£6,000
Scrap Tinkering Workshops	Scrap Creative Reuse Arts project Ltd	£2,500

Corporate considerations

a. Consultation and Engagement

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

b. Equality and Diversity / Cohesion and Integration

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

c. Council policies and City Priorities

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

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

d. Resources and value for money

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

24. In order to meet the Community Committee's functions (see Council's Constitution Part 3, section 3C), funding is available via Wellbeing budgets.

e. Legal Implications, Access to Information and Call In

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

f. Risk Management

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

Conclusion

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

Recommendations

28. The Committee is asked to:

- Note the current budget position for the revenue Wellbeing Fund for 2016/17
- Note the small grants and skips that have been approved since the last meeting at **Table 1**
- Note the current budget position for the Capital Wellbeing Fund for 2016/17.
- Note the current budget position for the Youth Activities Fund for 2016/17
- Consider the projects listed at **Table 3, 4 and 5** for approval from the Wellbeing / YAF Budget allocation for 2017/18

Background information

- **None**

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Project	Applicant	Amount Requested
Projects for Wellbeing Revenue 2017/18		
Commitments		
Summer Bands in Leeds Parks 2017	Leeds International Concert Season	£3,200.00
Community		
Small Grants and Skips	WNW Communities Team	£8,000
Neighbourhood Improvement Budget	Communities Team	£6,000
Pudsey Christmas Lights	Leeds City Council	£9,000
Farsley Christmas Lights	Leeds City Council	£5,750
Calverley Christmas Lights	Leeds City Council	£1,750
Pudsey in Bloom	Parks & Countryside - Leeds City Council	£4,169.44
Farsley in Bloom	Parks & Countryside - Leeds City Council	£2,630.62
Calverley in Bloom	Parks & Countryside - Leeds City Council	£2,838.68
New Farnley in Bloom	Parks & Countryside - Leeds City Council	£1,000
Pudsey Carnival	Pudsey Carnival Committee	£1,000
Farsley Community Activities 2017/18	Farsley Community Initiative	£4,560
Site-based Gardener - Tyersal and New Farnley Park	Parks & Countryside - Leeds City Council	£12,367.22
CCTV Monitoring & Maintenance	Leedswatch	£23,833
Target Hardening	Care & Repair (Leeds)	£3,000
Community Hall Equipment	St James the Great PCC	£2,500
Partnership Co-ordinator	BARCA	TBC
West Leeds Community Led Local Development (CLLD) programme	Communities Team	£1,500
Health & Wellbeing		
Hollybush for Enduring Wellbeing	The Conservation Volunteers	£3,934
Big Lunch	Communities Team	£2,000
Pop Up Lunches	Bramley Elderly Action	£2,255
Children & Young People		
Summer Holiday Targeted Provision	Leeds Youth Service	£1,400
Teaching Young Children to Swim	Pudsey Amateur Swimming Club	£3,970
Lego Storystarter	Leeds Library Service	£599.94
Modern Dance	Swinnow Community Centre	£2,387
Business & Employment		
Technology Skills Wortley	Get Technology Together	£1,179

Projects for Youth Activities Fund 2017/18		
Children & Young People		
Breeze Friday Night Project (BFNP)	LCC's Breeze Team	£10,740
Mini Breeze	Breeze	£11,550
Love Pudsey Youth Café	Love Pudsey	£3,900
DAZL Farnley & Wortley Community Program	Dance Action Zone Leeds	£3,340
Pop-Up Activity Camps	LCC Sport & Active Lifestyles – Pudsey Leisure Centre	£5,670
Urban Art Workshops	DJ School UK	£940
Get Active Camps	AIM Education	£3,423.04
Farnley - Get Out, Get Fed, Get Active	Groundwork Leeds	£8,240
West Leeds Activity Centre programme 17/18	West Leeds Activity Centre (WLAC)	£5,934
Schools Out!	Armley Juniors Project 4 Young People	£6,676
Scrap Tinkering Workshops	Scrap Creative Reuse Arts project Ltd	£3,700
Projects for Wellbeing Capital 2017/18		
Community		
Pudsey Scout HQ Renovations	1st Pudsey Scout Group	£1,345
Farnley Scout Hut Renovations	24th South West Leeds (Farnley) Scout Group	£28,800
Health & Wellbeing		
Connect Supper / Stanningley Food bank	The Oak Church	£4,500
New Artificial Cricket Practice Area	Rodley Cricket Club	£2,500



Report of:	Paul Bollom (Interim Chief Officer, Leeds Health Partnerships)
Report to:	Outer West Community Committee
Report author:	Manraj Singh Khela (Programme Manager, Leeds Health Partnerships Team)
Date:	01 March 2017
Title:	Overview on the Development of the Leeds Plan and West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)

Summary of main issues

In October 2014, the NHS published the Five Year Forward View, a wide-ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On December 22nd, NHS England (NHSE) published 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' which described the requirement for identified planning 'footprints' to produce a Sustainability and Transformation Plan (STP) as well as linking into appropriate regional footprint STPs (at a West Yorkshire level).

The planning guidance asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View. STPs are 'place-based', multi-year plans built around the needs of local populations and should set out a genuine and sustainable transformation in service user experience and health outcomes over the longer-term.

Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust, has been appointed by NHSE as the lead for the West Yorkshire STP, with Tom Riordan, Chief Executive of Leeds City Council, as the Senior Responsible Officer for the Leeds Plan.

NHSE requested that regional STP footprints deliver their initial STPs at the end of June 2016. An initial STP for West Yorkshire was duly submitted. However, NHSE has recognised that further work is required for all STPs and that the development phase of STPs will take much longer to ensure that appropriate consultation and engagement can take place which allows citizens and staff to properly shape services, develop solutions and inform plans.

This paper provides an overview of the STP development in Leeds and at a West Yorkshire level so far, and highlights some of the areas of opportunity.

The paper also makes reference to the Local Digital Roadmaps (LDR) which, alongside the development of the STPs, are a national requirement. The LDR is a key priority within the NHS Five Year Forward View and an initial submission for Leeds was provided to NHSE at the end of June. This outlines how, as a city, we plan to achieve the ambition of being “paper-free at the point of care” by 2020 and demonstrates how digital technology will underpin the ambitions and plans for transformation and sustainability.

Recommendations

Outer West Community Committee is asked to:

1. Note the key areas of focus for the Leeds Plan described in this report and how they will contribute to the delivery of the Leeds Health and Wellbeing Strategy;
2. Identify needs and opportunities within their area that will inform and shape the development of the Leeds Plan;
3. Recommend the most effective ways/opportunities the Leeds Plan development and delivery team can engage with citizens, groups and other stakeholders within their area to shape and support delivery of the Leeds Plan.

1 Purpose of this report

- 1.1 The purpose of this paper is to provide Outer West Community Committee with an overview of the emerging Leeds Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plans (STPs).
- 1.2 It sets out the background, context and the relationship between the Leeds and West Yorkshire plans. It also highlights some of the key areas that will be addressed within the Leeds Plan which will add further detail to the strategic priorities set out in the recently refreshed Leeds Health and Wellbeing Strategy 2016 – 2021.

