



Outer North West Community Committee

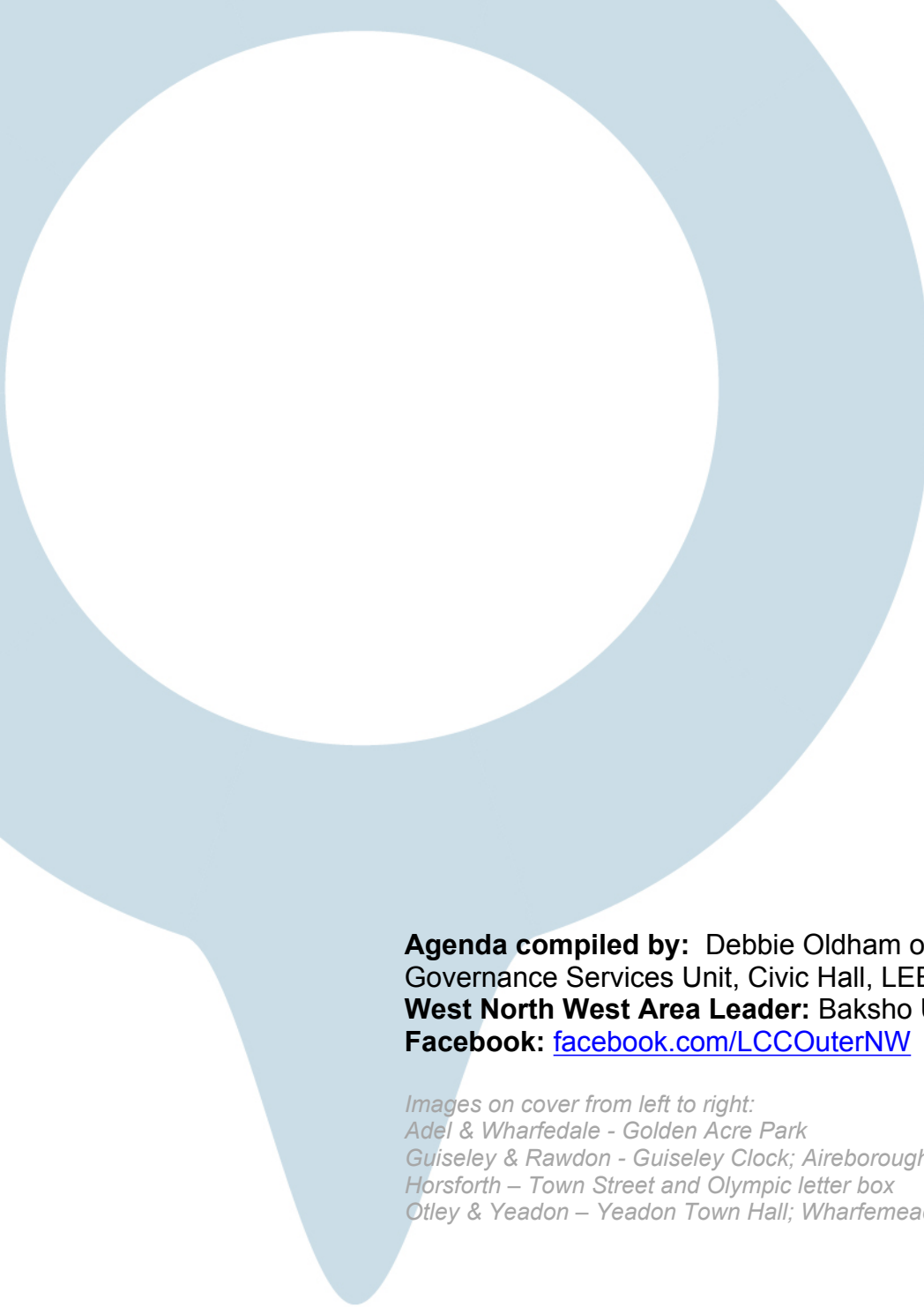
Adel & Wharfedale, Guiseley & Rawdon, Horsforth,
Otley & Yeadon

**Meeting to be held in Upper Pool Bank Village Hall,
Quarry Farm Road, Pool-in-Wharfedale, LS21 3BT
Monday, 27th November, 2017 at 1.30 pm**

Councillors:

B Anderson	Adel and Wharfedale;
C Anderson	Adel and Wharfedale;
B Flynn	Adel and Wharfedale;
G Latty	Guiseley and Rawdon;
P Latty	Guiseley and Rawdon;
P Wadsworth	Guiseley and Rawdon;
B Cleasby	Horsforth;
D Collins	Horsforth;
C Townsley	Horsforth;
C Campbell	Otley and Yeadon;
R Downes	Otley and Yeadon;
S Lay	Otley and Yeadon;





Agenda compiled by: Debbie Oldham on 0113 37 88656
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West North West Area Leader: Baksho Uppal
Facebook: [facebook.com/LCCOuterNW](https://www.facebook.com/LCCOuterNW)

Images on cover from left to right:

Adel & Wharfedale - Golden Acre Park

Guiselley & Rawdon - Guiseley Clock; Aireborough One Stop Centre

Horsforth – Town Street and Olympic letter box

Otley & Yeadon – Yeadon Town Hall; Wharfemeadows Park

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	
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>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>	
7			<p>MINUTES</p> <p>To approve the minutes of the Outer North West Community Committee meeting held on 25th September 2017.</p>	1 - 6
8	Adel and Wharfedale; Guiseley and Rawdon; Horsforth; Otley and Yeadon		<p>LEEDS HEALTH AND CARE PLAN: INSPIRING CHANGE THROUGH BETTER CONVERSATIONS WITH CITIZENS</p> <p>To receive the report of the Chief Officer Health Partnerships to provide the Outer North West Community Committee with an overview of the progress made in shaping the Leeds Health and Care Plan following the previous conversation at each Community Committee in Spring 2017.</p> <p>(Report attached)</p>	7 - 70

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9	Adel and Wharfedale; Guiseley and Rawdon; Horsforth; Otley and Yeadon		<p>LEEDS TRANSPORT CONVERSATION UPDATE - PUBLIC TRANSPORT INVESTMENT PROGRAMME (£173.5M), OUTER WEST UPDATE, AND LEEDS TRANSPORT STRATEGY DEVELOPMENT</p> <p>To receive the report of the Chief Officer Highways and Transport which provides the Community Committee with feedback from the Transport Conversation and specifically the feedback from this committee and community area, as well as a summary of the Leeds wide transport proposals and development of a Leeds Transport Strategy.</p> <p>(Report attached)</p>	71 - 100
10	Adel and Wharfedale; Guiseley and Rawdon; Horsforth; Otley and Yeadon		<p>RAISING AWARENESS OF WHAT IT MEANS IN PRACTICE TO BE A CORPORATE PARENT AND THE ROLE OF THE CORPORATE PARENTING BOARD.</p> <p>The report of Chief Officer Partnership Development and Business Support briefly outlines the role of the Corporate Parenting Board and aims to increase understanding of the role of the Children's Champion and what being a Corporate Parent means.</p> <p>(Report attached)</p>	101 - 104
11	Adel and Wharfedale; Guiseley and Rawdon; Horsforth; Otley and Yeadon		<p>FINANCE REPORT</p> <p>To consider the report of the West North West Area Leader this report provides the Community Committee with an update on the budget position for the Wellbeing fund for 2017/18, and the current position of the Small Grants and Skips pot, and the small grants and skips which have been approved since the last meeting.</p> <p>This report also provides an update on the Youth Activity Fund and the Youth Activity Fund projects which have been approved since the last meeting.</p> <p>(Report attached)</p>	105 - 118

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12	Adel and Wharfedale; Guiseley and Rawdon; Horsforth; Otley and Yeadon		<p>COMMUNITY COMMITTEE UPDATE REPORT</p> <p>To receive the report of the West North West Area Leader the report updates the Community Committee on the work of the sub groups of the Committee: Environment & Community Safety; Employment, Learning and the Local Economy; Children’s Services and Family Health; Adult Social Care, Health & Well-being; Highways & Transportation and Policy.</p> <p>The report also updates the Community Committee on community forums and partnership working that has taken place in the area since the last meeting.</p> <p>(Report attached)</p>	119 - 122
13			<p>DATE AND TIME OF NEXT MEETING</p> <p>To note the next meeting of the Outer North West Community Committee will be 5th March 2018 at 1:30pm.</p> <p>VENUE DETAILS AND MAP</p> <p>THIRD PARTY RECORDING PROTOCOL Third Party Recording Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.</p>	123 - 124

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OUTER NORTH WEST COMMUNITY COMMITTEE

MONDAY, 25TH SEPTEMBER, 2017

PRESENT: Councillor P Wadsworth in the Chair

Councillors B Anderson, C Anderson,
B Cleasby, D Collins, R Downes, B Flynn,
G Latty, P Latty and S Lay

13 APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS

There were no appeals against refusal of inspection of documents.

14 EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

There were no exempt items.

15 LATE ITEMS

There were no late items.

16 DECLARATION OF DISCLOSABLE PECUNIARY AND OTHER INTERESTS'

There were no declarations of disclosable pecuniary interests.

17 Apologies For Absence

Apologies for absence were received from Councillors Campbell and Townsley

18 Open Forum

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

On this occasion there were two people who wished to address the Committee.

Suzanne Froggett, a Specialist Physiotherapist attended the meeting to inform Members about the launch of two programmes aimed at adults with neurological conditions.

Members requested further information.

Margaret Backhouse a resident of Horsforth attended the meeting.

Prior to the start of Ms Backhouse talking the Committee were informed by the Chair that Ms Backhouse was going to talk about a live planning application which was due to be heard at a forthcoming South and West Plans Panel.

It was suggested that the minutes would capture representations made and be fed back to Planning if the Members so wished.

Ms Backhouse raised concerns about a biomass fuel burner which had been installed in the vicinity of her property, and she advised that the owner had not received planning permission for the burner, and that due to complaints of the residents the application was now being heard at Plans Panel retrospectively.

Ms Backhouse informed the Members that the burner omitted 2.5 particulates which were thought to be carcinogenic. She was of the view that the height of the chimneys was at a level which did not allow the fumes to escape but were trapped by surrounding trees. Ms Backhouse said that she could no longer use her garden due to the fumes and the smell given out by the burner.

Ms Backhouse said that she had been trying to get this issue resolved for 15 months.

Two Ward Members for Horsforth informed the Committee that they were aware of the issues and had had a number of meetings with officers in relation to the height of the chimneys and the omissions from the chimneys.

The Committee was advised by the Horsforth Ward Members of the guidance which had been sought and provided by DEFRA.

Cllr. Cleasby informed the Committee that he planned to make Scrutiny aware of such matters, and provided an example of where an application for a biomass burner in a different part of the city had been refused.

Ms Backhouse was thanked for bringing this issue to the attention of the Committee.

It was noted that some Members had concerns in relation to the biomass burner at Horsforth and it was agreed that the clerk would advise the relevant Planning Officer of the representations made, so that the matter could be brought to the attention of the South and West Plans Panel prior to the Panel considering any related applications.

Three officers of the Council attended the meeting to introduce themselves to the Members as they were now working within the Outer North West area. The Officers were:

- Lee Wright, Tenant Engagement Officer working with resident groups and Housing Advisory Panel;
- Sharron Almond – Team Leader, Cleaner Neighbourhoods Team – working in Adel and Wharfedale and Otley and Yeadon areas;
- Chris Baird – Team Leader, Cleaner Neighbourhood Team – working in Guiseley and Rawdon and Horsforth areas.

19 Minutes

The minutes of the meeting held on 19th June 2017 were approved as a correct record.

20 Matters arising

It was noted that an update had been sent to Councillor Lay on the proposed Community Hub at Otley.

21 Finance Update Report

The report of the West North West Area Leader provided the Community Committee with an update on the budget position for the Wellbeing Fund for 2017/18, and the current position of the Small grants and skips pot, and the Small grants and skips which had been approved since the last meeting.

It was noted that information with regard to the Equality Act 2010 and the eligibility criteria for groups requesting Wellbeing funding was provided at Point 3 of the submitted report.

Members were advised that of the £97,660 Wellbeing fund allocated to the Committee, the Committee had £93,513 still available. Table 1 of the submitted report included details per ward of the Wellbeing revenue available for allocation in 2017/18 including any carry forward from previous years and the amount currently available to spend.

Members were informed that Cookridge Methodist Church had withdrawn their application for £3,000 for refurbishment to the toilets as enough funds had been raised through fundraising events. Therefore the £3,000 had been returned to the pot and was available to spend.

Members were also informed that £12,000 had been returned to the Wellbeing fund as a project from 2013/14 towards a parking scheme at Broadgate Lane, Horsforth had not gone ahead.

RESOLVED – To:

- Note the current budget position for the Wellbeing Fund for 2017/18 in Table 1 and attached at appendix 1 of the submitted report.

Draft minutes to be approved at the meeting
to be held on Monday, 27th November, 2017

- Consider the new Wellbeing large grant application detailed at points 13 and 14 of the submitted report.
 - Point 13 Featherbank Zebra Crossing, Horsforth £6,000 – APPROVED
 - Point 14 Target Hardening Additional Funds, Adel & Wharfedale - £2,000 and Otley & Yeadon - £500 – APPROVED
- Note the small grants and skips remaining budget (Table 2) and those small grants and skips that have been approved since the last meeting (Table 3)
- Note the current budget position for the Youth Activity Fund 2017/18 and the Youth Activity Fund project that has been approved since the last meeting (Table 4)
- Note the current budget position for the Capital Wellbeing Fund for 2017/18 (Table 5)

22 Community Committee Update Report

The report of the West North West Area Leader updated the Committee on the work of the sub groups of the Committee, the community forums and partnership working that had taken place since the last meeting and also provided information on the discounted lettings policy in the outer North West area.

The Members discussed the following:

- CCTV including positioning of the camera, the costs and responsibility of funding the CCTV and whether the CCTV was fit for purpose;
- Provision of grit bins
- Gulley Clearing
- Community Connector Events which it was noted had been successful;
- The children's events funded by Youth Activity Funding held over the Summer which it was noted had also been a success;
- The need to find a location for the Children and Young People's Voice event;

Members also discussed the three community centres in the outer North West area managed by Leeds City Council. Information was provided on the number of groups affected by the change in the pricing policy at each centre, the number of groups that renewed or cancelled their existing lettings, the amount of additional income achieved in year (June-March) through the discounted lettings policy and the overall projected income at each centre including those lettings at the full community and commercial rate.

Members were informed that all discounted lettings were due for renewal on 1st April 2018 and a process will start in the new-year to determine approval of the discounted support for the following year.

Members heard that the Horsforth Community Hub was now holding a variety of free social activities including pilates and table tennis sessions. Members

were advised that the Ballroom was being used more frequently and was being proactively marketed for hire. Cllr. Cleasby requested information on how revenue generated from hire of the Ballroom was being reinvested.

RESOLVED – To:

- Note the work of the sub groups and the areas of partnership working since the last Community Committee meeting.
- Note the discounted lettings information.
- Request that Horsforth Hub Manager contact Cllr. Cleasby to discuss the Ballroom.

23 Date and time of next meeting

The next meeting of the Outer North West Community Committee will be held at Upper Pool Bank Village Hall, Quarry Farm Road, Pool-in-Wharfedale, LS21 3BT, on Monday 27th November 2017 at 1:30pm.

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Report of: Tony Cooke (Chief Officer Health Partnerships)

Report to: Outer North West Community Committee

Report author: Paul Bollom (Head of the Leeds Health and Care Plan, Health Partnerships) and Rebecca Barwick (Head of Programme Delivery – System Integration, NHS Leeds CCGs Partnership)

Date: 27 November 2017

To note

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

1. Purpose of report

- 1.1 The purpose of this paper is to provide the Outer North West Community Committee with an overview of the progress made in shaping the Leeds Health and Care Plan following the previous conversation at each Committee in Spring 2017. It is fundamental to the Plan's approach that it continues to be developed through working 'with' citizens employing better conversations throughout to inspire change. The conversation will ensure open and transparent debate and challenge on the future of health and care, and is based around the content of the updated plan and accompanying narrative. The aim is to consider the proposals made to date and support a shift towards better prevention and a more social model of health.
- 1.2 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
- 1.3 The Leeds Plan envisages a significant move towards a more community focused approach which understands that good health is a function of wider factors such as housing, employment, environment, family and community and is integral to good economic growth. There are significant implications for health and care services in communities and how they would change to adopt this way of working. The paper provides further information on these
- 1.4 For the changes to be effective it is proposed there are significant new responsibilities for communities in how they may adopt a more integrated approach to health and care and work with each other through informal and formal approaches to maximise health

outcomes for citizens. This includes how community and local service leaders (including elected members) may support, steer and challenge this approach.

2. Main issues

- 2.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
- 2.2 The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally identified by health, care and civic leaders. These are gaps in health inequalities, quality of services and financial sustainability. It provides an opportunity for the city to shape the future direction of health and to transition towards a community-focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community.
- 2.3 Perhaps most importantly, the Leeds Health and Care Plan provides the content for a conversation with citizens to help develop a person-centred approach to delivering the desired health improvements for Leeds to be the Best City in the UK by 2030. It is firmly rooted in the 'strong economy, compassionate city' approach outlined in the Best Council Plan 2017-18.
- 2.4 The Leeds Health and Care Plan narrative sets out ideas about how we will improve health outcomes, care quality and financial sustainability of the health and care system in the city. The plan recognises the Leeds Health and Wellbeing Strategy 2016-2021, its vision and its outcomes, and begins to set out a plan to achieve its aims.
- 2.5 The Leeds Health and Wellbeing Board has a strong role as owner and critical friend of the Leeds plan championing an approach of 'working with' citizens throughout. The steer to the shaping of the Leeds Health and Care Plan has been through formal board meetings on 12th January and 21st April 2016 and two workshops held on 21st June and 28th July 2016. The Board has held a further workshop on 20th April 2017 where the previous Community Committee meeting feedback was given and more recently at a formal board meeting on 20th June 2017. The board has further reviewed progress on the 28th of September of the plan in the context of both short-term challenges for winter and wider transformation of primary care health and care services. Further comment on the draft plan and supporting narrative has been incorporated.
- 2.6 The plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP – previously the STP), but is primarily a Leeds based approach to transformation, building on the existing strategies that promote health and inclusive growth in the city. Whilst the financial challenge is a genuine one, the Leeds approach remains one based on long term planning including demand management, behaviour change and transition from acute-based services towards community based approaches that are both popular with residents and financially sustainable.
- 2.7 A transition towards a community-focused model of health is outlined in the plan. This is the major change locally and will touch the lives of all people in Leeds. This 'new model of care' will bring services together in the community. GP practices, social care,

Third Sector and public health services will be informally integrated in a 'Local Care Partnership'. Our hospitals will work closely with this model and care will be provided closer to home where possible, and as early as possible. New mechanisms, known as 'Population Health Management' will be used to ensure the right people get the right services and that these are offered in a timely fashion. This is designed to prevent illness where possible and manage it in the community.

- 2.8 The Leeds Health and Care Plan narrative presents information for a public and wider staff audience about the plan in a way that that citizens and staff can relate to and which is accessible and understandable.
- 2.9 The Leeds Health and Care Plan narrative (when published) will be designed so that the visual style and branding is consistent with that of the Leeds Health and Wellbeing Strategy 2016-2021 and will be part of a suite of material used to engage citizens and staff with.

The narrative contains information about:

- The strengths of our city, including health and care
- The reasons we must change
- How the health and care system in Leeds works now
- How we are working with partners across West Yorkshire
- The role of citizens in Leeds
- What changes we are likely to see
- Next steps and how you can stay informed and involved

- 2.10 The final version will contain case studies which will be co-produced with citizen and staff groups that will describe their experience now and how this should look in the future.
- 2.11 It will enable us to engage people in a way that will encourage them to think more holistically about themselves, others and places rather than thinking about NHS or Leeds City Council services. Citizen and stakeholder engagement on the Leeds Health and Care Plan has already begun in the form of discussions with all 10 Community Committees across Leeds in February and March 2017.
- 2.12 The approach taken in developing the Leeds Plan has embodied the approach of 'working with' people and of using 'better conversations' to develop shared understanding of the outcomes sought from the plan and the role of citizens and services in achieving these.

3. Influence of Community Committees and Voice of Citizens

- 3.1 The Leeds Health and Care Plan has been substantially developed subsequent to the previous conversation in Community Committees in Spring 2017. The previous discussion outlined the key areas of challenge for health and care services both at a city level and within each locality. For this meeting of the Outer North West Community Committee, please find attached the latest Community Committee Public Health profile and corresponding profiles for Integrated Neighbourhood Teams (INTs) to inform discussions (Appendix 1).
- 3.2 The four suggested areas for action in the Plan remain as: better prevention, better self-management and proactive care, better use of our hospitals and a new approach to responding in a crisis. These are supported by improvements to our support for our

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

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

4. How does the Plan affect local community services?

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

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

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

PEOPLE HAVE SAID...

I want to be able to plan my care with people who work together to understand me and my carer(s)

I want services that work together to achieve the outcomes important to me

When I use a new part of the service, my care plan is known in advance and respected.

The professionals involved with my care talk to each other. We all work as a team



Taken together, my care and support help me live the life I want to the best of my ability.

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

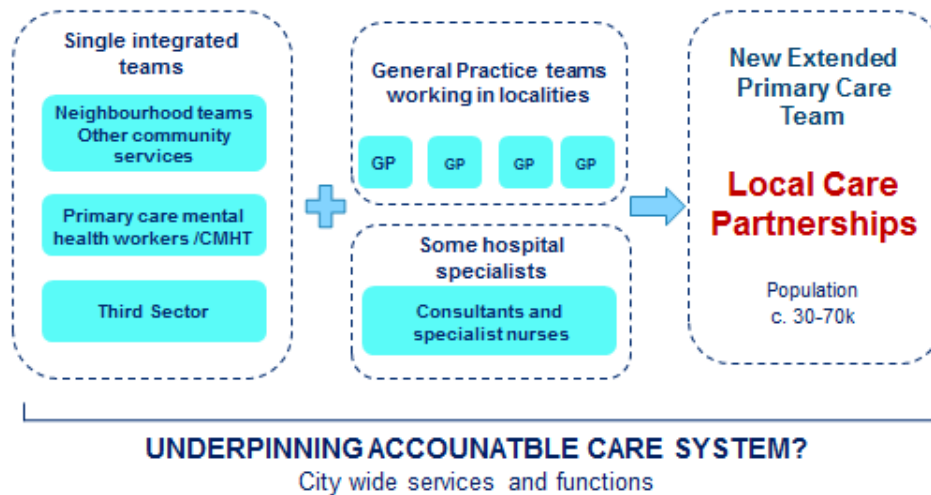
Leeds Neighbourhood Teams



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

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

WHAT COULD COMMUNITY CARE LOOK LIKE IN THE FUTURE?



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

5. A Conversation with Citizens

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

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

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

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

6. Corporate considerations

6.1 Consultation, engagement

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

6.2 Equality and diversity / cohesion and integration

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

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

6.3 Resources and value for money

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

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

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

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

6.4 Legal Implications, access to information and call in

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

6.5 Risk management

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

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

7. Conclusion

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

8. Recommendations

The Outer North West Community Committee is recommended to:

- Support the updated Leeds Plan as a basis for conversation with citizens on the future of health and care.
- Actively support widespread conversation and discussion of the Leeds Plan and narrative to encourage feedback and comment.
- Support the emerging model of Local Care Partnerships and actively engage with their development in their communities.

