Leeds CITY COUNCIL

WEST (INNER) AREA COMMITTEE

Meeting to be held in St Bartholomew's Primary School on Wednesday, 15th February, 2012 at 5.00 pm

MEMBERSHIP

Councillors

J Harper	-	Armley;
A Lowe	-	Armley;
J McKenna	-	Armley;
D Atkinson	-	Bramley and Stanningley;
T Hanley	-	Bramley and Stanningley;
N Taggart	-	Bramley and Stanningley;

Co-opted Members

Hazel Boutle	-	Armley Community Forum
Eric Bowes	-	Armley Community Forum
Roland Cross	-	Bramley and Stanningley Community Forum
Stephen McBarron	-	Bramley & Stanningley Community Forum

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West North West Area Leader: Jane Maxwell
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A BRIEF EXPLANATION OF COUNCIL FUNCTIONS AND EXECUTIVE FUNCTIONS

There are certain functions that are defined by regulations which can only be carried out at a meeting of the Full Council or under a Scheme of Delegation approved by the Full Council. Everything else is an Executive Function and, therefore, is carried out by the Council's Executive Board or under a Scheme of Delegation agreed by the Executive Board.

The Area Committee has some functions which are delegated from full Council and some Functions which are delegated from the Executive Board. Both functions are kept separately in order to make it clear where the authority has come from so that if there are decisions that the Area Committee decides not to make they know which body the decision should be referred back to.

A G E N D A

Item No	Ward	Item Not Open		Page No
			PROCEDURAL ITEMS	
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25 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 25, written notice of an appeal must be received by the Chief Democratic Services Officer at least 24 hours before the meeting.)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:	

Item No	Ward	Item Not Open		Page No
3			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
4			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
5			**DECLARATION OF INTERESTS** To declare any personal / prejudicial interests for the purpose of Section 81(3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
6			**OPEN FORUM / COMMUNITY FORUMS** In accordance with Paragraphs 6.24 and 6.25 of the Area 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 Area Committee. This period of time may be extended at the discretion of the Chair. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
7			**MINUTES - 14TH DECEMBER 2011** To confirm as a correct record the minutes of the meeting held on 14th December 2011. (Copy attached)	1 - 8

Item No	Ward	Item Not Open		Page No
8			**AREA CHAIRS' FORUM MINUTES** To consider the report of the Assistant Chief Executive (Customer, Access and Performance) informing Members of dates of future Area Chairs' Forum meetings for whom minutes will be sent to the Area Committee, and to receive for information the minutes of the Area Chairs' Forum meeting of 11th November 2011. (Copies attached)	9 - 18
9	Armley;		**MINUTES- COMMUNITY FORUM MINUTES** To receive for information the minutes of the Armley Community Forum held on 17th January 2012 (Copy attached)	19 - 20
10			**MINUTES- ALMO INNER WEST AREA PANEL** To receive for information the minutes of the ALMO Inner West Area Panel meeting held on 12th December 2011 (Copy attached)	21 - 26
			EXECUTIVE BUSINESS	
11			**WELLBEING FUND BUDGET REPORT** To consider the report of the Deputy Chief Executive updating Members on the capital and revenue funding committed via the Area Committee Well-Being Budget for wards in the Inner West area in the financial year 2011/12. (Report attached)	27 - 30
			COUNCIL BUSINESS	

Item No	Ward	Item Not Open		Page No
12	Armley; Bramley and Stanningley; Calverley and Farsley; Farnley and Wortley; Pudsey;		**WEST LEEDS DOG WATCH SCHEME** To consider the report of West Yorkshire Police and Community Safety which provides and overview of the Dog Watch scheme which was launched on 29th October 2011 (Report attached)	31 - 36
13			**PROPOSAL TO DEVELOP INTEGRATED HEALTH AND SOCIAL CARE TEAMS** To consider the report of the Director of Adult Social Services which provides details of the work going on in Leeds to improve the effectiveness of health and social care services. The report also describes the approach of using demonstrator sites to test out and develop aspects of the model of service. (Report attached)	37 - 54
14			**JOINT STRATEGIC NEEDS ASSESSMENT AND AREA PROFILE** To consider the report of the Director of Public Health which provides an update on the emerging priorities for this area flowing from the refresh of the Leeds Joint Strategic Needs Assessment (JSNA) (Report attached)	55 - 88
15	Armley;		**ARMLEY TOWN CENTRE MANAGER UPDATE** To consider the report of the Armley Town Centre Manager which provides an update on events and actions in the Armley Town Centre area. (Report attached)	89 - 92

Item No	Ward	Item Not Open		Page No
16			**DATE, TIME AND VENUE OF NEXT MEETING** Wednesday, 21st March at 5.00 p.m. (Venue to be confirmed) **MAP OF TODAY'S VENUE** St Bartholomew's Primary School	

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WEST (INNER) AREA COMMITTEE

WEDNESDAY, 14TH DECEMBER, 2011

PRESENT:	Councillor Hanley in the Chair
	Councillors T Hanley, A Lowe and N Taggart
Co-optees	Hazel Boutle, Armley Forum Eric Bowes, Armley Forum Stephen McBarron, Bramley and Stanningley Community Forum
Apologies	Councillors D Atkinson, J Harper and J McKenna

53 Apologies for Absence

Apologies had been received from Councillor Atkinson, Councillor Harper and Councillor McKenna.

54 Chair's Opening Remarks

The Chair extended his best wishes for a speedy recovery to Councillor Atkinson.

55 Declaration of Interests

There were no declarations of interest.

56 Open Forum / Community Forums

In accordance with paragraphs 6.24 and 6.25 of the Area Committee Procedure Rules, the Chair allowed a period of up to 10 minutes for members of the public to make representations or to ask questions on matters within the terms of reference for the Area Committee.

Allotments in the local area

Kate Lee referred to the above issue, informing the Area Committee of the high demand for local Allotments, and the length of the waiting lists for Allotments; and suggesting possible locations for additional Allotments to alleviate the high levels of demand.

Members discussed current availability of Allotments in the area, and possible means to increase Allotment provision.

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

Draft minutes to be approved at the meeting
to be held on Wednesday, 15th February, 2012

57 Minutes - 19th October 2011

RESOLVED-

-That the minutes of the meeting held on 19th October 2011 be approved as a correct record*

- That the recommendations made at Minute 47 be ratified*

58 Matters Arising from the MInutes

There were no matters arising from the minutes

59 Area Chairs' Forum Minutes

RESOLVED- That the report and minutes be noted*

60 Minutes - Community Forum Meetings

A copy of the minutes of the Armley Community Forum held on 15th November 2011, together with the minutes of the Bramley and Stanningley Community Forum meeting held on 24th November 2011 were submitted for Members' information.

RESOLVED- That the minutes of the Armley Community Forum held on 15th November 2011, together with the minutes of the Bramley and Stanningley Community Forum meeting held on 24th November be received and noted*

61 Minutes - ALMO Inner West Area Panel

A copy of the minutes of the ALMO Inner West Area Panel meeting held on 10th October 2011 was submitted for Members' information.

Michael Parker, West North West homes Leeds informed the Area Committee that a special call centre had been set up by the contractor to deal with repair related calls, and it was hoped that this would improve the performance of the main call centre by removing repairs calls. The Area Committee were also informed that work had begun on the Gassy Field site in order to prevent future Traveller encampments there.

Hazel Boutle, Armley Forum, informed the Area Committee that following the previous meeting, she had received and had fitted a Fire Fly device, with which she was very pleased.

Councillor Taggart joined the meeting during consideration of this item, and the meeting became quorate.

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

RESOLVED- That the minutes of the ALMO Inner West Area Panel held on 10th October 2011 be received and noted

62 Wellbeing Budget Update

The Deputy Chief Executive submitted a report seeking to update Members on the capital and revenue funding committed via the Area Committee Well-Being funding that has been allocated in the Inner West, whilst also detailing the small grant applications received since the last Area Committee meeting.

Chris Dickinson, West North West Area Improvement Manager, presented the report and responded to Members' comments and queries.

In summary, reference was made to the following issues:-

- there was £135.51 remaining in the Small Grants Fund. Another application for funding had been received, which would be passed to Members
- a Funding Forum for Members to review applications for the next financial year had been organised for 19th January at 3.30 p.m.
- the provision of Christmas Lights in Bramley, and how this situation could be improved for next year

RESOLVED- That the position of the Wellbeing Budget and the small grant approvals be noted.

63 Inner West Area Committee Business Plan

The Area Leader, West North West, submitted a report presenting an update on the work to date to develop an Area Committee Business Plan Action Plan and presenting a draft version of the Business Plan.

Chris Dickinson, West North West Area Improvement Manager, presented the report and responded to Members' comments and queries.

RESOLVED-

- That the contents of the report be noted.

- That the contents of the Business Plan Action Plan be noted.

- That the Area Management Team continue to develop the Business Plan.

- That updates be brought to future meetings, and that a three year plan

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

subject to an annual refresh be adopted at the March 2012 Area Committee.

64 Area Update Report

The Deputy Chief Executive submitted a report informing Members of the progress made agasint the Area Management Team's work programme and locality priorities.

Chris Dickinson, West North West Area Improvement Manager presented the report and responded to Members' comments and queries.

In summary, specific reference was made to the following issues:-

- The level of vacancies on Armley Town Street being less than the national average
- The impact of the new Housing Strategy and local Reform Bill on people within the Armley and Bramley areas, and the possibility of participating in a National Pilot to evaluate the changes.