2 Background information

Leeds picture

- 2.1 Leeds has an ambition to be the Best City in the UK by 2030. A key part of this is being the Best City for Health and Wellbeing and Leeds has the people, partnerships and place-based values to succeed. The vision of the Leeds Health and Wellbeing Strategy is: ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest’. A strong economy is also key: Leeds will be the place of choice in the UK to live, for people to study, for businesses to invest in, for people to come and work in and the regional hub for specialist health care. Services will provide a minimum universal offer but will tailor specific offers to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory.
- 2.2 Since the first Leeds Health and Wellbeing Strategy in 2013, there have been many positive changes in Leeds and the health and wellbeing of local people continues to improve. Health and care partners have been working collectively

towards an integrated system that seeks to wrap care and support around the needs of the individual, their family and carers, and helps to deliver the Leeds vision for health and wellbeing. Leeds has seen a reduction in infant mortality as a result of a more preventative approach; it has been recognised for improvements in services for children; it became the first major city to successfully roll out an integrated, electronic patient care record, and early deaths from avoidable causes have decreased at the fastest rate in the most deprived wards.

- 2.3 These are achievements of which to be proud, but they are only the start. The health and care system in Leeds continues to face significant challenges: the ongoing impact of the global recession and national austerity measures, together with significant increases in demand for services brought about by both an ageing population and the increased longevity of people living with one or more long term conditions. Leeds also has a key strategic role to play at West Yorkshire level, with the sustainability of the local system intrinsically linked to the sustainability of other areas in the region.
- 2.4 Leeds needs to do more to change conversations across the city and to develop the necessary infrastructure and workforce to respond to the challenges ahead. As a city, we will only meet the needs of individuals and communities if health and care workers and their organisations work together in partnership. The needs of patients and citizens are changing; the way in which people want to receive care is changing, and people expect more flexible approaches which fit in with their lives and families.
- 2.5 Further, Leeds will continue to change the way it works, becoming more enterprising, bringing in new service delivery models and working more closely with partners, public and the workforce locally and across the region to deliver shared priorities. However, this will not be enough to address the sustainability challenge. Future years are likely to see a reduction in provision with regard to services which provide fewer outcomes for local people and offer less value for the 'Leeds £'.
- 2.6 Much will depend on changing the relationship between the public, workforce and services. There is a need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help to prioritise resources to support those most at need. The views of people in Leeds are continuously sought through public consultation and engagement, and prioritisation of essential services will continue, especially those that support vulnerable adults, children and young people.

National picture

- 2.7 In October 2014, the NHS published the Five Year Forward View, a wide-ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On December 22nd, NHS England (NHSE) published the 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21', which is accessible at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

- 2.8 The planning guidance asked every health and care system to come together to create their own ambitious local blueprint – Sustainability and Transformation Plan (STP) - for accelerating implementation of the Five Year Forward View and for addressing the challenges within their areas. STPs are place-based, multi-year plans built around the needs of local populations ('footprints') and should set out a genuine and sustainable transformation in service user experience and health outcomes over the longer term. The key points in the guidance were:
- The requirement for 'footprints' to develop a STP;
 - A strong emphasis on system leadership;
 - The need to have 'placed based' (as opposed to organisation-based) planning;
 - STPs must cover all areas of Clinical Commissioning Group (CCG) and NHS England commissioned activity;
 - STPs must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies;
 - The need to have an open, engaging and iterative process clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards;
 - That STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.
- 2.9 The national guidance is largely structured around asking areas to identify what action will take place to address the following three questions:
- *How will you close your health and wellbeing gap?*
 - *How will you drive transformation to close your care and quality gap?*
 - *How will you close your finance and efficiency gap?*
- 2.10 NHSE recognises 44 regional 'footprints' in England. This includes West Yorkshire. The West Yorkshire footprint in turn comprises 6 'local footprints', including Leeds (the others being Bradford and Craven, Calderdale, Kirklees, Harrogate & Rural District and Wakefield). There is an expectation that the regional STPs will focus on those services which will benefit from planning and delivery on a regional scale while local STPs (Leeds Plan) will focus on transformative change and sustainability in their respective local geographies. Local STPs will also need to underpin the regional STP and be synchronised and coordinated with it.
- 2.11 The following describes the emerging West Yorkshire STP as well as the Leeds Plan which will allow Leeds to be the best city for health and wellbeing and help

deliver significant parts of the new Leeds Health and Wellbeing Strategy. Both Plans should be viewed as evolving plans which be significantly developed through 2017.

2.12 Key milestones

- December 2015 – planning guidance published
- 15th April 2016 - Short return to NHSE, including priorities, gap analysis and governance arrangements
- May-June 2016 - Development of initial STPs
- End June 2016 - Each regional footprint (including West Yorkshire) submitted its emerging STP for a checkpoint review
- July -October 2016 - further development of the STPs, at both Leeds and West Yorkshire levels
- 21st October 2016 - further submission to NHSE of developing regional STPs
- November 2016 to August 2017 - Further development of STPs through active engagement, consultation and conversations with citizens, service users, carers, staff and elected members

3 Main issues

‘Geography’ of the STP

- 3.1 NHSE has developed the concept of a ‘footprint’ which is a geographic area that the STP will cover and have identified 44 ‘footprints’ nationally.
- 3.2 Leeds, as have other areas within West Yorkshire, made representation regionally and nationally that each area within West Yorkshire should be recognised as its own footprint. However, since April 2016, it was clear that STP submissions to NHS England will be made only at the regional level ie, for us, a West Yorkshire STP which is supported by 6 “local” STPs, including the Leeds Plan.
- 3.3 The emerging plans for Leeds and West Yorkshire are therefore multi-tiered. The primary focus for Leeds is a plan covering the Leeds city footprint which focuses on citywide change and delivery. It sits under the refreshed Leeds Health and Wellbeing Strategy and encompasses all key health and care organisations in the city. When developing the Leeds Plan, consideration is being given to appropriate links / impacts at a West Yorkshire level.

Approach to developing the West Yorkshire STP

- 3.4 Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust, has been appointed by NHSE as the lead for the West Yorkshire STP and the Healthy Futures Programme Management Office (hosted by Wakefield CCG) is providing support to the development of the West Yorkshire STP.

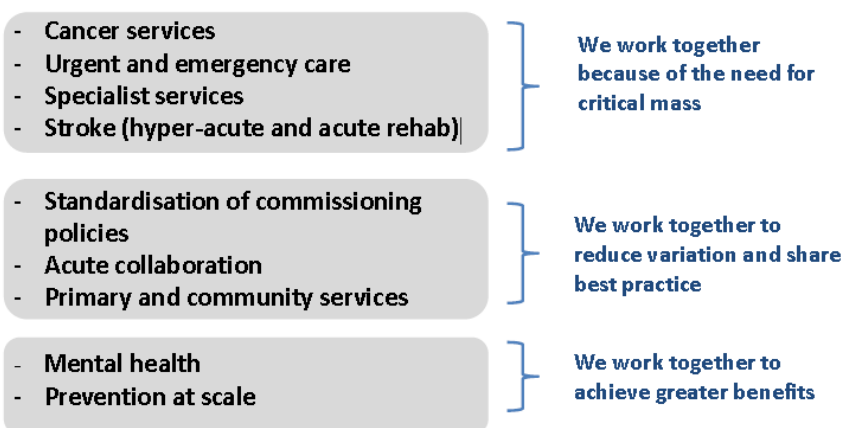
3.5 West Yorkshire Collaboration of Chief Executives meeting held on 8th April agreed that 'primacy' should be retained at a local level and any further West Yorkshire priorities will be determined by collective leadership using the following criteria:

- *Does the need require a critical mass beyond a local level to deliver the best outcomes?*
- *Do we need to share best practice across the region to achieve the best outcomes?*
- *Will working at a West Yorkshire level give us more leverage to achieve the best outcomes?*

3.6 The following guiding principles underpin the West Yorkshire approach to working together:

- *We will be ambitious for the populations we serve and the staff we employ*
- *The West Yorkshire STP belongs to commissioners, providers, local government and NHS*
- *We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict*
- *We will undertake shared analysis of problems and issues as the basis of taking action*
- *We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.*

3.7 Priority areas currently being considered at a West Yorkshire STP level include:



3.8 These areas will be supported by enabling workstreams covering: digital, workforce, leadership and organisational development, communications & engagement and finance & business intelligence.