Background information

Community Committee Feedback Spring 2017	Action taken
<p>Committees emphasised these areas for the Plan to address:</p> <p>Mental health Physical activity Drug & Alcohol Services Diet and nutrition, especially for mothers and children Tackling loneliness Getting into schools more and promoting healthy lifestyles from a young age Better integration Relieve pressure on hospitals and GPs by making better use of pharmacies and nurses in communities The number of GPs in the city and the consistency of good quality GP and health services across the city.</p>	<p>The Plan draft promotes holistic inclusive health with mental health needs considered throughout health and care services. There are specific actions for those with a need for mental health care in hospital and actions to promote wellbeing through physical activity. The Plan targets people with frailty for a more integrated approach where loneliness and mental health will be addressed in a more joined up approach locally by health and care services. The Plan links to actions across West Yorkshire to improve mental health.</p> <p>Physical activity, Drug and Alcohol, A best start (including nutrition advice and early promotion of health lifestyles) are actions in the Plan.</p> <p>The integration approach across the Plan emphasizes better use of all community resources including nurses and pharmacists in a team approach to support GPs and hospital services.</p> <p>The workforce plans in the city are to increase the numbers in training of GPs and nurses in line with NHS national strategies. This increase would need to be balanced against the number of trend of more GPs working part time and retiring. Our plan is to increase the skills and numbers of other staff in nursing and primary care team roles to improve access to healthcare. This is being undertaken in a citywide approach to ensure consistent quality of health services accessible by local communities.</p>
<p>Committees felt the following were important to working with citizens in a meaningful, open and honest way: Health system is very complex – if we can simplify it this would benefit local people Reassurance / education / coaching for people with long-term conditions so they feel more empowered to manage their condition better and reduce the need to go to the hospital or GP People recognised the need to do things differently in a landscape of reducing resources, but felt there needed to be greater transparency of the savings needed and their impact on services</p>	<p>The Plan has tried to keep a simple approach to how the health care system works and contains improvements for greater simplicity. The Plan is for local services to be more joined together with less referrals leading to appointments with different organisations in different places.</p> <p>The Plan includes specific approaches to reassurance, education and coaching for long term conditions to increase empowerment and reduce GP and hospital use</p> <p>The wider plan document includes information transparently of current estimates of savings that need to be made and the risks to services that may become real.</p>
<p>The following were requests by Committees for further involvement: There should be more regular discussions about health locally Local Community Health Champions Local workshops, including at ward level People want to better understand their local health and wellbeing gaps and be empowered to provide local solutions and promote early prevention / intervention</p>	<p>The Plan has adopted a conversations with Community Committees and other local conversations as key to its approach. Local Health Champions are integral to these and increasing use is being made of local workshops and ongoing meetings to</p> <p>The proposal of a move to Local Care Partnerships is to change the role and model of primary care and integrates local leadership from elected members, health services, local third sector organisations and education to promote early prevention and better early intervention.</p>

Leeds Health and Wellbeing Board and Scrutiny Board feedback 2017	Action taken
<p>Acknowledged and welcomed the opportunity for the Community Committees to have had early discussions on the Leeds Health and Care Plan during the Spring 2017. A request for an update to the community committees was noted.</p>	<p>The success of these sessions have been held up as a good practice example across the region of the value of working ‘with’ elected members and our local communities. We recognise that an ongoing conversation with elected members is key to this building on the sessions that took place.</p> <p>In addition to local ongoing conversations since Spring 2017, there are a number of engagement opportunities with elected members outlined throughout the report under para 3.6 including a second round of Community Committee discussions taking place during autumn/winter.</p>
<p>The need to emphasise the value of the Leeds Pound to the Health and Care sector and the need to acknowledge that parts of the health economy relied on service users not just as patients but buyers.</p>	<p>There is a greater emphasis to the Leeds Pound within the narrative document and it is now highlighted within the Leeds Health and Care Plan on a page through “Using our collective buying power to get the best value for our ‘Leeds £”.</p>
<p>Emphasising the role of feedback in shaping the finished document.</p>	<p>The narrative in its introduction emphasises the engagement that has taken place to shape the document from conversations with patients, citizens, doctors, health leaders, voluntary groups and local elected members. The narrative also invites staff and citizens to provide feedback through various forums and mechanisms. Further work is needed to make this process easier and this will take place during October/November.</p>
<p>A review of the language and phrasing to ensure a plain English approach and to avoid inadvertently suggesting that areas of change have already been decided.</p>	<p>The narrative has been amended for plain English and emphasises the importance of ongoing engagement and co-production to shape the future direction of health and care in the city.</p>
<p>The narrative to also clarify who will make decisions in the future</p>	<p>The narrative makes greater reference to decision making in ‘Chapter 10: What happens next?’ highlighting that:</p> <ul style="list-style-type: none"> • The planning of changes will be done in a much more joined up way through greater joint working between all partners involved with health and care partners, staff and citizens. • Significant decisions will be discussed and planned through the Health and Wellbeing Board. • Decision making however will remain in the formal bodies that have legal responsibilities for services in each of the individual health and care organisations.
<p>The Plan to include case studies. Acknowledged the need to broaden the scope of the Plan in order to “if we do this, then this how good our health and care services could be” and to provide more detail on what provision may look like in the future.</p>	<p>Case studies are being co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. These will be incorporated in the future iteration of the Plan as well as used in engagement sessions with communities.</p>

References to the role of the Leeds Health and Wellbeing Board and the Leeds Health and Wellbeing Strategy 2016-2021 to be strengthened and appear earlier in the Plan.	The narrative in its introduction and throughout the document emphasises the role of the Leeds Health and Wellbeing Board. It also articulates that the Leeds Health and Care Plan is a description of what health and care will look like in the future and that it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021.
References to taking self-responsibility for health should also include urgent care/out of hospital health	Narrative has been updated to reflect this. In addition, the engagement through the autumn will be joined up around Leeds Plan, plans for winter and urgent care.
Assurance was sought that the Plan would be co-produced as part of the ongoing conversation	Plans outlined in this paper for ongoing conversation and co-production during the autumn.
A focus on Leeds figures rather than national	Work is ongoing with finance and performance colleagues and will feed into the engagement through the autumn.
Requested that a follow up paper with more detail, including the extended primary care model, be brought back in September.	The narrative has a greater emphasis on the transition towards a community focused model of health and is highlighted on the Leeds Health and Care Plan on a Page. A separate update on the System Integration will be considered by the Board on 28 September 2017.
Request that pharmacy services are included as part of the Leeds Plan conversations	Pharmacy services will be engaged in the Plan conversation with citizens via their networks. The opportunity has been taken to also include dental and optometry networks.
The need to be clear about the financial challenges faced and the impact on communities.	<p>The Narrative contains clear information of a financial gap calculated for the city. The narrative contains a list of clear risks to the current system of healthcare posed by the combination of funding, arising need and need for reform.</p> <p>The presentation that accompanies the plan has been amended in light of Scrutiny comments to be clearer on the reality of financial challenges. This presentation will be used for future public events.</p>
Clarification sought in the report regarding anticipated future spending on the health and care system in Leeds.	Scrutiny identified that the previous information in the narrative indicated the balance of expenditure would fund greater volume of community based care but also seemed to portray a significant growth in total expenditure. This diagram has been replaced by a 'Leeds Left Shift' diagram indicating more clearly the shift in healthcare resources without indicating significant growth.
An update on development of a communication strategy and ensuring that the public was aware about how to access information on-line.	This paper identifies a communication approach for the Leeds Plan and Narrative.
Suggested amendments to patient participation and the role of Healthwatch Leeds.	The section on participation is being revised to include the opportunities and approach identified by Healthwatch Leeds.

Appendix 1 – Outer North West Community Committee Public Health Profile and Draft Area overview profiles for Holt Park and Yeadon Integrated Neighbourhood Teams (INTs)

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

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

This appendix includes:

- Map of the Community Committee boundaries and Integrated Neighbourhood Team footprint areas
- Outer North West Community Committee Public Health Profile
- Draft Area overview profiles for Holt Park and Yeadon Integrated Neighbourhood Teams (INTs)

Community Committee boundaries and Integrated Neighbourhood Team footprint areas

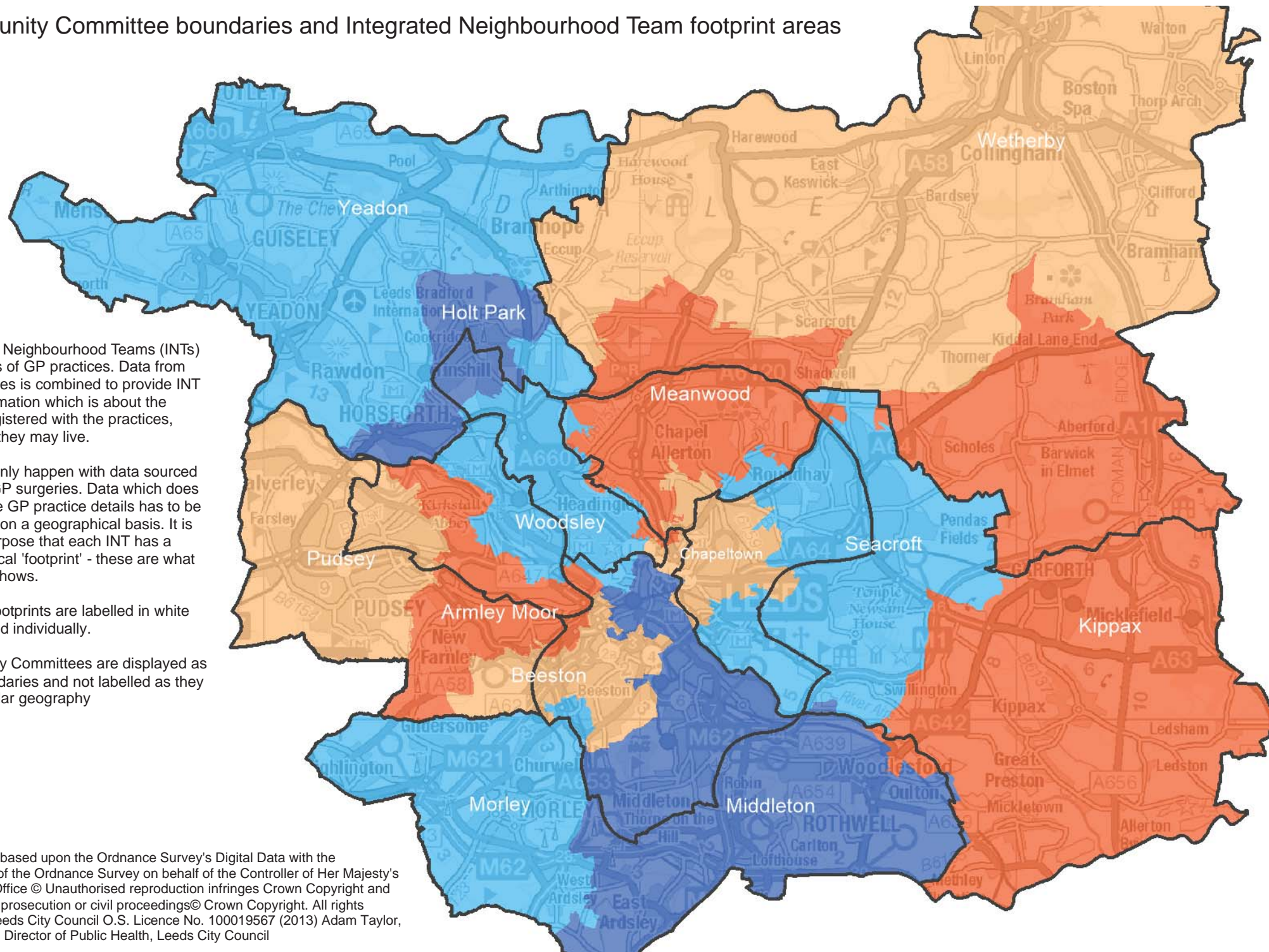
Integrated Neighbourhood Teams (INTs) are groups of GP practices. Data from the practices is combined to provide INT level information which is about the people registered with the practices, wherever they may live.

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

The INT footprints are labelled in white and shaded individually.

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

This map is based upon the Ordnance Survey's Digital Data with the permission of the Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings © Crown Copyright. All rights reserved. Leeds City Council O.S. Licence No. 100019567 (2013) Adam Taylor, Office of the Director of Public Health, Leeds City Council



Area overview profile for Outer North West Community Committee

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

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

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

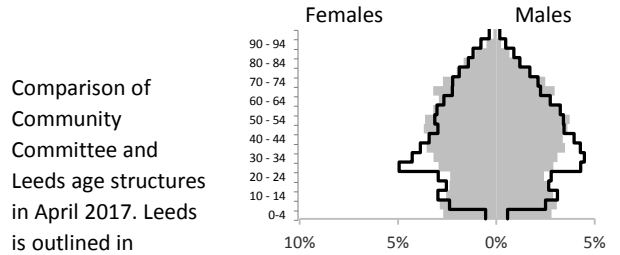
Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	10,755	92%	71%
Any other white background	279	2%	5%
Any other ethnic group	128	1%	2%
Any other Asian background	104	1%	2%
Indian	93	1%	2%

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

Pupil language, top 5	Area	% Area	% Leeds
English	11,921	99%	87%
Arabic	105	1%	1%
Kurdish	18	0%	0%
Farsi Persian (Any Other)	14	0%	0%
Polish	5	0%	1%

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

Population: 92,632 46,969 45,663

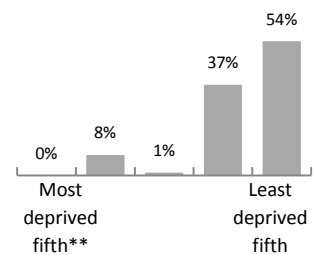


Comparison of Community Committee and Leeds age structures in April 2017. Leeds is outlined in

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

Deprivation distribution

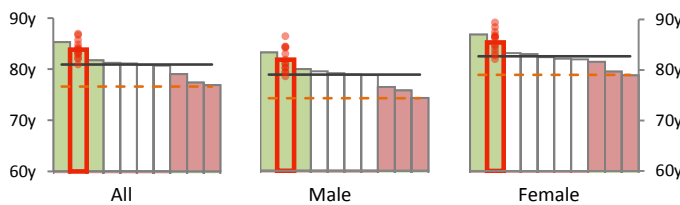
Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), April 2017.



GP recorded ethnicity, top 5	% Area	% Leeds
White British	78%	62%
Not Recorded	9%	6%
Other White Background (blank)	4%	9%
Not Stated	1%	2%

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

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

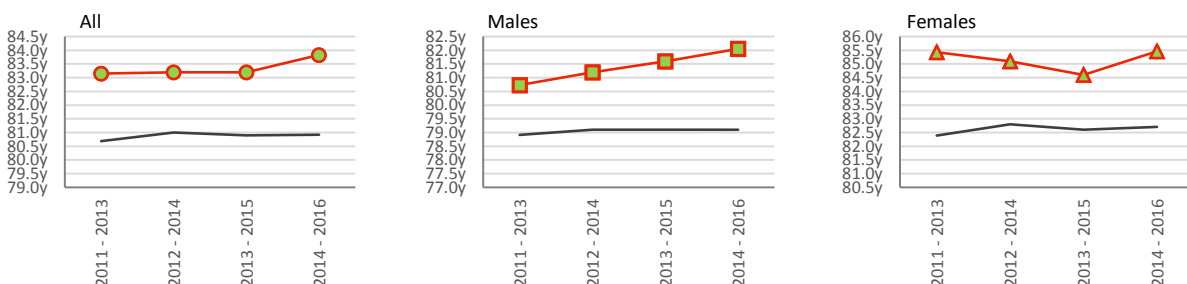


(years)	All	Males	Females
Outer North West CC	83.8	82.0	85.5
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

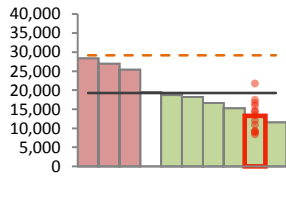
"How different is the life expectancy here to Leeds?"

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

Life expectancy in this Community Committee is significantly better than that of Leeds and it has been this way since 2011-13.



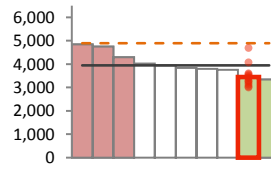
GP recorded conditions, persons (DSR per 100,000) GP data



Smoking (16y+)

Outer NW	13,238
Leeds	19,265
Deprived fifth**	29,163

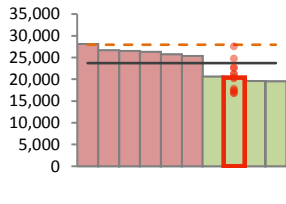
(April 2017)



CHD

Outer NW	3,442
Leeds	3,947
Deprived fifth	4,894

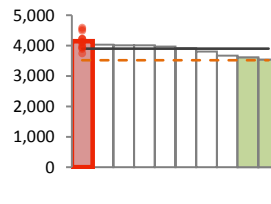
(January 2017)



Obesity (16y+ and BMI>30)

Outer NW	20,410
Leeds	23,722
Deprived fifth	27,951

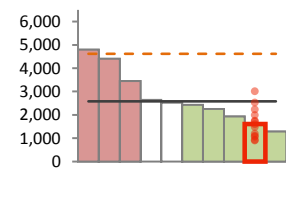
(April 2017)



Cancer

Outer NW	4,140
Leeds	3,899
Deprived fifth	3,519

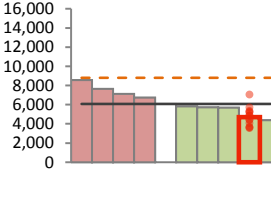
(January 2017)



COPD

Outer NW	1,607
Leeds	2,580
Deprived fifth	4,617

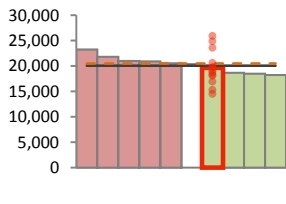
(April 2017)



Diabetes

Outer NW	4,718
Leeds	6,076
Deprived fifth	8,802

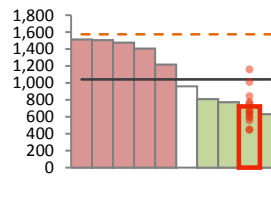
(April 2017)



Common mental health

Outer NW	19,651
Leeds	20,060
Deprived fifth	20,496

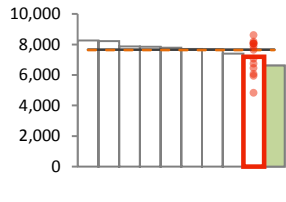
(January 2017)



Severe mental health

Outer NW	722
Leeds	1,042
Deprived fifth	1,574

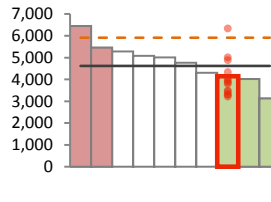
(January 2017)



Asthma in children

Outer NW	7,188
Leeds	7,659
Deprived fifth	7,633

(October 2016)



Dementia (over 65s)

Outer NW	4,148
Leeds	4,618
Deprived fifth	5,911

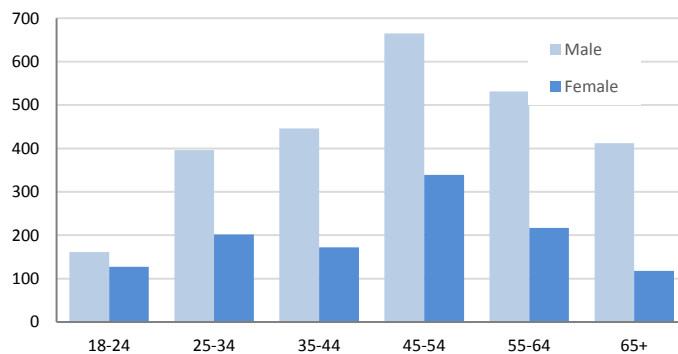
(January 2017)

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

Alcohol dependency - the Audit-C test GP data, April 2017

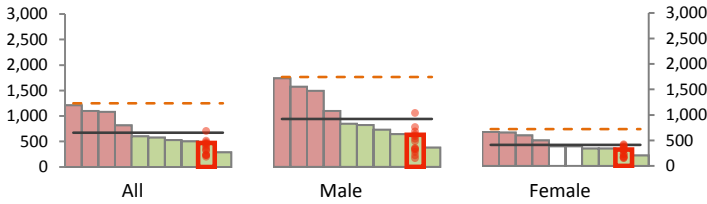
The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. This chart displays the *number* of patients living inside the Community Committee boundary who have a score of 8 or higher.



Alcohol specific hospital admissions, 2012-14 ranked

HES



(DSR per 100,000)	All	Males	Females
Outer North West	470	626	321
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

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

ONS and GP registered populations

"How different are the sexes in this area?"

- Males
- △ Females
- Persons

Shaded if significantly > persons
Shaded if significantly < persons

"How different is this area to Leeds?"

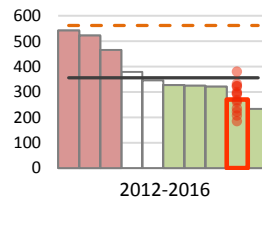
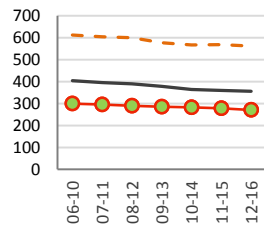
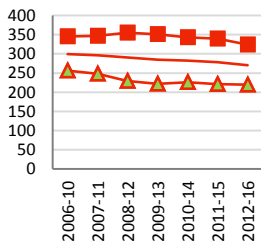
- Persons
- Leeds
- - - Deprived fifth**

Shaded if significantly > Leeds
Shaded if significantly < Leeds

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

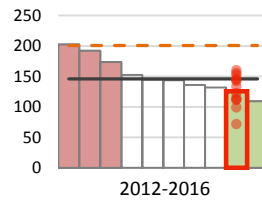
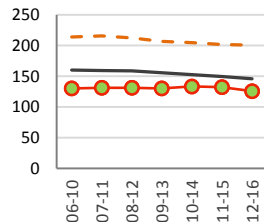
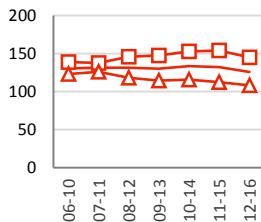
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



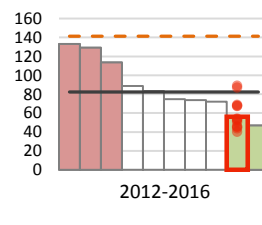
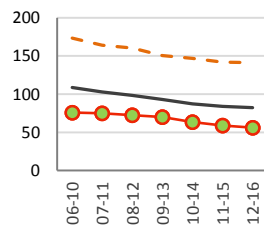
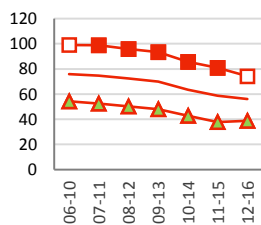
Persons (DSR per 100,000)	
Community Committee	270
Count of deaths in 2012-16	1,124
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



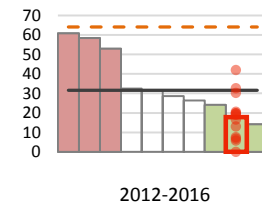
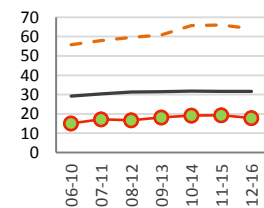
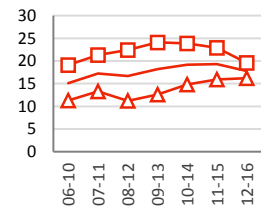
Persons (DSR per 100,000)	
Community Committee	126
Count of deaths in 2012-16	524
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Community Committee	56
Count of deaths in 2012-16	234
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Community Committee	18
Count of deaths in 2012-16	74
Leeds resident	32
Deprived fifth	64

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

Outer North West Community Committee

The health and wellbeing of the Outer West Community Committee is in the very healthy range for the city. It is the third largest Community Committee in the city and none of the population live in the most deprived fifth of Leeds** with the majority living in the least deprived fifth of the city. Life expectancy for the Community Committee is significantly higher than Leeds overall and rising slowly.

The age structure bears little resemblance to that of Leeds overall with fewer young adults and greater proportions of young children and those aged over 40. GP recorded ethnicity shows the Community Committee to have larger proportions of “White background” than Leeds. However 12% of the GP population in Leeds has no recorded ethnicity which needs to be taken into account here. The pupil survey shows a similar picture.

Smoking, CHD, obesity, COPD, diabetes, and severe mental health issues are all very low compared to other Committees, although the MOSA ‘Yeadon - Henshaws, Southway, Westfields’ consistently has the highest rates in the Community Committee. GP recorded cancer rates on the other hand are the highest of any Community Committee in the city and the only committee where the rate is significantly above that of Leeds, this is a situation where more deprived populations have lower cancer diagnosis rates despite risk factors such as obesity and smoking. Less deprived communities are more likely to take up screening, get treatment early, and ultimately live longer, resulting in GP records of cancer that are higher in less deprived areas.

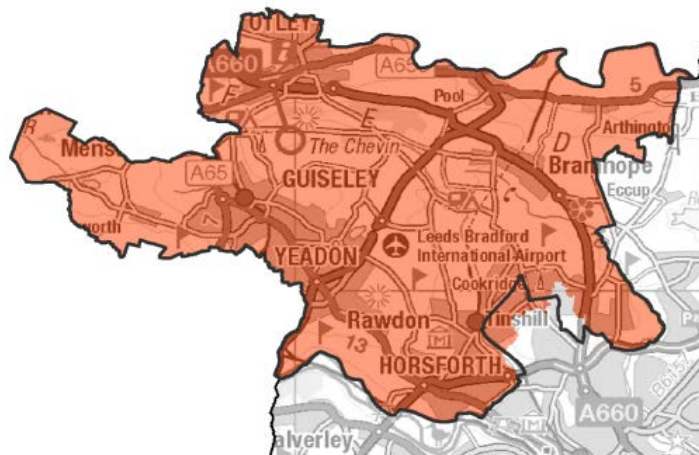
The alcohol dependency test shows the usual gender differences which are borne out in the alcohol specific admissions. Admissions at small area level are concentrated at the low end and mostly significantly lower than Leeds rates.

All-cause mortality for under 75s is second lowest in the city, significantly below the Leeds average, and showing distinct differences between men and women. Only one small area – ‘Yeadon - Henshaws, Southway, Westfields’ is above the Leeds rate. Circulatory disease mortality shows a very similar picture.

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

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

Ordnance Survey PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved. **GP data** courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city. **Admissions data** Copyright © 2016, re-used with the permission of the Health and Social Care Information Centre (HSCIC) / NHS Digital. All rights reserved.

