



Inner South Community Committee

Beeston & Holbeck, City & Hunslet, Middleton Park

Meeting to be held in John Charles Centre for Sport, Leeds, LS11 5DJ

Wednesday, 15th February, 2017 at 7.00 pm

(Health and Wellbeing Workshop - Making Inner South the Best Place to lead an Active Lifestyle to take place in the Grandstand Suite from 5.00pm – 7.00pm)

Councillors:

D Congreve
A Gabriel
A Ogilvie

Beeston and Holbeck;
Beeston and Holbeck;
Beeston and Holbeck;

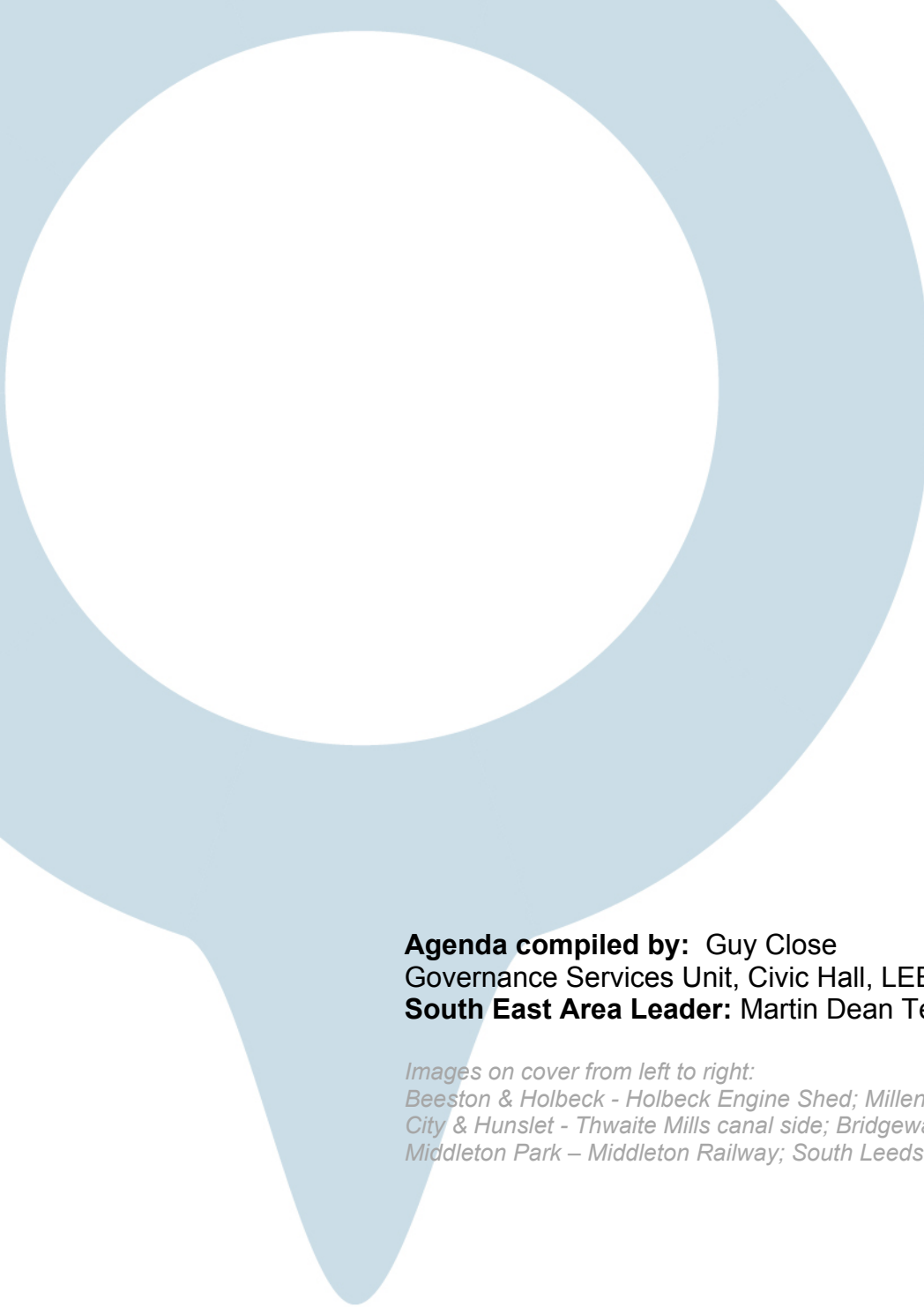
P Davey
M Iqbal
E Nash

City and Hunslet;
City and Hunslet;
City and Hunslet;

J Blake
K Groves
P Truswell

Middleton Park;
Middleton Park;
Middleton Park;





Agenda compiled by: Guy Close
Governance Services Unit, Civic Hall, LEEDS LS1 1UR Tel 37 88667
South East Area Leader: Martin Dean Tel: 39 51652

*Images on cover from left to right:
Beeston & Holbeck - Holbeck Engine Shed; Millennium Gardens
City & Hunslet - Thwaite Mills canal side; Bridgewater Place
Middleton Park – Middleton Railway; South Leeds Academy*

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). (*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> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <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>	
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY AND OTHER INTERESTS</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 of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES - 7 DECEMBER 2016</p> <p>To confirm as a correct record the minutes of the meeting held on 7 December 2016.</p>	1 - 4
7			<p>OPEN 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>	
8			<p>INNER SOUTH COMMUNITY COMMITTEE DELEGATED BUDGET REPORT</p> <p>To consider a report from the South East Area Leader setting out the delegated budget position for the Community Committee and inviting Members to consider the Wellbeing applications submitted.</p>	5 - 14

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>INNER SOUTH COMMUNITY COMMITTEE UPDATE REPORT</p> <p>To consider a report from the South East Area Leader providing a summary of work which the Communities Team are engaged in that is not covered elsewhere on this agenda.</p>	15 - 28
10			<p>OVERVIEW ON THE DEVELOPMENT OF THE LEEDS PLAN AND WEST YORKSHIRE AND HARROGATE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)</p> <p>To receive a joint report from the Chief Officer (Health Partnerships) and NHS Leeds South & East Clinical Commissioning Group providing the Community Committee with an overview of the emerging Leeds Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plans (STPs).</p>	29 - 52
11			<p>DATES, TIMES AND VENUES OF COMMUNITY COMMITTEE MEETINGS 2017/2018</p> <p>To consider a report from the City Solicitor requesting Members to give consideration to agreeing the proposed Community Committee meeting schedule for the 2017/2018 municipal year.</p> <p>INNER SOUTH COMMUNITY COMMITTEE WORKSHOP</p> <p>Inner South Community Committee Workshop (5.00pm – 7.00pm)</p> <p>Health and Wellbeing – Making Inner South the Best Place to lead an Active Lifestyle</p>	53 - 56 57 - 58

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 on the front of this agenda.</p> <p>Use of Recordings by Third Parties – code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. 	

INNER SOUTH COMMUNITY COMMITTEE

WEDNESDAY, 7TH DECEMBER, 2016

PRESENT: Councillor A Gabriel in the Chair

Councillors J Blake, D Congreve, P Davey,
K Groves, E Nash, A Ogilvie and
P Truswell

29 Late Items

There were no late items.