3.9 Leeds is well represented within the development of the West Yorkshire STP with Nigel Gray (Chief Executive, Leeds North CCG) leading on Urgent and Emergency Care, Phil Corrigan (Chief Executive, Leeds West CCG) leading on

Specialising Commissioning, Dr Ian Cameron (Director of Public Health, Leeds City Council) leading Prevention at Scale, Jason Broch (Chair of Leeds North CCG) leading on Digital, and Dr Andy Harris (Clinical Chief Officer Leeds South and East CCG) leading on Finance and Business Intelligence. In addition, Julian Hartley (Chief Executive, Leeds Teaching Hospitals NHS Trust) is chair of the West Yorkshire Association of Acute Trusts (WYAAT) and Thea Stein (Chief Executive of Leeds Community Healthcare NHS Trust) is the co-chair of a new West Yorkshire Primary Care and Community Steering Group.

- 3.10 A series of workshops have been arranged focusing on the different priority areas for West Yorkshire with representatives from across the CCGs, NHS providers and local authorities in attendance.
- 3.11 It is important to recognise that at the time of writing this paper the West Yorkshire STP is still in its development stage and the links between this and the six local STPs are still being worked through. The emerging West Yorkshire STP can be read at this link:

<http://www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/>

- 3.12 Leeds is also taking a lead role in bringing together Chairs of the Health and Wellbeing Boards across West Yorkshire to provide strategic leadership to partnership working around health and wellbeing and the STPs across the region.

Approach taken in Leeds

- 3.13 The refreshed Joint Strategic Needs Assessment (JSNA), the development of our second Leeds Health and Wellbeing Strategy and discussions / workshops at the Health and Wellbeing Boards in January, March, April, June, July and September 2016 have been used to help identify the challenges and gaps that Leeds needs to address and the priorities within our Leeds Plan. The Health and Wellbeing Board has also provided strategic steer to the shaping of solutions to address these challenges.
- 3.14 Any plans described within the final Leeds Plan will directly link back to the refreshed Leeds Health and Wellbeing Strategy under the strategic leadership of the Health and Wellbeing Board.
- 3.15 The Leeds Health and Care Partnership Executive Group (PEG) has been meeting monthly to provide oversight of the development of the Leeds Plan. This group, chaired by the Chief Executive of Leeds City Council, comprises of the Chief Executives / Accountable Officers of the statutory providers and commissioners, the Director of Adult Social Care, the Director of Children's Services and the Director of Public Health, Chair of the Leeds Clinical Senate, and Chair of the Leeds GP Provider Forum.
- 3.16 A joint team with representatives from across the statutory partners is driving the development of the Leeds Plan while ensuring appropriate linkages with the West Yorkshire STP. This team is being led by the Chief Operating Officer, Leeds South and East CCG. It comprises:

- A Central Team, providing oversight, programme management, coordination, financial and other impact analysis functions;
- Senior Managers and Directors across key elements of health and social care, who are responsible for identifying the major services changes we need to address the gaps;
- Experts from the “enabling” parts of the system such as informatics, workforce and estates, who need to address the implications of, and opportunities arising from, the proposed service changes;
- Individual members of the PEG, who act as Senior Responsible Owners and champion specific aspects of the Plan;
- A City-wide Planning Group now renamed the Leeds Plan Delivery Group, with representation from across the city, which provides assurance to the PEG on Leeds Plan development.

3.17 The development of the Leeds Plan has initially identified 5 primary ‘Elements’. These are the areas of health and care services where we expect most transformational change to occur:

- Rebalancing the conversation - Working with staff, service users and the public (sometime referred to as ‘the social contract’)
- Prevention
- Self-Management, Proactive & Planned Care
- Rapid Response in Time of Crisis
- Optimising the use of Secondary Care Resources & Facilities
- Education, Innovation and Research.

3.18 These are supported by the ‘enabling aspects’ of services / systems – where change will actually be driven from:

- Workforce
- Digital
- Estates and Procurement
- Communications & Engagement
- Finance & Business Intelligence.

3.19 Over 40 leads (at mainly Senior Manager and Director-level) from across the partnership have been assigned to one or more of the Elements / Enablers to work together to develop the detail. A flexible, responsive and iterative process to

developing the Leeds Plan has been deployed, focussing on the gaps, the solutions to address the gaps, and impact / dependencies across the other areas.

- 3.20 Sessions have taken place are being arranged with 3rd sector and patient and service user groups to raise awareness of the challenges and opportunities and to help inform and design solutions and shape the Leeds Plan.
- 3.21 Workshops have taken place with Senior Managers / Directors from across all partners and the 3rd sector to understand what key solutions and plans are being developed across the Elements and Enablers, to develop a 'golden thread' or narrative that describes all of the proposed changes in terms of a whole system, and to provide constructive input into the solutions.

Local Digital Roadmaps

- 3.22 Alongside the development of the Leeds Plan, there has also been a national requirement to develop and submit a Local Digital Roadmap (LDR). The LDR is a key priority within the NHS Five Year Forward View and an initial submission was made to NHSE at the end of June, after working with the Leeds Informatics Board and other stakeholders. The LDR describes a 5-year digital vision, a 3-year journey towards becoming paper-free-at-the-point-of-care and 2-year plans for progressing a number of predefined 'universal capabilities'. Within this, it demonstrates how digital technology will underpin the ambitions and plans for service transformation and sustainability.
- 3.23 LDRs are required to identify how local health and care systems will deploy and optimise digitally enabled capabilities to improve and transform practice, workflows and pathways across the local health and care system. Critically, they will be a gateway to funding for the city but they are not intended to be a replacement for individual organisations' information strategies. Over the next 5 years, funding of £1.3bn is to be distributed across local health and social care systems to achieve the paper-free ambition.
- 3.24 The priority informatics opportunities identified in the LDR are:
- To use technology to support people to maintain their own health and wellbeing;
 - To ensure a robust IT infrastructure provision that supports responsive and resilient 24/7 working across all health and care partners;
 - To provide workflow and decision support technology across General Practice, Neighbourhood Teams, Hospitals and Social Care;
 - To ensure a change management approach that embeds the use of any new technology into everyday working practices.
- 3.25 It is recognised that resources, both financial and people (capacity and capability), are essential to delivering this roadmap. A city-first approach is critical and seeks to eradicate the multiple and diverse initiatives which come from different parts of the health and care system, which use up resources in an unplanned way and often confuse. The LDR will also ensure that digital programmes and projects are

aligned fully to agreed whole-system outcomes described in the Leeds Health and Wellbeing Strategy and the Leeds Plan.