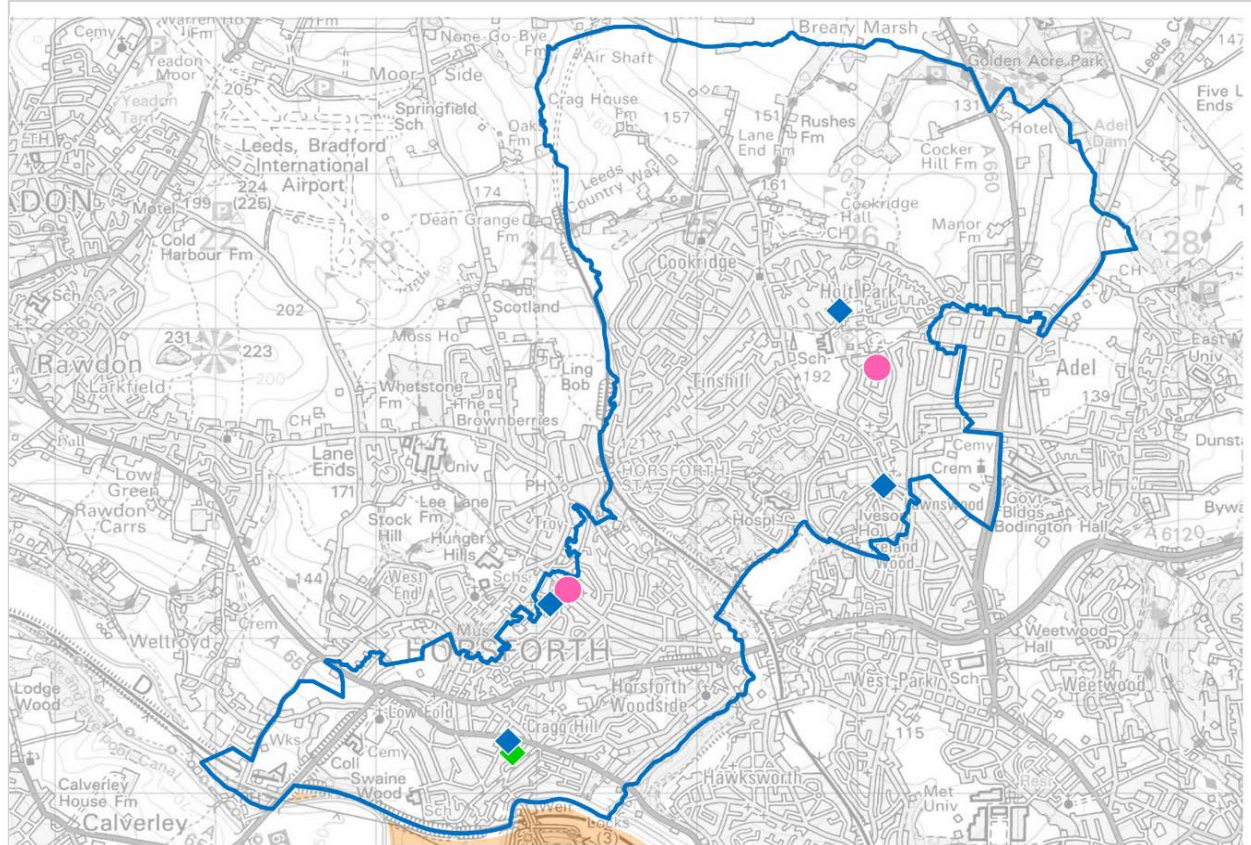


Area overview profile for Holt Park Integrated Neighbourhood Team November 2017

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

A similar population structure to Leeds but without the student and young adult ageband bulge. There is a wide variation in deprivation. Although over 40% live in the least deprived fifth, 1 in 7 of the population live in the second most deprived fifth of the city. Some small areas inside the INT footprint score highly for social isolation, particularly in the 'Older, poor health, depression, living alone' index.

Page 25



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: High Field Surgery. Ireland Wood Surgery. Fieldhead Surgery.

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

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

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

Area overview profile for Holt Park Integrated Neighbourhood Team

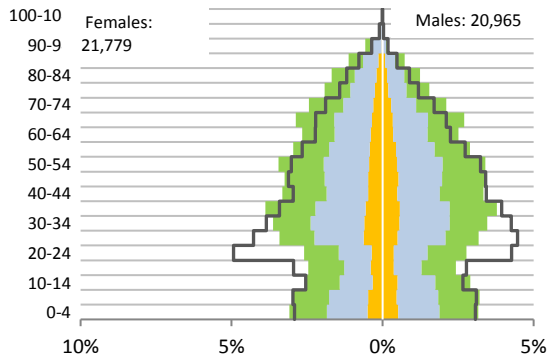
This profile presents a high level summary of data for the Holt Park Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch belongs to. Where data is not available at practice level it is aggregated to INT footprint on a purely geographical basis ✕.

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

Where possible, INTs are colour coded red or green if rates are significantly worse or better than Leeds.

Population: 42,744 in April 2017 GP data

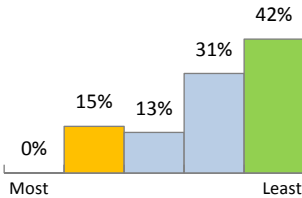
Comparison of INT and Leeds age structures. Leeds is outlined in black, INT populations are shown as dark and light orange if resident inside the 1st or 2nd most deprived fifth of Leeds, and green if in the least deprived.



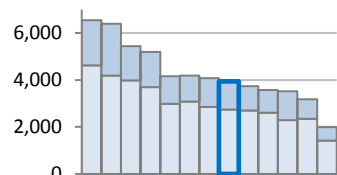
GP recorded ethnicity, top 5	% INT	% Leeds
White British	62%	62%
Not Recorded	17%	6%
Other White Background	10%	9%
Other Ethnic Background	2%	2%
Unknown	2%	1%

(April 2017)

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



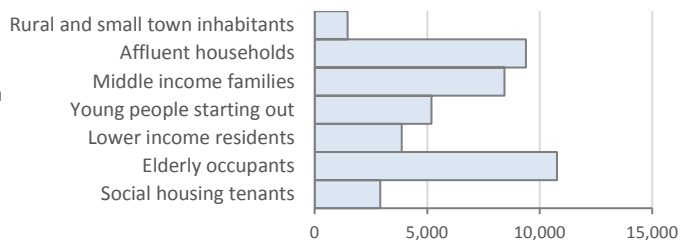
Aged 74+ (April 2017)
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



Mosaic Groups in this INT population (October 2017)

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

<http://www.segmentationportal.com>



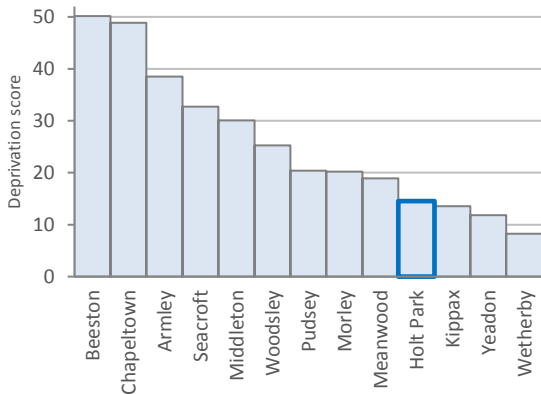
Population counts in ten year age bands for each INT (April 2017)

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

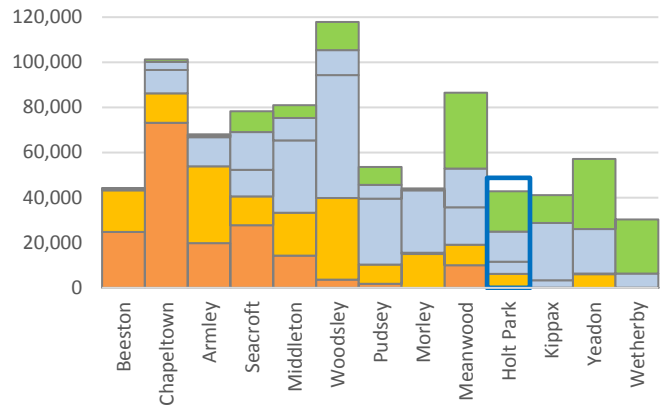
Deprivation and the population of Holt Park INT IMD2015 and GP data

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 14.6, ranked number 10 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

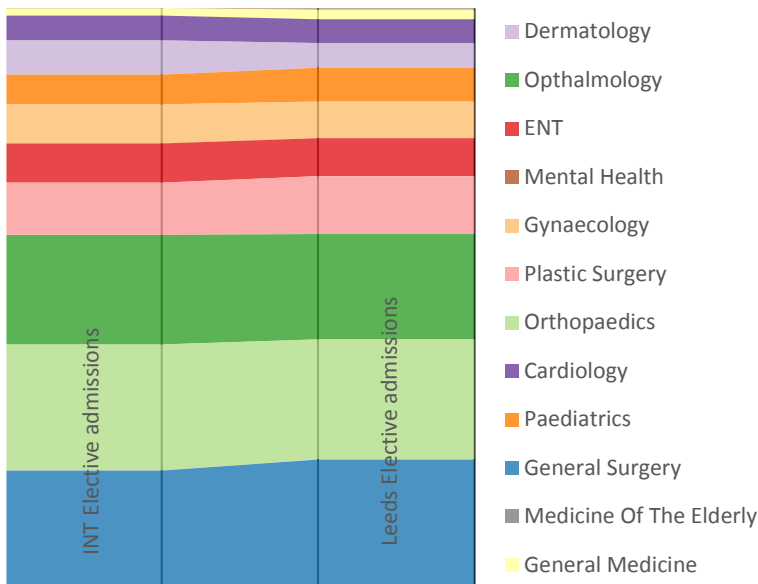


Hospital admissions for this INT by specialty (2016/17)

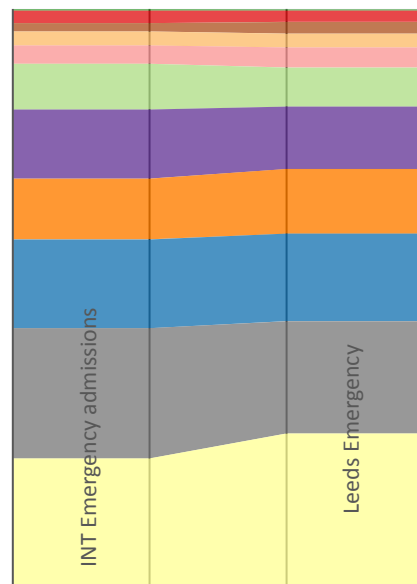
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialities and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

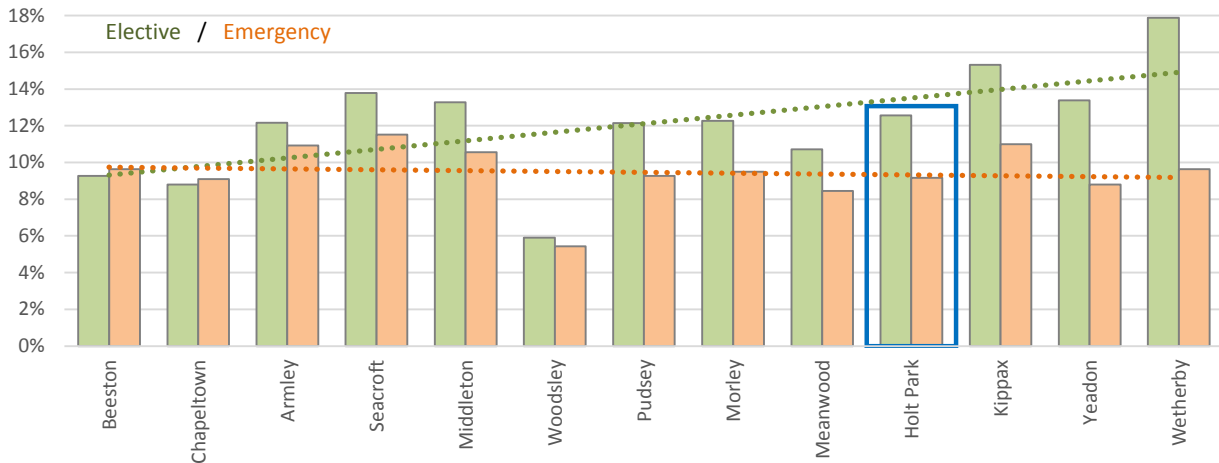


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st Orthopaedics	12%	11%
2nd General Surgery	11%	12%
3rd Ophthalmology	11%	10%
4th Plastic Surgery	5%	5%
5th Gynaecology	4%	3%

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

Elective and emergency admission rates and deprivation

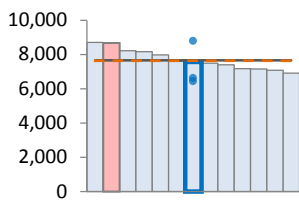
Hospital admission rates as percentage of whole INT populations. The INTs are ordered by deprivation score and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

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

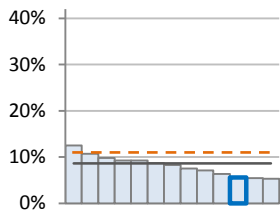


Asthma - under 16s

INT	7,567
Leeds registered	7,659
Deprived fifth**	7,633
<i>INT count</i>	<i>464</i>

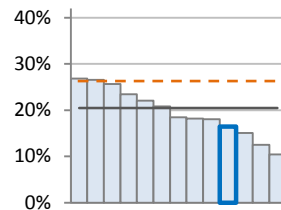
GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

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



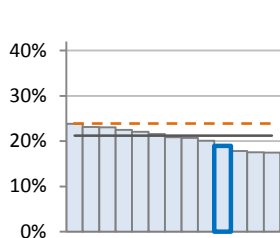
Obesity in Reception year

INT	5.6%
Leeds registered	8.6%
Deprived fifth**	11.0%
<i>18 of 322 children in INT</i>	



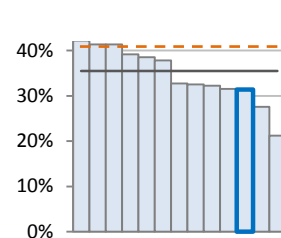
Obesity in Year 6

INT	16.5%
Leeds registered	20.5%
Deprived fifth**	26.3%
<i>43 of 261 children in INT</i>	



Obese or overweight, Reception year

INT	18.9%
Leeds registered	21.2%
Deprived fifth**	23.9%
<i>61 of 322 children</i>	

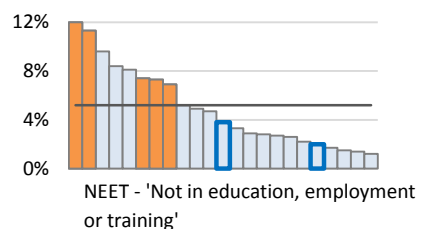
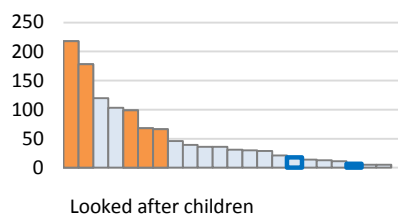
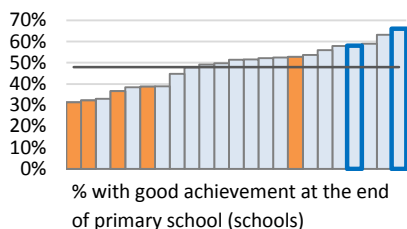


Obese or overweight, Year 6

INT	31.4%
Leeds registered	35.5%
Deprived fifth**	40.9%
<i>82 of 261 children</i>	

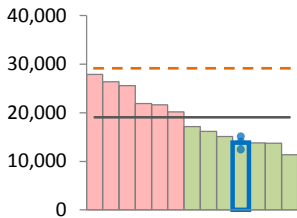
Children's cluster data Children and Young People's Plan Key Indicator Dashboard July 2017

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



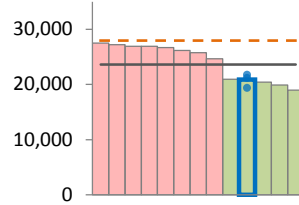
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	13,857
Leeds registered	19,045
Deprived fifth**	29,163
INT count	4,820



Obesity (BMI>30)

INT	20,879
Leeds registered	23,606
Deprived fifth**	27,951
INT count	6,138

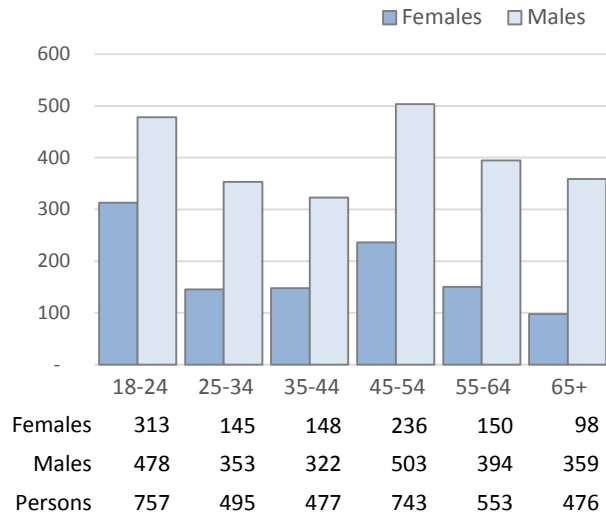
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

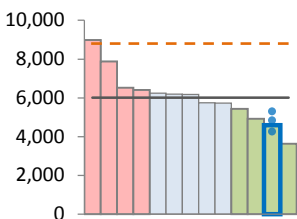
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

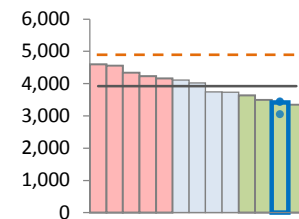
GP data

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



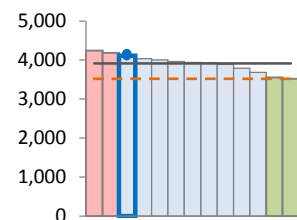
Diabetes

INT	4,596
Leeds registered	6,021
Deprived fifth**	8,802
INT count	1,899



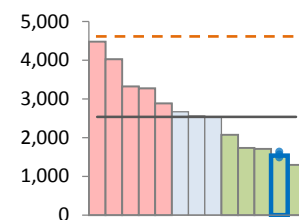
CHD

INT	3,419
Leeds registered	3,926
Deprived fifth**	4,894
INT count	1,444



Cancer

INT	4,110
Leeds registered	3,915
Deprived fifth**	3,519
INT count	1,701



COPD

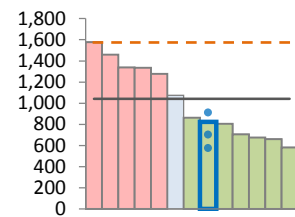
INT	1,538
Leeds registered	2,537
Deprived fifth**	4,617
INT count	642

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

Long term conditions, adults and older people continued

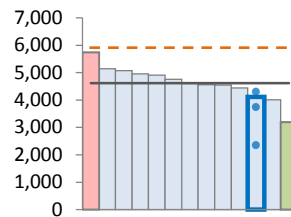
GP data (January 2017)

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



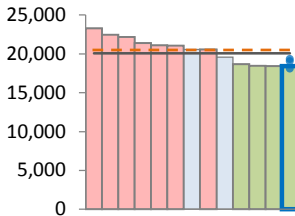
Severe mental health

INT	824
Leeds registered	1,042
Deprived fifth**	1,574
<u>INT count</u>	<u>339</u>



Dementia (65+)

INT	4,110
Leeds registered	4,618
Deprived fifth**	5,911
<u>INT count</u>	<u>360</u>



Common mental health

INT	18,401
Leeds registered	20,060
Deprived fifth**	20,496
<u>INT count</u>	<u>7,615</u>

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

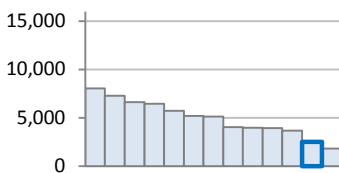
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ✘

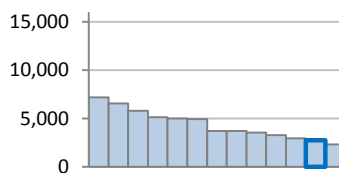
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness

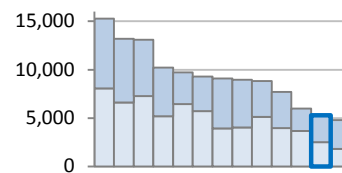
Life limiting illness, under 65



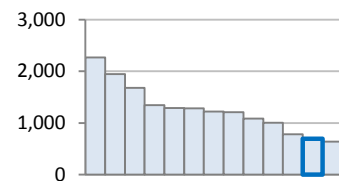
Life limiting illness, over 65



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



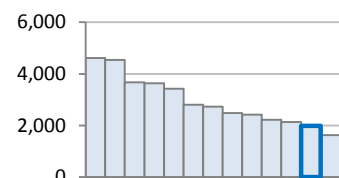
Carers providing 50+ hours care/week ✘



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

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

One person households aged 65+ ✘



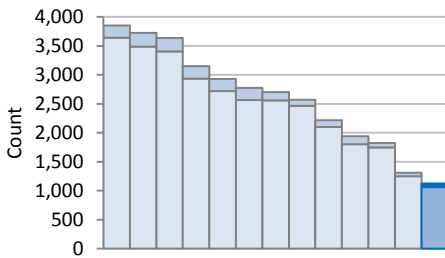
	number	rank
Limiting Long Term Illness - All Ages	<u>5,278</u>	12
Limiting Long Term Illness - under 65	<u>2,527</u>	12
Limiting Long Term Illness - 65+	<u>2,751</u>	12
Providing 50+ hours care/week	<u>692</u>	12
One person households aged 65+	<u>1,992</u>	12

People living with frailty and 'end of life'

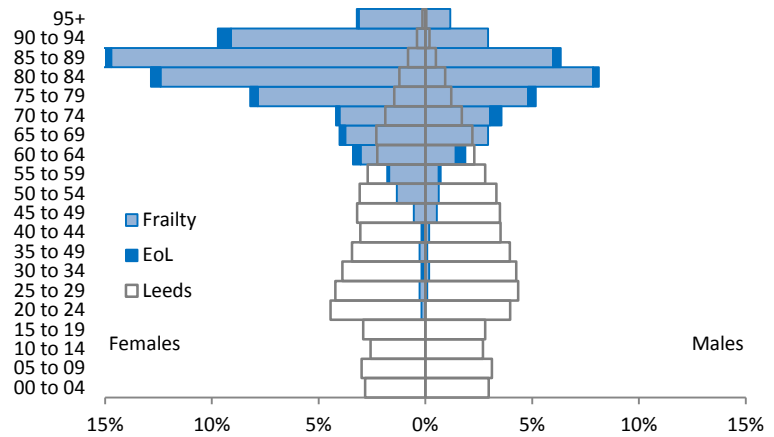
Leeds data model September 2016 cohort

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

Total: 1,121. Frailty 1,064. End of life 57



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

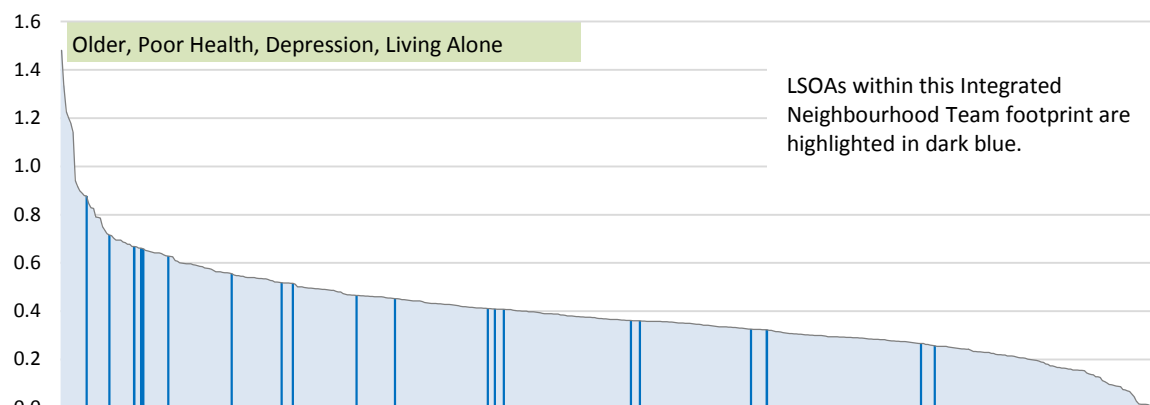
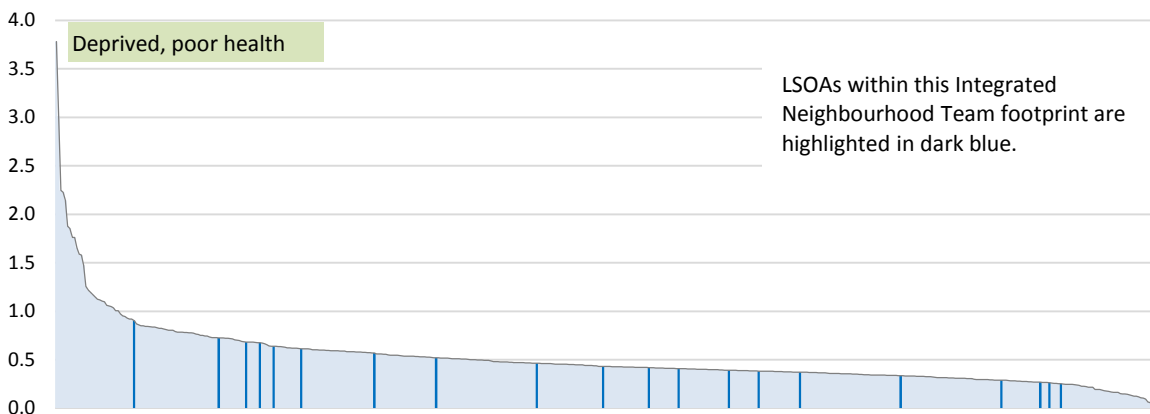


Social Isolation Index

LSOAs in INT footprint

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

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



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

Mortality, under 75s, age standardised rates per 100,000 ONS and GP registered populations

"How different are the sexes in this INT"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons
Shaded if significantly below Persons

"How different is this INT to Leeds"

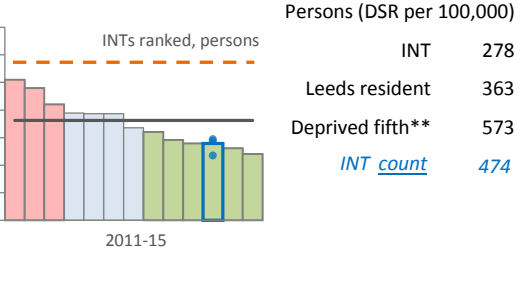
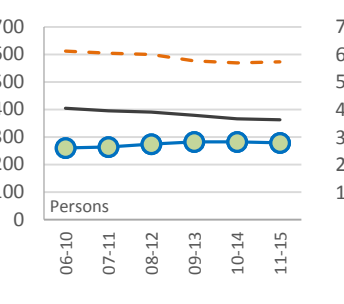
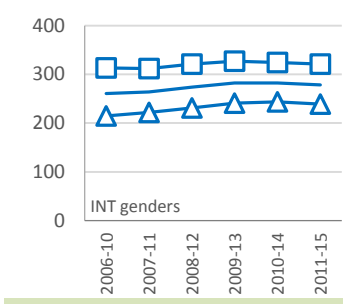
- INT persons
- Leeds
- Deprived fifth of Leeds**

Shaded if significantly above Leeds
Shaded if significantly below Leeds

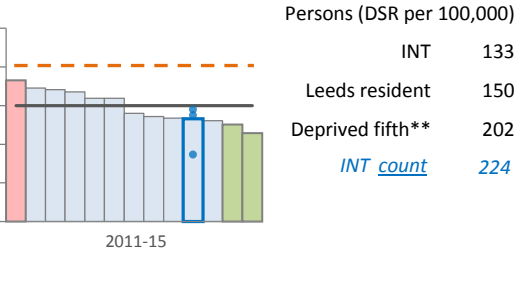
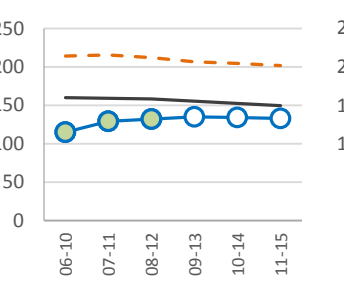
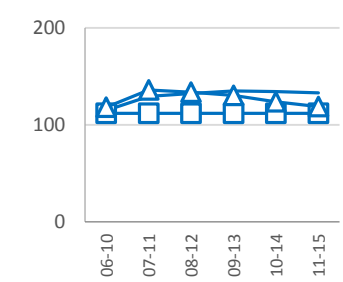
"Where is this INT in relation to the others, and Leeds"

INTs are ranked by the most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Practice rates for those within this INT are shown as blue dots. This INT is highlighted with a blue border.