30 Declaration of Disclosable Pecuniary and Other Interests

There were no disclosable pecuniary interests declared to the meeting.

31 Apologies for Absence

An apology for absence was submitted by Councillor M Iqbal.

32 Minutes - 7 September 2016

RESOLVED – That the minutes of the meeting held on 7 September 2016 be confirmed as a correct record.

33 Open Forum

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

On this occasion there were no matters raised by members of the public in attendance at the meeting.

34 Inner South Community Committee Delegated Budget Report

The South East Area Leader submitted a report which presented the delegated budget position for the Community Committee and invited Members to consider the wellbeing applications that had been submitted.

The following were in attendance:

- Martin Hackett, Area Improvement Manager, Citizens and Communities
- Tajinder Virdee, Area Officer, Citizens and Communities.

The key areas of discussion were:

- Clarification sought regarding funding to Yorkshire County Cricket Club for out of school youth activities.
- In relation to the wellbeing application submitted by The Hunslet Club for after school vocational training, Members emphasised the need that greater recognition be made to the Committee's role in supporting this initiative. The Committee also requested that Members be invited to attend the club's award ceremony.

RESOLVED –

- (a) That the contents of the report be noted
- (b) That the revenue projects listed as Table 1 to the report, be noted
- (c) That the activities fund projects already agreed as listed in Table 2, be noted
- (d) That the Committee receives clarification regarding funding to Yorkshire County Cricket Club for out of school youth activities
- (e) That the capital budgets already agreed as listed in Table 3, be noted
- (f) That the wellbeing applications be determined as follows:
 - Inner South Older Persons Day – Communities Team (South East) – All 3 Wards covered – £2,000 – **Approved**
 - Middleton Arts and Crafts Afternoon – Rags to Riches – Middleton Park – £1,250 – **Approved**
 - Back Lake Street (knee high railing) – Leeds City Council, Parks and Countryside – City and Hunslet – £960 – **Approved**
 - Money Buddies – Ebor Gardens Advice Centre – Beeston and Holbeck and Middleton Park – £5,148 – **Approved**
 - After school vocational training – The Hunslet Club – All 3 Wards covered – £24,728 – **Approved**
 - Refurbishment of Middleton Community Centre – Leeds City Council – Middleton Park – £7,233 (Capital budget) – **Approved.**
- (g) That the projects approved by Delegated Decision Notification, be noted
- (h) That the small grants position be noted.

(Councillor P Davey joined the meeting at 5.10pm and Councillor J Blake at 5.20pm during the consideration of this item.)

35 Inner South Community Committee Update Report

The South East Area Leader submitted a report which presented a summary of work which the Communities Team were engaged in based on priorities identified by the Community Committee.

The following information was appended to the report:

- Workshop Action Plan – Inner South Community Committee Workshop held on 7 September 2016.

The following were in attendance:

- Martin Hackett, Area Improvement Manager, Citizens and Communities
- Tajinder Virdee, Area Officer, Citizens and Communities.

The key areas of discussion were:

- Development of work with partners in the inner south area aimed at supporting people back to work.
- An update on the work of the Local Action Group (LAG). The Committee was advised that an announcement regarding funding for Community Led Local Development (CLLD) was anticipated in March 2017.
- An update on the work of South Leeds Debt Forum and associated campaign initiatives.
- Clarification sought regarding the arrangements for rehousing convicted sex offenders.
- The need to reduce smoking prevalence rates. The Board was advised that the local Clinical Commissioning Group (CCG) had committed funding to support smoking cessation initiatives.
- The need to promote the work of Connect for Health in South and East Leeds.

RESOLVED –

- (a) That the contents of the report be noted.
- (b) That the Committee receives clarification regarding the arrangements for rehousing convicted sex offenders.

36 Leeds Culture Strategy (2017-2030)

The Director of City Development submitted a report which provided an update on the approach taken to develop the new Culture Strategy for Leeds 2017-2030.

The following were in attendance:

- Leanne Buchan, Principal Officer, City Development.

The Committee received a presentation 'Leeds 2023 – A bid for European Capital of Culture'.

The key areas of discussion were:

- The important role of Opera North in developing the new Culture Strategy for Leeds 2017-2030. It was advised that discussions were underway to reflect different forms of artistic representation.
- Development of the Leeds Culture Strategy website.
- The need to promote the positive work undertaken in communities.
- Promoting Leeds' parks.
- The history of Leeds and the positive impact of immigration.

RESOLVED – That the contents of the report be noted.

37 Date and Time of Next Meeting

Wednesday, 15 February 2017 at 7.00pm

(Venue to be confirmed)

(The meeting concluded at 6.20pm)



Report of the South East Area Leader

Report to: Inner South Community Committee (Beeston & Holbeck, City & Hunslet, Middleton Park)

Report author: Light Addaquay (07712214452)

Date: Wednesday 15th February 2017 For decision

Inner South Community Committee Delegated Budget Report

Purpose of report

1. This report seeks to provide Members with:
 - a. Details of the Wellbeing Budget position.
 - b. An update on both the revenue and youth activities fund elements of the Wellbeing budget.
 - c. Details of revenue projects agreed to date (**Table 1**)
 - d. Details of Youth Activities Fund agreed to date (**Table 2**)
 - e. Details of Capital Budget agreed to date (**Table 3**)
 - f. Details of project proposals for consideration and approval (**sections 14-17**)
 - g. Note the wellbeing balance position at (**section 18**)
 - h. Details of projects approved by Delegated Decision Notification (**section 19**)
 - i. Members are also asked to note the current position of the Small Grants Budget (**section 20**)

Background information

2. Each Community Committee has been allocated a Wellbeing Budget which it is responsible for administering. The aim of this budget is to support the social, economic and environmental wellbeing of the area by using the funding to support projects that contribute towards the delivery of local priorities.
3. Wellbeing funding cannot be paid retrospectively. An application form must be submitted and approved by the Community Committee before activities or items being purchased through Wellbeing funding are completed or purchased.

4. Members are reminded that the necessary scrutiny of applications to satisfy our own processes, financial regulations and audit, requires the deadline for receipt of completed application to be at least five weeks prior to any Community Committee.
5. Some applications will be approved via Delegated Decision Notice following consultation with Members outside of the Community Committee cycle.

Main issues

Wellbeing Budget Position 2015/16

6. The revenue budget approved by Executive Board for 2016/17 is **£165,140.00**. **£71,844.45** has been brought forward from 2015/16 well being allocation which includes any underspend from projects completed in 2015/16 and balance unallocated to projects. The total amount of revenue funding available to the Community Committee for 2016/17 is therefore **£236,984.45**. **Table 1** shows the available well being budget per ward.
7. It is possible that some of the projects may not use their allocated spend. This could be for several reasons including the project no longer going ahead, the project not taking place within the dates specified in the funding agreement or failure to submit monitoring reports. Due to this the final revenue balance may be greater than the amount specified. The final carry forward figure from 2016/17 will be finalised with central finance and reported to a future Community Committee.
8. The Community Committee is asked to note that **£181,512.29** has been allocated from the 2016/17 Wellbeing Revenue Budget. **Table 1** shows a remaining balance overall balance for projects in 2016/17 is **£55,472.16**.