Key aspects of the emerging Leeds Plan

- 3.26 The Leeds Health and Wellbeing Board has provided a strong steer to the shaping of the Leeds Plan through discussions at formal Board meetings on 12 January 2016, 21 April 2016 and 06 September 2016 and two STP related workshops held on 21 June 2016 and 28 July 2016. The Board has reinforced the commitment to the Leeds footprint. The Board also supports taking our 'asset-based' approach to the next level. This is enshrined in a set of values and principles and a way of thinking about our city, which identifies and makes visible the health and care-enhancing assets in a community. It sees citizens and communities as the co-producers of health and wellbeing rather than the passive recipients of services. It promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment. It values what works well in an area and identifies what has the potential to improve health and well-being. It supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources. It empowers communities to control their futures and create tangible resources such as services, funds and buildings.
- 3.27 The members of the Board have also placed the challenge that as a system we need to think and act differently in order to meet the challenges and ensure that "Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest".

Challenges faced by Leeds

- 3.28 The city faces many significant health and social care challenges commensurate with its size, diversity, urban density and history. We continue to face significant health inequalities between different groups. Over the next 25 years the number of people who live in Leeds is predicted to grow by over 15 per cent. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030.
- 3.29 We have identified several specific areas where, if we focused our collective efforts, we predict will have the biggest impact in addressing the health and wellbeing gap, care quality gap and finance & efficiency gap.
- 3.30 The Health and Wellbeing Board has considered these gaps and what could be done to address them, as set out below.

Health and Wellbeing Gaps	Care and Quality Gaps
<p>Life expectancy for men and women remains significantly worse in Leeds than the national average. The gaps that we need to address are:</p> <p>HW1 - Cardiovascular disease (CVD) mortality is significantly worse than for England</p> <p>HW2 - Cancer mortality is significantly worse than the rest of Yorkshire and the Humber</p> <p>HW3 - Deaths from cancer are the single largest cause of avoidable PYLL in the city, accounting for 36.3% of all avoidable PYLL</p> <p>HW4 - PYLL from cancer is twice the level in the deprived Leeds quintile than in Leeds non-deprived</p> <p>HW5 - Suicides have increased</p>	<p>The following NHS Constitutional KPIs have been identified as the areas to focus on to reduce the care and quality gap:</p> <p>CQ1 - Mental Health (including IAPT)</p> <p>CQ2 - Patient Satisfaction</p> <p>CQ3 - Quality of Life</p> <p>CQ4 - A&E and Ambulance Response Times</p> <p>CQ5 - Delayed Transfers of Care (DTC)</p> <p>CQ6 - Hospital admission rates</p> <p>CQ7 - Capacity gap created by difficulties in recruiting and retaining staff, coupled with a rising demand</p> <p>CQ8 - Difficulties in providing greater access to services in and out of hours</p>
Finance and Efficiency Gaps	
<p>The financial gap facing the city under our 'do nothing' scenario is £723 million. It reflects the forecast level of pressures facing the 4 statutory delivery organisations in the city and assumes that our 3 CCGs continue to support financial pressures in other parts of their portfolio whilst meeting NHS business rules.</p>	

Health and wellbeing gap

- 3.31 It is recognised that, despite best efforts, health improvement is not progressing fast enough and health inequalities are not currently narrowing. Life expectancy for men and women remains significantly worse in Leeds than the national average (life expectancy by Community Committee area between 2012 and 2014 is included at table 1). The gap between Leeds and England has narrowed for men, whilst the gap between Leeds and England has worsened for women.

	Life Expectancy at Birth - Female	Life Expectancy at Birth - Male	Life Expectancy at Birth - Persons
Inner East	80.2	76.2	78.1
Outer East	83	79.6	81.3
Inner North East	82.5	79.3	80.9
Outer North East	87	83.5	85.4
Inner South	80.3	75.5	77.8
Outer South	83.3	80.5	82
Inner West	81.4	76.7	79
Outer West	82.7	78.8	80.8
Inner North	80.9	79.5	80.3
Outer North	85.1	81.2	83.2
All Leeds	82.8	79.2	81

Table 1

- 3.32 Cardiovascular disease mortality is significantly worse than for England. However, the gap has narrowed. Cancer mortality is significantly worse than the rest of Yorkshire and the Humber (YH) and England with no narrowing of the gap. There is a statistically significant difference for women whose mortality rates are higher in Leeds than the YH average. The all-ages-all-cancers trend for 1995-2013 is

improving but appears to be falling more slowly than both the YH rate and the England rate, which is of concern.

- 3.33 Avoidable Potential Years of Life Lost (PYLL) from Cancer for those under 75 years of age is a new measure which takes into account the age of death as well as the cause of death. Deaths from cancer are the single largest cause of avoidable PYLL in the city, accounting for 36.3% of all avoidable PYLL. PYLL from cancer is twice the level in the deprived Leeds quintile than in Leeds non-deprived.
- 3.34 Infant mortality has significantly reduced from being higher than the England rate to now being below it.
- 3.35 Suicides have increased, after a decline, and are now above the England rate. Looking at the geographical distribution of suicides (2016 Leeds Suicide Audit), a pattern has emerged that appears to correlate areas of high deprivation to areas with a high number of suicides. It was found that 55% of the audit population lived in the most deprived 40% of the city. This shows a clear relationship between deprivation and suicide risk within the Leeds population. The area with the highest number of suicides is slightly to the west and south of the city centre. These areas make a band across LS13, LS12, LS11, LS10 and LS9 (i.e. Inner West, Inner South and Inner East)
- 3.36 Within Leeds, for the big killers there has been a significant narrowing in the gap for deprived communities for cardiovascular disease, a narrowing of the gap for respiratory disease but no change for cancer mortality. There are 2,200 deaths per year <75 years. Of these 1,520 are avoidable (preventable and amendable) and, of these, 1,100 are in non-deprived parts of Leeds and 420 in deprived parts of Leeds (the cancer rate per 100,000 of the population for 2010 - 2014 is shown by Community Committee area at table 2).

For further information on Outer West Community Committee, please see Appendix 1.

Column1	Under 75s Cancer Mortality - Female	Under 75s Cancer Mortality - Male	Under 75s Cancer Mortality - Persons
Inner East	177.7	236.3	206.5
Outer East	134.9	165.9	149.5
Inner North East	114.6	146.9	129.7
Outer North East	106.2	131	118
Inner South	179.3	208.9	193.9
Outer South	127.6	160.8	143.5
Inner West	152.8	228.9	190
Outer West	146.8	161.1	153.3
Inner North West	167.7	133.6	149.3
Outer North West	116.3	153.6	133.9
All Leeds	128.7	156.9	142.4

Table 2

- 3.37 The following are opportunities where action to address the gap might be identified:
- Scaling up – Scaling up of targeted prevention to those at high risk of Cardiovascular disease, diabetes, smoking related respiratory disease and falls. In

addition, scaling up of children and young people initiatives already in existence, such as Best Start and childhood obesity / healthy weight programmes.

- Look at options to move to a community-based approach to health beyond personal / self-care. Scale up the Leeds Integrated Healthy Living Service; aligning partner Commissioning and provision, inspiring communities and partners to work differently – including physical activity/active travel, digital, business sector, developing capacity and capability.
- Increased focus on prevention - for short term and longer term benefits.