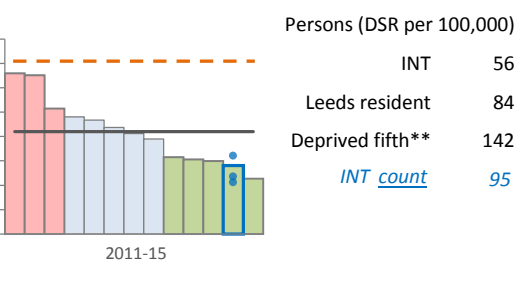
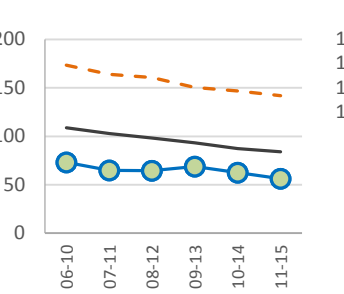
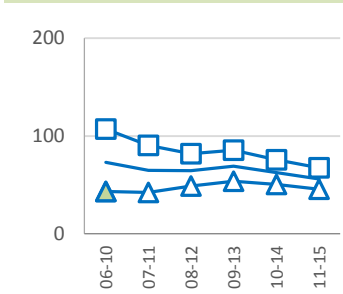
All cause mortality



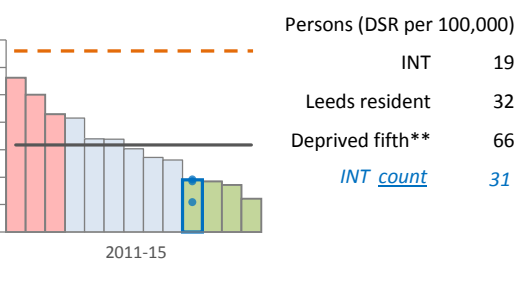
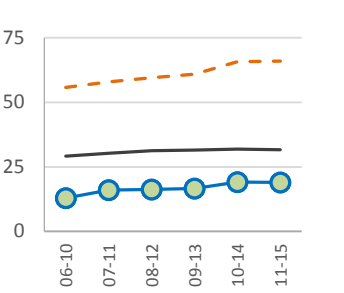
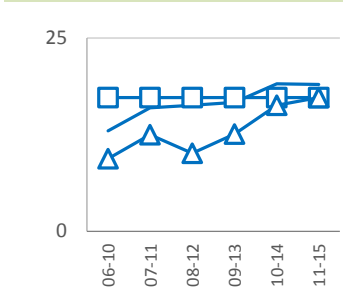
Cancer mortality



Circulatory disease mortality



Respiratory disease mortality



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

Area overview profile for Yeadon Integrated Neighbourhood Team

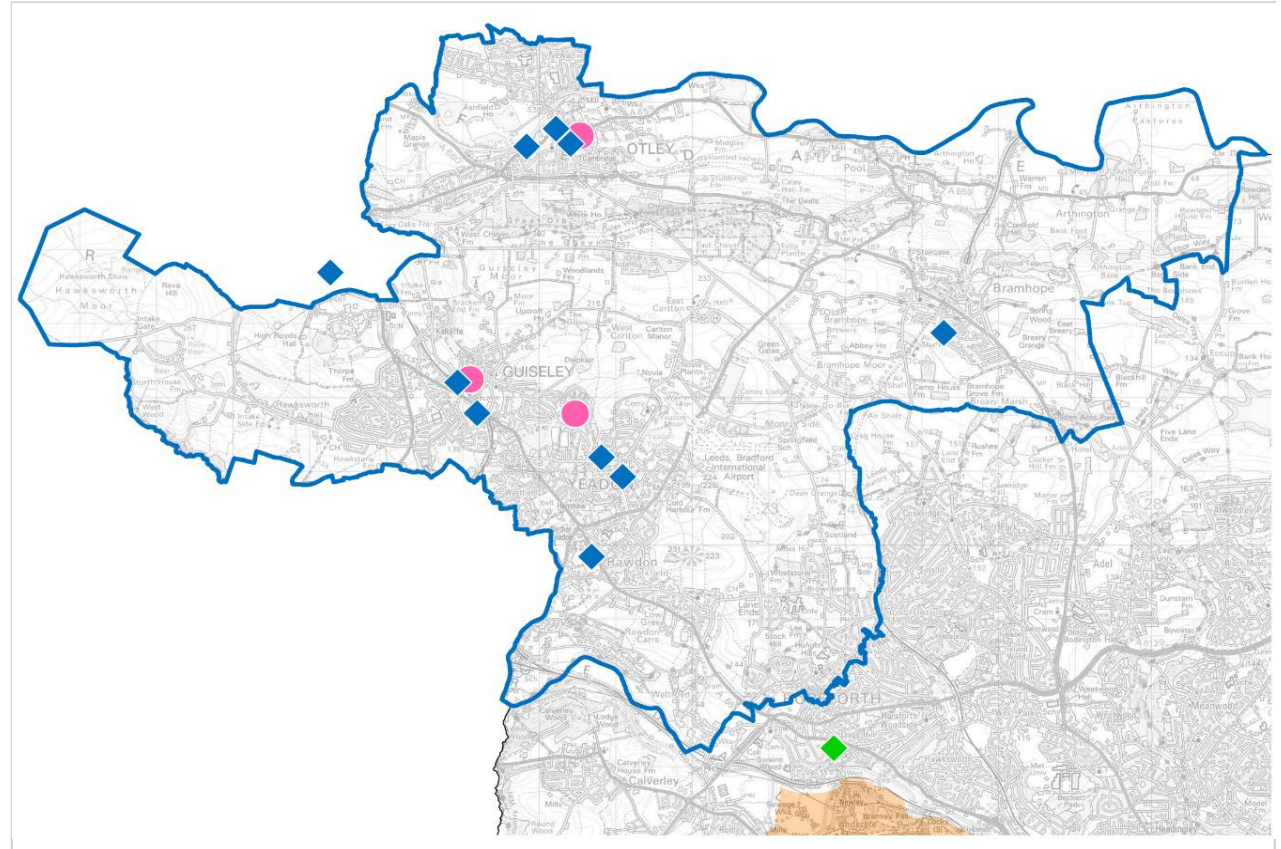
November 2017

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

The INT has a much higher proportion of 'White British' ethnicity than Leeds, and a lower proportion of "Other White Background". It also has an older population than Leeds, and 20-40y olds are much rarer than in the whole city. It is the second least deprived INT population in the city.

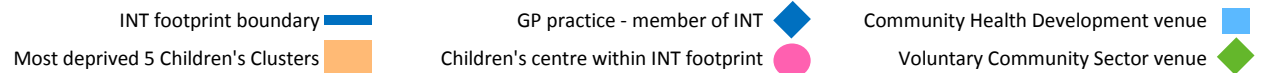
Emergency admissions for 'medicine of the elderly' make up a larger proportion of admissions than citywide.

Page 33



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Westgate Surgery. Chevin Medical Practice. Guiseley And Yeadon Medical Practice. Rawdon Surgery. Yeadon Tarn Medical Practice. Menston And Guiseley Medical Practice. Aireborough Family Practice.

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



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

Area overview profile for Yeadon Integrated Neighbourhood Team

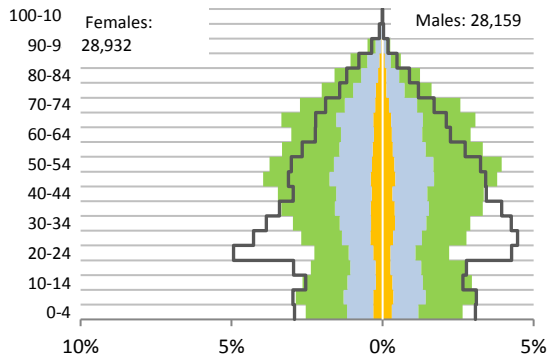
This profile presents a high level summary of data for the Yeadon Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch belongs to. Where data is not available at practice level it is aggregated to INT footprint on a purely geographical basis ✕.

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

Where possible, INTs are colour coded red or green if rates are significantly worse or better than Leeds.

Population: 57,091 in April 2017 GP data

Comparison of INT and Leeds age structures. Leeds is outlined in black, INT populations are shown as dark and light orange if resident inside the 1st or 2nd most deprived fifth of Leeds, and green if in the least deprived.

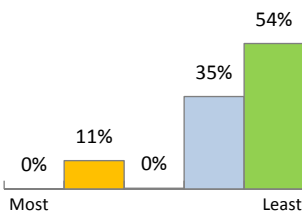


GP recorded ethnicity, top 5	% INT	% Leeds
White British	89%	62%
Not Recorded	4%	6%
Other White Background	2%	9%
Not Stated	2%	2%
Unknown	1%	1%

(April 2017)

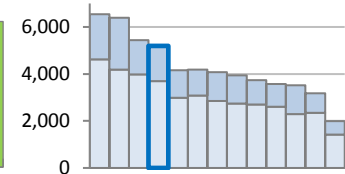
Deprivation distribution

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



Aged 74+ (April 2017)

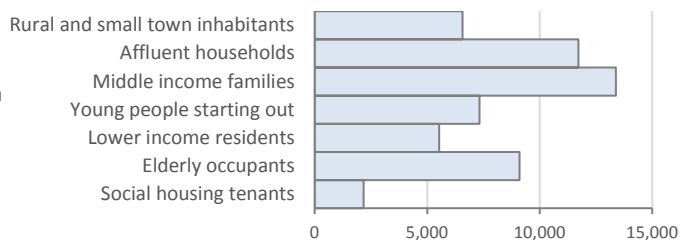
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



Mosaic Groups in this INT population (October 2017)

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

<http://www.segmentationportal.com>



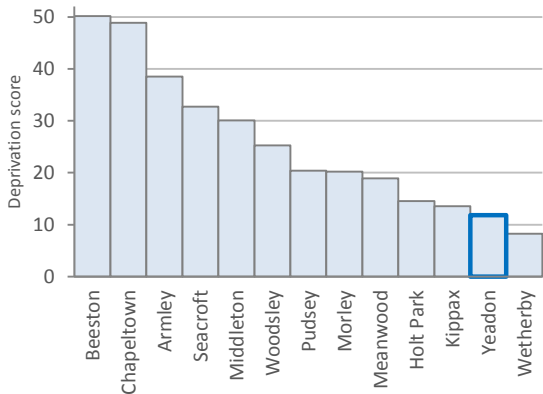
Population counts in ten year age bands for each INT (April 2017)

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

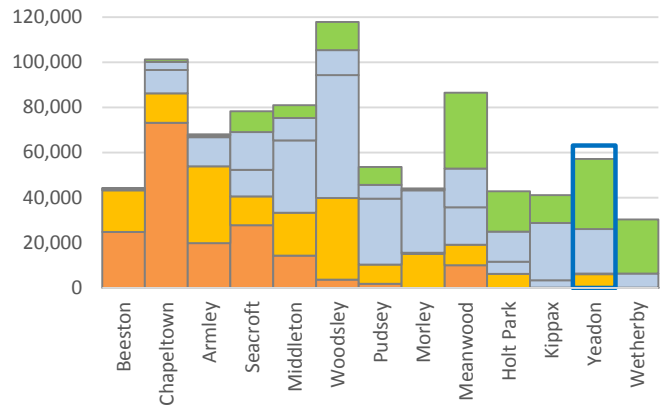
Deprivation and the population of Yeadon INT *IMD2015 and GP data*

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 11.8, ranked number 12 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

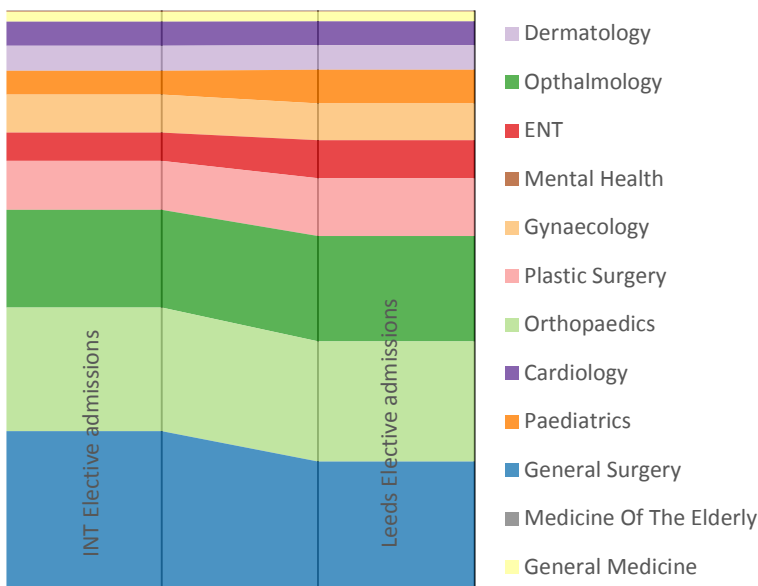


Hospital admissions for this INT by specialty (2016/17)

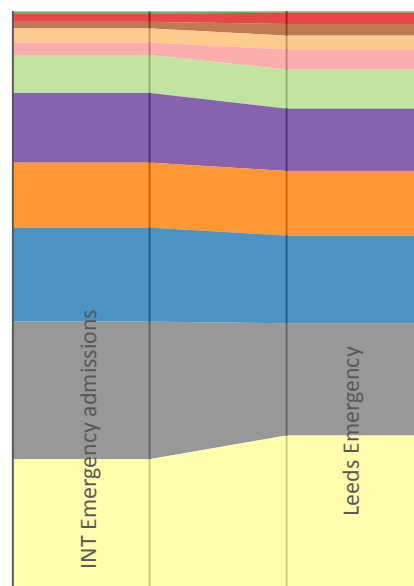
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialities and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

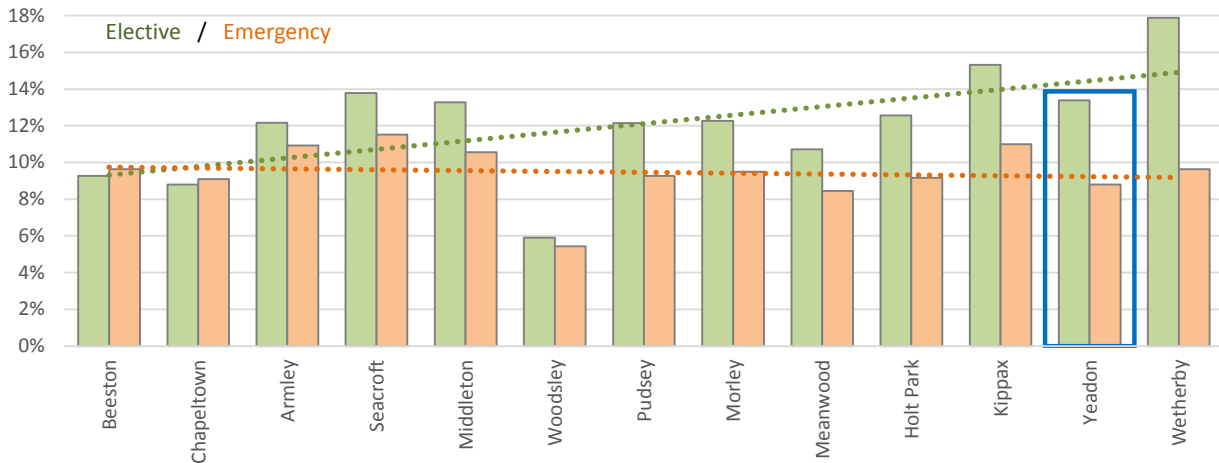


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st General Surgery	15%	12%
2nd Orthopaedics	12%	11%
3rd Ophthalmology	9%	10%
4th Plastic Surgery	5%	5%
5th Gynaecology	4%	3%

INT Emergency admissions top 5	% of INT admissions	Leeds proportion
1st Medicine Of The Elderly	15%	12%
2nd General Medicine	15%	16%
3rd General Surgery	10%	9%
4th Cardiology	8%	7%
5th Paediatrics	7%	7%

Elective and emergency admission rates and deprivation

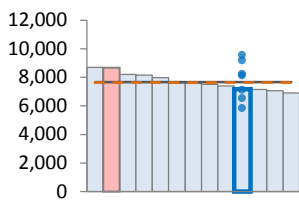
Hospital admission rates as percentage of whole INT populations. The INTs are ordered by deprivation score and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

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

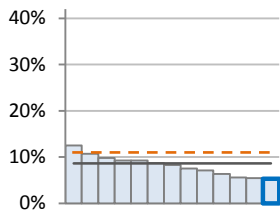


Asthma - under 16s

INT	7,169
Leeds registered	7,659
Deprived fifth**	7,633
INT count	634

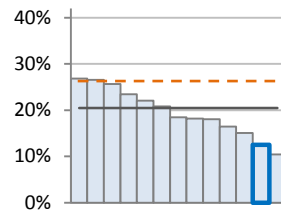
GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

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



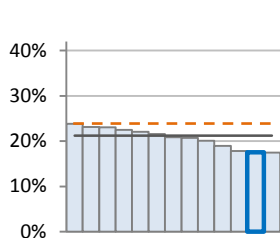
Obesity in Reception year

INT	5.3%
Leeds registered	8.6%
Deprived fifth**	11.0%
INT count	33 of 622 children in INT



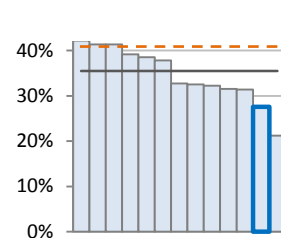
Obesity in Year 6

INT	12.5%
Leeds registered	20.5%
Deprived fifth**	26.3%
INT count	75 of 598 children in INT



Obese or overweight, Reception year

INT	17.5%
Leeds registered	21.2%
Deprived fifth**	23.9%
INT count	109 of 622 children

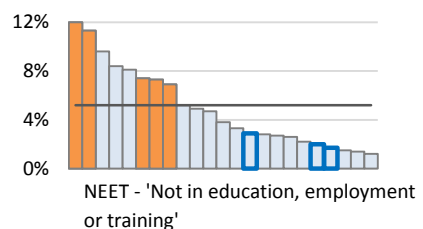
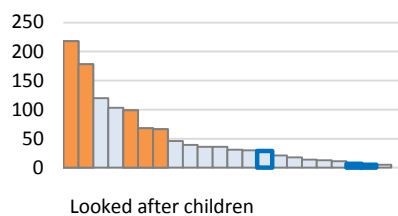
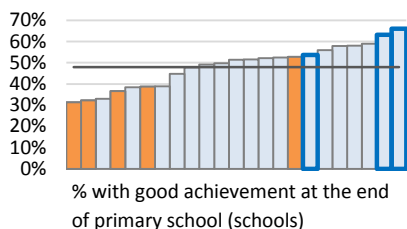


Obese or overweight, Year 6

INT	27.6%
Leeds registered	35.5%
Deprived fifth**	40.9%
INT count	165 of 598 children

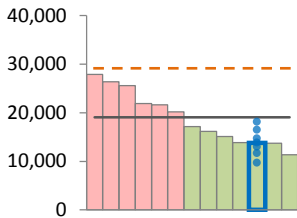
Children's cluster data Children and Young People's Plan Key Indicator Dashboard July 2017

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



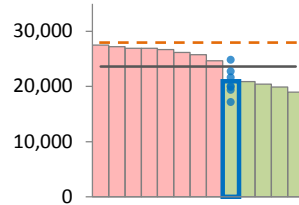
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	13,785
Leeds registered	19,045
Deprived fifth**	29,163
<u>INT count</u>	<u>6,379</u>



Obesity (BMI>30)

INT	20,971
Leeds registered	23,606
Deprived fifth**	27,951
<u>INT count</u>	<u>9,487</u>

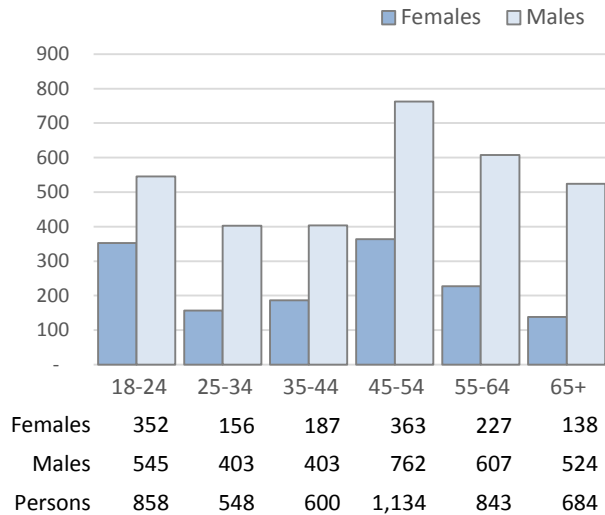
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

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

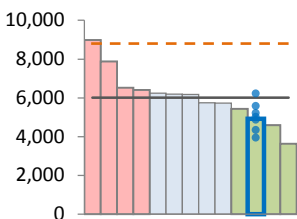
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

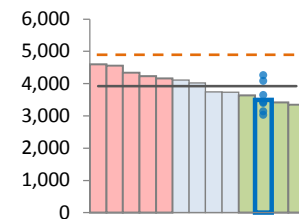
GP data

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



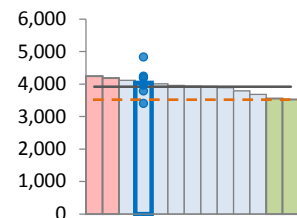
Diabetes

INT	4,924
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>2,930</u>



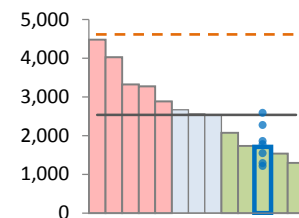
CHD

INT	3,497
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>2,065</u>



Cancer

INT	4,038
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>2,373</u>



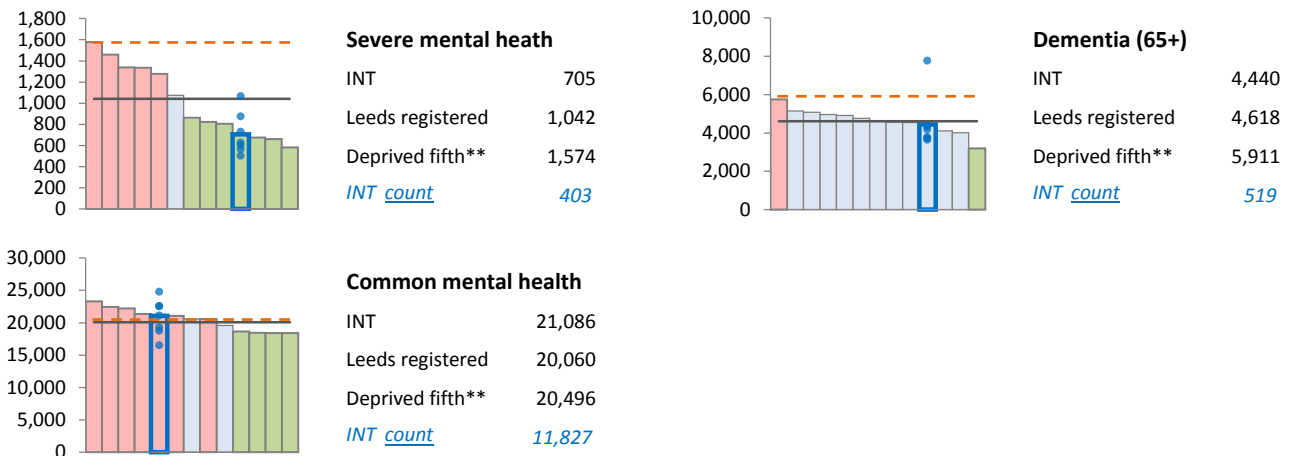
COPD

INT	1,713
Leeds registered	2,537
Deprived fifth**	4,617
<u>INT count</u>	<u>1,025</u>