Youth Activities Fund Delegation 2016/17

9. As a result of a Youth Review agreed in March 2013, an activities fund has been made available to provide local activity for children and young people age 8-17 years across the city. The Activities Fund has been delegated to Community Committees and the allocation to Inner South Community Committee for 2016/17 is **£44,620.00**. **£10,513.42** was brought forward from 2015/16, giving a total available fund for 2016/17 of **£55,133.42**.
10. The Community Committee is asked to note that **£49,990.42** has been allocated from the 2016/17 Youth Activities Fund as listed in **Table 2** and there is a remaining balance of **£5,143.00**.

TABLE 1: Revenue Wellbeing Budget 2016/17

Projects	Total	B&H	C&H	MP
	£	£	£	£
Revenue Wellbeing Budget 2016/17	165,140.00	55,046.66	55,046.67	55,046.67
Balance Brought Forward from 2015/16	71,844.45	24,783.90	29,057.40	18,003.15
Available Budget	<u>236,984.45</u>	<u>79,830.56</u>	<u>84,104.07</u>	<u>73,049.82</u>
2016/17 Allocations				
Small Grants	13,000.00	5,000.00	3,000.00	5,000.00
Community Skips	4,500.00	1,500.00	2,000.00	1,000.00
Community Engagement	6,000.00	2,000.00	2,000.00	2,000.00
Beeston and Holbeck Neighbourhood Improvement Board	3,000.00	3,000.00		
City and Hunslet Neighbourhood Improvement Board	15,000.00		15,000.00	
Belle Isle and Middleton Christmas Lights	6,210.00			6,210.00
Beeston and Holbeck Christmas Lights	7,710.00	7,710.00		
City and Hunslet Christmas Lights	3,060.00		3,060.00	
21 Hanging Baskets at various locations	1,517.25			1,517.25
Fencing on Czar Street	1,813.54	1,813.54		
Irish Arts Community Participation programme	2,250.00	1,125.00	1,125.00	
Youth Service - Holiday Provision	7,420.00			7,420.00
Mini Breeze	3,850.00			3,850.00
Muslim Youth Forum	3,000.00		3,000.00	
Radio Fever FM	1,000.00		1,000.00	
Hamara Education Programme	10,793.50	5396.75	5,396.75	
Park Run sign and defibrillator	2,972.00	1486.00	1,486.00	
Speed Indicator Devices Beeston & Holbeck	5,720.00	5,720.00		
Speed Indicator Devices City & Hunslet	2,860.00		2,860.00	
3 Litter Bins on Longroyds	900.00		900.00	
Love where you Live – Belle Isle & Middleton	20,000.00			20,000.00
Holbeck Moor Fence	20,000.00	20,000.00		
Free Fitcamp - Manorfield Hall	675.00			675.00
Operation Flame	1,675.00	558.00	559.00	558.00
Inner South Older Persons Day	2,000.00	666.00	667.00	667.00
Hunslet Club -After School Vocational Training Programme	24,728.00	1,000.00		
Money Buddies	5,148.00	1,716.00	1,716.00	1,716.00
Middleton Arts & Crafts Afternoon	1,250.00			1,250.00
Back Lake St(Knee High Railing)	960.00		960.00	
Red Ladder theatre company	2,500.00	1250.00		1250.00
Total allocations against projects	<u>181,512.29</u>	<u>61,657.29</u>	<u>54,877.75</u>	<u>64,977.25</u>
Balance Remaining (per ward) for 2016/17	<u>55,472.16</u>	<u>18,173.27</u>	<u>29,226.32</u>	<u>8,072.57</u>

TABLE 2: Youth Activities Fund Delegation 2016-17

11. The following table details projects funded for 2016 -17 financial year.

	Total Allocation £	Ward Split		
		8-17 Population (8322)		
		2549	2335	3438
		Beeston & Holbeck £	City & Hunslet £	Middleton Park £
Funding Available 16/17	44,620	13,675	12,535	18,410
Brought forward from 2015/16	10,513.42	5,561.83	3039.63	1,911.96
Total Available	55,133.42	19,236.83	15,574.63	20,321.96
Projects 2016/17:				
DAZL Inner South Dance & Health Project	4,290.00	2,145.00		2,145.00
Breeze Friday Night Project	13,299.00			13,299.00
Lego Club	935.42	312.00	312.00	311.52
Shine Aspirations	5,520.00	2,760.00	2,760.00	
Hunslet Nelson Cricket Club	2,598.00	866.00	866.00	866.00
ASHA	2,895.00		2895.50	
Youth Service	8,726.00	4,368.00	4,368.00	
Mini Breeze	3,850.00		3,850.00	
Pop Up Sports	1,667.00			1,667.00
Discover & Create(Family cooking sessions)	£2,310.00	2,310.00		
Streetwork Soccer	£3,900.00	3,900.00		
Total spend	£49,990.42	£16,661.00	£15,051.50	£18,288.52
Remaining Balance per ward	£5,143.00	£2,575.83	£523.13	£2,033.44

Table 3: Capital budget Allocation 2016/17

Available Budget	Total £	B&H £	C&H £	MP £
	42,653.49	14,217.83	14,217.83	14,217.83
Projects				
Cottingley Multi Use Games Area		10,000		
14 Litter Bins		4,200		
21 Litter Bins				6,300.00
Middleton Community Centre				7,917.83
Remaining Balance per ward		217.83	14,217.83	0.00

Wellbeing Budget Position 2016/17

12. The revenue budget approved by Executive Board for 2016/17 is **£209,760.00**
13. The Budget of the Inner South Community Committee for 2016/17 is **£209,760.00** (this includes the Youth Activities Fund allocation). When broken down this a reduction of **£18,910.00** from the Well-being allocation and **£5,110.00** from the Youth Activities Fund allocation.

Applications for wellbeing funding

14. **Project Title:** Area Support Officer for Inner South (additional post)
Name of Group or Organisation: Communities Team – South East
Total Project Cost: £37,526.00
Amount proposed from Well Being Budget 2016/2017: £37,526.00
Wards Covered: All Three Wards
Project Summary:

The proposal is to employ this individual on the same job description as mainstream Area Support Officers. This project will provide an additional Area Support Officer for Inner South but the focus of this individuals work will be on community engagement, community involvement and community development. The individual will support Members in developing communities within their respective wards.

The Job Description will be available to Members.

The total cost of the project is **£37, 526** which is broken down as **£30,153** for salary and **£7,373** for on costs. The cost per ward is **£12,508**.

Funding will be for 12 months initially with a view to consider extending that period for a further 12 months if the project is proving successful.

Community Committee Plan priority: Communities are empowered and engaged. People get on well together, by sharing their learning with others in the local community, adds knowledge to the community base.