Care and quality gap

3.38 The following gaps have been identified:

- There are a number of aspects to the Care and Quality gap. In terms of our NHS Constitutional Key Performance Indicators (KPIs) the areas where significant gaps have been identified include: Mental Health (including Improving Access to Psychological Therapies), Patient Satisfaction, Quality of Life, Urgent Care Standards, Ambulance Response Times and Delayed Transfers of Care (DTOC).
- Whilst performance on the Urgent Care Standard is below the required level, performance in Leeds is better than most parts of the country. There is a need to ensure that a greater level of regional data is used to reflect the places where Leeds residents receive care.
- There are 4 significant challenges facing General Practice across the city: the need to align and integrate working practices with our 13 Neighbourhood Teams; the need to provide patients with greater access to their services (this applies to both extended hours during the 'working week', and also at weekends); the severe difficulties they are experiencing in recruiting and retaining GPs and practice nurses; and the significant quality differential between the best and worst primary care estate across the city.
- There is a need to ensure that there is a wider context of Primary Care, outside of general practices that must be considered.

3.39 The following are opportunities where action to address the gap might be identified:

- More self-management of health and wellbeing.
- Development of a workforce strategy for the city which considers: increasing the 'transferability' of staff between the partner organisations; widespread up-skilling of staff to embed an asset-based approach to the relationship between professionals and service users; attracting, recruiting and retaining staff to address key shortages (nurses and GPs); improved integration and multi-skilling of the unregistered workforce and opportunities around apprenticeships; workforce planning and expanding the content and use of the citywide Health and Care workforce database.

- Partnerships with university and business sectors to create an environment for solutions to be created and implemented through collaboration across education, innovation and research.
- Maternity services - Key areas requiring development include the increased personalisation of the maternity offer, better continuity of care, increased integration of maternity care with other services within communities, and the further development of choice.
- Children's services - In a similar way, for children's services the key area requiring development is that of emotional and mental health support to children and younger people. Key components being the creation of a single point of access; a community based eating disorder service; and primary prevention in children's centres and schools both through the curriculum and anti-stigma campaigns.

Finance and efficiency gap

3.40 The following gaps have been identified:

- The projected collective financial gap facing the Leeds health and care system (if we did nothing about it) is £723 million by 2021. It reflects the forecast level of pressures facing the four statutory delivery organisations (Leeds City Council, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust) in the city and assumes that our three CCGs continue to support financial pressures in other parts of their portfolio whilst meeting NHS business rules. This is driven by inflation, volume demand, lost funding and other local cost pressures.

3.41 The following opportunities were discussed as some of the areas where action to address the gap might be identified:

- Citywide savings will need to be delivered through more effective collaboration on infrastructure and support services. To explore opportunities to turn the 'demand curve' on clinical and care pathways through: investment in prevention activities; focusing on the activities that provide the biggest return and in the parts of the city that will have the greatest impact; maximising the use of community assets; removing duplication and waste in cross-organisation pathways; ensuring that the skill-mix of staff appropriately and efficiently matches need across the whole health and care workforce e.g. nursing across secondary care and social care as well as primary care; and by identifying services which provide fewer outcomes for local people and offer less value to the 'Leeds £'.
- Capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and build on being the centre for specialist care for the region.

Emerging Leeds Plan – supporting the Leeds Health and Wellbeing Strategy

3.42 The Leeds Plan will have specific themes which will look at what action the health and care system needs to take to help fulfil the priorities identified within the Leeds Health and Wellbeing Strategy. Currently these emerging themes include:

- **Rebalancing the conversation - Working with staff, service users and the public** - which supports the ethos of the Leeds Health and Wellbeing Strategy and sees citizens and communities as the co-producers of health and wellbeing rather than the passive recipients of services. It also emphasises individuals' health and wellbeing through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources. This will also support Leeds Health and Wellbeing Strategy Priority 3 – 'Strong, engaged and well connected communities' and Priority 9 'Support self-care, with more people managing their own conditions' - using and building on the assets in communities. We must focus on supporting people to maintain independence and wellbeing within local communities for as long as possible. People need to be more involved in decision making and their own care planning by setting goals, monitoring symptoms and solving problems. To do this, care must be person-centred, coordinated around all of an individual's needs through networks of care rather than single organisations treating single conditions.
- **Prevention, Proactive Care, Self-management and Rapid Response in Time of Crisis** – which directly relates to the Priority 8 - 'A stronger focus on prevention' - the role that people play in delivering the necessary focus on prevention and what action the system needs to take to improve prevention, and Leeds Health and Wellbeing Strategy Priority 12 'The best care, in the right place, at the right time'. Services closer to home will be provided by integrated multidisciplinary teams working proactively to reduce unplanned care and avoidable hospital admissions. They will improve coordination for getting people back home after a hospital stay. These teams will be rooted in neighbourhoods and communities, with co-ordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.
- **Optimising the use of Secondary Care Resources & Facilities** – which also contributes to Leeds Health and Wellbeing Strategy Priority 12 'The best care, in the right place, at the right time'. This is ensuring that we have streamlined processes and only admitting those people who need to be admitted. As described above this needs population-based, integrated models of care, sensitive to the needs of local communities. This must be supported by better integration between physical and mental health and care provided in and out of hospital. Where a citizen has to use secondary care we will be putting ourselves in the shoes of the citizen and asking if the STP answers, 'Can I get effective testing and treatment as efficiently as possible?'

- **Innovation, Education, Research** - which relates to Leeds Health and Wellbeing Strategy Priority 7 – ‘Maximise the benefits from information and technology’ – how technology can give people more control of their health and care and enable more coordinated working between organisations. We want to make better use of technological innovations in patient care, particularly for long term conditions management. This will support people to more effectively manage their own conditions in ways which suit them. Leeds Health and Wellbeing Strategy Priority 11 – ‘A valued, well-trained and supported workforce’, and priority 5 – ‘A strong economy with quality local jobs’ – through things such as the development of a the Leeds Academic Health Partnership and the Leeds Health and Care Skills Academy and better workforce planning ensuring the workforce is the right size and has the right knowledge and skills needed to meet the future demographic challenges.
- Mental health and physical health will be considered in all aspects of the STP within the Leeds Plan but also there will be specific focus on Mental Health within the West Yorkshire STP, directly relating to Leeds Health and Wellbeing Strategy Priority 10 – ‘Promote mental and physical health equally’.

3.43 When developing the Leeds Plan, the citizen is at the forefront and the following questions identified in the Leeds Health and Wellbeing Strategy are continually asked:

- *Can I get the right care quickly at times of crisis or emergency?*
- *Can I live well in my community because the people and places close by enable me to?*
- *Can I get effective testing and treatment as efficiently as possible?*

4 Corporate considerations

4.1 Consultation and engagement

- 4.1.11 The purpose of this report is to share information about the progress of development of the Leeds Plan. A primary guiding source for the Leeds Plan has been the Leeds Health and Wellbeing Strategy 2016-2021 which was been widely engaged on through its development.
- 4.1.12 The Leeds Plan will include a clear roadmap for delivery of the service changes over the next 4-5 years. This will also identify how and when engagement, consultation and co-production activities will take place with the public, service users and staff.
- 4.1.13 In relation to the West Yorkshire STP, this engagement is being planned and managed through the West Yorkshire Healthy Futures Programme Management Office.