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

Long term conditions, adults and older people continued GP data (January 2017)

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

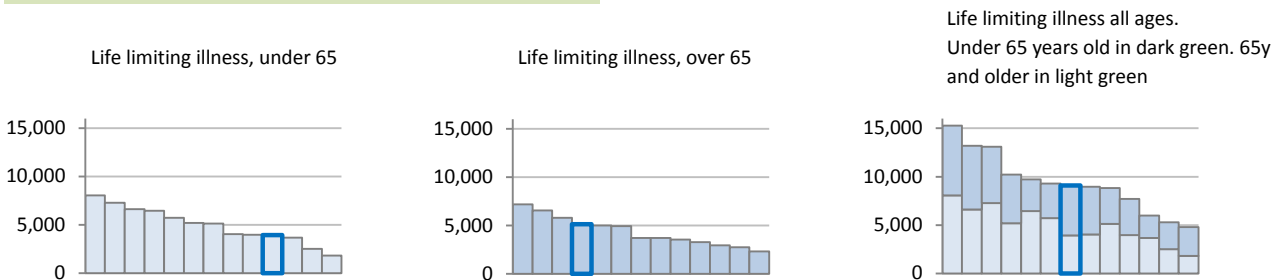


The GP data charts show all 13 INTs in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant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

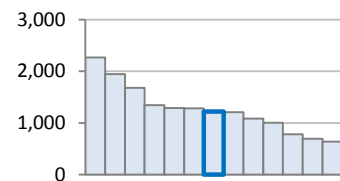
**Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ✘ Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness



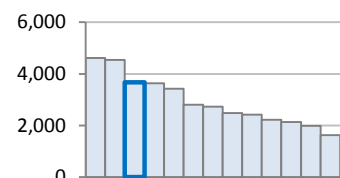
Carers providing 50+ hours care/week ✘



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

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

One person households aged 65+ ✘



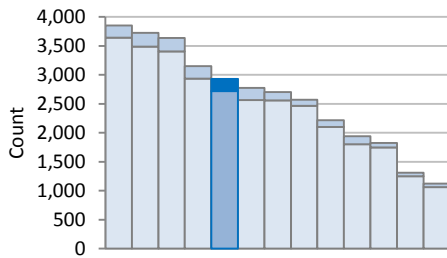
	number	rank
Limiting Long Term Illness - All Ages	9,078	7
Limiting Long Term Illness - under 65	3,931	10
Limiting Long Term Illness - 65+	5,147	4
Providing 50+ hours care/week	1,219	7
One person households aged 65+	3,676	3

People living with frailty and 'end of life'

Leeds data model September 2016 cohort

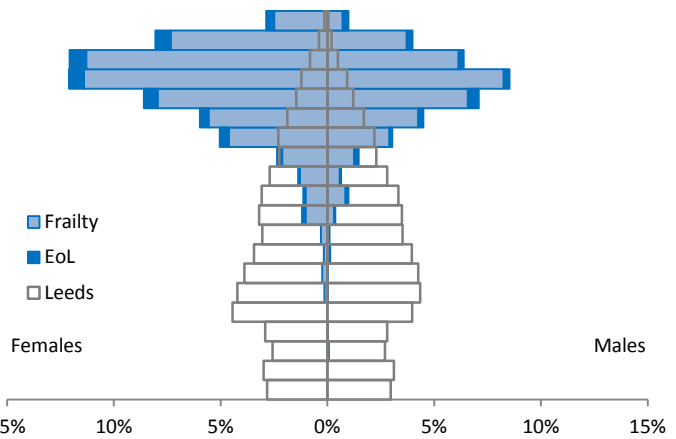
Leeds Integrated Neighbourhood Teams ranked by combined count of End of Life and Frailty populations.

Total: 2,932. Frailty 2,723. End of life 209



95+
90 to 94
85 to 89
80 to 84
75 to 79
70 to 74
65 to 69
60 to 64
55 to 59
50 to 54
45 to 49
40 to 44
35 to 49
30 to 34
25 to 29
20 to 24
15 to 19
10 to 14
05 to 09
00 to 04

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

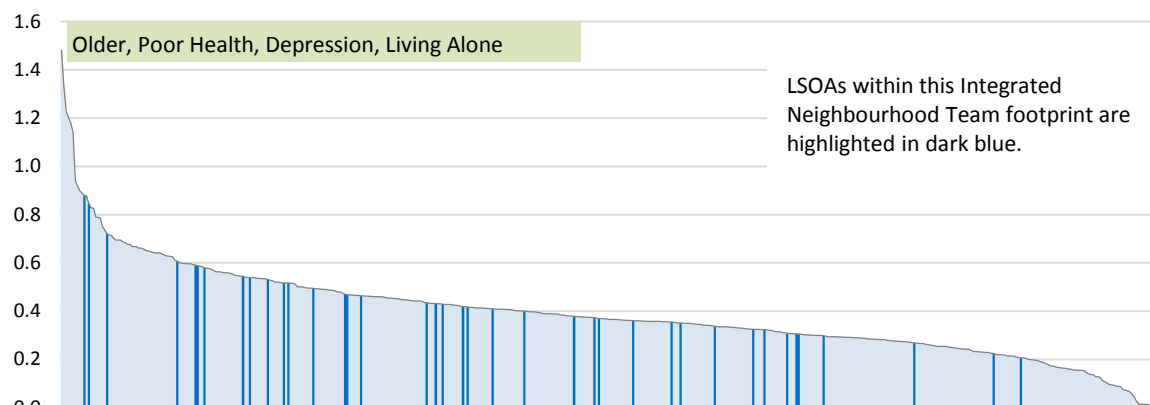
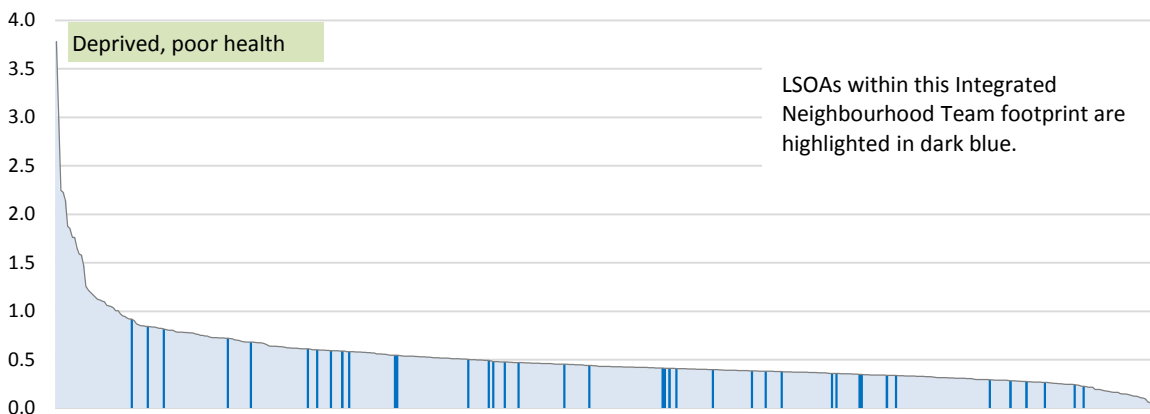


Social Isolation Index ✕

LSOAs in INT footprint

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

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



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

Mortality, under 75s, age standardised rates per 100,000 ONS and GP registered populations

"How different are the sexes in this INT"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

- INT persons
- Leeds
- Deprived fifth of Leeds**

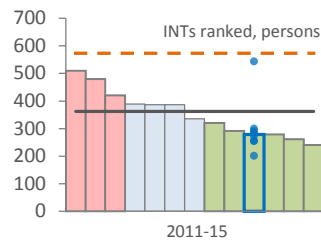
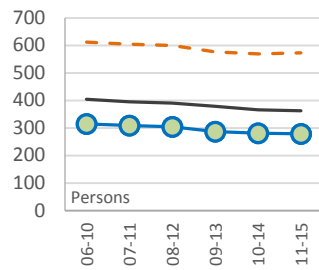
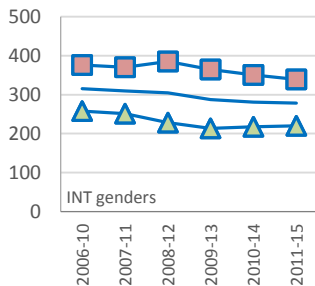
Shaded if significantly above Leeds

Shaded if significantly below Leeds

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

INTs are ranked by the most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Practice rates for those within this INT are shown as blue dots. This INT is highlighted with a blue border.

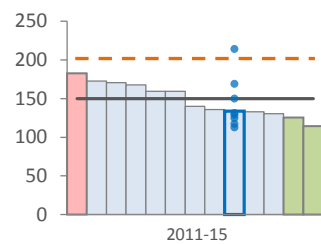
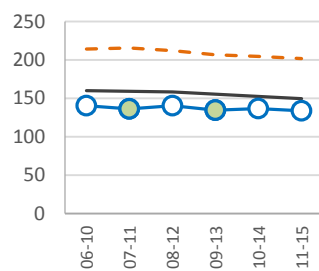
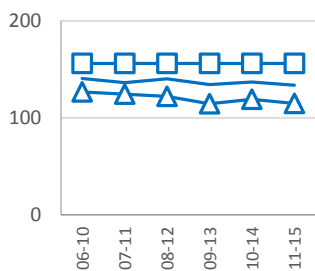
All cause mortality



Persons (DSR per 100,000)

INT	278
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>701</i>

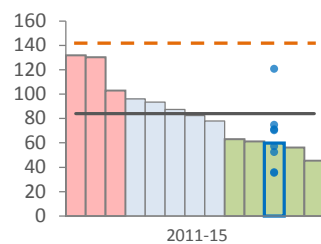
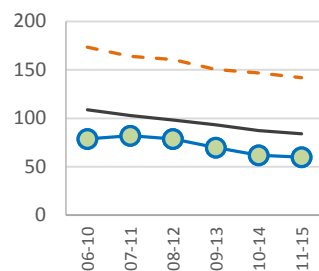
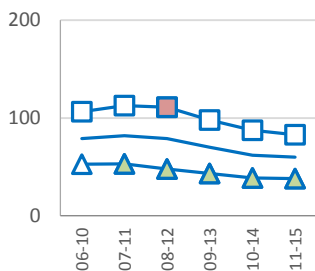
Cancer mortality



Persons (DSR per 100,000)

INT	134
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>340</i>

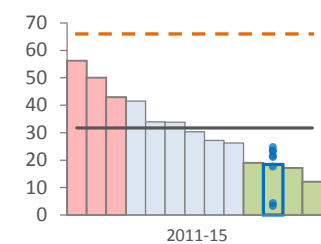
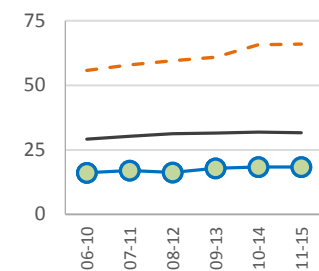
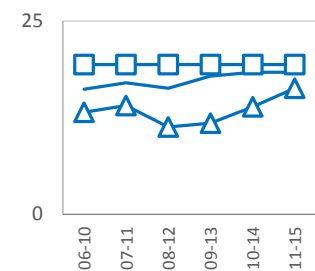
Circulatory disease mortality



Persons (DSR per 100,000)

INT	60
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>151</i>

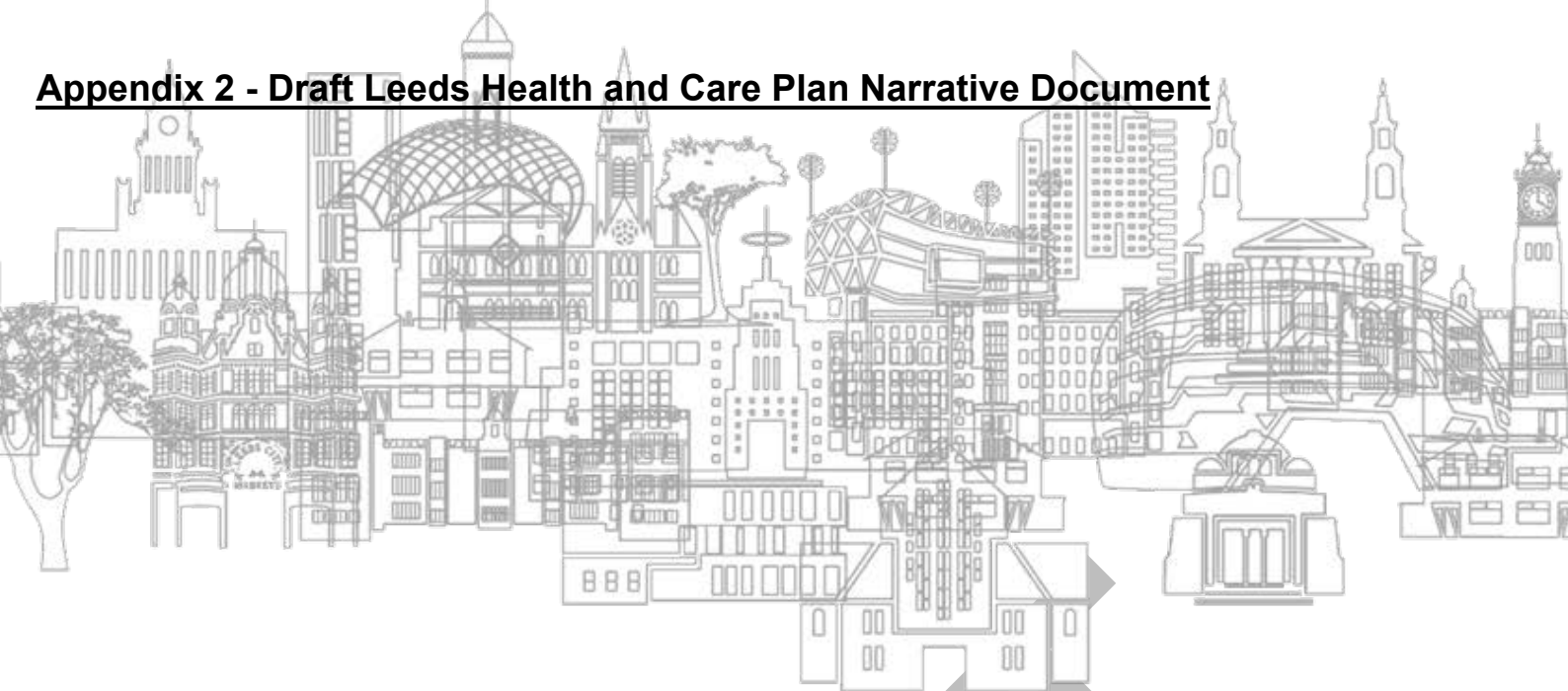
Respiratory disease mortality



Persons (DSR per 100,000)

INT	18
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>46</i>

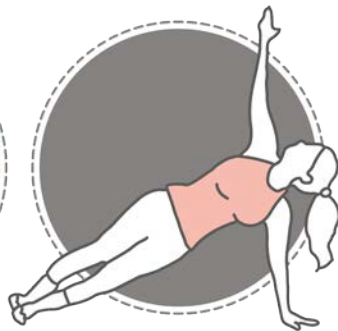
GP data courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.



Leeds

The best city for
health and wellbeing

DRAFT



Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

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

And a clear vision:

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

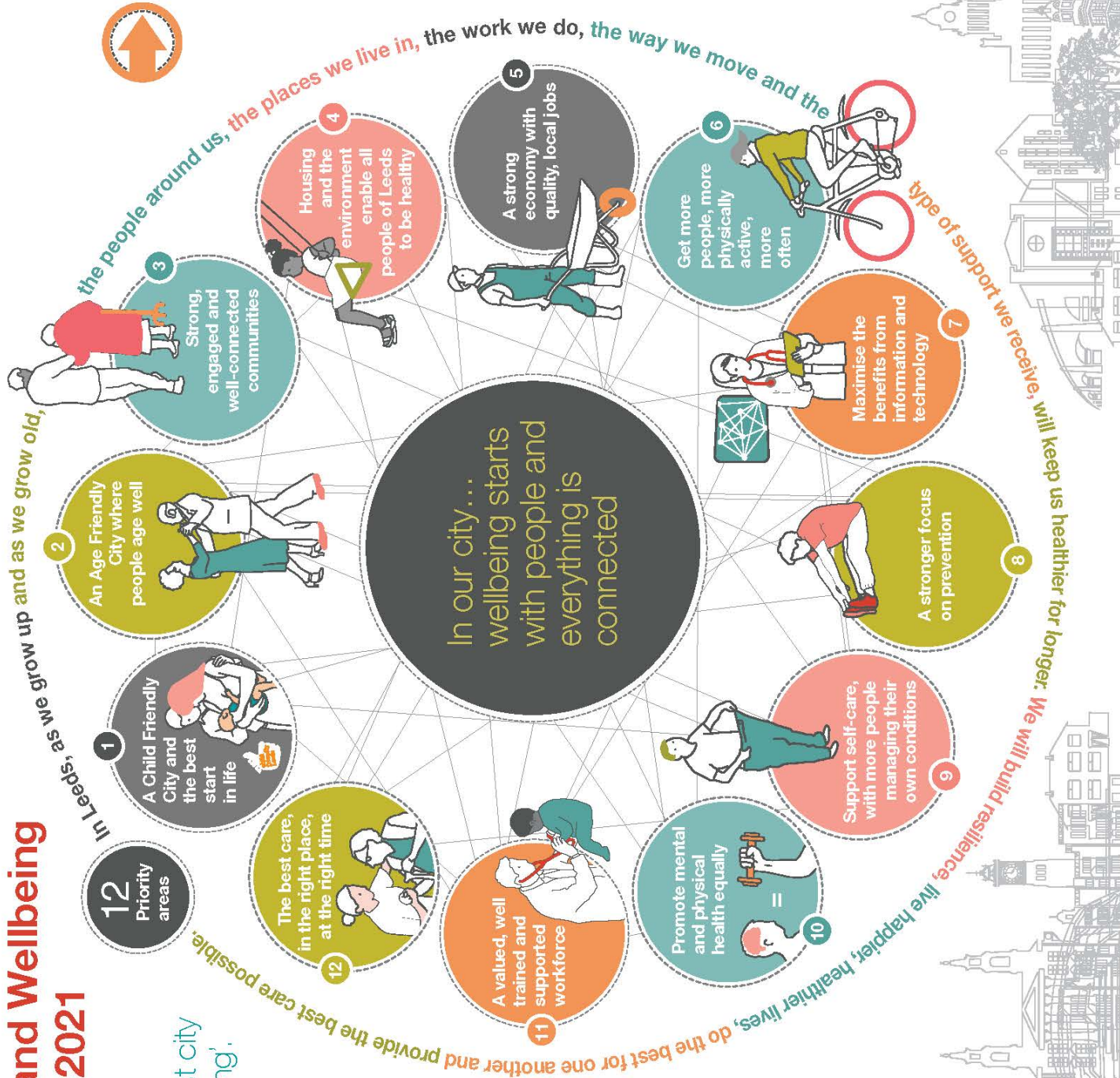
5 Outcomes

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



Indicators

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



Leeds Health and Care Plan

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

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

Protect the vulnerable and reduce inequalities	Improve quality and reduce inconsistency	Build a sustainable system within the reduced resources available
Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that...		
Build on the strengths in ourselves, our families and our community: working with people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong	Have citizens at the centre of all decisions and change the conversation around health and care	
Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens		
Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis		
Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do		
Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire		

What this means for me...	"Living a healthy life to keep myself well"	"Health and care services working with me in my community"	"Hospital care only when I need it"	"I get rapid help when needed to allow me to return to managing my own health in a planned way"
<p>Key actions that will be undertaken...</p> <ol style="list-style-type: none"> We will promote awareness and develop services to ensure the Best Start (conception to age 2) for every baby, with early identification and targeted support early in the life of the child. We will promote the benefits of physical activity and improve the environments that encourage physical activity to become part of everyday life. We will maximise every opportunity to reduce the harm from tobacco and alcohol, including enhancing the contribution by health and care staff. We will have new accessible, integrated services that support people to live healthier lifestyles and promote emotional health and wellbeing for all ages, with a specific focus on those at high risk of developing respiratory, cardio-vascular conditions. We will have a new, locally-based community service, 'Better Together', that can better build everyday resilience and skills in our most vulnerable populations. 	<ol style="list-style-type: none"> People living with severe breathing difficulties will know how to manage anxiety issues due to their illness and have a supportive plan about what's important to them by December 2017. People living with severe frailty will be supported to live independently at home whenever possible, instead of having to go in and out of hospital. People at high risk of developing diabetes and those living with diabetes will have access to support programmes to give them the confidence and skills to manage their condition by December 2017. We will take the best examples where health and care services are working together outside of hospital and make them available across Leeds, for example muscle and joint services. 	<ol style="list-style-type: none"> People living with severe breathing difficulties will know how to manage anxiety issues due to their illness and have a supportive plan about what's important to them by December 2017. People living with severe frailty will be supported to live independently at home whenever possible, instead of having to go in and out of hospital. People at high risk of developing diabetes and those living with diabetes will have access to support programmes to give them the confidence and skills to manage their condition by December 2017. We will take the best examples where health and care services are working together outside of hospital and make them available across Leeds, for example muscle and joint services. 	<ol style="list-style-type: none"> Patients will stay the right time in hospital. Patients with a mental health need will have their needs met in Leeds more often rather than being sent elsewhere to receive help. We will meet more of patients' needs locally by ensuring their GPs can easily get advice from the right hospital specialist. We will ensure that patients get the right tests for their conditions. We will reduce the visits patients need to take to hospital before and after treatment. We will ensure that patients get the best value medicines. 	<ol style="list-style-type: none"> We will review the ways that people currently access urgent health and social care services including the range of single points of access. The aim will be to make the system less confusing allowing a more timely and consistent response and when necessary appropriate referral into other services. We will look at where and how people's needs are assessed and how emergency care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence. We will make sure that when people require urgent care, their journey through urgent care services is smooth and that services can respond to increases in demand as seen in winter. We will change the way we organise services by connecting all urgent health and care services together to meet the mental, physical and social needs of people to help ensure people are using the right services at the right time.
Working as if we are one organisation, growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology	Together these actions will deliver a new vision for community services and primary care in every neighbourhood. These will be supported by...			
Using existing buildings more effectively, ensuring that they are right for the job				
	Using our collective buying power to get the best value for our 'Leeds £'	Having the best connected city using digital technology to improve health and wellbeing in innovative ways	Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work	

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Chapter 1

Introduction

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

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

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

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

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

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

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

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

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

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

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

Simon Stevens, Chief Executive NHS England

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

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

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

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

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

What is this document for?