15. **Project Title:** CCTV on Tempest Road and Cross Flatts park
Name of Group or Organisation: LeedsWatch
Total Project Cost: £50,615.36
Amount proposed from Well Being Budget 2016/2017: £50,615.36
Wards Covered: Beeston & Holbeck (£18,265.12), City & Hunslet (£32,350.24)
Project Summary:

This project will provide for 3 CCTV cameras to be sited at the following locations:

- Site 1 – near the pavilion in Cross Flatts park
- Site 2 - in the lower section of Cross Flatts park with site line towards Maude Avenue
- Site 3 - at the Maude Avenue/Tempest Road junction (near Hamara)

The cost of the 2 cameras in the park is **£36,530.24** plus annual monitoring/maintenance/BT line of **£3,080.00** for both.

The proposal is to split both costs 50:50 between City & Hunslet and Beeston & Holbeck wards. It is therefore **£18,265.12** each with an annual cost of **£1,540** each.

The third camera at Maude Avenue/Tempest Road is £14,115.12 with an annual monitoring/maintenance cost of £1,000.

The annual monitoring/maintenance/BT costs are £2,540 City & Hunslet and £1,540 Beeston & Holbeck.

Community Committee Plan priority: Residents in Inner South are safe and feel safe.

16. **Project Title:** Two Speed Devices – Beeston Road & Lady Pitt Lane

Name of Group or Organisation: Highway Services

Total Project Cost: £6,670.00

Amount proposed from Well Being Budget 2016/2017: £6,670.00

Wards Covered: City & Hunslet

Project Summary:

To install two SID's for Beeston Road and Lady Pit Lane, on an appropriate lamp post near to the Greenhouse where complaints have been received regarding speeding.

The associated costs are as follows:

ITEM	NUMBER	UNIT PRICE	TOTAL
SID units	2	£2,700.00	£5,400.00
Lighting Column modification	2	£100.00	£200.00
Initial fixing of the SID	2	£60.00	£120.00
Administration fee per SID	2	£250.00	£500.00
Moving a SID to another column (optional) £80	2	£80.00	£160.00
Moving SID somewhere else after the first initial installation	2	£80.00	£160
Modify the lighting column to take the SID	2	£100.00	£200.00
TOTAL			£6,670.00

Community Committee Plan priority: Residents in Inner South are safe and feel safe.

17. **Project Title:** History In South Leeds - “a book and a bench”

Name of Group or Organisation: Holbeck in Bloom/Middleton Railway

Total Project Cost: £2662.80

Amount proposed from Well Being Budget 2016/2017: £2662.80

Wards Covered: Beeston & Holbeck (£1331.40), Middleton Park (£1331.40)

Project Summary:

In celebration of the great landmarks all over Beeston, Holbeck, Cottingley, Hunslet and Middleton, this project aims to leave a legacy that will inform future generations about the uniqueness of these areas, the inspirational people that grew up in their neighbourhoods and the great influence they’ve had on the country.

The book and a bench project will have two strands. The bench will be dedicated to a place or person and these will create a history trail around South Leeds. Schools can use this trail as an outdoor classroom tour. The book will be about creating small storyboards that explain the history. The book will be about benches in South Leeds being used as a place to sit and read and reflect (however this strand of the project will be presented to the committee at a later stage).

The two benches will be placed and positioned at two key sites in Inner South Leeds: Mathew Murray and Middleton Railway, which will be used as a catalyst for funding streams for further projects in the area.

Community Committee Plan priority: Residents in Inner South have access to opportunities to become involved in sport and culture.

18. Members are asked to note that approval of all projects presented for consideration at this meeting will result in an over commitment of the budget for the Beeston & Holbeck and City & Hunslet wards, however, this figure will be considerably reduced as some of the projects and ringfenced allocations have not used their allocated spend.

19. **Delegated Decision Notice (DDN)**

Since the last Community Committee on 7th December 2016, the following project has been considered and approved by DDN:

- **Red Ladder Theatre Company – £2,500.00** (included in **Table 1**)

Small Grants Update 2016/17

20. The following table outlines the Inner South small grants position:

		Amount Approved	Ward Split ()		
			B&H	C&H	MP
Available Budget		13,000.00	5000.00	3000.00	5000.00
Organisation	Project Name				
Beeston Community Forum	Ongoing Running Costs	500.00	500.00		
Prince Philip Centre PHAB Leeds	PHAB Youth Groups	171.61	28.60		143.01
Beeston In Bloom	Hanging Baskets	1000.00	500.00	500.00	
Westwood District Guides	Community Barn Dance and Supper	480.00	160.00	160.00	160.00
Reetwillers Majorettes	Reetwillers Majorettes	500.00	250.00	250.00	
Kids n Co	Family Fun Day	500.00	166.66	166.67	166.67
Lane End Primary School	Lane End Stage Fund	1000.00	500.00	500.00	
1 st Slam Beeston Scout Group	Group Camp 2016	1000.00	500.00		500.00
Friends of Skelton Grange	Skelton Grange Environment Centre Open Day 2016	500.00	166.66	166.67	166.67
South Leeds Life CIC	South Leeds Life Newspaper	1000.00	500.00		500.00
St Andrews Pantomime Group	Aladdin Pantomime	500.00	166.66	166.67	166.67
Church together in Leeds 11	Cross Flatts Lantern Festival	1000.00	500.00	500.00	
Manorfield Hall	Manorfield Hall Christmas Party	300.00			300.00
Total approved		8,451.61	3,938.58	2,410.01	2,103.02
Balance Remaining		<u>4,548.39</u>	<u>1,061.42</u>	<u>589.99</u>	<u>2,896.98</u>

Conclusion

21. The report provides up to date information on the Community Committee's Delegated Budget Position.

Recommendations

22. Members of the Inner South Community Committee are requested to:

- a) note the contents of the report;
- b) note the revenue projects already agreed as listed in **Table 1**;

- c) note the Activities fund projects already agreed as listed in **Table 2**;
- d) note the capital budgets already agreed as listed in **Table 3**;
- e) consider the Wellbeing applications set out at **sections 14-17**;
- f) note the wellbeing balance position at **section 18**;
- g) note the projects approved by Delegated Decision Notification in **section 19**;
- h) note the Small Grants situation in **section 20**.

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Report of the South East Area Leader

Report to: Inner South Community Committee (Beeston & Holbeck, City & Hunslet, Middleton Park)

Report author: Martin Hackett (07891 275590)

Date: Wednesday 15th February 2017 for decision

Inner South Community Committee Update Report

Purpose of report

1. To bring to Members' attention, a summary of work which the Communities Team are engaged in based on priorities identified by the Community Committee, that are not covered elsewhere on this agenda. It provides opportunities for further questioning or the opportunity to request a more detailed report on a particular issue.

Background information

2. This report provides regular updates on some of the key activities between Community Committee meetings including project work, community engagement, partnership work, functions delegated to Community Committee, Community Champions roles and actions, integrated working and locality working.

Main issues

Updates by theme: Children's Services, Community Champion: Cllr Angela Gabriel

Youth Activities Fund (YAF)

3. The Children and Families sub group met on the 13th February. At this meeting key statistics were shared by colleagues from Children's Services on issues such as educational attainment, number of looked after children and the number of children leaving care in Inner South.
4. Information shared at the meeting will be used to commission services using the Inner South Youth Activities Fund allocation so that appropriate activities are available for Children and Young People in the area.