RESOLVED- That the contents of the report be noted.

65 Annual Community Safety Report

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report providing crime statistics for Inner West Leeds and details of key activity to address crime and antisocial behaviour issues.

Gill Hunter, Area Community Safety Co-ordinator, Environment and Neighbourhoods presented the report and responded to Members' comments and queries.

In summary, specific reference was made to the following issues:-

- Work had focussed on burglary, metal theft, and reassurance
- Partnership working with partners such as the Environmental Action Team had addressed problems including ginnels, overgrown hedges, littering and graffiti. There was a need to improve "unloved areas"
- Other initiatives such as enforcement days and Joint Community Events had been successful
- The Captive Car and Captive House had been very successful over the year
- West Inner was the only area to show consecutive improvement over the last five months. Target hardening in Armley and Bramley had been very important over the last year

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

Mark Wheeler, the new Police Inspector, attended the meeting and introduced himself to the Area Committee. He informed the Area Committee of the current ways of working, such as officers doing 6-6 nightshifts, which was proving successful in reducing burglaries in the area.

The Chair thanked the outgoing Police Inspector, Mark Bonass for all his hard work and welcomed Inspector Mark Wheeler to the Area Committee.

RESOLVED- That the contents of the report be noted.

66 Developing a Locality Approach between LCC Services and Neighbourhood Police Teams / PCSOs

The Director of Environment and Neighbourhoods submitted a report informing Members of the work done to develop more joined up working within Leeds City Council services and Neighbourhood Police Teams / PCSOs.

Gill Hunter, Area Community Safety Co-ordinator, Environment and Neighbourhoods presented the report and responded to Members' queries and comments.

In summary, specific reference was made to the following issues:-

- Leeds City Council funds 50% of PCSOs in Leeds, and much partnership working such as with Environmental Service, is already done, however the report seeks to formalise and expand this.
- The method of allocating PCSOs to wards- all the wards have the same number of PCSOs, and if this is the most effective method of PCSO deployment across the city.
- That there will be a review covering all of West Yorkshire Police staffing in 2012.

RESOLVED- that the progress made to develop more joined up working within localities between Leeds City Council Services and Neighbourhood Police Teams / PCSOs be noted.

67 Leeds Citizens Panel in Support of Locality Working

The Assistant Chief Executive (Community Access and Performance) submitted a report informing of progress in creating a new Panel of residents for consultation in Leeds, and seeking support of the use of the new Leeds Citizens' Panel within the committee's community engagement activities in support of the Wellbeing Fund priority setting and in the development of the Area Business Plans.

Chris Dickinson, West North West Area Improvement Manager, presented the report and responded to Members' queries and comments.

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

In summary, specific reference was made to the following issues:-

- Membership of the Panel had already reached approximately 2500, with the intention of attaining a membership of 6000 panellists, which would be sufficient for consultation at Area Committee level. It was hoped that this would be achieved by March 2012.
- The importance of working with other organisations to assist in recruiting Panel Members to ensure that a representative Membership was achieved.

RESOLVED-
- That the development of a new Citizens' Panel in Leeds be noted
- That the use of the new Leeds Citizens' Panel be supported, including it's use for community engagement activities in support of Wellbeing Fund priority setting and in the development of Area Business Plans.

68 Environmental Services- Update on the Service Level Agreement

The Locality Manager (West North West) submitted a report providing the first half-year update on performance against the Service Level Agreement between Inner West Area Committee and the West North West Environmental Locality Team.

Jason Singh, Locality Manager (West North West), presented the report and responded to Members' queries and comments.

In summary, specific reference was made to the following issue:-

- Over the last two months, start up activity such as improving the accessibility of the service and raising the profile of the service had been done to ensure residents could access the service.

Members of the Area Committee were reminded that should they need any help or advice regarding the service, they should contact Jason Singh.

RESOLVED – That the progress being made by the Locality Team in delivering the Service Level Agreement be noted.

69 Inner West Community Centres Consortium Update

The Business Facilities and Social Enterprise Manager (BARCA Leeds) submitted a report updating on the Inner West Community Centres Consortium (CCC), particularly the Business Facilities and Social Enterprise Manager post which is funded by the Inner West Area Committee and works under the umbrella of the CCC.

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

Bill Graham, BARCA Leeds, presented the report and responded to Members' queries and comments.

In summary, specific reference was made to the following issues:-

- The Fairfield Community Centre has been transformed into a vibrant Community Centre which is nearly self sufficient, with improved attendance at events such as Lunch Club.
- The New Wortley Community Centre has been doing well, however there have been problems in recent months such as difficulties caused by people who suffer from substance misuse.
- There is less partnership working at New Wortley Community Centre than at the Fairfield Community Centre, it is more difficult to get partners to engage at the New Wortley Community Centre.
- The New Wortley Community Centre is in a very deprived ward.

Councillor Taggart left the meeting during consideration of this item.

RESOLVED- That the contents of the report be noted*

70 Localism Act 2011

The Assistant Chief Executive (Customer Access and Performance) submitted a report informing of the Localism Act 2011 and the key issues around it.

Jane Maxwell, Area Leader West North West, presented the report and responded to Members' queries and comments.

In summary, specific reference was made to the following issues:-

- The community right to challenge and how community groups could be supported to do this.
- Neighbourhood planning which would be focussed on particular areas rather than being city wide.

RESOLVED -That the contents of the report be noted*

Councillor Taggart returned to the meeting following consideration of this item.

71 Capital Receipts Incentive Scheme Report to Executive Board

The Assistant Chief Executive (Customer Access and Performance) submitted a report informing of the Capital Receipts Incentive Scheme which was approved by Executive Board in October 2011.

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

Jane Maxwell, Area Leader West North West Area Management, presented the report and responded to Members' queries and comments.

In summary, specific reference was made to the following issues:-

- Some capital receipts are already allocated to capital schemes, and some sites have affordable housing, however other capital receipts would have a proportion of the value retained within the Ward.
- The scheme is intended to be introduced in April 2012 following a period of Member consultation.

RESOLVED- That the contents of the Executive Board report on the Capital Receipts scheme be noted.

72 DATE, TIME AND VENUE OF NEXT MEETING

Wednesday 15th February 2012 at 5.00 p.m. Venue to be confirmed.

The Chair wished all at the meeting a Happy Christmas and best wishes for the New Year.

The meeting concluded at 7.35 p.m.

* During the initial consideration of these items, the meeting was inquorate, however once the meeting became quorate the Area Committee formally ratified the recommendations initially made.

Leeds CITY COUNCIL

Report author: Alison Szustakowski
Tel: 3467872

Report of The Assistant Chief Executive (Customer, Access and Performance)

Report to Inner West Area Committee

Date: 15th February 2012

Subject: Area Chairs Forum Minutes

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. This report formally notifies members of the decision made by full council that Area Chairs Forum minutes should be considered by Area Committees as a regular agenda item at future Area Committee meetings.
2. The report also includes background information regarding the latest Area Chairs Forum meetings.

Recommendations

3. The Inner West Area Committee are asked to note the contents of the Area Chairs Forum minutes.

1 Purpose of this report

1.1 The purpose of this report is to formally notify Members that the minutes of Area Chairs Forum meetings will be brought to Area Committee meetings as a regular agenda item, and to give a brief overview of the Area Chairs Forum meetings.

2 Background information

2.1 Area Chairs Forum meetings take place on a bi-monthly basis and are chaired by the Deputy Leader of Council and Executive Member for Neighbourhoods, Housing and Regeneration.

2.2 Meetings are attended by the ten Chairs of the Area Committees, the Assistant Chief Executive (Customer, Access and Performance), the three Area Leaders and the Neighbourhood Services Co-ordinator in Leeds Initiative.

2.3 Agenda items focus on issues relating to services delegated to Area Committees, future delegations of services, locality working and any other issues that can be influenced by, or have an impact on, Area Committees.

3 Main issues

3.1 Following recommendations by the General Purposes Committee, full council approved on 26th May 2011 that minutes of the Area Chairs Forum meetings should be considered by Area Committees, and that this should be a regular agenda item for Area Committee meetings.

3.2 Area Chairs Forum minutes will only be available to be considered by Area Committees once they have been agreed as an accurate record by the subsequent Area Chairs Forum meeting.

3.3 The scheduled Area Chairs Forum meeting dates for 2011 / 12 are:

- Friday 17th June 2011, 10:00am – 12:00pm
- Monday 5th September 2011, 10:00am – 12:00pm
- Friday 11th November 2011, 9:00am – 11:00am
- Friday 13th January 2012, 10:00am – 12:00pm
- Friday 2nd March 2012, 10:00am – 12:00pm

3.4 Attempts will be made to include Area Chairs Forum minutes in papers issued prior to Area Committee meetings, however due to some tight deadlines between meetings, it may be necessary to table the minutes at certain Area Committee meetings.

4 Recommendations

4.1 The Inner West Area Committee is asked to note the contents of the report and to consider the minutes from the latest Area Chairs Forum meeting.