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

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

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

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

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

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

Chapter 2

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

Working *with* people

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

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

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

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

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

The NHS Constitution

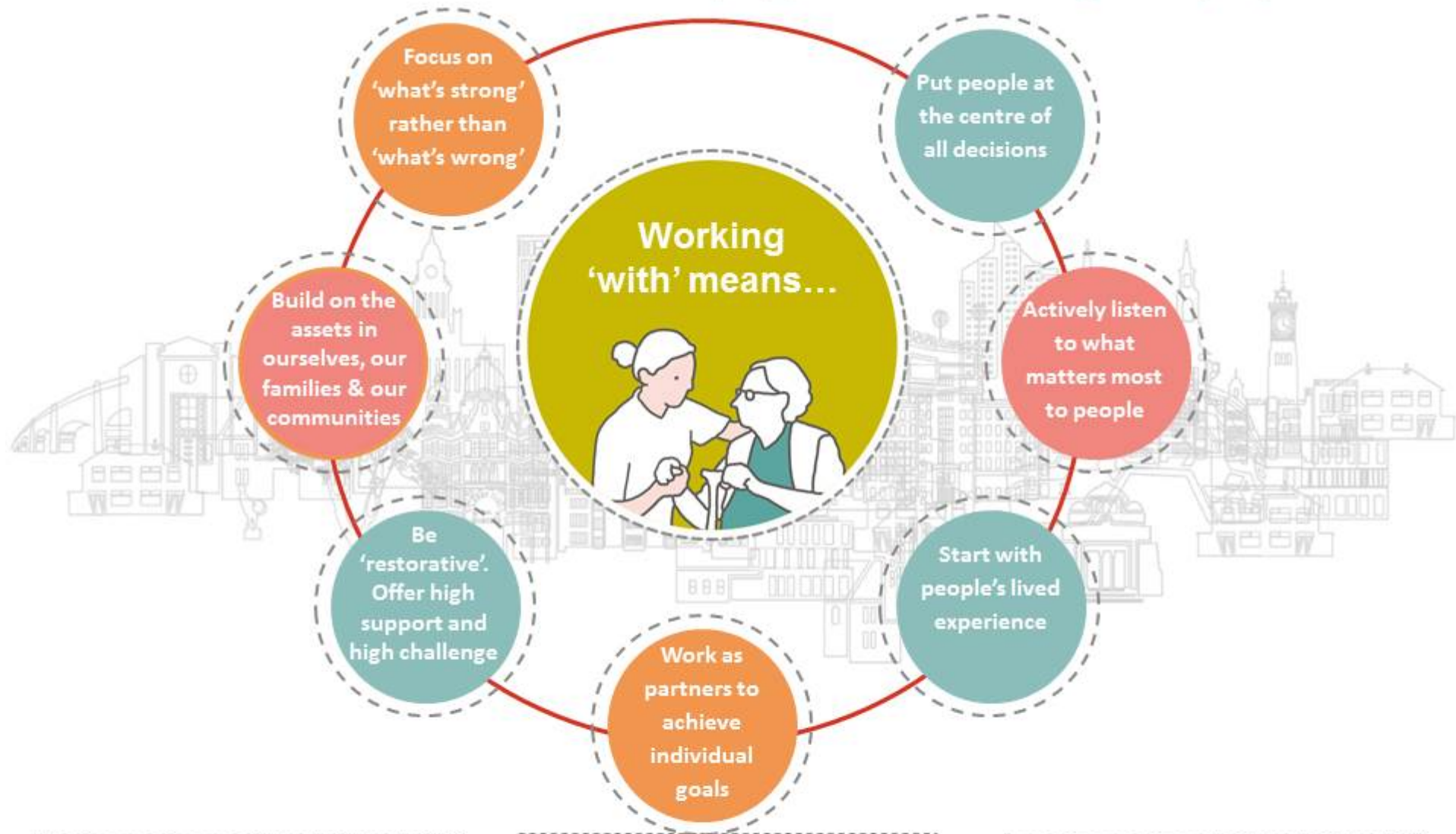
Patients and the public: our responsibilities

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

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

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

Better conversations: A whole city approach to working with people



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

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

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

Joining things up

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

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

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

Taking responsibility for our health

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

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

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

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

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

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



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

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

Chapter 3

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

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

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

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

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

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

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

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

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

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

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

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

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



Chapter 4

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

Areas for change and improvement

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

GP and Primary Care Changes

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

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

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

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

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

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

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

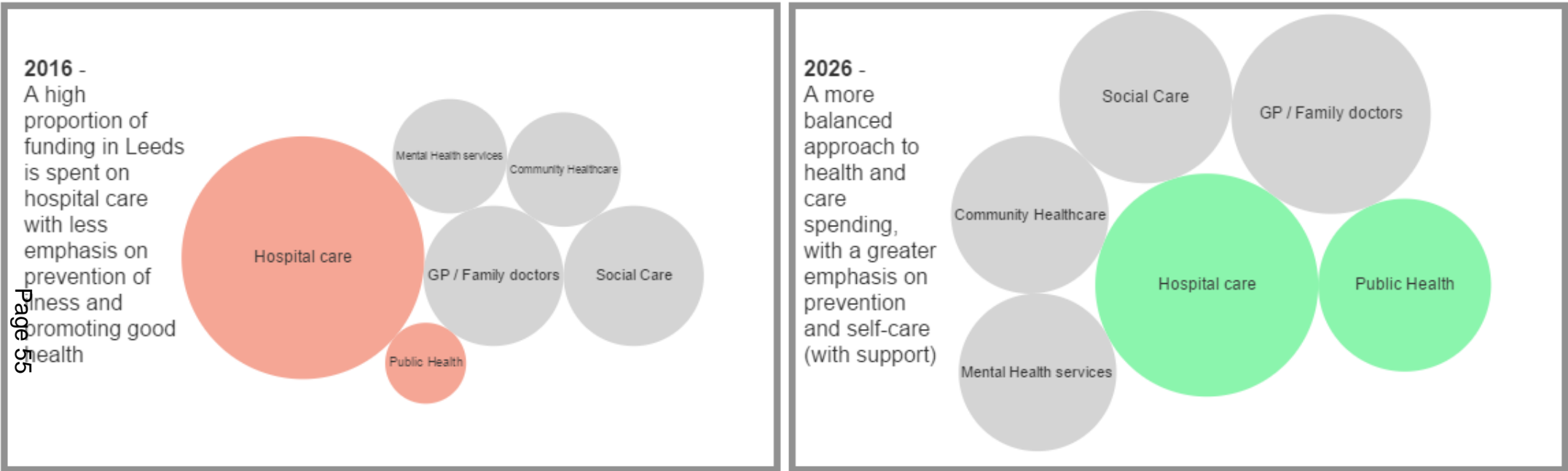


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

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Chapter 5

So why do we want change in Leeds?

Improving health and wellbeing

Most of us want the best health and care.

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

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

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

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

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

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

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

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

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

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



10 years:

The difference in life expectancy between people in Hunslet and Harewood

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

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

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

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

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

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

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

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

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

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

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

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



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

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

DRAFT

Chapter 6

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

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

The government, the Department of Health and the NHS

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

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

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

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

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

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

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

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

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

GPs (or family doctor) in Leeds


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

Mental Health Services in Leeds

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

Hospital in Leeds

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



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

Providing health services in the community for residents in Leeds

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

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

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

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

Public health – keeping people well and preventing ill health

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

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

Social care - supporting people who need help and support

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

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



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

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

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

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

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

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

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

Amount (£m)

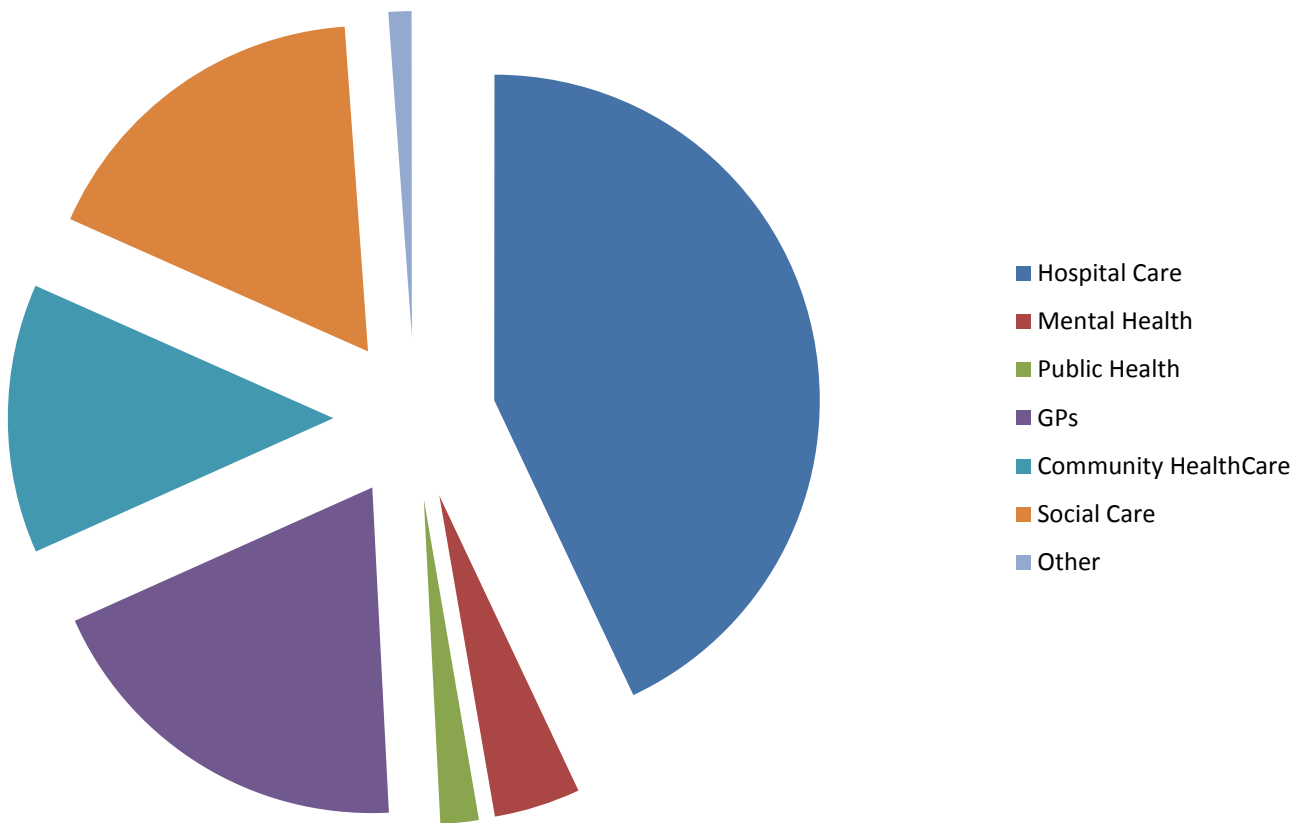


Figure 3 – Indicative spending of health and care funding in Leeds

Children and Families Trust Board

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

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

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

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

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

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

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

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

The plan has five high-level outcomes:

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

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

Leeds Health and Wellbeing Board

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

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

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

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

Healthwatch Leeds

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

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

Chapter 7

Working with partners across West Yorkshire

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

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

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

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

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

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

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

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

Chapter 8

Making the change happen

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

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

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



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

Chapter 9

How the future could look...

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

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

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

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

Chapter 10

What happens next?

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

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

Change is happening already

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

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

Involving you in the plans for change

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

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

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

Working with Healthwatch

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

When will changes happen?

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

Joint working

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

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

Who will make decisions?

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

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

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

Legal duties to involve people in changes

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

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

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

The advice can be viewed here:

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

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

Scrutiny

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

Chapter 11

Getting involved

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

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

Other ways to get involved

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

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

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

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

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

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

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

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

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

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Report of: Gary Bartlett, Chief Officer Highways and Transport

Report to: Outer North West Community Committee

Report author: Vanessa Allen, (0113 3481767)

Date: 27th November 2017 To note

Leeds Transport Conversation update – Public Transport Investment programme (£173.5m), Outer North West update, and Leeds Transport Strategy development

Purpose of report

1. Following on from the report, presentation and workshop undertaken with this committee last Autumn, this report will outline
 - The successful business case submission for the Public Transport Investment Programme (£173.5m) announced by the government on the 28th April 2017 (Department of Transport).
 - The above public transport funding proposals were developed in response to the feedback from the Transport Conversation engagement process in the Summer/ Autumn 2016 and both the Leeds wide and Outer North West response is outlined in the report.
 - Outline of Leeds wide transport improvements, the Public Transport Investment Programme (LPTIP - £173.5m) as well as other transport improvements within the Outer North West area.
 - Bus improvements including First Bus committed to spending £71m on buying 284 new greener buses.
 - The West Yorkshire Combined Authority (WYCA) proposal for bus network and Community hub improvements.
 - Identification of the longer term proposals and key issues for development of a 20 year Leeds Transport Strategy.

Decisions:

- For Members to note and feedback on the progression of the delivery plan for the £173.5 million proposals.
- WYCA inviting feedback on the network improvement and community hub proposals.
- To note the development of a longer term Leeds Transport Strategy.

Main issues

2. Leeds Transport last reported and presented to this committee on the 5th September 2016 and followed this up with a Transport sub group meeting on the 6th October and a further workshop on the 8th November. The following section details the feedback from the Transport Conversation and specifically the feedback from this committee and community area, as well as a summary of the Leeds wide transport proposals and development of a Leeds Transport Strategy.

Leeds Transport conversation introduction:

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

Transport Conversation: Leeds response

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

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

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

Transport Conversation - Outer North West response:

14. As well as the overall analysis of the Leeds wide response, there was some further analysis undertaken on a Community Committee area basis. The report for the Outer North West area is included as an appendix to this document. This showed that a total of 1006 respondents to the Leeds Conversation questionnaire were from the Outer North West communities. The list below shows the top three priorities for transport investment indicated by 593 questionnaire respondents from Outer North West.

Top three comments overall %	Outer North West %	Leeds
1. Improvements to cycling facilities	22%	18%
2. Invest in tram system	16%	16%
3. Tackle traffic congestion, e.g. congestion charge, car share	15%	10%

15. The questionnaire response also highlighted other key issues as being; to prioritise a more reliable bus service; expanded rail; expansion of park and ride; improve journey times; rail link to the airport; investment in roads and improvements to pedestrian facilities; be creative bold and innovative; criticism regarding money wasted on previous schemes; reduce the

environmental impact of the transport network; deliver small scale joined up schemes; improve road network capacity.

16. In conclusion the top three priorities for respondents from the Outer North West for the delivery of transport investment mirrored those of respondents overall (see main report). A significantly larger number of respondents from the Outer North West raised the need to be creative/ imaginative and innovative. There were a few noticeable differences in the top priorities cited by respondents in the Outer North West. In particular, a significantly higher proportion of respondents highlighted the need to be creative/ imaginative and innovative (11% compared to 6% of Leeds overall).
17. Additionally support for improvements to cycling facilities and tackling traffic congestions was significantly higher amongst Outer North West respondents than others. A rail link to the airport and investment in roads were also particular issues for respondents from the Outer North West.
18. In addition to the questionnaire analysis there was further feedback received from this committee on the 5th September, the 6th October and the 8th November. The feedback from these meetings was included as part of the overall assessment within the Transport Conversation report and the notes from the workshop from the 5th September and the 8th November workshop are appended to the report (see appendix for notes of the meeting). In summary further bus improvement are required including ticketing issues, reliability, cross city connectivity and needing a park and ride; Train overcrowding and service frequency were mentioned; Road congestion was mentioned as a major issue on key A roads, promotion of cycling and walking was discussed as well as the promotion of an underground and mass transit system. The airport link road proposal it was suggested did not address issues of access to the airport.

Transport Improvements suggested at 8th Nov workshop include

Roads

- Extend the A65 quality bus corridor to ONW.
- A65 needs a bus lane past Cardigans Fields Leisure Park.
- Address the traffic on Horsforth Ring Road

Rail

- Rail P&R opportunity at Rodley/Calverley.
- Poor train stopping pattern at Kirkstall Forge.
- Re-open Thackley tunnels to enhance rail services.
- Make Cross Gates station 4 tracks again.

Buses

- Use Bramley drivers on Hunslet depot routes to keep services running
- Buses should connect to rail stations (e.g. to Apperley Bridge & Horsforth stations).
- Links from Horsforth/Apperley Bridge to Leeds Bradford Airport.
- Security at P&R car parks (e.g. thefts at Apperley Bridge).

Leeds Transport – LPTIP transport improvements:

19. As outlined above, the Transport Conversation identified that people overall in both Leeds and the Outer North West area wanted to see a better bus network, train service and cycle improvements and park and ride in the shorter term but also in the longer term wanted infrastructure improvements like a tram system.
20. In response, the LPTIP funding (£173.5M) awarded from central government is being targeted on public transport improvements across Leeds on both site specific improvements including rail stations and bus corridor upgrades, which are detailed below. These proposals are about offering a greater range and choice of transport options such as bus service wide improvements across Leeds, more park and ride, new and improved rail stations and an airport parkway, all creating new jobs.
21. The delivery and success of these schemes is dependent on working closely with the West Yorkshire Combined Authority along with key transport providers and bus and train operators. As well as business and the local community who we shall continue to engage with as the schemes progress. The LPTIP programme comprises of a package of public transport improvements that, taken together, will deliver a major step change in the quality and effectiveness of our transport network. The headline proposals include:

Rail improvements:

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

Bus Improvements:

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

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

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

Mass Transit:

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

Cycling and Active Travel:

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

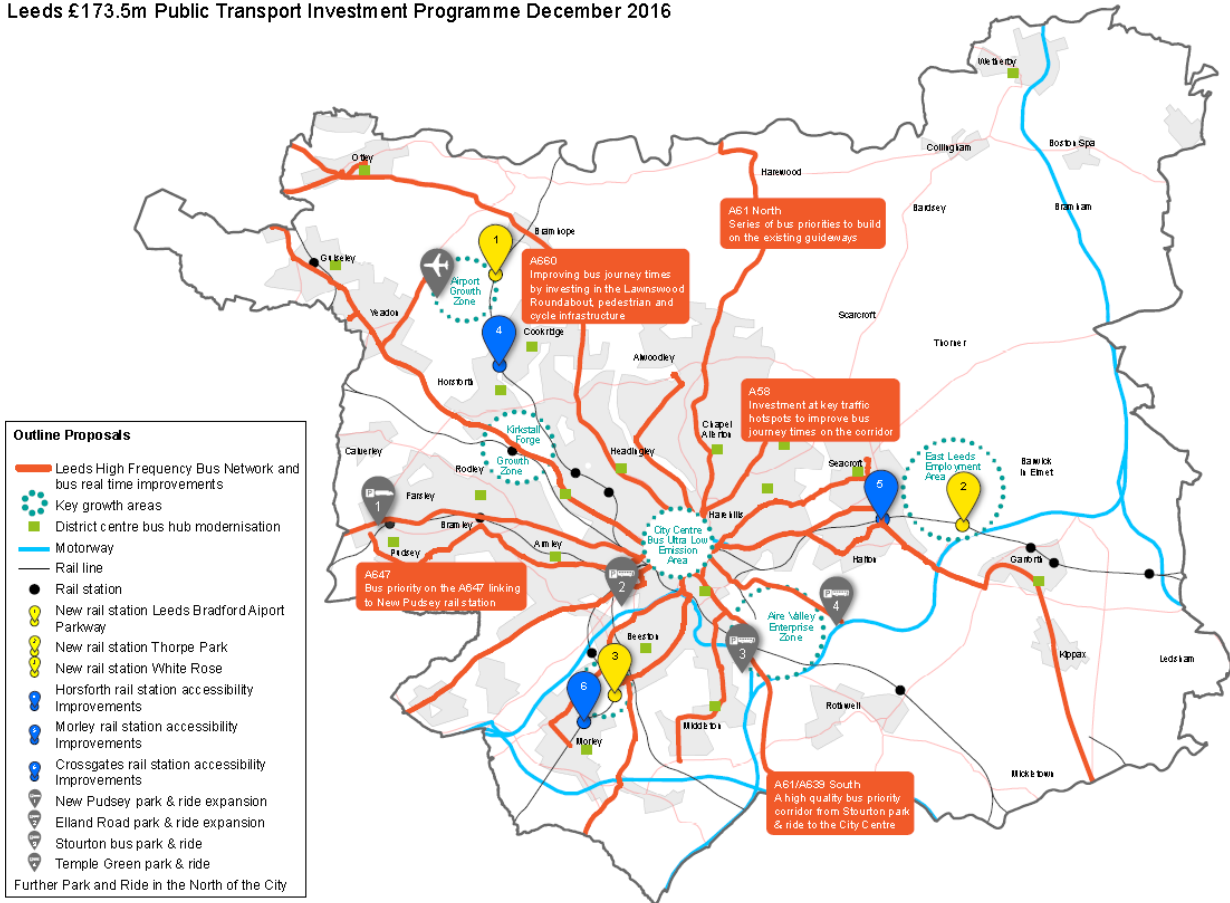
Transport Hubs and Connecting Communities: The LPTIP Programme also includes a significant focus on improving the bus offer for the City. Alongside the bus corridor and City Centre improvement works, there is also an opportunity to enhance and improve interchange facilities and identify gaps in the transport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

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

Key principles

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

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



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

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

Transport improvements and proposals – for the Outer North West area:

24. The following section details those schemes from both the LPTIP and other Leeds transport proposals to outline what is currently planned in the area.

25. **Bus Priority:** As part of £173.5m funding proposals, Leeds City Council have ambitions to develop a Quality Transport Corridor along the A660 from Adel through West Park, Weetwood, Headingley, Hyde Park, past the University of Leeds and into the city centre along Woodhouse Lane. Although primarily focused on improving bus journey times and reliability, efforts will also be made to improve cycling and pedestrian facilities alongside place making and green infrastructure.

26. Work to date has highlighted a range of issues to be addressed through the Quality Transport Corridor scheme. These include:

- Congestion and safety issues around Lawnswood roundabout on the A660 and the Outer Ring Road.

- Gaps in cycling infrastructure and hot spots for cycling and pedestrian related collisions.
 - Footpaths and crossing facilities which do not adequately provide for high volumes of pedestrians.
 - Congestion and safety issues at key junctions including Shaw Lane/St Anne's Road, North Lane, Clarendon Road and Hyde Park Corner, all of which impact on bus speeds, journey times and service reliability.
27. Work is currently underway to develop a range of indicative concepts with the potential to address the above issues and improve the route for all road users. Public and stakeholder engagement activities aimed at canvassing views on these initial concepts will be undertaken early in the new year.
28. **Park and Ride:** Following the opening of Elland Road and Temple Green Park & Ride sites (in July 2014 and June 2017 respectively), the Leeds Public Transport Investment Programme (LPTIP) identified further Park & Ride opportunities in response to feedback that further park and rides are required in the city, covering both rail and bus modes. These included a bus based Park and Ride at Stourton to the south of Leeds City Centre, a parkway station near Leeds Bradford Airport which would operate as a Park and Ride in both directions and increased station parking at New Pudsey station.
29. Also included in the £173.5m funding is a proposal for a new Park & Ride site in north Leeds. This quadrant of the city (roughly between the A65 and the A64) is poorly served by heavy rail, public transport is bus based and the radial routes are heavily congested in peak times.
30. Such a site would be a further development of the Park & Ride strategy for the city, and complement the existing and proposed bus and rail Park & Ride opportunities and enhancements across the city. Park & Ride also contributes to the wider connectivity aims of the city and city region, and provides connectivity opportunities to HS2 and the remodelled Leeds Station.
31. A number of sites are currently being considered in the north Leeds study area, which broadly comprises the area bordered by the North Yorkshire/Harrogate border in the north, the A64 in the east, the A58(M)/A64(M) Inner ring Road in the south and the A65 in the west. The site needs to be in a location which avoids pulling too much traffic through the built up area while being close enough to the city centre to allow an attractive onward connection to be provided. It also needs to have enough space to provide parking for at least 400 cars.
32. **A65-Airport-A658 Link Road and wider connectivity:** Improving access to Leeds Bradford Airport and enhancing transport choices in north-west Leeds. This scheme is part of a long-term development vision which includes a proposed new railway station and rail park and ride serving the airport, the proposed airport employment hub, junction upgrades (including Dyneley Arms) and new pedestrian/cycle connections. The airport is of significant importance to the Leeds City Region economy, contributing over £100million a year, and is one of the fastest-growing airports in the UK. The current 3.3 million passengers per year are predicted to rise to 9 million by 2050. To support the future growth of the airport and to address current congestion issues, three highway improvement options were put forward for consultation in 2016 and are being developed ready for a further proposed consultation. The scheme will be funded primarily through the West Yorkshire Plus Transport Fund managed by WYCA.

33. **Dyneley Arms;** Improving the junction at Dyneley Arms is being considered to reduced congestion and improve highway conditions at the junction. Research has shown that this junction is ranked within the top 30 most congested junctions within the Leeds District.
34. Dyneley Arms acts as a crucial intersection connecting Wharfedale, North Yorkshire, LBA and Leeds. While there are no adjacent development sites, improvements to Dyneley Arms will facilitate access and increasing demand to/from surrounding areas. Junction improvements will assist with accessibility to key growth points with the aim of boosting business growth, productivity, and both domestic and international business. Improved accessibility to employment growth sites will assist Leeds in delivering more jobs.
35. Additionally, journey time enhancements to key bus routes in North West Leeds will also increase the potential for residents in the NW Leeds area to access new skills and increase opportunities for career progression, improving access to district centres in Otley, Pool, Bradford, and North Yorkshire.
36. By decreasing queuing at the junction, carbon emissions will be reduced. This assists with the realisation of the Strategic Economic Plan and its zero carbon agenda. There is also an opportunity to seek enhanced cycling facilities at a location where the topography can leave cyclists vulnerable.

37. East of Otley Bypass;

38. Traffic management: Leeds recently acquired funding to implement 'SCOOT' which is a traffic management system to help improve traffic efficiency across Leeds. The focus of the project investment is in North West Leeds extending from the city centre to Guiseley, covering the A65 and A657 corridors. SCOOT will be mostly implemented at 35 junctions and 20 pedestrian crossings. This will help to reduce delay and improve air quality creating a more productive and cleaner Leeds.

39. Northern Stations Improvement Fund: Within the Northern Franchise there is a Stations Improvement Fund of £38m. The majority of money is aimed at middle and smaller sized stations (including Horsforth) and is focussed on bringing facilities and standards up to a consistent level, looking at areas such as seating, information, lighting and security, additional ticket machines and improved accessibility.

40. Horsforth station will become fully accessible by 2023.

41. Horsforth roundabout - New traffic signals have recently been installed at Horsforth roundabout, to tackle congestion especially during peak periods, improve safety and provide pedestrian crossings. The congestion is due to high volumes of traffic approaching from both the A65 and the outer ring road, which converge at the roundabout. However Highways are aware that the signalisation scheme has not delivered the journey time savings that had been hoped for and work is ongoing to find ways of improving the situation. In the longer term we have recognised that a more significant improvement scheme will be required at this location.