Updates by Theme: Employment, Skills & Welfare, Community Champion: Cllr Kim Groves

Employment, Skills and Welfare Board

5. The Board has identified a number of priorities it would like to address in 2017. The first is to look at developing a strategy to help those with health needs get into work. A workshop is planned in June 2016 working alongside the North East and West Teams. Presentations from Department of Work & Pensions(DWP), Public Health colleagues and those work on Community Led Local Development (CLLD) will help stimulate workshop debate in order to start developing a strategy.
6. The Board will continue to meet in 2017 and work with partners to support other priorities it has identified, including:
 - Engaging with business
 - Delivering CLLD priorities
 - Reducing the impact of welfare reform
 - Building relationships between Further Education (FE) and our very local 3rd Sector

Community Led Local Development (CLLD)

7. The Shadow LAG (Local Action Group) has met several times in recent months to ensure the bid met the deadline for the end of January.
8. Details that are incorporated into the bid include an action plan for delivery, application form, equal opportunities policy, terms of reference for LAG etc.
9. It is anticipated that approval will be confirmed in April 2017 with plans to then set up the delivery team in the Autumn and be in a position to consider projects in November/December 2017 with a view to projects starting in early 2018.

Updates by theme: Environment, Community Champion: Cllr Adam Ogilvie

Inner South Environmental Sub Group

10. The Environmental sub group met on **Monday, 23rd January 2017, 10am at Civic Hall.** The agenda included:
 - Issues from Holbeck Landlords Forum including £4.5 million capital investment
 - Environmental Locality Team – Service Level Agreement
 - Updates from BITMO, Waste Management and Parks & Countryside

Minutes will be circulated to the Community Committee.

Derelict & Nuisance Sites

11. Attached as **Appendix 1** is a briefing note as an update of the Derelict & Nuisance sites programme. South East area has a number of priority sites that are receiving attention. In Inner South the current status with two of its priority sites is:

Tivoli, Middleton – planning permission for houses/flats has been submitted and likely considered in Spring 2017

Belle Isle Doctors Surgery – it is proving difficult to work with the owners with plans/intentions of owners shifting. Further action is being considered.

Update by theme: Community Safety, Community Champion Cllr Mohammed Iqbal

Anti-Social Behaviour: motorcycles

12. Leeds Anti-Social Behaviour Team (LASBT) has recently secured, in partnership with its Police colleagues, a five year injunction to prevent anti-social motorcycling in Leeds following the unauthorised 'ride out' through the streets of Leeds that occurred on Halloween last year. The injunction secured on 10 January 2017 replaces the earlier interim injunction secured on 9 December 2016 and will be in place for 5 years, covering the whole of the Leeds City Council area. It prohibits anti-social driving (as defined in the order) by anyone after serving of the order on them. Officers from LASBT are working closely with police colleagues to identify specific individuals who are being served with copies of the injunction to warn them of the consequences of a repeat of the events of 31 October 2016, described by the presiding Judge as being 'highly dangerous to the riders themselves and members of the public'.

Westwood Estate Public Meeting regarding anti-social behaviour

13. On 23rd November, a public meeting was held on the Westwood Estate in Middleton. There had been several complaints over many weeks about youths on the estate causing trouble and vandalism. Ward councillors, Police, LASBAT, Youth Service, Housing Leeds and Communities Team were in attendance.

Issues raised by the community included:

- Gangs of youths (3-4 ringleaders) causing ASB on the estate
- Youths causing criminal damage including setting fire to the primary school bus, pulling fencing down on private properties, smashing car windows
- Threatening and bullying other youths and residents on the estate
- Youths gathering at the shopping parade and being intimidating – this is having an impact on the local businesses and as resident don't feel comfortable going into the shops

These problems have existed for a while and the gang leaders are known to the agencies that attended the public meeting. Plans are now in place to engage with the High Schools as allegedly most of the youths that are causing trouble have been excluded from school.

The Police have recently started a high visibility operation on the estate and CCTV is being considered.

A follow up meeting was held on 8th December 2016 in order to develop an action plan.

Beeston Hill

14. A proposal to install CCTV linked to LeedsWatch is being considered by Community Committee today for Tempest Road and Cross Flatts Park in an attempt to address some of the issues of crime and ASB in that area, as well as re-assuring local residents and businesses.

Updates by theme: Adult Social Care and Health & Wellbeing, Community Champions: Cllr Paul Truswell and Cllr Patrick Davey

Leeds South and East CCG – Health Inequalities Fund

15. Healthy Lifestyles work programme – The delivery of the enhanced community offer for Leeds Let's Get Active began in January 2017. Leisure Services are embedded within local partnerships to help shape development of the offer and identify need across the area.
16. Best Start work programme – Touchstone, who will be working with Women's Health Matters and Leeds Community Healthcare (health visiting), have been awarded a contract for three years to deliver a Best Start Peer Support service across the LSE CCG area focussing in areas of high deprivation. The service will recruit, train and support volunteers and paid sessional workers to develop and deliver activities and key messages aiming to support parents, parents to be and carers to give children the best start in life.

Leeds South and East – reducing smoking prevalence rates

17. Promotion of 'Today is the Day' campaign continues with additional resources being placed in local areas to highlight the campaign. Use of bus shelters and back of bus advertising is in place across the South East locality and the 'Today is the Day' self-help app recently launched and is being promoted to service users.
18. Leeds South and East CCG have secured £75,000 from Public Health England to support work on Maternal Smoking. The development of work programmes around this issue are now underway with the involvement of LSE CCG, Public Health, Maternity Services, Leeds Community Healthcare and Leeds University.

Local Health and Wellbeing Partnerships

19. Cottingley and Middleton and Belle Isle Health and Wellbeing Sub groups have both had involvement in the recent consultations for 'Today is the Day' and Leeds Let's Get Active. This involvement is ensuring that local needs are met and that partnership organisations are engaged with these programmes in their local area.

Older Persons sub group

20. The last Older Persons sub group took place on **Friday 16th December 2016, at St Georges Centre.**

The agenda covered

- 'Older Persons Event' - planning
- 'Make it Fallproof' Campaign
- Public Health Campaigns: Winter Friends, Winter Prompt Card and Bowel Cancer Screening

Minutes will be circulated to the Community Committee.

21. The Older Person Celebration event will take place on Tuesday 21st March 2017, 1.30pm to 3.30pm at John Charles Centre for Sport. On the basis of feedback regarding food from the event in 2016, this time it will be an afternoon event, with tea and scones. Once again there will be stalls for attendees to visit, alongside entertainment and various speakers.

Integrated Locality working

Neighbourhood Improvement Boards (NIBs) and Forums

22. **Holbeck Landlords Forum** met of 13th December 2016 with the meeting focussing on the £4.5 million of funding which has been secured from Leeds City Council to improve the through terraced and back to back housing in the Receptions area of Holbeck. Key points at the meeting included:

- 180 properties included in the target area in and around the Receptions
- Total of £4.5 million being invested
- For private dwellings LSS will pay 75% of cost with landlord having to meet remaining 25%. This equates to £3k to £5k having to be paid
- Work will start on site March 2017 and complete October 2018
- Benefits include approx. £400 per annum saving on fuel bills; properties comply with energy legislation; local employment opportunities

23. **Holbeck Residents Forum** met on 31st January 2017. The meeting provided updates on local work including the Leeds Neighbourhood Approach in Holbeck and work to secure Holbeck Moor. The meeting continued with an 'open spaces' session that looked at the key issues of housing, highways and traffic management, policing and community safety, and the environment.