5 Background documents

5.1 Minutes of the Full Council Meeting held on 26th May 2011

5.2 Council Constitution

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Area Chairs Forum
Monday 11th November 2011
Committee Room 4, Civic Hall

Attendance:
Councillors: P. Gruen (Chair), G. Hyde, G. Hussain, G. Wilkinson, K. Parker, A. Gabriel, J. Akhtar, G. Latty, D. Blackburn
Officers: J. Rogers, R. Barke, S. Mahmood, J. Maxwell, B. Logan

Minutes: S. Warbis

Officers attending for specific items: J. Wildman, S. Carey, J. Harwood, M. Lund, C. Dickinson, J. Lane, A. McMaster

Item	Description	Action
1.0	**Apologies**	
1.1	Cllr. T Hanley	
2.0	**Minutes and Matters Arising**	
2.1	The minutes of the previous Area Chairs Forum meeting on 5th September 2011 were agreed as an accurate record.	
2.2	2.5 of previous minutes – Land Ownership Issues and Responsibilities Various discussions have taken place between ALMOs, Environmental Services, Area Teams and other agencies and work is progressing to tackle outstanding issues.	
3.0	**Implications of the Welfare Reform Bill**	
3.1.1	Steve Carey, Chief Officer Revenues and Benefits, attended to present a report on welfare reforms.	
3.1.2	Some changes to the housing benefit scheme have already been implemented but there will also be a raft of changes to the benefits system over the next 3 years and officers are currently preparing for these changes.	
3.1.3	Changes to housing benefit introduced in April 2011 affect the private rented sector and include the loss of excess benefit where actual rents are cheaper than the Local Housing Allowance (LHA) Rate, capping of LHA at 4 bedroom house rate and reductions to LHA rates. Existing cases are protected until January 2012 when an estimated 9,500 families in Leeds will see their housing benefit reduced.	
3.1.4	Work is being done with private landlords to address this issue. One suggestion is for landlords to agree to reduce their rents in return for receiving direct payments of housing benefit. Whilst some landlords may see the advantage of this, it may be less viable for the larger properties.	
3.1.5	A Shared Accommodation Rate (SAR) is currently applied to single claimants up to the age of 25 limiting the amount of housing benefit that can be claimed to around £61 per week. From January 2012 this will apply to single claimants up to the age of 35 meaning over 1,500 tenants in Leeds between the age of 25 and 35 will see their housing benefit reduced from £99.92 to around £61.50.	
3.1.6	The implications of changes to housing benefit will mean a large number of people having to move out of 1 bedroom properties into bed-sits or shared accommodation, and also families in 5 bedroom properties having to move into	

	4 bedroom properties. The benefit service is already handling cases for concerned customers and is receiving referrals from councillors and MPs and this caseload is likely to increase dramatically in January.	
3.1.7	There may be some funding from central government to address benefit reductions but this will inevitably be targeted and will not cover all cases.	
3.1.8	In April 2013 council tax benefit will end and will be replaced by localised schemes to be operated by councils. Funding for these schemes has been reduced by 10% and councils will have to fund any overspend. There is likely to be protection in place for pensioners and other vulnerable groups to address any reduction in support.	
3.1.9	Universal credit is to be introduced to simplify the benefits system and is intended to make sure that people are always better off in work than on benefits. Policies relating to this are still being designed however aspects will be introduced in October 2013 with the full transition being completed in 2017.	
3.1.10	It is intended that claims will be made electronically, payments will be made monthly in arrears and will be made directly to the claimant.	
3.1.11	A cap on housing benefits will be applied to tenants living in properties deemed too large for their needs and is likely to affect around 7,000 tenants in Leeds. Although work is taking place to encourage tenants to relocate to appropriate sized properties it will not be possible to resolve all cases by April 2013 when changes will be implemented.	
3.1.12	The Disability Living Allowance (DLA) will be replaced by Personal Independence Payments for claimants between 16 and 64 which the Department for Work and Pensions (DWP) estimates will lead to a reduced benefit expenditure of £2.1bn.	
3.1.13	LHA rates are currently determined using evidence from landlords in the private sector. From April 2013 the consumer price index will be used instead which may mean that there will be a gap between actual rents and benefit levels leading to a reduction in the affordable housing stock.	
3.1.14	A report is being taken to Executive Board outlining the potential implications of welfare reform. Officers are developing strategies to mitigate the effects of changes to the welfare system but there will be an impact for a significant number of people in Leeds.	
3.2	Jill Wildman, Director of Housing Services East North East Homes Leeds, attended to present a report on the effects of welfare reform for the Leeds ALMOs and BITMO.	
3.2.1	22,300 tenants will be affected by changes to benefits which will come into effect between 2013 and 2017. Currently £60 million in Housing Benefit is paid directly to ALMO and BITMO rent accounts.	
3.2.2	Benefits will be paid directly to the tenant, and customers will be responsible for managing their own benefits. Not all claimants currently have bank accounts and there may be issues for customers who are financially excluded and do not have sound financial literacy skills. There is a move towards a paperless system which will impact on customers who don't have computers or computer skills.	
3.2.3	There will be a substantial increase in the amount of income that will need to be collected by the ALMOs / BITMO. Benefits will be paid to claimants in arrears on a monthly basis which will impact on the performance in rent collection.	
3.2.4	The DWP is considering allowing 5-10% of vulnerable customers to have housing benefit paid directly to ALMOS / BITMO although there is currently no definition of vulnerable. There are concerns that certain customers may not	

	view paying their rent as a priority which will have an impact on income collection, arrears, collection costs, legal costs and evictions.	
3.2.5	A lot of support will be needed to manage these changes for customers which may mean an increased staff resource is required and training will be required to re-skill staff regarding new legislation and processes.	
3.2.6	It is estimated that 7,500 ALMO / BITMO tenants will be affected by changes to benefits due to occupying accommodation that is deemed too large for their needs. Demand will be high for tenants wishing to downsize and there are concerns over the volume of requests and also the availability of suitable properties, particularly 1 bedroom properties.	
3.2.7	An ALMO / BITMO welfare reforms action plan has been developed and was appended to the report. Work is ongoing to gather impact data for customers and housing stock at a more local level to gauge the likely impact on different neighbourhoods.	
3.3	The reports were welcomed by the forum and it was agreed that it would be appropriate for them to be taken to future Area Committee meetings as well as arranging briefings for the various party groups.	**SC JW**
3.3.1	Area Chairs confirmed that they were getting increasing numbers of calls from concerned and confused tenants and expressed concerns over the ability of the welfare rights teams to cope with the increased level of queries and likely appeals. It was stressed that relevant officers needed to be preparing to provide the relevant advice that would be needed.	
3.3.2	Concerns were raised over the logistics of dealing with over 7,000 people who would no longer be able to afford the rents on properties of the size they occupied. It was mentioned that the DWP are carrying out work to gauge the implications on the ground and that LCC officers are in contact with the DWP during this process. It was mentioned that the bill was still progressing through parliament and that there may be caveats added to cover issues such as adapted properties. Options were also being considered to alleviate the impact of the reforms such as phasing in some of the changes.	
3.3.3	The ALMOs are expecting a big impact on residents, and prospective residents, of the maisonette and multi-storey flat stock. Data is being collected to assess where the impact is likely to be the greatest. It was mentioned that some of the 7,000 plus tenants affected would find a way to pay increased costs and therefore the overall impact for the ALMOs is uncertain.	
3.3.4	It was raised that the impact of these changes may be increased in future years if house prices and rent increases are not matched by increases to benefit payments.	
3.3.5	The question was raised as to how these changes would impact on the choice based lettings system. Area Chairs were assured that work was ongoing between the ALMOs and the Environment and Neighbourhoods department to deal with issues affecting lettings.	
3.3.6	Concerns were raised over the increased demand that would be placed on services at a time where staffing numbers and resources are decreasing.	
4.0	**Draft Area Committee Report on the Localism Bill**	
4.1	Jane Harwood, Corporate Policy and Performance Officer, attended to present a report on the Localism Bill seeking comments on the report and approval for a report to be taken to the 10 Area Committees. A further report will be taken to the corporate Leadership Team taking account of comments from members.	

4.2	There have been significant amendments to the Localism Bill as it has progressed through parliament and officers have been keeping a close watch on changes and guidance as it has been issued.	
4.3	A series of papers are being drafted relating to specific aspects of the bill such as Neighbourhood Planning, Community Right to Challenge and Assets of Community Value.	
4.4	Questions were raised as to which bodies could develop Neighbourhood Plans or bid for community assets. Although there are definitions as to what constitutes a representative group, in theory any group could be involved if correctly constituted. Any group can bid for an asset of community value.	
4.5	It was mentioned that it would be challenging to secure funds for Neighbourhood Plans in order to put them in place quickly.	
4.6	It was also mentioned that there was still a duty of best value to be applied and that social value versus value for money would still be a consideration in assessing bids for assets and services. The bill will give people the right to challenge how services and assets are run, and the local authority will be able to accept or reject these challenges.	
4.7	It was agreed that the paper should be taken to the Area Committees with officers in locality teams to make amendments to cover local issues.	**JH / Area Leaders**
5.0	**Community Engagement Strategic Approach**	
5.1	Matt Lund, Corporate Consultation Manager, attended to present a report on the Community Engagement Framework and request that a report be taken to the 10 Area Committees.	
5.2	A lot of community engagement work has been carried out in the past but this has not always been done in a consistent and coordinated way. The council could be open to legal challenges if engagement has not been carried out effectively when making key decisions.	
5.3	The Strategic Planning and Policy Board (SPPB) agreed in the summer of 2011 that a new framework was required to guide community engagement and take into account the current financial pressures, the evolving locality working and partnership arrangements and to meet the council value of "working with communities".	
5.4	There is a need to build officer skills, improve the culture of co-ordinating engagement and improve governance methods so that appropriate monitoring can be implemented.	
5.5	It was agreed that a report should be taken to the February round of Area Committee meetings.	**ML / Area Leaders**
6.0	**Citizens' Panel Update**	
6.1	Chris Dickinson, Area Management Officer, attended to present a report outlining progress on the development of the Leeds Citizens' Panel.	
6.2	The Citizen's Panel will be an efficiency tool for carrying out consultation in Leeds. Recruitment is taking place which will ensure that panel members will be representative of the population at Area Committee level as well as at city level and it will be possible to interpret results from consultation at an Area Committee level.	
6.3	Recruitment to the panel has been promoted through various means and good progress is being made in populating the panel.	