4.2 Equality and diversity / cohesion and integration

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

4.3 Council policies and best council plan

- 4.3.2 The refreshed Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy have been used to inform the development of the Leeds Plan. Section 3.42 of this paper outlines how the emerging Leeds Plan will deliver significant part of the Leeds Health and Wellbeing Strategy.
- 4.3.3 The Leeds Plan will directly contribute towards the achieving the breakthrough projects: Early intervention and reducing health inequalities and 'Making Leeds the best place to grow old in'.
- 4.3.4 The Leeds Plan will also contribute to achieving the following Best Council Plan Priorities: Supporting children to have the best start in life; preventing people dying early; promoting physical activity; building capacity for individuals to withstand or recover from illness; and supporting healthy ageing.

4.4 Resources and value for money

- 4.4.1 The Leeds Plan will have to describe the financial and sustainability gap in Leeds, the plan Leeds will be undertaking to address this and demonstrate that the proposed changes will ensure that we are operating within our likely resources. In order to make these changes, we will require national support in terms of local flexibility around the setting of targets, financial flows and non-recurrent investment.
- 4.4.2 As part of the development of the West Yorkshire STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered and analysis is currently underway to delineate this.
- 4.4.3 It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and to grow our offer for specialist care for the region.

4.5 Risk management

- 4.5.1 Failure to have robust plans in place to address the gaps identified as part of the plan development will impact the sustainability of the health and care in the city.
- 4.5.2 Two key overarching risks present themselves, given the scale and proximity of the challenge and the size and complexity of both the West Yorkshire footprint and Leeds itself:
- Potential unintended and negative consequences of any proposals as a result of the complex nature of the local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.

- Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.
- 4.5.3 The challenge also remains to develop a cohesive narrative between technology plans and how they support the plans for the city. Leeds already has a defined blueprint for informatics, strong cross organisational leadership and capability working together with the leads of each STP area to ensure a quality LDR is developed and implemented.
- 4.5.4 Whilst the Leeds the health and care partnership has undertaken a review of non-statutory governance to ensure it is efficient and effective, the bigger West Yorkshire footprint upon which we have been asked to develop an STP will present much more of a challenge.
- 4.5.5 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on the developing a robust STP and Leeds Plan and then delivering the plans within an effective governance framework.

5 Conclusions

- 5.1 As statutory organisations across the city working with our thriving volunteer and third sectors and academic partners, we have come together to develop, for the first time, a system-wide plan for a sustainable, high-quality health and social care system. We want to ensure that services in Leeds can continue to provide high-quality support that meets, or exceeds, the expectations of adults, children and young people across the city: the patients and carers of today and tomorrow.
- 5.2 Our Leeds Plan will be built on taking our asset-based approach to the next level to help deliver the health and care aspects of the Leeds Health and Wellbeing Strategy. This is enshrined in a set of values and principles and a way of thinking about our city, which:
- Identifies and makes visible the health and care-enhancing assets in a community;
 - Sees citizens and communities as the co-producers of health and wellbeing rather than the passive recipients of services;
 - Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment;
 - Values what works well in an area;
 - Identifies what has the potential to improve health and wellbeing the fastest;
 - Supports individuals' health and wellbeing through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources;

- Empowers communities to control their futures and create tangible resources such as services, funds and buildings;
- Values and empowers the workforce and involves them in the co-production of any changes.

5.3 The following table summarises, at a high-level, the key changes that we expect to take place over the next five-plus years and which will provide the greatest leverage.

Key solutions to address our gaps and create a sustainable health and care for the future...		
Changing the conversation and working with the public, service users and our workforce	Investing more in prevention , targeting in those areas that will reap the greatest impact.	
Increasing and integrating our community offer for out of hospital health and social care, providing proactive care and rapid response in a time of crisis.	Capitalising on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire	
Supported by...		
Working with people at every stage of change through clear comms and engagement	Having a national pioneering integrated digital infrastructure being used by a digital literate workforce	Creating an environment for solutions to be produced, economic investment through collaboration and partnerships
Using existing estate more effectively ensuring that they are fit for the purpose and disposing of surplus estate	Reviewing our procurement practices and top 100 supplier/organisation spends to ensure that we are getting best value in spending our Leeds £ and economies of scale	Creating ‘one’ workforce supported by leading education, training and technology

5.4 Our plan is based on the following imperatives:

- the four statutory delivery organisations will be efficient and effective within their own 'boundaries' by reducing waste and duplication generally
- all partners will collaborate more effectively on infrastructure and support services
- we will turn the 'demand curve' through:
 - investment in prevention activities, focusing on those that provide the biggest return and in the parts of the city that will have greatest impact
 - re-balancing the social contract between our citizens and the statutory bodies, transferring some activities currently undertaken by employees in the statutory sector to individuals, and maximising the use of community assets
 - reducing waste and duplication in cross-organisational pathways;
 - ensuring that the skill-mix of staff appropriately and efficiently matches need - movement from specialist to generalist, from qualified professional to assistant practitioner, and from assistant practitioner to care support worker

5.5 There is significant work still to do to develop the Leeds Plan to the required level of detail. Colleagues from across the health and social care system will need to

commit substantial resource to its development and to ensure that citizens are appropriately engaged and consulted with. Additionally, senior leaders from Leeds will continue to take a prominent role in shaping the West Yorkshire STP.

- 5.6 It is important to recognise that the West Yorkshire STP is still in its development and the links between this and the six local Plans are still being developed. Getting the right read-across between plans to ensure a coherent and robust STP at regional level which meets the requirements of national transformation funding needs to be an ongoing process and Leeds will need to be mindful of this whilst developing local action.
- 5.7 Over the coming months, Leeds will continue to prioritise local ambitions and outcomes through the development of its primary Leeds Plan as a vehicle for delivering aspects of the Leeds Health and Wellbeing Strategy.

6 Recommendations

Outer West Community Committee is asked to:

- 6.1 Note the key areas of focus for the Leeds Plan described in this report and how they will contribute to the delivery of the Leeds Health and Wellbeing Strategy;
- 6.2 Identify needs and opportunities within their area that will inform and shape the development of the Leeds Plan;
- 6.3 Recommend the most effective ways/opportunities the Leeds Plan development and delivery team can engage with citizens, groups and other stakeholders within their area to shape and support delivery of the Leeds Plan.

7 Background information

- 7.1 West Yorkshire and Harrogate emerging STP:
(<http://www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/>)

Area overview profile for Outer West Community Committee

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

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

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

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	9,052	80%	67%
Pakistani	526	5%	6%
Indian	355	3%	2%
Any other white background	294	3%	4%
Any other mixed background	154	1%	2%

(January 2016, top 5 in Community committee, corresponding Leeds value)

Pupil language, top 5	Area	% Area	% Leeds
English	9,958	90%	81%
Panjabi	197	2%	1%
Urdu	183	2%	3%
Other than English	144	1%	1%
Polish	115	1%	1%

(January 2016, top 5 in Community committee, corresponding Leeds value)

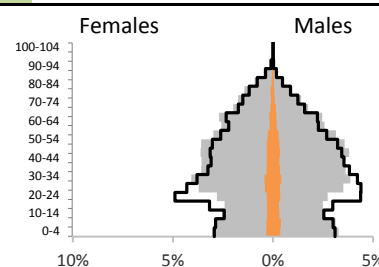
Population: 64,368

32,693

31,675

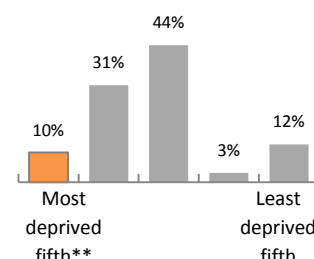
Comparison of Community Committee and Leeds age structures in October 2015.