24. **Belle Isle & Middleton NIB** met on 1st February 2017 at BITMO GATE. There were a number of key topics considered, including:
- Developing a strategy for those with health needs to get into work
 - Continuing to promote social prescribing and ensure all partners are engaged in referral process
 - Action to tackle asb in Middleton including a strategy to address illegitimate use of motorcycles

Community Centre's

Middleton Community Centre

25. It was agreed with Middleton Park ward members that the centre would be refurbished to make it a key asset for communities within the ward. Refurbishment includes a new kitchen installation, building works inside to create an open space hall. Part of the building will be used by Middleton Elderly Aid who will provide key services for older people in the ward. The other side will be used by Community groups.

Funding Sources

- S106 money - Planning reference 12 02500, which generated £49,516 money to be used towards the work at the community centre
- £7,233.00 – Middleton Park ward members Capital money
- £8,000 from ASDA, which was awarded to Middleton Elderly Aid, towards the installation of a new kitchen
- Installation of POD, In kind contribution from LCC Housing Services and in kind installation from MEARS.

Free lets in Inner South

26. The table below provides details of all free lets booked for the period February 2016 to January 2017.

Ward	Community Centre	Organisation	Date	Value
City & Hunslet	Old Cockburn Sports Hall	Hamara Centre	01.03.16 – 31.08.16	£260.00
Beeston & Holbeck	St. Mathews Community Centre	4Children	Feb 2016 – Jan 2017	£2,750.00
Beeston & Holbeck	St. Mathews Community Centre	South East Communities Team	25.02.16 – 25.02.16	£40.00
Beeston & Holbeck	St. Mathews Community Centre	Holbeck Forum	14.05.16 – 14.05.16	£50.00
Beeston & Holbeck	Watsonia Pavilion	LCC – Parks & Countryside	27.04.16 & 11.05.16	£78.00
Beeston & Holbeck	Watsonia Pavilion	Beeston in Bloom	13.07.16 – 13.07.16	£25.00
Beeston &	St. Mathews	Holbeck Elderly Aid	26/06, 31/07, 21/08,	£385.00

Holbeck	Community Centre		25/09, & 30/10	
Beeston & Holbeck	Watsonia Pavilion	Beeston in Bloom	15/07/16 – 15/07/16	£40.00
Beeston & Holbeck	St. Mathews Community Centre	LCC Youth Service	29/08/16 – 27/03/17	£825.00
Beeston & Holbeck	Watsonia Pavilion	LCC Youth Service	16/08/16 – 08/11/16	£375.50
Beeston & Holbeck	St. Mathews Community Centre	Armley Counselling	22/09/16 – 30/03/17	£840.00
Beeston & Holbeck	St. Mathews Community Centre	Holbeck Elderly aid	06/10/16 – 31/03/17	£130.00
Beeston & Holbeck	St. Mathews Community Centre	Lynbar Majorettes	02/11/16 – 29/03/17	£660.00
Beeston & Holbeck	Watsonia Pavilion	Dance Action Zone	02/11/16 – 29/03/17	£220.00
Beeston & Holbeck	St. Mathews Community Centre	Holbeck Elderly Action	12/12/16 – 12/12/16	£5.00
Beeston & Holbeck	St. Mathews Community Centre	Holbeck Gala	03/12/16 – 03/12/16	£82.50
Beeston & Holbeck	Watsonia Pavilion	LCC Youth Service	06/12/16 – 28/03/17	£561.00
Beeston & Holbeck	St. Mathews Community Centre	Holbeck Forum	14/01/17 – 14/01/17	£20.00
Inner South Total				£7.347.00

Community Engagement in 2017/18

27. **Appendix 2** provides details of engagement in 2017/18. It is proposed to separate Community Committee Business Meetings from Workshops. Going forward it is proposed that workshops develop in tandem with ongoing engagement with a view that at least 3 engagement events involve all 3 wards on themes considered priorities across the Inner South. In effect this would constitute 'Inner South Community Committee on tour'. It is also proposed the refurbished Dewsbury Road One Stop Centre/Community Hub (scheduled to re-open July 2017) be used as a regular venue for Community Committee workshops.

Recommendations

28. The Community Committee is asked to:

- a) Note the contents of the report and make comment as appropriate.
- b) Consider and discuss the engagement strategy going forward including proposals for Community Committee Business Meetings and future workshops, as outlined in *Appendix 2*.

Background documents¹

There are no background documents associated with this paper.

Introduction

This briefing provides an update on progress made with the Derelict & Nuisance Property Programme over the previous 12 months. It also sets out the strategy for continuing to deal with problematic buildings and sites over the forthcoming 12 months.

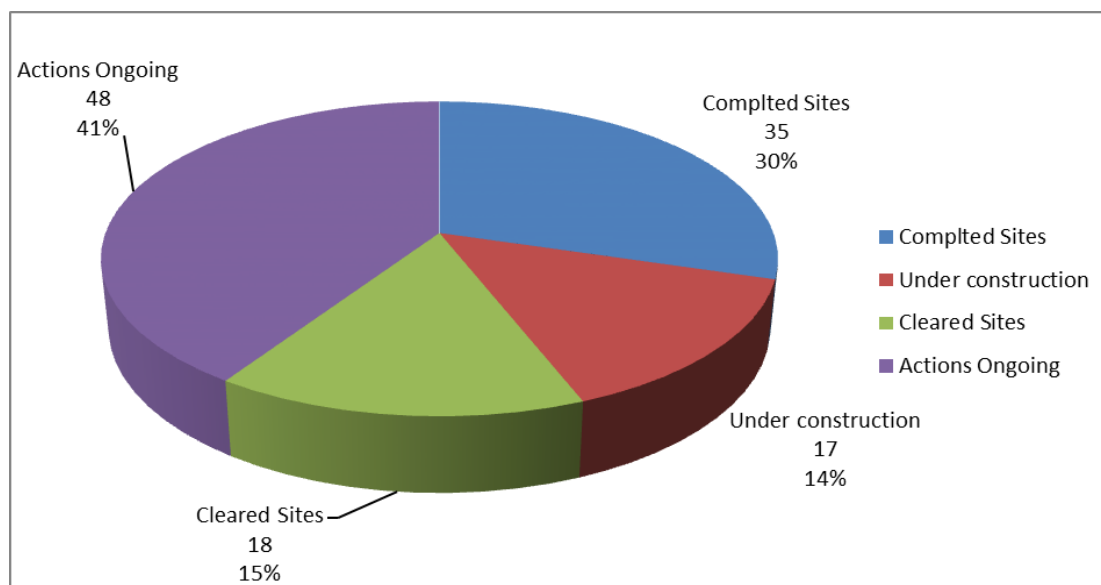
Background

The Derelict & Nuisance Property Programme (D&NPP) was established in 2012 in order to deal with problematic vacant buildings and sites across the city. Since the original list of approximately 20 properties, well over one hundred buildings and sites have been referred to the Derelict & Nuisance Enforcement Working Group (EWG).