6.4	The panel will not be used to replace local consultation, but will be able to provide benchmark setting and may be helpful in setting priorities in areas, developing the Area Committee business plans, and helping to focus the targeting of wellbeing priorities.	
6.5	It was suggested that the panel could be used to identify the "what" in an area, but that more local and focused consultation could be used to draw out the "why".	
6.6	By consulting on a city wide basis and drilling down information gathered to Area Committee level, we will have the ability to compare views within areas from a consistent perspective.	
6.7	It is the intention to set up a calendar of consultation for the panel to ensure that the process does not become overburdening. Feedback to panel members will also be built in to encourage people to remain involved.	
6.8	Comments were made that the panel would only be effective it it was truly representative. Efforts need to be made to make sure that the panel is not made up of only active citizens who are involved in local consultation anyway. It was hoped that efforts would be made to involve ordinary, less prominent people, particularly those who are less articulate locally.	
6.9	Area Chairs were informed that efforts were being made to avoid contacting established groups when recruiting to the panel. Representation is being monitored as the panel is growing and action will be taken to target specific groups if they appear to be underrepresented.	
6.10	Comments were made as to how representative the panel could be when it only included approximately 1% of the population.	
6.11	It was stressed that the development of the panel would not mean that previous good practice, learning and models of engagement would be lost.	
6.12	It was agreed that a report be taken to the 10 Area Committees in the December cycle of meetings, with a further report to accompany the Community Engagement Strategy report to Area Committees in February.	**CD**
7.0	**Luncheon Clubs Mapping / Budget Update and Findings from User Group Consultations**	
7.1	Jason Lane, Assistant Commissioning Manager, attended to present a report outlining feedback on the 2011-12 grant application process and report on progress on involving Area Management teams in future grant management.	
7.2	Research has been carried out with users and coordinators on the makeup of the luncheon club members and the way that the clubs are run and their experience of the application process.	
7.3	The main impact of the luncheon clubs on it's members relates to social experiences rather than relating to food or nutritional issues.	
7.4	Attempts are being made to link up the various luncheon clubs to enable them to provide support to each other and share good practice.	
7.5	Although conclusions have been drawn in the report that grant funding would benefit from being locally administered, in order to avoid disruption to the service it has been recommended that the grant process for 2012-13 be administered within Adult Social Care. The grant application deadline has been moved forward to allow Area Staff to observe the process.	

7.6	Meetings will be taking place with the Area Leaders at the end of the month with a view to assess the feasibility of administering the process locally for 2013-14.	
8.0	**Community First Programme**	
8.1	Anne McMaster, Leeds Initiative Partnerships, attended to present a report on the government Community First Programme.	
8.2	The Community First Programme aims to provide small amounts of funding to small groups in targeted areas. To access funds each targeted ward would need to set up a community first panel to administer the funding.	
8.3	Wards have been identified by central government with specific amounts of funding being made available to each ward. This is new money from the government, but there is a stipulation that funding is matched.	
8.4	Comments were raised as to how the specific wards had been earmarked for funding as some areas that seem appropriate have been missed out. It was restated that the wards had been identified by central government and it was agreed that the rationale provided by the Community Development Foundation be circulated to Area Chairs.	**AM / SW**
8.5	It was commented that this funding would be hard to spend due to the time required to set up community first panels. It was also noted that the funding was spread over 4 years.	
9.0	**Land Ownership Issues**	
9.1	This item was dealt with in matters arising from the previous meeting.	
10.0	**Any Other Business**	
10.1	Area Teams Appointments have been made to posts within the Area Teams and the structures will be stabilising over the coming weeks.	
10.2	Environmental Delegation Comments were asked of Area Chairs as to how the Environmental Delegation was working in their area. Favourable comments were received on the performance so far including "happy with progress", "moving in the right direction", "no complaints at the moment".	
10.3	Some comments were made about the ability to influence changes not being fully in place at the moment, and that links with the Environmental sub-groups could be strengthened.	
10.4	Review of Community Facilities Cllr Gabriel informed the forum that she had attended one meeting of the programme board and that work is being undertaken to assess usage and costs associated with each community centre. This information will be shared with Area Chairs when available for their comments.	
10.5	Area Chairs Forum Papers It was agreed that hard copies of papers for future meetings will be provided to Area Chairs.	**SW**
10.6	Capital Receipts Incentive Scheme James Rogers informed the forum that a paper would be going to Area Committee meetings in December outlining the proposed scheme.	
11.0	**Date of Next Meeting**	
8.1	13th January 2012, 10am, Committee Room 4, Civic Hall.	

Leeds CITY COUNCIL

WNW Leeds Area Management

Combined Armley Community Forum and PACT meeting minutes
Date: 17th January 2012

Present:
Cllr Janet Harper (Chair), S Richmond, F Smyth. J Ramell, B Holmes, E Bowes, D & D Armitage, M Pugh, W Anderson, J Mistry, D Boutle, H Boutle, M & D Stead, T Maynard, Cllr J McKenna, L Cheney, S Friend, B Mason, C Thom, P Kempster, S Murray, X Chevillard, A Iqbal, S Effendi(WNW AMY).

Apologies:
M Bruce, D Newsome, Mr & Mrs Rayworth, B Nelson, Mrs Lemm, D Peck, K Draper

		ACTION
1.0	**Welcome**	
1.1	Cllr Harper welcomed everyone to the meeting.	
2.0	**Previous minutes / matters arising**	
2.1	Previous minutes were agreed as an accurate record.	
2.2	Cllr McKenna mentioned the programme being worked on for Queens jubilee and asked for volunteers to come forward from the forum to take up some tasks. Cllr M further stated that he wants to raise 5,000 pound for a variety of events.	
2.2	David Stead, David Boutle, Hazel Boutle and Tom Maynard agreed to be volunteers for this task.	
3.0	**Library Services –** 'Tell us Once'	
3.1	Jane Jackson Customer Services Manager presented this item and informed the members of a new service offered by the Council called **'Tell us Once'**, whereby births and deaths can be registered at Armley One Stop Centre by calling **0113 2224408** and making an appointment to see the Registrar. Furthermore once a client has been seen by the registrar, one of the Customer Services Officers will take over the enquiry in contacting all the relevant government departments on clients behalf. Once these departments are notified, they will in turn contact the client directly for any further information / clarification if required. The client will be given the list of departments contacted on his / her behalf which can be marked off as and when contacted by that particular agency / department.	
4.0	**Police –** Inspector Mark Wheeler	
4.1	Inspector Mark Wheeler introduced himself as the new Inspector for the area, replacing Mark Bownass. And reported that In the last two months a lot of work has gone on in tackling crime and target hardening. First two weeks of this year has seen 8 less house burglaries, 4 less robberies and 2 less cars stolen compared to the last years figures. Reason for reduction is mainly due to shift change measures taken by police, whereby PCSO walking around in high visibility from 8:00.p.m. to 6:00.am.	
4.2	PACT Priorities 4.2.1 Anti social Behaviour and street drinking has increased due to arrival of Eastern European community in the area. Officers are regularly patrolling the area confiscating drinks. 4.2.2 One report of domestic related assault was received. 4.2.3 One youth with drinking offence was issued with community resolution and made to apologies to the shopkeeper. 4.2.4 Thirteen year old boy was caught with offensive weapon. 4.2.5 Nine reports of shoplifting, two undetected, two arrested and charged, remaining under investigation.	

4.3	Police has some posters printed in a number of languages in order to prevent offenders getting away with their offences due to language barrier.	
4.4	Responding to a number of complaints about the Royal Pub, the pub was raided with dogs. Door staff been reported to the licensing authority for not wearing the ID badges. Landlady been cautioned.	
4.5	Landlady of Malt Shovel stated that she is very proactive in dealing with drug issue in her pub and queried that if the police visited her pub and found drugs, how would it affect her. MW thanked the landlady for coming forward and stated that her pub has not been mentioned and that police only takes action when crimes are reported.	
4.6	MW informed everyone about a funding opportunity from the police. Groups involved in community engagement can apply for this funding as long as police have some input in their activities. Hazel Boutle showed an interest in applying for this funding for the Armley Funday. Christchurch Youth project would also be interested in applying for this funding.	**HB**
4.7	One resident asked for a breakdown of offences during day time and night time. Police to provide a response at the next meeting	**Police**
4.8	Dogwatch scheme is going very well. 100 plus members have joined the scheme. First news letter has also been produced. The scheme is one citywide and working like neighbourhood watch scheme.	
5.0	**Highways –** Chris Way	
5.1	Ledgard Way Pedestrian Refuge. To be approved by Chief Highways Officer shortly. Provides crossing facility at the bottom of the Aviaries.	
5.2	Area wide traffic regulation order to pick up various problems with unsafe parking – incorporates some locations which were raised at the Forum previously	
5.3	Truro Street/Aviary Street. Completed.	
5.4	Canal Road design going to the Board for approval at the end of January, construction planned for March 2012.	
5.5	Future schemes: No indication of any budgets for next year. Hoping to look at the Astons, start surveying the Clydes and Holdforths with respect to the parking concerns, and possibly look at parking on Town Street.	
5.7	Ledgard Way Pedestrian Refuge. To be approved by Chief Highways Officer shortly. Provides crossing facility at the bottom of the Aviaries.	
5.8	Area wide traffic regulation order to pick up various problems with unsafe parking – incorporates some locations which were raised at the Forum previously	
5.9	Truro Street/Aviary Street. Completed.	
5.10	Canal Road design going to the Board for approval at the end of January, construction planned for March 2012.	
6.0	**Any Other Business**	
6.1	Traffic Wardens to be invited to attend the next meeting	
6.2	The woodland Trust are providing free tree packs to schools and local community groups in order to celebrate the Queens Jubilee. There are a number of options available but all contains 60 saplings of native species to represent the jubilee. For further information please visit www.woodlandtrust.org.uk	
7.0	**Dates of Meetings**	
	Next meeting will be on Thursday 21st February 2012	