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



Deprivation distribution

Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), October 2015.

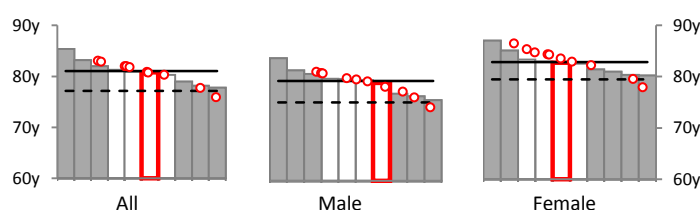


GP recorded ethnicity, top 5	% Area	% Leeds
White British	89%	71%
Other White Background	5%	10%
Indian or British Indian	1%	3%
Black African	1%	3%
Pakistani or British Pakistani	1%	3%

(October 2015, top 5 in Community committee, corresponding Leeds values)

Life expectancy at birth, 2012-14 ranked Community Committees

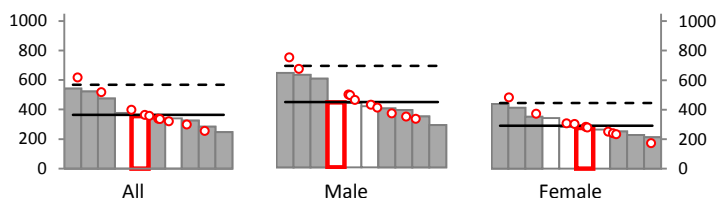
ONS and GP registered populations



(years)	All	Males	Females
Outer West CC	80.8	78.8	82.7
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

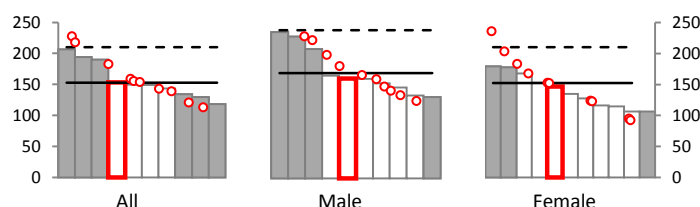
Slope index of inequality (see commentary) = 5.1

All cause mortality - under 75s, 2010-14 ranked. Directly age Standardised Rates (DSRs)



(DSR per 100,000)	All	Males	Females
Outer West CC	356	441	276
Highest MSOAs in area	616	741	481
Lowest MSOAs in area	252	327	171
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

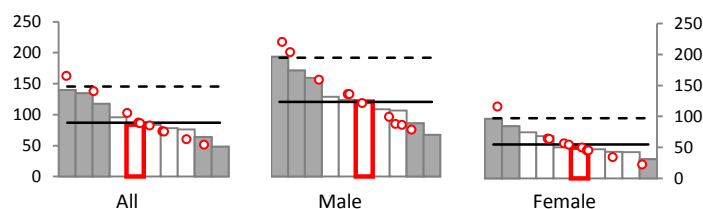


(DSR per 100,000)	All	Males	Females
Outer West CC	153	161	147
Highest MSOAs in area	228	229	236
Lowest MSOAs in area	113	125	92
Leeds resident	153	170	137
Deprived fifth	210	239	182

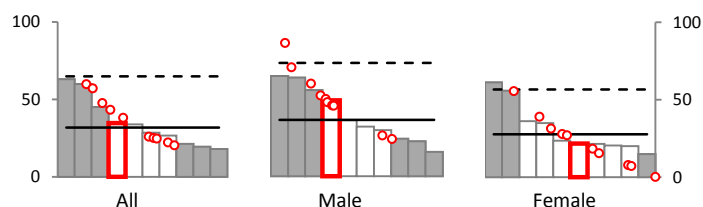
DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations



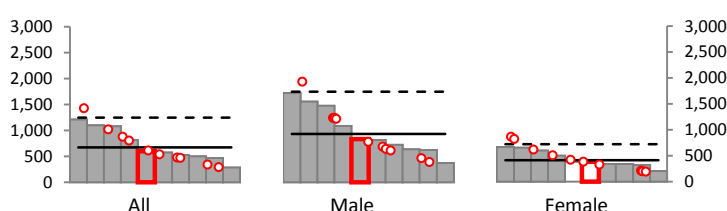
(DSR per 100,000)	All	Males	Females
Outer West CC	84	121	49
Highest MSOAs in area	162	217	116
Lowest MSOAs in area	51	75	22
Leeds resident	87	121	55
Deprived fifth**	145	192	97

Respiratory disease mortality - under 75s, 2010-14 ranked

(DSR per 100,000)	All	Males	Females
Outer West CC	35	49	22
Highest MSOAs in area	60	86	55
Lowest MSOAs in area	20	24	0
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

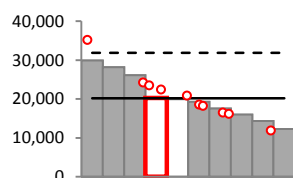
HES



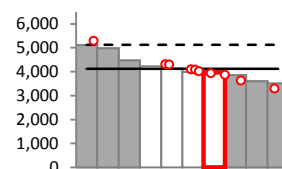
(DSR per 100,000)	All	Males	Females
Outer West AC	602	836	381
Highest MSOAs in area	1,425	1,939	859
Lowest MSOAs in area	289	390	189
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

GP recorded conditions, persons, October 2015 (DSR per 100,000)

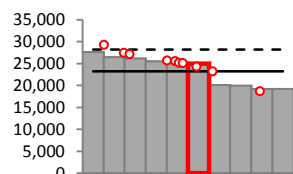
GP data

**Smoking (16y+)**

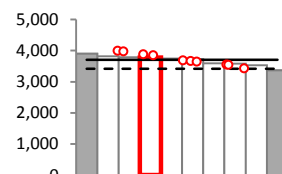
Outer W CC	20,234
Leeds	20,165
Deprived Leeds *	31,829

**CHD**

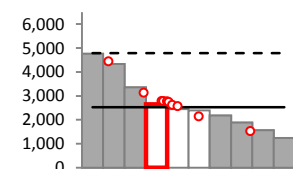
Outer W CC	3,979
Leeds	4,126
Deprived Leeds *	5,122

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

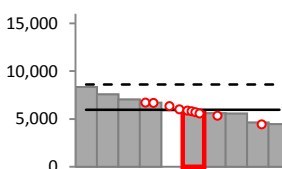
Outer W CC	24,995
Leeds	23,226
Deprived Leeds *	28,196

**Cancer**

Outer W CC	3,775
Leeds	3,703
Deprived Leeds *	3,419

**COPD**

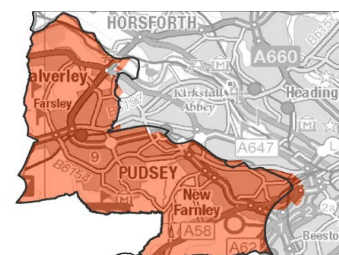
Outer W CC	2,644
Leeds	2,532
Deprived Leeds *	4,792

**Diabetes**

Outer W CC	5,671
Leeds	5,977
Deprived Leeds *	8,603

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

Map shows this Community Committee as a black outline, the combined best match MSOAs used in this report are the shaded area. ***Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation. ****Most deprived fifth (quintile) of Leeds** - Leeds split into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSA2011 areas. **Ordnance Survey** PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved. **GP data** courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city. **Admissions data** Copyright © 2016, re-used with the permission of the Health and Social Care Information Centre (HSCIC) / NHS Digital. All rights reserved.