#LeedsTransport Strategy:

42. The Transport Conversation showed us that whilst people want short term improvements they also want to see longer term thinking. In response to this, an emerging transport strategy is underway (see background papers), with the question of how does Leeds address its key transport challenges in the context of needing to contribute towards economic growth, inclusivity, health and wellbeing and City liveability over the next 20-30 years.
43. Reconciling these challenges will be crucial to the successful delivery of a long term transport strategy for Leeds and include;
- *Changing our highway infrastructure for quality place making, strong communities and a knowledge rich economy* – To create people friendly city and district centres, prioritising pedestrian movement can reduce vehicle capacity, which in turn may produce the economic dis-benefit of congestion unless considered within a wider strategic transport context.
 - *Promoting Leeds as a regional and northern economic hub* – The strength of Leeds economy has resulted in a large increase in commuting to Leeds from outside the district which the current transport system is struggling to accommodate. Delivering rail growth is an essential element of this strategy.
 - *Ensuring transports role in good growth, equality and connected communities* - The city must respond to community needs by connecting neighbourhoods, linking people to services and recognise that transport is a vital service that needs to be accessible for all.
 - *Improving air quality and decarbonising our transport system* - Traffic congestion exacerbates emissions of air pollutants, greenhouse gases and noise. The city must make a rapid improvement in air quality and meet legal obligations by 2020.
 - *Building on a transport system already under pressure* - With the adopted Core Strategy provision of 70,000 additional homes 493 hectares of employment land and 1 million square metres of office space by 2028, both existing and future growth means a substantial increase in travel demand, along with rising car ownership, with the consequence of increased peak congestion levels, delay and low network resilience.
 - *Gaining a city wide consensus on the role of mass transit and changing the way we travel* – High capacity high frequency public transport remains the most effective way of moving large numbers through limited road space. Building on our existing public transport network, we need a step change in the number of people using public transport, and a transport solution that that works with the grain of the city.
 - *Delivering public transport schemes through the reallocation of road space* - the key unresolved issue remains giving priority to major public transport schemes continues to cause considerable debate because of the need to prioritise them over other modes of transport.
 - *Delivering a long term strategy for our strategic transport assets* - short term repairs to the Leeds Inner Ring Road are becoming increasingly unviable. We need to explore long term options for this asset which keeps our city moving.
 - *Maximising the transformational benefits of nationally strategic projects* – realising the benefits of HS2 and successfully master planning Leeds Station into the fabric of the city, and mitigating the impact of the HS2 line of route into Leeds.
 - *Harnessing Technology and understanding future travel scenarios* - how to plan for new technologies, and how to integrate them with current modes and infrastructure.

44. As part of taking the strategy forward, a Leeds Transport Expert Panel was set up and first met in November 2016. The panel includes leading transport experts and senior figures from transport bodies and organisations from across the UK, along with representatives from business, education, planning, accessibility, equalities and campaign groups. The panel has considered future transport trends and challenges, and how transport can best facilitate the Council's 'Best City' goal and will continue to input into the strategy as it evolves.

Corporate considerations

Equality and diversity / cohesion and integration

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

Council policies and city priorities

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

Conclusion

48. The first phase of the Transport Conversation showed that across Leeds and in Outer North West there was a similar call for both short and long term improvements; across the bus network, rail services, additional park and ride; reduced traffic congestion; improved cycle and walking facilities as well as looking at large scale infrastructure improvements. Although there was a particular emphasis in Outer North West support for improvements to cycling facilities and tackling traffic congestions was significantly higher amongst Outer North West respondents than others. A rail link to the airport and investment in roads were also particular issues for respondents.
49. Whilst the Conversation was particularly focused on securing the promised £173.5m from the government. It also sits in the wider context of the £1 billion of transport schemes identified through the Transport Fund and the interim Leeds transport strategy.
50. A presentation at the meeting will follow the main structure and content of this report and offer an opportunity for further discussion and feedback.

Recommendations

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

- To note progression of the major transport schemes within the Outer North West Area.
- To provide feedback to the West Yorkshire Combined Authority (who will be attending the meeting) on the proposals for the Transport Hubs and network proposals.

Appendices

- Outer North West Workshop – notes of the meeting (5th September 2016) and workshop (8th November 2016)
- Aecom analysis of Outer North West questionnaire responses
- Summary of Major Transport Schemes in Leeds

Background information

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

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Outer North West Committee Meeting

Yeadon Town Hall, Monday 5th September 2016

Bus issues and solutions:

- Assumption bus option emerging as solution, LCC response that no one solution emerging.
- Long bus journeys and poor off-peak/weekend frequencies/journey times.
- Quality bus contracts or partnerships – clarity on situation, one has greater control by authorities than others.
- P&Rs – look at elsewhere on what works (cost, quality, journey times etc).
- Franchise bus services = tighter control of services.
- Quick wins in better bus service (including ticketing).
- Facilities needed for connectivity/interchanges.
- Connectivity, local area, cross city, hospitals etc.
- Working with neighbouring authorities to upgrade cross-boundary routes.
- Change mentality of highway users – free bus travel for young people.
- Electric buses – let's get some before other major cities.
- Balanced partnerships (all driving forward together, not led by one partner).
- Joined up thinking, don't work in isolation.
- Park & Ride of suitable size with capacity available (i.e. bus & rail).
- Needs a coherent plan, and follow proposals through in correct way.

Highways issues and solutions:

- A658, A659, A660 congested.
- Dyneley Arms.
- Housing growth (not just on ONW), impacting busy roads in ONW, issue now.
- Traffic into/out of West Yorkshire along A65 and to/from North Yorkshire (A658).
- Removal of through traffic away from main ONW urban areas.
- Finish joining ORR, also consider cross city journeys, not just to/from city centre.
- Improved internal dialogue between highways and planning.
- Issues within ONW (Adel & Wharfedale) caused by outside traffic.
- Be clear Leeds is not anti-car – this is a message coming across.
- Keeping traffic moving reduces rat- A657 is an issue regarding connectivity to airport
- Another River Aire crossing.
- Concern money will not be spent in ONW or that any scheme/solution will end at the outer ring road.
- HGVs – Pool/Otley.



Cycling and walking:

- Cycle route Leeds to Otley, Leeds to Guiseley.
- Liveable communities (cycling/walking).

Longer-term:

- Underground system.
- Helicopter P&R suggested.
- Look at larger geographical area (WY/LCR) for a rapid transport network
- What about funding beyond £173m – where will this come from?



Outer North West Committee Workshop

Yeadon Town Hall - Tuesday 8th November 2016

Workshop 1

- ONW radials congested – what are plans (for A65/A658) beyond recognising it is an issue?
- 10,000 houses in Rawdon & Guiseley since 2002 no/limited transport investment in that period.
- Horsforth roundabout worse since signalisation.
- Address the traffic on Horsforth Ring Road.

Bus

- Need to change people's mind-sets to choose bus/public transport rather than car.
- Free public transport to achieve promotion and incentivise use.
- Mixed views over reliability of buses, generally viewed as unreliable - especially when frequencies are low (i.e. missed bus = long wait for next one and long gap in service).
- No integrated transport system in ONW/Otley.
- In evening multiple buses to same destination (via different routes) leave within short period of each other (e.g. 13 mins) leaving a 47 min wait for next one.
- 750 service is poor.
- Fares structure is not good – short trips as expensive as longer ones.
- Need to take control/responsibility for bus services.
- Extend the A65 quality bus corridor to ONW.
- A65 needs a bus lane past Cardigans Fields Leisure Park.

Rail

- Trains are overcrowded.
- Reinstate railway to Otley – use of tram/train?

Airport

- Airport link road will not address issues with access to the airport
- What happens if LBIA airport was to close?



Workshop 2

Bus –

#Leedstransport www.leeds.gov.uk/transportconversations Leedstransport@leeds.gov.uk

- Reliability of buses is poor.
 - 737/747 Bradford-Airport-Harrogate services mentioned.
 - Lots of missed buses and buses not in service due to driver hours.
- Cost of buses: expensive, operators need to work together.
 - Yeadon to Horsforth and Yeadon to Leeds same cost, different distances.
 - Justification for fares? Who decides fares? How can council influence the fares?
- Multi-operator card (MCard) useful though very limited opportunities to purchase off-bus at retail outlets in ONW – only two places in Yeadon.
- Pay as you go oyster card system needed.
- Skip a generation of payment technology to contactless/mobile phones.
- Encourage children to use buses from a young age.
- Fix dates of timetable change(s) to buses – like rail do twice a year.
- Driver hours – terminating services at Horsforth (no good for those travelling beyond).
- Better rostering of drivers.
- Driver attitudes can be poor.
- Make buses more attractive, with Wi-Fi etc.
- More depots across city, use Bramley drivers on Hunslet depot routes to keep services running rather than not in service.
- Real time shelter units often show timetable time.
 - Quality of information is important.
 - Instant service updates to Twitter/social media.
- Mondays are worst for journey times (weekly passes being bought).
- Remove on-bus payment.
 - Pre-pay off-bus offer needs to be better.

Rail –

- Rail P&R opportunity at Rodley/Calverley.
 - Easy access.
- Poor train stopping pattern at Kirkstall Forge.
 - Heard claims there is limited scope to stop trains due to volume of services along this track.
- Buses should connect to rail stations (e.g. to Apperley Bridge & Horsforth stations).
- Links from Horsforth/Apperley Bridge to Leeds Bradford Airport.
- Security at P&R car parks (e.g. thefts at Apperley Bridge).
- Scope for increased rail capacity through loops and more lines.
- Re-open Thackley tunnels to enhance rail services.
- Make Cross Gates station 4 tracks again.



Leeds Transport Conversation

Outer North West Report – April 2017



1. Introduction

The Leeds Conversation questionnaire included two questions which allowed people to enter free text:

1. Please provide any further comments on your priorities for transport investment; and
2. Please provide any further comments.

Respondents were assigned to a Committee area based on the partial postcode information that they were asked to provide. Postcode information was not provided by over a quarter (27%) of respondents. Furthermore, 6% of respondents were designated as 'Out of District'.

This document presents detailed analysis of responses given by those living in the Outer North West.

2. Outer North West

A total of 1006 respondents (12%) to the Leeds Conversation were designated as Outer North West. Of those, 593 gave comments on their priorities for transport investment.

Table 1 below shows the top ten comments given by Outer North West respondents and compares them to comments provided by respondents outside the area (others). Highlighted blue are issues that appeared in the top ten for respondents from the Outer North West but not the top ten of respondents overall (see main report).

Priority 1: Improvements to cycling facilities: a significantly higher proportion of respondents from the Outer North West called for improvements to cycling facilities (22% compared to 18% of others). The quotes below illustrate some of the improvements suggested.

“Cycling in and around Leeds is a terrifying experience - I try to cycle in to work from Otley at least twice a week, but feel like I am taking my life in my hands every time I do so. Headingley particularly is awful and cars are the primary reason I and many other people are too frightened to ride. Cycling is cheap, environmentally sound, good for health, sustainable and a very minimal risk to other road users. As far as I'm concerned, encouraging people to cycle is an absolute no-brainer and investment in cycling would cost the city less in the long run. I love my bike and rarely drive when not commuting, so I'm not an unconfident rider, but Leeds at rush hour is just terrible. I know six people who have been in accidents with cars in the last two months while on their bikes, one of whom was my own partner - and none of them have been through the cyclists' action (mostly people being left-hooked at junctions). Please help us!”

“There should be provision for cyclists to use the main roads safely and to continue through the outer suburbs to the Leeds perimeter. It would be even better if they could join up with safe routes in adjacent towns.”

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

“I believe setting up a tram system should have been a priority for the City Council years ago. It's about time you deliver on this front. We are being left behind.”

“Leeds needs a tram or similar light rail network, not an enhanced bus service. There should also be a rail link to the airport by running a spur off the Harrogate line.”

Priority 3: Tackle traffic congestion: tackle traffic congestion (15%) was the third most frequently mentioned issue by Outer North West respondents, significantly higher than others (10%). Some of the views regarding this priority are highlighted in the quotes below.

“Car congestion in Leeds is horrific. Buses cannot and do not run to time due to congestion. Bus journeys on the A65 to Leeds in rush hour take 90 minutes. That's 90 minutes for a nine mile journey! Even with the sporadic bus lanes, journey times and bus timetables are increasing!”

“Traffic through Headingley, Otley Road in particular, is a nightmare; all public transport using this one over-congested narrow route. No access to rail services. No alternative public transport routes other than to sit through hours of static traffic a week. Additional land purchases for transport and re-think on road priority is essential.”

A rail link to the airport and investment in roads both featured in the top ten priorities raised by respondents in the Outer North West, but not overall (see main report).

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

	Outer North West	Others
1. Improvements to cycling facilities	22%	18%
2. Invest in tram system	16%	16%
3. Tackle traffic congestion, e.g. congestion charge, car share	15%	10%
4. More reliable bus service	14%	14%
5. Expanded Metro rail service	11%	9%
6. Expansion of Park and Ride facilities	11%	9%
7. Improve journey times/ more express services	9%	7%
8. Rail link to airport	9%	4%
9. Investment in roads	9%	4%
10. Improvements to pedestrian facilities	8%	7%
Base: Respondents who provided a comment	593	3952

Green = statistically significant difference

At the end of the Leeds Conversation questionnaire respondents were given the opportunity to provide any other comments. 326 respondents from the Outer North West area gave a comment.

Table 2 shows the top ten comments they gave and compares them to other people who also provided a comment. Highlighted blue are issues that appeared in the top ten for respondents from the Outer North West but not the top ten of respondents overall (see main report). However, most of the comments received were similar to those of other respondents; including the **top three priorities**:

- Longer term vision for transport solutions needed (20%)
- Improvements to bus services/ network/ facilities (17%)
- Improvements to rail services/ network/ facilities (17%)

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

“Short term improvements are only that and leave the long term unsolved. The city needs a long term strategy so that we can solve the problems for many years to come.”

“Funds should be concentrated on bus and rail services, and hopefully in the medium term tram/ train routes, connecting Leeds suburbs to the city centre. Leeds Bradford Airport desperately needs better public transport links too.”

“Train station for Otley! Traffic is a big problem in the town. A station would encourage more people to walk to the station and use the railway to Leeds. It would also bring more visitors to the town and help our wealth of independent businesses to thrive.”

There were a few of noticeable differences in the top priorities cited by respondents in the Outer North West. In particular, a significantly higher proportion of respondents highlighted the need to be creative/ imaginative and innovative (11% compared to 6% of others).

Conversely, the need to reduce the environmental impact of the transport network, improve the road network/ capacity and criticism of money wasted on previous schemes all featured in the top ten priorities raised by respondents in the Outer North West, but not overall (see main report).

Table 2: Top Ten Other Comments in Outer North West

	Outer North West	Others
1. Longer term vision for transport solutions needed	20%	18%
2. Improvements to rail services/ network/ facilities	17%	14%
3. Improvements to bus services/ network/ facilities	17%	17%
4. Reduce car use in city centre/ tackle congestion, e.g. restrict access, reduce speeds, Park and Ride	11%	11%
5. Implement tram system/ rapid mass transit	11%	11%
6. Creative/ imaginative/ innovative ideas needed – need to think big/ bold, etc.	11%	6%
7. Criticism regarding money wasted on previous schemes	9%	6%
8. Reduce environmental impact of transport network	9%	6%
9. Deliver several small scale joined up schemes	9%	8%
10. Improve road network/ capacity	8%	6%
Base: Respondents who provided a comment	326	1997

Green = statistically significant difference

Summary

Support for improvements to cycling facilities and tackling traffic congestions was significantly higher amongst Outer North West respondents than others. A rail link to the airport and investment in roads were also particular issues for respondents from the Outer North West.

The top three priorities for respondents from the Outer North West for the delivery of transport investment mirrored those of respondents overall (see main report). A significantly larger number of respondents from the Outer North West raised the need to be creative/ imaginative and innovative. Criticism of the money wasted on previous schemes and the needs to reduce the environmental impact of the transport network were particular to this area.

#LeedsTransport - Scheme Summary

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

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

Bus network Improvements:

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



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

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

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



Rail and Station Improvements:

New Stations

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

Station Improvements

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



New and Refurbished Trains

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

Strategic Rail network

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



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

Active Travel – Cycle and Walking improvements:

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



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



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

Major New Roads:

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



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

Leeds City Centre / South Bank

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

Local pinch point schemes

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

Strategic junction and corridor improvements

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



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

Aire Valley

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

Air Quality

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





Report of: Sue Rumbold – Chief Officer (Children and Families Directorate)

Report to: Outer North West Community Committee

Report author: Hannah Lamplugh Voice Influence and Change Lead 07891279304

Date: 27th November 2017 For note

Title: Raising awareness of what it means in practice to be a Corporate Parent and the role of the Corporate Parenting Board.

Purpose of report:

1. This report briefly outlines the role of the Corporate Parenting Board and aims to increase understanding of the role of the Children's Champion and what being a Corporate Parent means.
2. Cllr Pat Latty is the Children's Champion for the Outer North West and member of the Corporate Parenting Board (CPB). In September and November 2016 members of the Corporate Parenting Board were invited to attend an induction session planned by Rob Murray (Head of Service for Looked After Children), Jancis Andrew (Head of Virtual School) and Hannah Lamplugh (Voice and Influence Lead). In December 2016 young people on the Have a Voice Council (Children in Care Council) and Care Leavers Council took over the Corporate Parenting Board. Prior to this meeting they asked members of the Corporate Parenting Board to let them know three things they planned to do as a result of the induction session which included the following suggestions:
 - Explain to members of my community committee what my role on the corporate parenting board means in practice.
 - Request for all community committee reports to consider and record the impact of decisions on looked after children and care leavers.
 - Share and explain the looked after children and young people's promise, care leavers pledge and new belongings action plan with your community committee.

As a result of these suggestions, Cllr Latty requested support to run an awareness raising session for all members of the Outer North West Community Committee, using activities that were developed for the induction session and takeover meeting.

Background information:

What is corporate parenting?

3. When a child or young person cannot live with their birth family for whatever reason and becomes looked after, parental responsibility transfers to the local authority; this is referred to as corporate parenting. Although it does not have a formal legal definition, it is commonly understood to mean that officers and elected members of the local authority have a responsibility to take the same interest in the progress, attainments and wellbeing of looked after children and young people as a responsible parent could be expected to have for their own children. Corporate parenting also extends to care leavers, as the local authority retains a level of responsibility for former looked after children up to the age of 21, or 24 for those in full time education. Good corporate parenting involves championing the rights of looked after children and care leavers, and ensuring that they have access to good services and support from the local authority, partner agencies and individual lead practitioners.
4. Every elected member, when elected to represent their ward, becomes a corporate parent as part of their role. Whilst much of the responsibility for actually delivering care for looked after children and care leavers is delegated to staff within the children's workforce (crucially, this is not limited to professionals within the Children's Social Work Service, but applies to all members of staff who may come into contact with looked after children, including schools and healthcare practitioners), officers and staff within the local authority deliver services and support on behalf of their elected members.

The function and focus of the Corporate Parenting Board

5. In Leeds, our Corporate Parenting Board was originally established in 2006 and brings together elected members from all political parties and each Area Committee across the city, as well as relevant officers within the Council, and colleagues from partner agencies. The Board has recently been strengthened to focus on specific outcomes for children, young people and care leavers. Themed meetings on, for example, health or education will consider support and services for children and young people. Directors from relevant Council directorates and other agencies such as schools and NHS bodies will be invited to attend meetings so that the Board can offer scrutiny and challenge. The Corporate Parenting Board works closely with the Have a Voice Council and the Care Leavers Council. These groups are made up of children and young people who are currently looked after or who have left the care of the local authority, and they help to advise officers and members in Leeds about their experiences of the care system, and what is important to them in terms of improving the services they receive. The Have a Voice Council helped officers to develop a list of promises from the local authority to all looked after children in our care, and the Care Leaver Council helped us to implement the national Care Leavers Charter, and they have contributed to a number of senior officer appointments. The Have a Voice Council and Care Leavers Council takeover the Corporate Parenting Board annually. This involves the young people (with support from the Voice Influence and Change Team) planning the agenda and activities and co-chairing the meetings with Cllr Hayden. They also meet regularly with Cllr Hayden in the role as chair of the Corporate Parenting Board.

Key Functions of the Corporate Parenting Board

6. The board plays a vital role in holding to account the Council and wider partnership in relation to outcomes for looked after children and care leavers and also in helping to agree the strategic direction and priorities for services. It sets and oversees the work of the strategic Multi Agency Looked After Partnership (MALAP) which includes third sector representatives. The board ensures that we are meeting our responsibilities to looked after children and care leavers by regularly reviewing performance data and by themed work within the meetings. The board also has direct contact with looked after children and care leavers through the annual take over day and meetings with the Have a Voice Council and the Care Leaver Council.

Contextual information about the Outer North West community committee area

7. More than 17,000 young people - over 10 per cent of the city's 0-18 population - live in the Outer North West area. There are 28 primary schools, six secondary schools, and four children's centres within the boundaries of the Outer North West community committee area. 97 per cent of primary schools, and all of the secondary schools are rated as good or better by Ofsted.
8. 70 (5.5 per cent) of the 1,256 children looked after at the end of September 2017 are in a placement within the Outer North West boundaries. Two-thirds of these young people are in a Leeds City Council foster placement, and just under one-in-five are in a foster placement with a relative of friend. Table one contains more detail.
9. Table one: children looked after by type of placement, at 30 September 2017

Type of placement	Outer North West	Leeds Total
Foster placement with relative or friend	12	232
Leeds City Council foster placement	45	619
Other foster placement (Independent Fostering Agency/voluntary or third sector)	9	150
Homes	0	40
Placed with own parents or other person with parental responsibility	3	73
Other	1	142
<i>Total</i>	<i>70</i>	<i>1,256</i>

Data source: Mosaic (Children's Social Work Service case management system), September 2017

10. Outcomes of the session:

- Greater awareness of the characteristics and outcomes of looked after children
- Increased understanding of what corporate parenting means in practice.
- Informed about the different levels of corporate parenting responsibility
 - Universal responsibility** – applicable to all councillors and LCC employees,
 - Targeted responsibility** e.g. Corporate Parenting Board Members, Governors
 - Specialist responsibility** e.g. the Lead Member for Children's Services.
- More informed about number of looked after children, children's homes, and Foster Carer support groups in your area.

- Received a pack of information which will include a guide on being a corporate parent, glossary of terms, information about Have a Voice Council and Care Leavers Council and the Local Authorities' promise to Looked After Children and Young People.

11. Agenda for the 60 minute session:

1. Introductions and 'check in' question;
2. Outcomes of the session;
3. Quiz;
4. Roles and Responsibilities;
5. Local data, information and opportunities.
6. Questions

a. Consultation and engagement

The session is being planned as a result of young people asking Corporate Parents what actions they will take following their induction session.

Young people helped developed the quiz.

b. Equality and diversity / cohesion and integration

Leeds City Council considers equality and diversity in all aspects of care for Children Looked After.

c. Council policies and city priorities

This section is not relevant to this report.

d. Resources and value for money

This section is not relevant to this report.

e. Legal implications, access to information and call in

This report does not contain any exempt or confidential information.

f. Risk management

This section is not relevant to this report

12. Conclusion

Recommendations

Members of the Outer North West Community Committee use their increased knowledge and understanding of looked after children and young people and corporate parenting to consider and act on their own corporate parenting responsibilities.

Community Committee reports to consider and record the impact of decisions on looked after children and care leavers –where this is relevant.



Report of West North West Area Leader

Report to Outer North West Community Committee

Report author Susan Skinner 0113 336 7857

Date: 27th November 2017

Finance Update Report

For Decision

Purpose of report

1. This report provides the Community Committee with an update on the budget position for the Wellbeing fund for 2017/18, and the current position of the Small Grants and Skips pot, and the small grants and skips which have been approved since the last meeting.
2. This report also provides an update on the Youth Activity Fund and the Youth Activity Fund projects which have been approved since the last meeting.
3. Also attached at appendix 1 is the Finance Statement which provides Members with details of the current financial and monitoring position of the Wellbeing Fund and the Youth Activity Fund.

Main Issues

4. The Wellbeing Fund Large Grant programme supports the social, economic and environmental wellbeing of a Community Committee area by funding projects that contribute towards the delivery of local priorities. A group applying to the Wellbeing fund must fulfil various eligibility criteria including evidencing appropriate management arrangements and finance controls are in place; have relevant policies to comply with legislation and best practice e.g. safeguarding and equality and diversity; and be unable to cover the costs of the project from other funds. Projects eligible for funding could be community events; environmental improvements; crime prevention initiatives or opportunities for sport and healthy activities for all ages. In line with the Equality Act 2010 projects funded at public expense should provide services to citizens irrespective of their religion, gender (including Trans), marital status, race, ethnic origin, age, sexual orientation or disability; under the Public Sector Equality Duty the Council must have due regard to the need to eliminate

discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. Funding for projects specifically targeted at certain groups is allowed under the Equality Act provided there is a clear evidence base for doing so (such as activities to promote women's health through sport projects or a project targeted at people with hearing impairments, or one for new migrants to help integration); further advice on these can be given on a case by case basis if required. The fund cannot be used to support an organisation's regular business running costs; it cannot fund projects promoting political or religious viewpoints to the exclusion of others; projects must represent good value for money and follow Leeds City Council Financial Regulations and the Council's Spending Money Wisely policy; applications should provide, where possible, three quotes for any works planned and demonstrate how the cost of the project is relative to the scale of beneficiaries; the fund cannot support projects which directly result in the business interests of any members of the organisation making a profit.

5. Community Committees have a delegated responsibility for the allocation of area Wellbeing funding. The amount of Wellbeing funding provided to each committee is calculated using a formula agreed by Council taking into consideration both population and deprivation of an area.

6. The Outer North West Community Committee operates a pre-sift process for Wellbeing fund applications. This involves discussions with appropriate ward members for that particular project in the context of the current area priorities; where projects do not have support from all three ward members they are not progressed. All applicants are offered further discussions and feedback if helpful. In order to provide further assurance and transparency to all applicants where schemes do not garner support these will be reported to a subsequent Community Committee meeting for noting.