MINUTES OF THE
INNER WEST AREA PANEL MEETING
held on
Monday 12th December 2011
5.30 pm, at Westfield Chambers

Attendees:

Area Panel Members:

John Willshaw,	JW
Hugh Morgan Pugh	HMP
David Higgott	DH
Jean Paxton	JP
Harry Shields	HS
Deanne Hodgson	DeH
Cllr Neil Taggart	CllrNT

Officers:

Akbar Khan – Area Performance Manager Bramley/Armley	AK
Marie-Pierre Dupont – Neighbourhood Planner	MPD
Margaret Houchen – Minutes	MH

Action

1.0 Apologies for Absence

1.1 Apologies for absence were received from, Andrew Liptrot, Jenny (Zeniada) Holt, Francesca Harris, James Granger, Graham McDonald, Stephen Towler, Lee Wright, and Cllr Jim McKenna.

MH informed the panel not only of James Granger's apologies, but also that he has resigned from the panel forthwith.

Given James Granger's resignation, members of the panel were asked if there were any expressions of interest regarding the role of Vice Chair, of the panel. HS, put himself forward and was duly elected by panel members, as Vice Chair, of the Panel.

DeH advised that she had been present at the last meeting, although this had not been documented in the minutes. MH informed the panel that as no introductions had been given at the previous meeting, Beth Hargreaves, minute taker, had difficulty in documenting who was, or was not, actually present at the meeting. Apologies, therefore were given to the panel should there be any inaccuracies in this instance.

It was noted that there was no representative from Morrison FS, present at the meeting, although invitations had been sent to both Graham Hepworth and Carol Taylor.

The panel requested that they be invited again to the next meeting to be held in **MH**

February 2012.

The panel requested that a representative be invited to the next meeting, from Continental Landscapes Ltd. **MH**

2.0 Minutes of the Meeting Held on 10th October 2011

2.1 The minutes were accepted as a true record of the meeting.

3.0 Matters Arising

3.1 JW enquired of the progress of bid AP37-2011.

MPD confirmed that the work has now started.

4.0 Customer Involvement

4.1 Update

Having noted the contents of the report, AK asked the panel if they had any questions.

There were no questions arising from the report. However, the panel members wished it to be minuted that they were not happy and questioned why it was that Customer Involvement (now Customer Engagement), organised the CIN event on the same night as two of the panel meetings, thereby causing poor attendance at both panel meetings.

4.2 Local Performance Framework

AK provided a summary of the performance for both Armley and Bramley.

In conclusion, he said that performance for both housing offices is mainly in the green target area, and that overall he is happy with their performance. The only area of concern is with the handling of correspondence, mainly at Armley housing office.

5.0 Revenue and Capital Expenditure

5.1 Decency Update and Capital Investment 2010/11

As Rebecca Mell was not present at the meeting, AK advised that if the panel members had any questions, these will be fed back to her, and an update will be provided at the next meeting.

5.2 Area Panel Bids

5.2.1 MPD informed panel members that currently the Inner West Area Panel is greatly underspent, with £214k being available on the revenue budget and £57k on the capital budget. She advised that for next year, the panel should try and spend the capital funding available, earlier in the year. MPD added that she now has to report on potential spend so therefore, not to hold back on the bids.

AK advised the panel members that if they have any ideas for potential bids, to get in touch with their relevant NMOs.

5.2.2 <u>AP53-2011: To supply and fit three raised beds at Ashleigh Court Sheltered Housing Scheme</u>

Total estimated cost: £2,350.00.

JW left the room, whilst the bid was discussed.

HMP mentioned that such a bid would greatly benefit the residents who are wheelchair bound.

The bid was agreed by the panel.

5.2.3 AP54-2011: To supply and fit three raised beds at Stanningley Court Sheltered Housing Scheme

Total estimated cost: £2,680.00.

There were no comments or questions arising from the bid.

The bid was agreed by the panel.

5.2.4 AP57-2011: To install lighting to Theaker Lane garage site

Total estimated cost: £8,000.00 (based on historic cost).

HS left the room, whilst the bid was discussed.

The panel members all agreed that the area in question is very dark. MPD said that she has been advised that because of the possibility of vandalism, lighting columns are the better option.

DeH enquired if four columns will be enough, and she was advised that this will be sufficient.

The bid was agreed by the panel.

5.2.5 AP58-2011: To provide some decorated panel created by the community to enhance a shabby garage gable end

Total estimated cost: £4,000.00.

HS remained absent from the room whilst the bid was discussed.

MPD directed the panel's attention to paragraph 2.5 of the bid, and added that there is potential for the community to come together and work on the project.

MPD asked if the panel had any questions.

DeH enquired of the format the work would take. MPD advised that artistry work would be carried out to begin with, and then the panels would be fitted, after being treated.

DH asked if there is the likelihood of the panels being targeted by vandalists. He was advised that this is very unlikely as the panels would be too high.

The bid was agreed by the panel.

5.2.6 AP68-2011: To erect a fence at the back of 57 to 79 Summerfield Drive

Total estimated cost: £5,500.00.

MPD directed the panel's attention to paragraph 2.2 of the bid report, and in particular, to the fact that there has been a large amount of dumping of asbestos waste on the site.

MPD asked if the panel had any questions.

No questions were forthcoming.

The bid was agreed by the panel.

5.2.7 AP69-2011: To enhance the outdoor sitting area at Whingate Court

Total estimated cost: £2,800.00.

There were no comments or questions arising from the bid.

The bid was agreed by the panel.

5.2.8 AP80-2011: To demolish the outhouses at the side of 57 to 79 Summerfield Drive and convert them into bin areas

Total estimated cost: £8,000.00.

There were no comments or questions arising from the bid. However, MPD informed the panel that whilst the bid may appear costly, once the work has been completed, there should be no further costs involved.

The bid was agreed by the panel.

5.2.9 Budget Commitment 2011/12: MPD provided an overview of the budget commitment for revenue and capital.

DH asked of the requirements for the CCTV bid. MPD informed him that evidence of crime, and also of need, must be provided.

5.2.9.1 With the restructuring of teams within WNWhL and subsequent staffing changes to be made, MPD informed the panel that her role will be to assist the NMOS, with future bids. In addition, she will be providing the Inner West Area Panel, with updates on progress, as and when required.

6.0 Any Other Business

6.1 **Inner West Area Panel Report to Board**

AK informed the panel that both he and JW have compiled a report for the Board, on the effectiveness and of the difference the panel has made.

AK provided an overview of the report, regarding the challenges faced by the panel,

such as Cllr attendance at the meetings, and having sight of all the bids. He also mentioned budget reassignment being an issue, and of not having access to specific Board reports.

In conclusion to the report, AK said that the Inner West Area Panel does have a positive role within the organisation.

He asked the panel if they had any thoughts on the report, or questions.

6.1.1 CllrNT mentioned that the Labour Group meet on a Monday and as the Inner West Area Panel meetings are held on a Monday evening, this will always pose a problem. In addition, as the Labour Group meetings are very busy with looking at funding cuts, there appears to be less chance of them being able to attend panel meetings.

6.1.2 DeH enquired of the bids that are not approved. MPD advised her that sometimes the bids are not appropriate, or that they do not meet the criteria.

6.1.3 The panel were informed by MPD that they have a lot to congratulate themselves on, when considering the improvements that have been made by the Inner West Area Panel.

6.2 **Christmas Wishes**
JW thanked the panel for their attendance during the past year, and he wished everyone a Merry Christmas.

6.3 **Scrutiny Panel**
JW informed the panel that both he and Jean Paxton have been appointed to the Scrutiny Panel for the next twelve months, but will still continue with the Inner West Area Panel, for the time being.

7.0 Date Time and Location of Next Meeting

7.1 Monday, 13th February 2012, at 5.30 pm, in The Board Room, Westfield Chambers.

7.1.1 Schedule of meetings for 2012 attached.

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Leeds CITY COUNCIL

Report author: Alison Szustakowski
Tel: 336 7864

Report of Deputy Chief Executive

Report to Inner West Area Committee

Date: 15th February 2012

Subject: Well-Being Fund Budget Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Armley, Bramley & Stanningley	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. This report seeks to update Members on the capital and revenue funding committed via the Area Committee Well-Being Budget for wards in the Inner West area in financial year 2011/12.