Outer West Community Committee

The health and wellbeing of the Outer West Community Committee contains wide variation across the full range of Leeds, overall looking average for the city. Around 10% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 10 MSOA** areas making up the Community Committee are distributed across Leeds and include quite a wide variation, however, comparing single MSOA level life expectancies is not always suitable***.

Instead the Slope Index of Inequality (Sii****) is used as a measure of health inequalities in life expectancy at birth within a local area taking into account the whole population experience, not simply the difference between the highest and lowest MSOAs. The Sii for this Community Committee is 5.1 years and can be interpreted as the difference in life expectancy between the most and least deprived people in the Community Committee. Life expectancy was also calculated for the Community Committee (at which level it becomes more reliable), and is very close to Leeds overall.

The age structure bears some resemblance to that of Leeds overall with fewer 15 to 30 year olds. GP recorded ethnicity shows the Community Committee to have slightly larger proportions of "White background" than Leeds. 16% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey which has a higher rate of recording shows a similar picture with a larger than Leeds proportion of 'White British'.

All-cause mortality for under 75s is very close to the Leeds average for men and women, as well as overall for the Community Committee.

Cancer mortality rates are in the mid range for the city, *Farnley* stands out as being highest above the Leeds rates. Circulatory disease mortality has an MSOA *Farnley*, which is higher than the deprived rate overall. Similarly, respiratory disease mortality rates at the *Farnley* MSOA are higher than deprived Leeds. Alcohol specific admissions are distributed widely, some below and some above Leeds rates, of note again is the *Farnley* MSOA which is very high within Leeds for men, women and overall.

GP recorded obesity is significantly above Leeds but mid range among other Community Committees. Diabetes is significantly below, but very close to Leeds. COPD, CHD, cancer and smoking rates are not really different to Leeds rates.

***Deprived fifth of Leeds:** The fifth of Leeds which are most deprived according to the 2015 Index of Multiple Deprivation, using MSOAs.

****MSOA:** Middle Super Output Area, small areas of England to enable data processing at consistent and relatively fine level of detail.

MSOAs each have a code number such as E02002300, and locally they are named, in this sheet their names are in italics. MSOAs used in this report are the post 2011 updated versions; 107 in Leeds. *****Life expectancy:** Life expectancy calculations are most accurate where the age structure of, and deaths within, of the subject area are regular. At MSOA level there are some extreme cases where low numbers of deaths and age structures very different to normal produce inconsistent LE estimates. So while a collection of MSOA life expectancy figures show us information on the city when they are brought together, as single items they are not suitable for comparison to another. This report displays Community Committee level life expectancy instead, and uses the MSOA calculations to produce the Slope Index of Inequality. ******Slope Index of Inequality:** more details here <http://www.instituteofhealthequity.org/projects/the-slope-index-of-inequality-sii-in-life-expectancy-interpreting-it-and-comparisons-across-london>. For this profile, MSOA level deprivation was calculated with July 2013 population weighted 2015IMD LSOA deprivation scores and MSOA level life expectancy in order to create the Sii.

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Report of the City Solicitor

Report to: Outer West Community Committee, [Calverley& Farsley, Farnley & Wortley, and Pudsey

Report author: Gerard Watson, Senior Governance Officer, 0113 395 2194

Date: 1st March 2017

For decision

Dates, Times and Venues of Community Committee Meetings 2017/2018

Purpose of report

1. The purpose of this report is to request Members to give consideration to agreeing the proposed Community Committee meeting schedule for the 2017/2018 municipal year, whilst also considering whether any revisions to the current meeting and venue arrangements should be explored.

Main issues

Meeting Schedule

2. The Procedure Rules state that there shall be at least four ordinary or 'business' meetings of each Community Committee in each municipal year and that a schedule of meetings will be approved by each Community Committee. In 2016/17, this Committee held four meetings.
3. To be consistent with the number of meetings held in 2016/17, this report seeks to schedule four Community Committee business meetings as a minimum for 2017/18. Individual Community Committees may add further dates as they consider appropriate and as the business needs of the Committee require. The proposed schedule has been

compiled with a view to ensuring an even spread of Committee meetings throughout the forthcoming municipal year.

4. Members are also asked to note that the schedule does not set out any Community Committee themed workshops, as these will need to be determined by the Committee throughout the municipal year, as Members feel appropriate. During 2016/17, where such workshops were held, many took place either immediately before or after the Committee meetings. Therefore, when considering proposed meeting arrangements, Members may want to consider whether they wish to adopt a similar approach to the themed workshops in 2017/18, as this could impact upon final meeting times and venues.
5. The following provisional dates have been agreed in consultation with the Area Leader and their team. As referenced earlier, this report seeks to schedule a minimum of four Community Committee business meetings for 2017/2018 in order to ensure that the dates appear within the Council's diary. Individual Community Committees may add further dates as they consider appropriate and as business needs of the committees require.
6. The proposed meeting schedule for 2017/18 is as follows:
 - Wednesday 14 June 2017 at 1pm
 - Wednesday 27 September 2017 at 1pm
 - Wednesday 29 November 2017 at 1pm
 - Wednesday 28 February 2018 at 1pm

Meeting Days, Times and Venues

7. Currently, the Committee meets on a Wednesday at 1:00pm - and the proposed dates (above) reflect this pattern.
8. Meeting on set days and times has the advantage of certainty and regularity, which assists people to plan their schedules. The downside might be that it could serve to exclude certain people i.e. members of the public, for instance, who have other regular commitments on that particular day or who might prefer either a morning or afternoon meeting or a meeting immediately after normal working hours. Therefore, the Committee may wish to give consideration to meeting start times and venue arrangements which would maximise the accessibility of the meetings for the community.

Options

9. Members are asked to consider whether they are agreeable with the proposed meeting schedule (above), or whether any further alternative options are required in terms of the number of meetings, start times or venue arrangements.

Corporate considerations

10a. Consultation and engagement

The submission of this report to the Community Committee forms part of the consultation process as it seeks the views of Elected Members with respect to the Community Committee meeting schedule and venue arrangements.

In compiling the proposed schedule of meeting dates and times, the current Community Committee Chair, the Area Leader and colleagues within Area Support have been consulted.

10b. Equality and diversity / cohesion and integration

In considering the matters detailed, Members may wish to give consideration to ensuring that the Community Committee meeting arrangements are accessible to all groups within the community.

10c. Legal implications, access to information and call in

In line with Executive and Decision Making Procedure Rule 5.1.2, the power to Call In decisions does not extend to decisions taken by Community Committees.

Conclusion

11. The Procedure Rules require that each Community Committee will agree its schedule of meetings and that there shall be at least 4 business meetings per municipal year. In order to enable the Committee's meeting schedule to feature within the Council diary for 2017/18, Members are requested to agree the arrangements for the same period.

Recommendations

13. Members are requested to consider the options detailed within the report and to agree the Committee's meeting schedule for the 2017/18 municipal year (as detailed at paragraph 6), in order that they may be included within the Council diary for the same period.
14. Members are requested to give consideration as to whether they wish to continue with the Committee's current meeting and venue arrangements or whether they would like to request any amendments to such arrangements.

Background information

- Not applicable

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