7. Budget Statement 2017/18

The Budget Statement for 2017/18 is included at Appendix 1 to this report. The statement details the overall budget position of all Wellbeing and Youth Activity Fund projects funded in the current financial year as well as those funded in previous years which still have funding left to spend.

8. Wellbeing Revenue

The Outer North West Community Committee has a Wellbeing allocation of £97,660 for the financial year 2017/18. The Community Committee have previously agreed that this allocation is split equally by the 4 wards (£24,415 per ward)

9. After deducting any existing commitments and taking account of the 2016/17 carry forward position, the Community Committee has £85,014 of funding available for allocation. This figure does not include the Youth Activity Fund still available to spend.

10. Table 1 includes details per ward of the total Wellbeing revenue available for allocation in 2017/18 including any carry forward from previous years, and the amount of Wellbeing Fund currently available to spend per ward.

Table 1 – Wellbeing revenue

	Adel & Wharfedale	Guiseley & Rawdon	Horsforth	Otley & Yeadon
2017/18 available balance (inc b/f and new allocation)	£43,470	£24,453	£47,217	£24,998
Allocated to projects in 2017/18	£11,021	£14,377	£18,338	£23,388
Money from previous years returned to the pot.	£0	£0	£12,000	£0
Current funds available to spend	£32,449	£10,076	£40,879	£1,610

11. New Wellbeing Large Grant projects for consideration

12. Christmas in Pool-in-Wharfedale

Delivery Organisation	Pool-in-Wharfedale Parish Council
Revenue funds requested	£1,500 (A&W)
Previous Wellbeing funding received	2016/17 - £1,500 towards the same project.
Details of match funding	£1,300 (Parish Council budget)
Project details	The funding would go towards the hire of Christmas lights and lamps on Main Street, Stocks Hill and Arthington Lane.

13. Horsforth Lights Switch On

Delivery Organisation	Horsforth Town Council
Revenue funds requested	£2,194 (H)
Previous Wellbeing funding received	2015/16 - £2,340 funding towards the Christmas lights.
Details of match funding	£13,950 (Horsforth Town Council)
Project details	The funding would go towards the Christmas Lights Switch on event.

14. Bramhope Village Hall Renovations

Delivery Organisation	Bramhope Village Hall (Robert Craven Memorial Trust)
Revenue funds requested	£20,000 (A&W)
Previous Wellbeing funding received	2012/13 - £2,500 towards a new water supply pipe
Details of match funding	£2,000 – Bramhope Trust Additional match funding has been applied for from Bramhope Parish Council.
Project details	The funding would go towards the repair and renovation works on the roof of the hall.

15. Wellbeing Budget – Small Grants & Skips

Table 2 below details the amounts available for allocation on small grant and skips for 2017/18, the amount allocated this financial year and the remaining balances. There is currently £10,627 available for allocation on small grants and skips.

16. **Table 2 – Small Grant & Skip remaining balances (at 8/11/17)**

	Adel & Wharfedale	Guiseley & Rawdon	Horsforth	Otley & Yeadon	Total
Available for allocation 2017/18	£7,390	£3,038	£3,291	£3,582	£17,301
Total allocated 2017/18	£1,800	£714	£1,226	£2,934	£6,674
Available to spend	£5,590	£2,324	£2,065	£648	£10,627

17. Table 3 below details the small grants and skips approved since the last community committee meeting.

18. **Table 3 – Small Grant & Skip approvals (31/08/17-08/11/17)**

Project	Organisation	Ward	Amount approved
Bulb Planting in Adel	Parks & Countryside	A&W	£460
Friends of Otley Lido Skips	Friends of Otley Lido	O&Y	£350
Holtdale Action Day Skip	Housing	A&W	£290
Victory Gardens Skips	Victory Gardens, Rawdon	G&R	£195
Moor Lane Allotments Skips	Moor Lane Allotments	G&R	£190

Youth Activity Fund

19. The budget for the Outer North West Youth Activity Fund for 2017/18 is £45,870. This financial year, projects totalling £43,576 have been allocated from the Youth Activity Fund which leaves £2,295 available for allocation.

20. On 5th May 2017, the Holt Park Pop-up Sport sessions at Holt Park Active were approved with £2,280 however the project underspent by £335. This funding has been returned to the pot for reallocation and is reflected in the remaining balance above.

21. On 5th May 2017, the LitFest Poetry Workshop sessions at Ralph Thoresby School were approved with £1,000 however the project has been withdrawn and the funding has been returned to the pot for reallocation; this is reflected in the remaining balance above.

22. Wellbeing Budget – Capital Receipts Programme
23. At its meeting on 17th July 2013, the council’s Executive Board approved that future CRIS receipts available for allocation across wards, be allocated to the Community Committees based on the existing area wellbeing needs based formula.
24. As the capital programme is a 4 year rolling programme, existing funding will be rolled forward to 2017/18 under the current arrangements.
25. Members are advised of a further Capital tranche allocation for the Outer North West Community Committee of £2,700 for the financial year 2017/18. The Community Committee have previously agreed that this allocation is split equally by the 4 wards (£682 per ward).
26. Table 5 below provides details of the amount of capital available to spend in 2017/18 per ward including the new allocation.

Table 4 Capital Remaining Balances

	Adel & Wharfedale	Guiseley & Rawdon	Horsforth	Otley & Yeadon
Allocation currently available	£23,652	£13,298	£28,652	£12,927

27. **Community Infrastructure Levy (CIL)**

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

28. The Policy sub group met on the 4th October to discuss the process they wish to use for allocating the Community Committee element of the Neighbourhood Fund in outer north west. The sub group is recommending that any funds raised through CIL is retained by the ward or parish in which it is generated.

29. **Corporate Considerations**

Consultation and Engagement

30. The Community Committee has previously been consulted on the projects detailed within the report. Local priorities are set through the Community Committee Plan process and the commissioning round began with a communication to all Community Committee contacts.

Equality and Diversity / Cohesion and Integration

31. All Wellbeing funded projects are assessed in relation to Equality, Diversity, Cohesion and Integration.

Council policies and City Priorities

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

- Vision for Leeds 2011 – 30
- Leeds Strategic Plan
- Health and Wellbeing City Priorities Plan
- Children and Young People's Plan
- Safer and Stronger Communities Plan
- Regeneration City Priority Plan

Resources and value for money

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

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

Legal Implications, Access to Information and Call In

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

Risk Management

35. Risk implications and mitigation are considered on well-being applications. Projects are assessed to ensure that applicants are able to deliver the intended benefits.

Conclusions

36. The Outer North West Community Committee Wellbeing Fund provides an important opportunity to support local organisations and drive forward improvements to service. This report provides members with an update on the Wellbeing programme for 2017/18.

Recommendations

37. The Outer North West Community Committee is asked to:
- Note the current budget and monitoring position for the Wellbeing Fund for 2017/18 (Table 1) and attached at appendix 1.
 - Consider the new Wellbeing large grant applications detailed at section 11 – 14.
 - Note the small grants and skips remaining budget (Table 2) and those small grants and skips that have been approved since the last meeting (Table 3).

- Note the current budget position for the Youth Activity Fund for 2017/18.
- Note the current budget position for the Capital Wellbeing Fund for 2017/18 (Table 4).
- Agree that any funds raised through CIL are retained by the ward or parish in which it is generated.

38. **Background Information**

None.

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Appendix 1. ONW Finance and Monitoring Statement

09/11/2017

Wellbeing Funding	Adel & Wharfedale	Guiseley & Rawdon	Horsforth	Otley & Yeadon	Total Approved
Balance brought forward from 2016/17	£34,679.17	£5,621.46	£36,987.44	£4,711.38	£81,999.45
New allocation for 2017/18	£24,415.00	£24,415.00	£24,415.00	£24,415.00	£97,660.00
Total available (incl b/f bal for 2017/18)	£59,094.17	£30,036.46	£61,402.44	£29,126.38	£179,659.45
Projects brought forward for payment in 2017/18	£15,624.00	£5,583.00	£2,185.00	£4,128.00	£27,520.00
Project spend in 2017/18	£11,021.75	£14,377.46	£18,338.00	£23,388.00	£67,125.21
Remaining Budget Unallocated	£32,448.42	£10,076.00	£40,879.44	£1,610.38	£85,014.24

Youth Activity Funding / Spend Items	Total
Balance brought forward from 2016/17	£13,476.80
New allocation for 2017/18	£45,870.00
Total available (incl b/f bal) for 2017/18	£59,346.80
Projects brought forward for payment in 2017/18	£13,475.00
Total spend for 2017/18	£11,021.75
Remaining Budget Unallocated	£2,295.80

2016/17 revenue projects brought forward	Adel & Wharfedale	Guiseley & Rawdon	Horsforth	Otley & Yeadon	Total Approved	Paid to date	Monitoring
Broadgate Drive Car Parking (Cancelled 13/14 project)	£0.00	£0.00	-£12,000.00	£0.00	-£12,000.00	-£ 12,000.00	Cancelled 2013/14 project; funding returned to the pot.
Defibrillators (CPADs)	£1,335.00	£0.00	£0.00	£0.00	£1,335.00	£ 1,335.00	Project completed. The defibrillators have been placed as agreed.
Small Grants 2016/17	£5.00	£0.00	£0.00	£1,140.00	£1,145.00	£ 1,110.55	The carried forward small grants from 2016/17.

Boiler Upgrade and Asbestos Management Plan	£7,500.00	£0.00	£0.00	£0.00	£7,500.00	£ 7,500.00	Project completed. The new boilers were installed and the asbestos removed according to the asbestos management plan.
Horsforth Counselling 2016/17	£0.00	£0.00	£2,600.00	£0.00	£2,600.00	£ -	Project ongoing. To date 13 parents have accessed the counselling overall, with 6 of these accessing because they used crèche slots.
Cragg Hill and Woodside Green Space	£0.00	£0.00	£9,200.00	£0.00	£9,200.00	£ 585.00	Project ongoing. The footpath work is complete creating 522 volunteer hours, the bat walk attracted 21 adults and 18 children.
Additional SID in Adel	£3,110.00	£0.00	£0.00	£0.00	£3,110.00	£ 3,110.00	Project completed. The SID was placed as agreed.
Aireborough Supported Activities Scheme 2017/18	£1,814.00	£2,469.00	£525.00	£2,988.00	£7,796.00	£ 7,796.00	Project completed. 46 young people with moderate to severe learning difficulties and/or physical disabilities accessed the Easter sessions and 81 attended the summer sessions.
Target Hardening 2017/18	£1,860.00	£860.00	£1,860.00	£0.00	£4,580.00	£ 2,390.00	Project ongoing. Project monitored through the Community Safety Sub Group.
Rawdon Library Shelving	£0.00	£2,254.00	£0.00	£0.00	£2,254.00	£ 2,254.00	Project completed. The new flexible shelving has been installed in the library for use by the whole community.
Total approved in 2016/17 to spend in 2017/18	£15,624.00	£5,583.00	£2,185.00	£4,128.00	£27,520.00	£ 14,080.55	

2017/18 Revenue Projects Approved	Adel & Wharfedale	Guiseley & Rawdon	Horsforth	Otley & Yeadon	Total Approved	Paid to date	Monitoring
Communications & Publicity Budget 2017/18	£0.00	£0.00	£0.00	£0.00	£0.00	-£ 6.74	No funding allocated, allows payments to be made which will be covered through other sources such as MICE.
Guiseley & Rawdon Christmas Lights	£0.00	£4,320.00	£0.00	£0.00	£4,320.00	£ -	Project ongoing. The lights will be switched on in late November.
Yeadon Festive Lights	£0.00	£0.00	£0.00	£5,000.00	£5,000.00	£ -	Project ongoing. The lights will be switched on in late November.
Site Based Gardener 2017	£0.00	£7,019.00	£5,348.00	£0.00	£12,367.00	£ -	Project completed. The gardener was in place over the summer.
Otley & Yeadon CCTV 2017	£0.00	£0.00	£0.00	£14,305.00	£14,305.00	£ -	Project completed. The CCTV is active in the area.
Sporty Tots	£1,631.00	£0.00	£0.00	£0.00	£1,631.00	£ -	Project ongoing. The items are in the process of being purchased for use by the toddler sports group.
Horsforth CCTV 16/17	£0.00	£0.00	£3,699.00	£0.00	£3,699.00	£ 3,699.00	Project completed. The CCTV is active in the area.

Featherbank Lane Zebra Crossing	£0.00	£0.00	£6,000.00	£0.00	£6,000.00	£ -	Project ongoing. Works will be scheduled to take place before the next financial year.
Care & Repair Additional funds	£2,000.00	£0.00	£0.00	£500.00	£2,500.00	£ -	Project ongoing and monitored by the Community Safety sub group.
Total approved in 2017/18	£11,021.75	£14,377.46	£18,338.00	£23,388.00	£67,125.21	£8,086.93	

2016/17 Youth Activity Funding Approved & Brought Forward	Total Approved	Paid to date	Monitoring
Inters Youth Club 2016/17	£4,000.00	£2,000.00	Project completed. 32 sessions were completed with 80 different young people attending the sessions overall and between 35 and 50 per session.
Groove Generation Music Project	£900.00	£900.00	Project completed. Sessions took place in the 2016/17 academic year.
Alceborough Performing Arts (Let's Celebrate)	£1,975.00	£1,975.00	Project completed. 11 schools took part in the 3 day event at Yeadon Town Hall showcasing 17 different acts involving 275 young people.
Otley FM	£1,340.00	£1,340.00	Project completed. 5 sessions were held and 15 young people attended overall.
Additional Forest Found sessions	£1,410.00	£1,200.00	Project completed with an underspend. Sessions took place over Easter.
Mini Breeze Bramhope	£3,850.00	£0.00	Project completed. The Mini Breeze in Bramhope took place on 19th June as part of the Bramhope Festival and was well attended.
Total Youth Activity Funding approved in 2016/17	£13,475.00	£7,415.00	

2017/18 Youth Activity Funding Projects	Total Approved	Paid to date	Monitoring
Children & Young People's Voice Event	£500.00	£0.00	Funding set aside for the delivery of a young people's engagement event in 2018.

Leeds Sports Camp Days	£4,800.00	£4,800.00	Project completed. 247 young people attended the sessions in Otley and 240 attended the Guiseley sessions overall, each day attracted around 60 young people.
Mini Breeze	£3,850.00	£0.00	Project completed. The Yeadon Tarn Mini Breeze took place on 12th August 2017.
All Sports Camps	£1,445.00	£1,445.00	Project completed. The free sports sessions took place over two days in August at Aireborough RUFC facilities in Nunroyd Park, 39 young people attended on each day making a total of 78 young people over the two days.
Warblers, Oddballs & Hullaballo Orchestra	£6,263.00	£0.00	Project ongoing. The sessions are term time, after-school weekly sessions of Oddballs drama (two age groups), Warblers choir and the Hullaballo Orchestra.
Page 116 Day in the Woods	£760.00	£0.00	Project completed. The Day in the Woods family activity day was held on 8th July 2017 at Parkinson Park, Guiseley. Feedback was very positive and around 50 people attended.
Lit Fest After School Poetry Workshops	£0.00	£0.00	Project cancelled due to ill health of the session leader.
Ralph Thoresby Skateboard Coaching	£1,250.00	£1,250.00	Project completed. 7 Holt Park sessions were delivered, as per the agreement and had good attendance with 39 young people over the sessions.
Summer Play Days	£4,000.00	£0.00	Project ongoing. 9 sessions were delivered across the outer north west which were well attended overall with 336 children (168 families) attending overall, just one session in Pool-in-Wharfedale was cancelled due to the weather.
Inters Youth Group	£6,000.00	£0.00	Project ongoing. The sessions are running after school during term time.

Horsforth Activities	£5,000.00	£0.00	Project ongoing. The sessions over the summer have continued to be popular and as in previous years, the pottery sessions filled first with 8 children on each of the three 'wheel' sessions and 16 on the 'foam clay' session. There are further half term sessions and Easter sessions planned.
Forest Found Advenutres	£4,000.00	£0.00	Project ongoing. The bush craft and outside sessions are taking place on alternate Saturdays in the autumn and during the October half term; the first 2 Saturday sessions have attracted 9/10 young people.
Woolpack Rock and Pop Academy	£3,000.00	£0.00	The sessions will be held in January - March 2018.
Page 117 Pop-Up Activity Camp	£1,938.00	£1,938.00	Project completed. 10 sport activity sessions were held over the summer at the Holt Park Active centre, 130 young people attended overall and feedback was
Rawdon Skateboard Coaching	£770.00	£770.00	Project completed. 6 sessions were planned in Rawdon although only 4 were delivered due to the weather. Sk8 Safe had advertised the event locally and on social media however sessions were poorly attended this year with just 15 young people overall.
Total Youth Activity Funding approved in 2017/18	£43,576.00	£10,203.00	

2017/18 Capital Projects	Total	Paid to	Monitoring
Rawdon Community Library Lighting	£ 4,854.00	£ 4,854.00	Project completed. The lighting was improved as agreed.
Welcome In Roof Repair (OPAL)	£ 5,000.00	£ 5,000.00	Project completed. The roof was repaired as part of the phased works at the Welcome in.
Total Capital approved 2017/18	£9,854.00	£9,854.00	

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Report of: West North West Area Leader

Report to: Outer North West Community Committee

Report author: Gerry Burnham 3367870

Date: 25th November 2017

To note

Community Committee Update Report

Purpose of report

1. This report updates the Community Committee on the work of the sub groups of the Committee: Environment & Community Safety; Employment, Learning and the Local Economy; Children's Services and Family Health; Adult Social Care, Health & Well-being; Highways & Transportation and Policy.
2. The report also updates the Community Committee on community forums and partnership working that has taken place in the area since the last meeting.

Main issues

3. The Outer North West Community Committee has a range of sub groups which set priorities, agree topics for consideration at Community Committee and develop action plans to address issues of thematic importance. The committee currently operates six sub groups: Environment & Community Safety; Employment, Learning and the Local Economy; Children's Services and Family Health; Adult Social Care, Health & Well-being; Highways & Transportation and Policy.
4. Sub group meetings are informal meetings and not open to the public, however local residents or representatives of other organisations may be invited to attend and speak at the discretion of the chair of each sub group.
5. Where possible the Community Committee Champion has been aligned with the relevant sub group chair and in consultation with the theme leads have provided the following updates:
6. Health, Well-being and Adult Social Care

The Health, Well-being and Adult Social Care Sub Group met on the 13th November, the Community Committee Champion for this theme will provide a verbal update at the Community Committee meeting.

Community Connector Events

The final Community Connector event took place on Wednesday 11th October at the Welcome In and covered the Adel & Wharfedale ward. The event was well attended and feedback from the event has again been positive. Following each of the four community connector events attendees have received contact details of all the organisations and community groups working in the local area. It is hoped that this information will provide an opportunity for them to carry on connecting, sharing information and supporting individuals in the local community.

The sessions have been so successful city wide teams are now looking to roll them out in appropriate wards.

Winter Friends Campaign

As the weather gets colder, Leeds City Council has launched its Winter Friends campaign.

The aim is to reduce cold weather related illness and excess winter deaths which remain a concern for Leeds. Linking in with Public Health England's message of staying well this winter, the focus is on high impact interventions such as promoting flu vaccinations, increasing medicine uptake, keeping warm and eating well. The campaign also tackles issues such as fuel poverty and social isolation, whereby Winter Friends can provide a vital lifeline to people over winter. Support is also offered for people managing long term conditions during the cold months.

Becoming a Winter Friend provides free access to information and promotional literature from the Public Health resource centre, free electronic training, as well as free workshops.

To register interest in becoming a winter friend the contact is agefriendly@leeds.gov.uk.

7. Children's Services and Family Health

The Children's Services and Family Health sub group met on the 28th September. A report on the summer peer inspection was presented with some very positive feedback on the projects that had taken place in the outer north west. A short film has also been produced with the peer inspectors which will be shown at appropriate children's events.

The sub group agreed to proceed with planning the next Children's consultation event. Due to the success of the last event held at Prince Henry's Grammar School in Otley a preference was expressed to hold it there again and it was agreed an approach would be made to the school to check availability.

The Police and Youth Service were invited to the meeting and a discussion was had around anti-social behaviour amongst young people in the ward with a hot spot being identified in Guiseley. The problems are concentrated in and around the Westfield retail park and Micklefield Park. Youth Service hold regular sessions here to engage with the young people who are mid-teens and upwards and there are concerns about the amount of drinking and drug taking being witnessed. Although no actions were taken forward at this time it was agreed a youth centre would be beneficial in the area and that there is a

lack of places for young people to go to in the evenings. Services will continue to work with the young people and seek solutions to the anti-social behaviour issues.

8. Highways & Transportation

The Highways & Transportation Sub Group met on the 22nd November, the main focus of the meeting was to discuss the Transport report, which appears elsewhere on this committee meeting agenda.

9. The Poets Greenhouse Project

Richard Jackson from Voluntary Action Leeds is working on establishing a Tenants and Residents group in the area known as 'The Poets' in Guiseley. The aim of this group is to help make the area a better place to live through environmental improvements, organising community events/celebrations, creating a sense of "community spirit", campaigning on local issues affecting residents and helping to promote and set up local activities such as Neighbourhood Watch. A local Facebook page is also being considered.

Conclusions

10. The Outer North West Community Committee sub groups provide the committee with the opportunity to consider information on key areas of work in partnership with officers and community organisations, as well as enabling direct links to be established with the Community Champions and Executive Board Members.

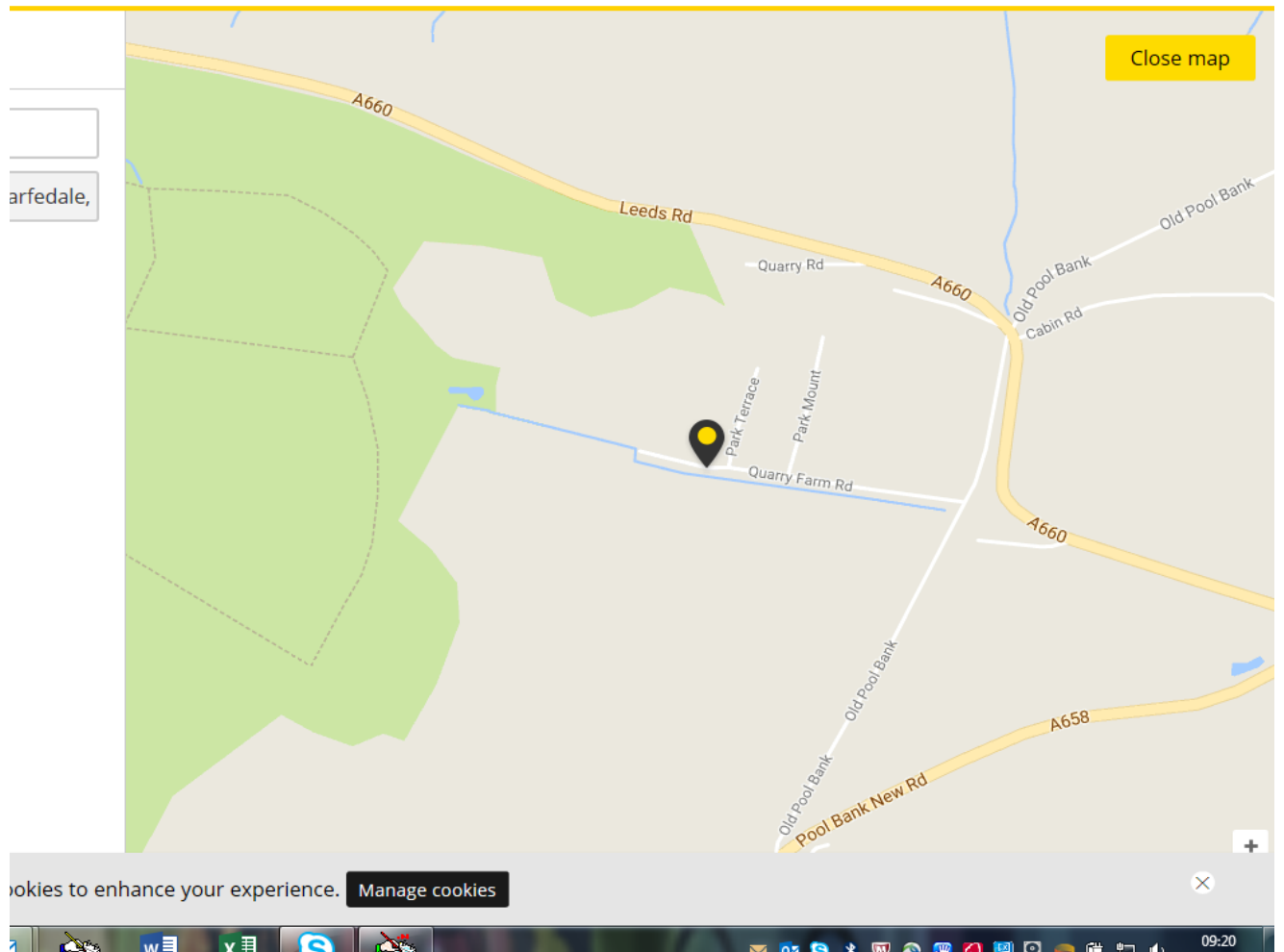
Recommendations

11. Members are asked to:

- Note the work of the sub groups and areas of partnership working since the last Community Committee meeting.

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Village Hall – Quarry Farm Road, Pool-in-Wharfedale, LS21 3BT



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