Recommendations

2. The Committee is asked to:
    - note the funding decisions that have been made for the financial year 2011/12.

1 Purpose of this report

1.1 The purpose of this report is to provide Members with information on the Area Committee Well-being funding that has been allocated in Inner West.

2 Background information

2.1 At the April 2011 meeting Members were informed of a reduced revenue well-being allocation for the Inner West Area Committee of £136,710 for the financial year 2011/12. The allocation has been based on the 2010/11 formula of 50% population and 50% disadvantage.

2.2 There is no new well-being capital allocation for 2011/12.

2.3 The total budget of £136,710 was committed to the projects detailed below therefore there is no funding remaining for this financial year.

Project Title	**Organisation**	**2011-12**	**Armley**	**Bramley & S'ley**
Summer Bands in Parks 2011	Town Centre Manager (Leeds Ahead)	£1,200		
Town Centre Manager	Leeds Ahead	£23,000		
I Love West Leeds Festival	I Love West Leeds	£18,000		
Holiday Sports Provision	Leeds City Council Sports Development	£3,563		
Armley Sports Project	Youth Service	£1,656		
Armley Community Fun Day	Armley Common Rights Trust	£1,500		
Business Development Manager	Community Centre Consortium via BARCA	£41,000		
Small Grants Budget	Area Management Team	£4,500		
Skips Budget	Area Management Team	£800		
Lazer Centre and Friday Night Project	Youth Service	£2,000		
Litter Bins	Streetscene/ Parks & Countryside	£691		

Bramley Baths	Sport and Active Recreation	£37,800		
CASAC Burglary Reduction	Community Safety	£1000		
Total		**£136,710**	**£62,533**	**£74,177**
Balance Remaining for 2011/12		**£0**		

2.4 Small Grants

2.5 The following small grant has been approved since the last Area Committee:

Enterprise Project	Intergrate (Leeds University Union)	£140

2.6 There are now no funds remaining in the small grants fund.

3 Corporate Considerations

3.1 Consultation and Engagement

3.1.1 The Area Committee has previously been consulted on the projects detailed within the report.

3.2 Equality and Diversity / Cohesion and Integration

3.2.1 All Well-being funded projects are considered prior to their submission to Area Committee for their impact on Equality and Diversity and Cohesion and Integration.

3.3 Council Policies and City Priorities

3.3.1 Projects submitted to the Area Committee for funding support are assessed to ensure that they are in line with Council and City priorities. Area Management's work programme contributes at a local level to the themes contained in the:

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

3.4 Resources and Value for Money

3.4.1 Programmes of work outlined in this report are resourced in the main by Area Management staff and where relevant their partners which in turn provides value for money.

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

3.4.3 In order to meet the Area Committee's roles, funding is in the main supplied by other Leeds City Council Departments main stream budgets, and external partner agencies e.g. the Police and Primary Care Trust, which is in turn reflected in the fact that the Area Committee's role here is only to influence, develop and consult. However, on occasion, wellbeing funding has resourced some projects related to its roles, e.g. conservation area reviews.

3.5 Legal Implications, Access to Information and Call In

3.5.1 This report is the report of the Area Leader for West North West Leeds who has delegated responsibility to action decisions in accordance with Area Management's work programme in accordance with part 3 of the Council's Constitution in relation to Area Committee Functions.

3.5.2 This report is not confidential, neither is it, or part of it exempt.

3.5.3 This report is eligible for call in.

3.6 Risk Management

3.6.1 Risk implications and mitigation are considered on all well-being applications.

4 Conclusions

4.1 The report outlines projects funded through the Area Committee's Well-Being budget. These are projects which assist in the work programme of the Area Management Team.

5 Recommendations

5.1 Members are asked to note the position of the Well-being budget and the small grant approval.

6 Background documents

6.1 Well-Being report to the Special Meeting of the Inner West Area Committee – 17th May 2011.

6.2 Inner West Area Committee Well-being Fund update – report to 5th April 2011 meeting.

Leeds CITY COUNCIL

Report author: Sgt Louise Julian & Gill Hunter

Tel: 3367868

Report of West Yorkshire Police and Community Safety

Report to Outer West Area Committee

Date: 15th February 2012

Subject: West Leeds Dog Watch Scheme

Are specific electoral Wards affected?	√☐ Yes	☐ No
If relevant, name(s) of Ward(s): Armley, Bramley, Farnley & Wortley, Pudsey, Calverley & Farsley wards	Yes	
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	√☐ No
Is the decision eligible for Call-In?	☐ Yes	√☐ No
Does the report contain confidential or exempt information?	☐ Yes	√☐ No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

1. Dogwatch is similar to a Neighbourhood Watch Scheme. Dog Walkers can get involved with community concerns and provide useful information that helps make their local area cleaner and Safer. The launched of the Dog Watch Scheme took place on Saturday 29th October with 64 people attended the event to sign up to Dog Watch Scheme.

2. The initial intention of Dog Watch is to encourage local dog walkers to report any suspicious, anti-social behaviour (ASB) or criminal activities to the police. The objective is to provide extra 'eyes and ears' in the West Leeds Neighbourhood Police Team area to help reduce crime, the fear of crime and to improve the quality of life for the benefit of everyone who lives in their community.

3. By working in partnership with Leeds City Council, local business and dog walkers it will enable resources to be effectively and efficiently deployed. By promoting more vigilance from members of the public and encourage them to report what they witness to the police it is believed this in will result in greater productivity and increased confidence and satisfaction.

Recommendations

1. To note the content of the report .

1.0 Purpose of this report

1.1 This report is to provide an overview of the Dogwatch scheme which was launched on 29th October 2011.

1.2 The report provides an overview and update on the West Leeds Dog Watch Scheme to which the Inner West Area Committee ward members have supported through the Improvement in the Community and Environment Funding (MICE) .

2.0 Background information

2.1 Dog walkers are often the first people out and about in the morning and the last out in the evening and because of this tend to be the first to notice anything amiss or hear and see things relating to crime, Anti Social Behaviour (ASB) and other suspicious activity that the police may not know about.

2.2 Leeds City Council already undertakes work to deal with complaints from members of the public about dog fouling, stray dogs and dangerous dogs. They investigate all complaints taking legal action where possible and carry out patrols of parks, open spaces and specific areas known to be used by walkers. This is in addition to advising dog owners regarding responsible dog ownership. Dog Watch intends to extend what the Council already has in place but further develop this to encourage dog walkers to report incidents of ASB, crime and suspicion to the police.

2.3 Overall the scheme is simply asking Dog Walkers to be more vigilant and aware of their surroundings whilst out walking their dogs.

2.4 Officers will liaise with marketing, members of the scheme who will receive a quarterly newsletter compiled in partnership with the council and businesses advertising good news stories and incorporating useful information. The newsletter will be designed similar to that of the Neighbourhood Watch Newsletter utilised currently in division.

2.5 All members will be advised that the police will either investigate information disclosed or notify our partner agencies, depending on the nature of the problem for their investigation and handling. They will also be specifically advised that they are not expected to walk in areas that they are unfamiliar with, or to walk their dog late at night. In addition they are not expected to get involved in any confrontational situations, which put their safety at risk.

2.6 Monitoring systems will be put into place to record all aspects of the project including:

- Database to record details of members.
- Database to record details of Partner Agencies and businesses involved.
- Database to record details of all reports made to scheme
- Designation of specific Neighbourhood Police Team folder or email address to record all Email contact made

2.7 Since the launch, all members have received the first Dog Watch news letter. The Dog Watch scheme has also gained a mascot, a 15 week old police puppy named Titus , whose training will be followed closely by the NPT Dog Watch project.

3. Main issues

3.1 Dog Watch has already described as similar to a Neighbourhood Watch Scheme. Dog Walkers will be encouraged to become members of the scheme, which will be jointly led in partnership with Leeds City Council and local businesses. Leeds City Council and the Dog Warden department have already offered support to the scheme as have the Dogs Trust.

The project encourages community involvement and interaction allowing their own involvement in the scheme and empowering the community to tackle/report local issues to the relevant organisation.

3.2 Dog Walkers will specifically be asked to report:

- Crimes being committed
- Suspicious incidents
- Graffiti and Vandalism
- Regular incidents of poor driving, speeding and disobeying traffic signs
- Anti-social behaviour
- Dog related incidents
- Fly Tipping

3.3 Membership will be free. Dog Walkers will be asked to complete an application form, which will be sent to them on request . Each member will be provided with a free membership pack, which will contain details of the scheme and free gifts. The packs will include:

- Information Sheet
- Contact Cards including details of all agencies and businesses involved and what each organisation deals with.
- Notepad
- Pen
- Dog poop a scoop bags

3.4 Members of Dog Watch also receive text message from the NPT with updates/information.

3.5 The Aims of North West Leeds Dog Watch are:-

- Provide local residents with the means to convey information or suspicions regarding ASB and crime to the Police in a manner they find comfortable and convenient.