The EWG is made up of officers from Regeneration, Building Control, Planning Compliance, Conservation and Area Support. The group meets on a monthly basis in order to discuss and progress action on a list of key cases.

Progress

The chart below illustrates the progress that has been made, in dealing with problematic buildings and sites across the city since the D&NPP was introduced.



The chart shows that there are 41% sites and buildings which the council is either in the process of dealing with or will do so in the future. Sites and properties are prioritised in relation to issues such as dangerous structures, ASB or general untidiness. The chart also demonstrates that through the proactive strategy of the council, 59% of sites and properties have been completed, are in development or have had the immediate problematic issues dealt with.

There are 35 properties at present have been redeveloped. An example of the positive impact this has achieved can be seen in the 'before and after' images below.

Derelict property in Carr Crofts, Armley converted into apartments



Before



After

Vacant untidy land, Meanwood Rd, Sheepscar developed into a Magnet kitchen showroom



Before



After

The former Squinting Cat public house which was partially burnt down in an arson attack, redeveloped into council housing



Before



After

The former grade II listed Pudsey Grangefield grammar school which has been converted into apartments



Before



After

Whilst the council doesn't possess specific details regarding the amount of investment that has occurred with the sites that are under development in the private market, it is acknowledged that this is already into the millions of pounds.

Next Steps

The EWG will continue to meet regularly and deal with key cases that most urgently require attention. In addition listed buildings that are currently vacant across the city will be given more priority with regards to encouraging redevelopment. The group will also be working closely with the Housing Growth Team, as they are currently developing an acceleration scheme for stalled development sites.

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Appendix 2 - Inner South Consultation and Engagement

4 X Community Committee Business meetings per year

Beeston and Holbeck
Neighbourhood Improvement Board

City and Hunslet Neighbourhood
Improvement Board

Belle Isle and Middleton
Neighbourhood Improvement Board

- Holbeck residents Forum – to meet 4 times a year and open to all residents of Holbeck
- Beeston Neighbourhood Forum – Communities Team to attend the meeting once/twice per year. Residents to raise /discuss issues with team and Cllrs
- Cottingley – Health and well being group – officer meeting to address health issues in Cottingley

- Beeston Hill Residents meeting – to meet 2 x a year in the Beeston Hill area to address residents issues
- Hunslet Carr Residents Group and Hunslet resident TARA – Communities Team to attend once a year
- Dewsbury Road Town Team – Communities Team to provide admin support and attend meetings when required

- 6 Public meeting to be held 2 x a year (12 meeting a year)– areas have been identified with Members
- Communities Team to support consultation events from 'Love Where you Live' projects

Tenants and Residents Groups – Communities Team to attend TARA's once a year

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Report of:	Paul Bollom (Interim Chief Officer, Leeds Health Partnerships) and Matt Ward (Chief Operating Officers, NHS Leeds South & East Clinical Commissioning Group)
Report to:	Inner South Community Committee
Report author:	Manraj Singh Khela (Programme Manager, Leeds Health Partnerships Team)
Date:	15 February 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 STP.

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

Area Community Committees are 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 the 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

Local 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 placed-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 development of initial STPs
- End June – Each regional footprint (including West Yorkshire) submitted its emerging STP for a checkpoint review
- July – October – further development of the STPs, at both Leeds and West Yorkshire levels
- 21st October – further submission to NHSE of developing regional STPs
- November – August '17 – 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 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 STP through discussions at formal Health and Wellbeing Boards on January 12th, April 21st and September 6th and two STP related workshops held on June 21st and July 28th. 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 well-being 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 committees)
- 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, please see Appendix 1 - Inner South Community Committee Profile.

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

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 (DTCOC).
- 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 refreshed 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 well-being 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 STP 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 refreshed Leeds Health and Wellbeing Strategy which was been widely engaged on through its development.

4.1.12 The 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 second Leeds Health and Wellbeing Strategy have been used to inform the development of the Leeds Plan. Section 3.38 of this paper outlines how the emerging Plan will deliver significant part of the Leeds Health and Wellbeing Strategy.

4.3.3 The 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 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 in 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 well-being 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 well-being the fastest;
 - Supports individuals' health and well-being 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 coproduction 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 strategy 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 Plan as a vehicle for delivering aspects of the Leeds Health and Wellbeing Strategy.

6 Recommendations

Community Committees are 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 Inner South Community Committee

This profile presents a high level summary of data sets for the Inner South 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	7,067	55%	67%
Black - African	1,369	11%	5%
Pakistani	1,162	9%	6%
Any other white background	903	7%	4%
Bangladeshi	463	4%	1%

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

Pupil language, top 5	Area	% Area	% Leeds
English	8,763	68%	81%
Believed to be Other than English	468	4%	1%
Urdu	463	4%	3%
Other than English	424	3%	1%
Polish	401	3%	1%

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

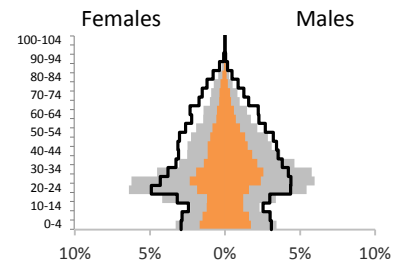
Population: 95,747

46,370

49,377

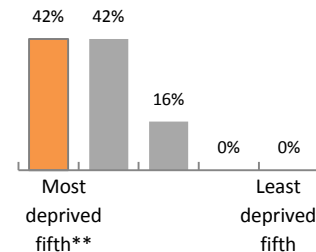
Comparison of Community Committee and Leeds age structures in October 2015.

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	59%	71%
Other White Background	15%	10%
Black African	6%	3%
Pakistani or British Pakistani	4%	3%
Indian or British Indian	3%	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
Inner South CC	77.8	75.5	80.3
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

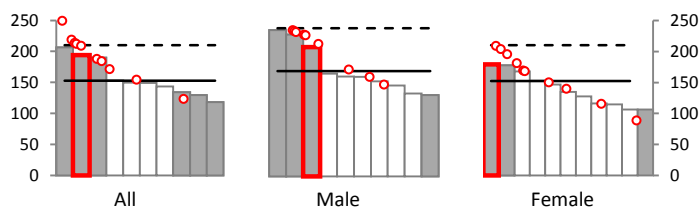
Slope index of inequality (see commentary) = 4.3

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



(DSR per 100,000)	All	Males	Females
Inner South CC	522	626	412
Highest MSOAs in area	914	1,118	555
Lowest MSOAs in area	378	452	308
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

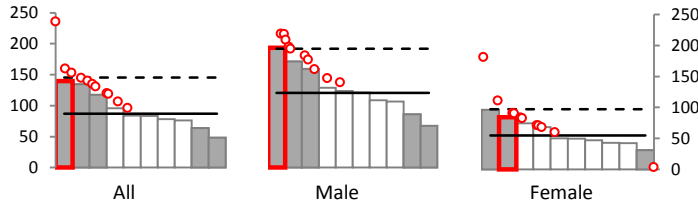


(DSR per 100,000)	All	Males	Females
Inner South CC	194	209	179
Highest MSOAs in area	299	340	267
Lowest MSOAs in area	123	148	88
Leeds resident	153	170	137
Deprived fifth	210	239	182