- Enhance local intelligence in relation to anti social behaviour, crime and issues relating to dangerous dogs

- Provide advice to dog owners about matters concerning welfare, legislation and bylaws, dog security and medical care
- Provide support and training for dog owners to help promote responsible ownership
- Help promote reassurance in the local community
- To enhance relations between the police and the community
- To gather and act upon any intelligence disclosed as part of Dog Watch**.**
- To make arrests for any offences disclosed and carry out detailed searches of the addresses to secure and preserve further evidence.
- To use a positive media message to endorse our commitment to tackling criminality and ASB at all levels
- Provide public reassurance by high visible patrols during times places identified by members of the scheme thereby reducing crime and the fear of crime.
- To carry out crime prevention activities
- To improve public confidence and satisfaction

3.6 Results To Date

3.7 Since the launch of the Dog Watch Scheme there has been some positive results

- Three people have been arrested for burglary and two men were arrested for metal thefts.
- One person was arrested on suspicion of theft from a car and information on two suspected drunken drivers was also received.
-
- Numerous calls regarding anti-social behaviour.

4. Corporate Considerations

4.1 Consultation and Engagement

West Yorkshire Police Neighbourhood Police Team work Closely with Leeds City Council Community Safety Partnerships and attend local community Forums and Police and Communities Together Meetings (PACT) to engage and consult with local communities.

4.2 Equality and Diversity / Cohesion and Integration

The project is open to all residents of West Leeds.

4.3 Council policies and City Priorities

Effectively tackling crime and anti social behaviour is a strategic priority in the Safer Leeds Plan 2011-2015. It also contributes to the delivery of the following Council polices and City Priority Plans:

- Council Business Plan 2011-2015
- Safer and Stronger City Priority Plan
- Area Committee Business Plans
- Safer Leeds Plan
- Safer Leeds Service Plan

5. Resources and value for money

The project has been jointly funded by the Inner and Outer West ward members from the Improvement in the Community and Environment Funding (MICE). Donations of leaflets have been received from Dogs Trust for the goodie packs and Leeds City Council and West Yorkshire police have given their time and support to develop the project.

6. Legal Implications, Access to Information and Call In

This report is for information only and is therefore not subject to call In.

7. Risk Management

Risk implications and mitigation are considered for each project by West Yorkshire Police.

8. Conclusions

By working in partnership with Leeds City Council, local business and dog walkers it will enable resources to be effectively and efficiently deployed. By promoting more vigilance from members of the public and encourage them to report what they witness to the police it is believed this in will result in greater productivity and increased confidence and satisfaction.

9. Recommendations

For members to note the content of the report

10. Background documents

None

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Leeds CITY COUNCIL

Report author: John Lennon
Tel: 2478665

Report of Director of Adult Social Services

Report to Inner West Area Committee

Date: 15th February 2012

Subject: Proposal to develop Integrated Health and Social Care teams

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. Many people who receive both health and social care support have to cope with two sets of professionals coming to see them, asking similar questions and assessing them for many of the same conditions and problems. Most of these people are living with one or more long-term conditions – and many are elderly.
2. In some parts of the country, health and social care teams have begun to work closely together in a more integrated way. They have found that this more streamlined, joined-up approach often results in services which patients and carers say are better for them – and fewer people ending up in hospital or in long-term residential care.
3. In Leeds we are looking at how we can work together more effectively by developing integrated health and social care teams. The development of integrated teams will be progressed together with two other key aspects of work: **risk stratification** – understanding the needs of the population and identifying those most at risk of needing high levels of health and social care support; and **co-production and self-care** – empowering individuals to take control of their treatment, care and support.

4. GP practices, health workers, social care staff and patients will be working more closely together to improve outcomes and quality of care for older people and those with long-term conditions.
5. They will take a combined approach to identifying who's most at risk and providing earlier, targeted support to help people stay as healthy and independent as possible.
6. Shared information, systems and processes will help clinicians and social care teams to reduce waste and duplication and create a smoother experience for people using services.
7. The ambition is to have integrated health and social care teams in place across the whole City by March 2013 starting this process with three demonstrator sites in Kippax & Garforth, Pudsey and Meanwood.

Recommendations

8. Members are requested to note the information within this report and request that further updates on the progress of the demonstrator sites be provided to them over the coming year.

1 Purpose of this report

1.1 This report gives Committee Members detail of work going on in Leeds to improve the effectiveness of health and social care services. It describes the approach of using demonstrator sites to test out and develop aspects of the model of service.

2 Background information

2.1 *"People want services that feel joined up, and it can be a source of great frustration when that does not happen. Integration means different things to different people but at its heart is building services around individuals, not institutions. The Government is clear that joint, integrated working is vital to developing a personalised health and care system that reflects people's health and care needs."* (Department of Health/Department of Communities and Local Government, 2010)

2.2 The White Paper *Healthy Lives, Healthy People* and the *Transforming Community Services* agenda call for the NHS and local authorities across the country to take a joint approach to developing more personalised, preventive services focused on delivering the best outcomes for our communities.

2.3 At the same time, all NHS organisations and local authorities must deliver efficiency savings while maintaining or improving the quality of services, to meet QIPP (Quality, Innovation, Prevention and Productivity) and local authority Spending Review targets, respectively.

2.4 The Leeds Transformation Programme is a city-wide agreement between Health and Social Care partners to work together to deliver the challenges ahead. Programme Board membership includes the Director of Adult and Children's Social Services together with the Chief Executives of all of the NHS trusts within the City.

2.5 Demand for health and social care services is growing because of a continued increase in the proportion of people aged over 65 and, in particular over 85 years; new developments in health and care interventions; and trends in 'lifestyle' challenges such as obesity, levels of exercise, smoking, and drug and alcohol dependency.

2.6 To ensure we can rise to these challenges successfully, we need to fundamentally reshape the way in which health and social care services are delivered in partnership with the people of Leeds.

2.7 Through the Transformation Programme, public sector organisations in the city will work, together with third sector colleagues, to pool resources, support integration and deliver services tailored around the needs of individuals and local communities. The Programme is the means by which, together, the NHS and Adult Social Care will drive and deliver the transformation of health and social care services with the people of Leeds.

2.8 Some projects within the programme impact more directly on Adult Social Care than others. The Urgent Care and Older People and Long Term Conditions work areas are particularly important in ensuring that the people of Leeds get timely, appropriate health and social care services and reduce the need for people to retell their story to different professionals to get the help they need

2.9 An important aspect of this work is to look at how organisations can work together more effectively by developing integrated health and social care teams. The development of integrated teams will be progressed together with two other key

aspects of work: risk stratification – understanding the needs of the population and identifying those most at risk of needing high levels of health and social care support; and co-production and improving self-care – empowering individuals to take control of their treatment, care and support.

The model being proposed t is based on:

- Existing profile on use of services by people with long term conditions;
- Opportunity to improve health, increase life expectancy, reduce health inequalities within the city;
- Agreement to adopt a model based on national evidence base (Sir John Oldham's model) of risk stratification, integrated teams, systematic self care;
- A desire to develop co-production based on 'no decision about me without me', improving patient/service user experience, promoting choice and personalisation.

2.10 **Shaping the Workforce.** The proposal is to work with the staff delivering health and social care services and with service users to consider the support people would access from health and social care teams and the skills the teams need to deliver this support. This information will then be will used to build the multi-disciplinary teams of the future with the right blend of professional skills and practices .A model of workforce development will be used to engage staff and service users in identifying the skills needed. This will then inform the numbers of staff and types of role that will make up the teams. The idea of generic workers will also be explored.

2.11 To help us develop a model of partnership working that will be right for Leeds the proposal is to start with three demonstrator sites – one in each of three areas of the City. Health and social care staff in the demonstrators will be co-located and will test out and consider the tools and processes that they need to be in place for effective joint working. The teams will be based around GP practice populations linked to neighbourhoods- working closely with GPs and with the voluntary sector and community groups.

2.12 **Focus of the Model.** The initial focus of the teams will be on those individuals identified as having the highest level of need – these will often be older people living with more than one long term condition. By targeting those who are most at risk of arriving at hospital as an unplanned or emergency admission efforts can be made to tailor appropriate health and social care services to the individual and their needs – helping them to remain safe and supported in the community.

2.13 If people do need a period of time in hospital ,integrated teams can also facilitate discharge from hospital when people are medically fit to leave. By having an integrated health and social care system with appropriate support co-ordinated from the community, planning for discharge can start earlier with people quickly directed to the most appropriate support setting for them.

2.14 The implementation of adult health and social care teams aims to:

- maintain a strong focus on quality and safety,

- join up care and services offered,
- reduce duplication and waste and offer people greater choice.

2.15 It is envisaged through better integrated and co-ordinated working more people will be supported to remain independent for longer and be enabled to take greater personal responsibility for their health and well-being. This model of service delivery has clear benefits for service users but also benefits the health and social care economy.

3 Main issues

3.1 It is proposed that integrated teams will be rolled out across the City over the next 15 months. To start this process three Demonstrator sites have been identified that will lead the way. These sites will test out new ways of working and their experience of what works will be fed into the service model that will be used in Leeds.

3.2 Three areas have been identified as demonstrator sites by the Clinical Commissioning Groups (CCGs). Whilst there needs to be consistency of approach and equitable services across the City it is also recognised that different neighbourhoods also have their own needs and are in different places to one another in terms of health inequalities and the support available from community groups The demonstrators will be considering how we develop a service model which allows sufficient flex for local variations but provides consistent access to services and high quality care for all. The initial three demonstrators are very different to one another in terms of the geography and density of population and have been chosen for that reason. The chosen demonstrators are clusters of GP practices in Kippax/Garforth, Pudsey and Meanwood. The demonstrators will bring together a full range of health and social care staff and services at a practice/neighbourhood level.