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

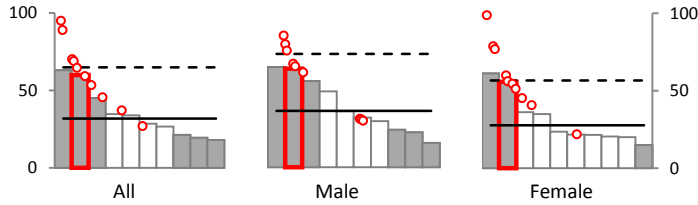
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Inner South CC	140	194	84
Highest MSOAs in area	236	270	181
Lowest MSOAs in area	96	137	3
Leeds resident	87	121	55
Deprived fifth**	145	192	97

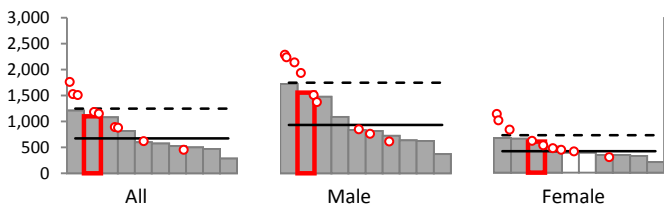
Respiratory disease mortality - under 75s, 2010-14 ranked



(DSR per 100,000)	All	Males	Females
Inner South CC	60	64	56
Highest MSOAs in area	277	310	163
Lowest MSOAs in area	27	30	22
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

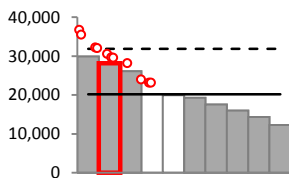
HES



(DSR per 100,000)	All	Males	Females
Inner South AC	1,101	1,561	599
Highest MSOAs in area	1,757	2,280	1,128
Lowest MSOAs in area	450	610	291
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

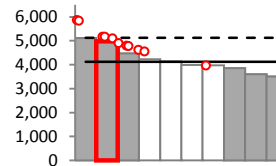
GP recorded conditions, persons, October 2015 (DSR per 100,000)

GP data



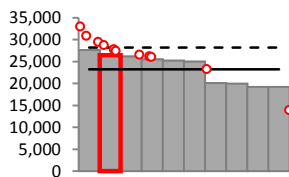
Smoking (16y+)

Inner S CC	28,170
Leeds	20,165
Deprived Leeds *	31,829



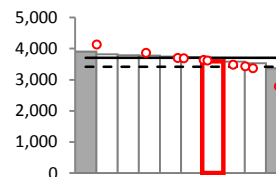
CHD

Inner S CC	4,976
Leeds	4,126
Deprived Leeds *	5,122



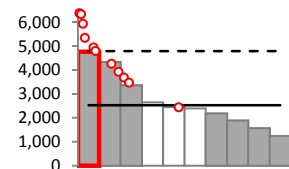
Obesity (16y+ and BMI>30)

Inner S CC	26,402
Leeds	23,226
Deprived Leeds *	28,196



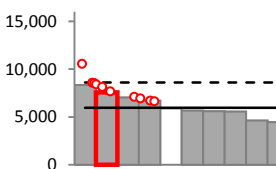
Cancer

Inner S CC	3,594
Leeds	3,703
Deprived Leeds *	3,419



COPD

Inner S CC	4,754
Leeds	2,532
Deprived Leeds *	4,792

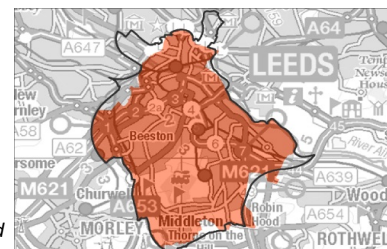


Diabetes

Inner S CC	7,582
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. **Ordinance 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.



Inner South Community Committee

The health and wellbeing of the Inner South Community Committee contains some variation across the range of Leeds, but tends overall towards ill health. Around 4 in 10 people live in the most deprived fifth of Leeds*. Life expectancy within the 11 MSOA** areas making up the Community Committee are generally among the shortest in Leeds and significantly lower than Leeds. 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 4.3 years and can be interpreted as the difference in life expectancy between the most and least deprived people in the Community Committee. Overall life expectancy is the shortest of all Community Committees.

The age structure bears a little resemblance to that of Leeds overall with larger proportions of young adults and fewer aged above 40. GP recorded ethnicity shows the Community Committee to have lower proportions of "White background" to Leeds and higher proportions of some BME groups. However around a fifth of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a similar picture.

All-cause mortality for the Community Committee is significantly above the Leeds average for all, and nearly the very highest in the city. The *city centre* MSOA in this area has the highest rate in the city.

Cancer mortality rates are widely spread at MSOA level and the Community Committee rates are significantly higher than Leeds (female cancer mortality is the highest in the city). Circulatory disease mortality shows an MSOA pattern high above the Leeds averages, with the *Beeston Hill* MSOA standing out as highest in Leeds overall. Respiratory disease mortality rates are very similar and at MSOA level the highest in the city.

Alcohol specific admissions for this Community Committee are very nearly the highest in Leeds, and many of the MSOAs in the area have rates significantly above those of Leeds. Smoking, Obesity, CHD and Diabetes in the MSOAs are almost all significantly above the Leeds average, with the Community Committee rates the 2nd highest in Leeds.

The Community Committee is highest in the city for GP recorded COPD with all but one MSOA being above Leeds. GP recorded cancer is not significantly lower than the city, this is expected as deprived areas often have low GP recorded cancer due to non/late presentation.

***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.instituteoftheequity.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: Inner South Community Committee

(Beeston and Holbeck, City and Hunslet, Middleton Park)

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

Date: 15 February 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 5.00pm
 - Wednesday, 6 September 2017 at 5.00pm
 - Wednesday, 6 December 2017 at 5.00pm
 - Wednesday, 7 February 2018 at 5.00pm

Meeting Days, Times and Venues

7. Currently, the Committee meets on a Wednesday 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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Inner South Community Committee Workshop

John Charles Centre for Sport, Grandstand Suite, LS11 5DJ

17.00 – 19.00

Theme: Health and Wellbeing

Topic: Making Inner South the Best Place to lead an Active Lifestyle

Time	Agenda Item	
5.00	Refreshments will be available from 5.00 There will also be a number of stalls to visit and activities for people to try	Stallholders and activities
5.30	Welcome and reflection from last workshop	Martin Dean
5.35	Scene setting for today's workshop – what is physical activity and what can we do to make Inner South the Best Place to live an active lifestyle?	Cllr Truswell
5.45	Presentations from partners – what is great about Inner South?	Various partner agencies
6.00	Table Discussions What else is great about Inner South? What could we do better/more of?	All
6.45	Quiz time!	Quizmaster
6.55	Final comments/feedback and Close	Martin Dean

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