Demonstrator site	CCG	Local Authority Area	Number of practices	Total population	Over 65 population
Kippax/Garforth	Leodis	SE	7	41,775	8,205
Pudsey	H3+	WNW	6	51,049	7,961
Meanwood	Calibre	ENE	15	101,342	14,071

3.3 Meanwood is the largest of the demonstrators and is based within the Calibre CCG. Area (see map in appendix 1) There are 15 GP practices involved with a GP practice population of 101,000 with over 14,000 patients over the age of 65. Pudsey is the second largest demonstrator site with 6 GP practices in the H3+ CCG area and a practice population of over 51000 nearly 8000 of whom are over 65. Kippax/Garforth in the Leodis CCG area is the smallest demonstrator site with 7 GP practices with a population of 41775 but with over 65s numbering 8205..

3.4 For the purpose of the demonstrator areas the teams will be working with all individuals within the practices that are identified as in need of support, this includes those who live outside of the geographical area. .

3.5 A project team has been put together who will facilitate the development of the teams. Work is underway on identifying staff to work in the demonstrator sites and, working with the staff defining the work of the demonstrators. However, the project

has steered away from having a blueprint for the teams to allow service users/patients and frontline health and social care staff engaged in the demonstrators to shape the process redesign and develop a new model of working.

3.6 Working more closely together will allow health and social care staff to achieve a better understanding of how multi-professional teams can support people holistically – for example, staff will be encouraged and empowered to identify gaps in services and potential solutions for doing things better in the interests of the people they support.

3.4 Staff will be aware of the needs and choices of the people they work with, and will be able to link them into appropriate services in their own local communities.

3.5 Working in a more integrated way will help us to minimise delays, reduce duplication or fragmentation of services, reduce the number of different professionals who need to be involved (so people don't have to keep repeating the same information to different staff), and ensure that information is shared between different professionals more effectively – to create a smoother, more streamlined experience for the individual.

3.7 To monitor the impact of this change programme a number of jointly agreed quality and outcome measures have been identified, namely:

- Baselines for demonstrator sites prior to go live
- Patient experience measures
- Staff experience measures
- Activity and finance measures
- Health inequality measures

3.7 Work is underway to agree joint metrics for these measures. In addition options are presently being developed for a formal evaluation of the impact of Integrated Teams linked to risk stratification and systematic self care management.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 This service transformation proposal recognises the need to place patients and service user at the centre of the process and to that extent a detailed public patient involvement plan is being produced which will include, at all levels of project structure, patient and service user representation and involvement.

4.1.2 A series of meetings are being held, initially for staff teams within the demonstrator areas, but eventually across the city and across organisations, to ensure the full engagement of all staff upon which the success of this proposal depends.

4.1.3 Trades unions have been informed of these proposals through the routine business meetings with the Chief Officer and the through formal JCC meetings and have been assured they will be kept fully informed of developments.

4.1.4 Early in the new year it is planned that this report and a presentation will be provided for all Area Committees and Health and Well Being Partnership Boards to ensure Members and other stakeholders are made fully aware of these

developments and can request regular updates to their Board on the projects progress through the year.

4.2 **Equality and Diversity / Cohesion and Integration**

4.2.1 These proposals will be subject to an equality impact assessment throughout the timeline of the project and the outcome of that assessment will be reported upon at its conclusion along with any recommendations as to how services may need to be modified

4.3 **Council Policies and City Priorities**

4.3.1 This proposal is about working more effectively in partnership with other organisations to improve outcomes for the citizens of Leeds. and is line with the City Priority Plan 2011 – 2015.

4.4 **Resources and Value for Money**

4.4.1 The integrated care pathways model aims to develop efficient streamlined services. These new pathways will remove duplication in management and in service delivery. This will improve the experience for service users in accessing a single service that can meet a range of support needs whilst maximising use of resources.

4.5 **Legal Implications, Access to Information and Call In**

4.5.1 There are no specific legal implications arising from this report.

4.5.2 This report is eligible for call in.

4.6 **Risk Management**

4.6.1 The main issues for the council are outlined in the main body of the report. A full risk analysis will be carried out within the context of developing this proposal The potential risks will fall broadly into four categories – Governance, HR, Finance and Performance and a more detailed report on these areas with be provided at the conclusion of the project

5 Conclusions

5.1 To meet the increasing demands made on health and social care services In a challenging financial climate both the Council and the NHS need to make radical changes to the way that we work for the people of Leeds .

5.2 In Leeds this proposal is to more closely align health and social care services based on national evidence of what works and delivers improved patient and service user experience and outcomes.

5.3 This work is made up of three interconnected strands which are being implemented together:

1. Risk profiling: Identifying people who are more likely to need hospital or long-term care in the future, so we can target them with more intensive support at an earlier stage, to reduce this risk.

2. Health and social care teams working more closely together: GP practices, community health and social care staff working together in a more co-ordinated way to reduce the number of different professionals who need to be involved in a person's care, and create a more streamlined approach both for people using services and those who provide them.

3. Self-care – a joint approach to helping people help themselves: Staff, people who use services, their families/ carers and community organisations working in an equal partnership to make sure people have the right tools and information to better manage their condition and live as independently as possible.

6 Recommendations

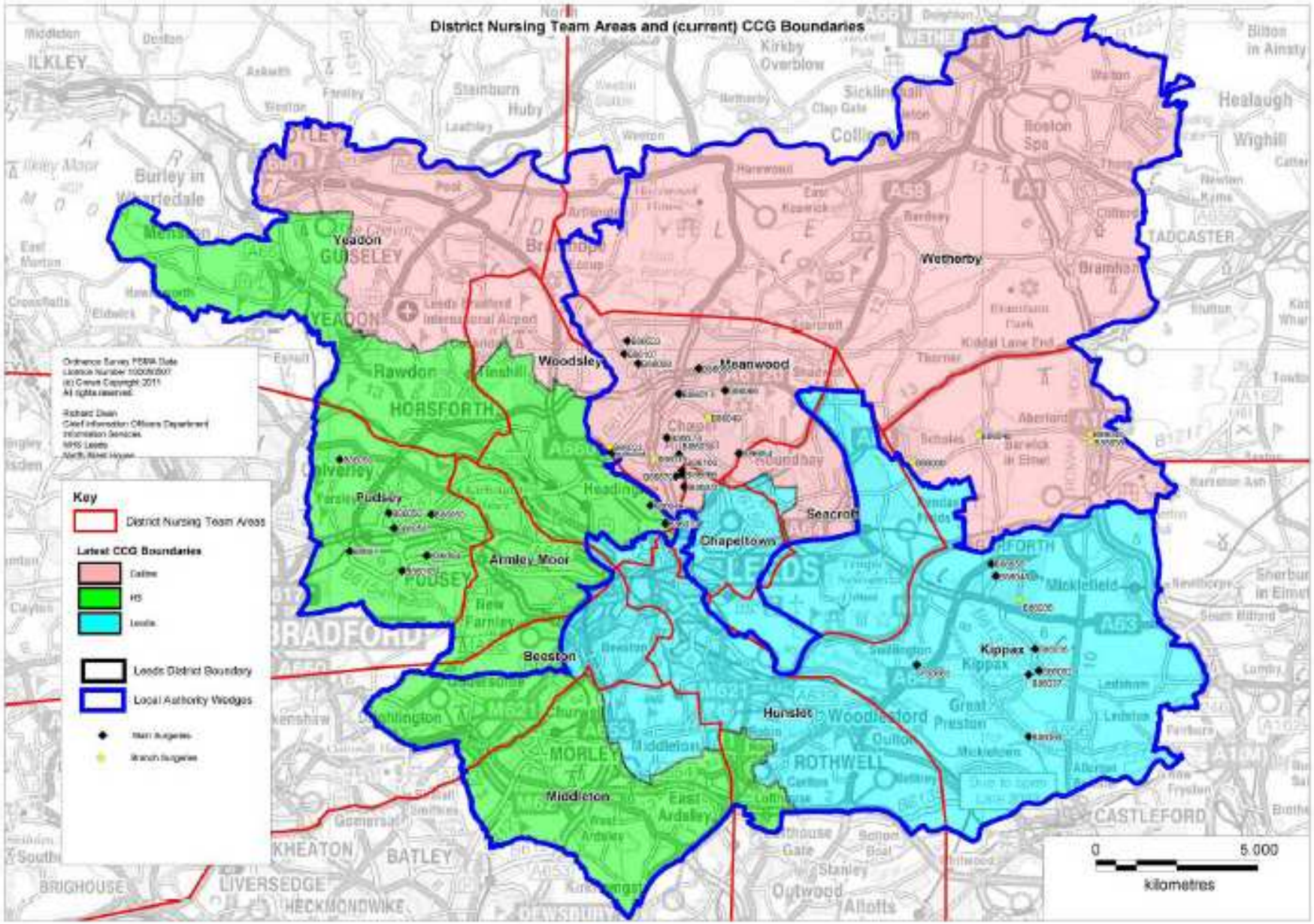
6.1 Members are asked to note the content of this report and to request regular updates on the progress of the demonstrator sites over the next 12 months

7 Background documents

7.1 White Paper *Healthy Lives, Healthy People-Dept of Health*

7.2 Transforming Community Services Report –Dept of Health

Draft map showing district nursing team areas, potential clinical commissioning group (CCG) and local authority boundaries



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Integrated Health and Social Care

- What are we trying to achieve?
- GP practices, health workers, social care staff, patients and communities are working together to provide earlier, targeted support to help people stay as healthy and independent as possible.

What do the people who use our services think is important?

What makes a good community service?

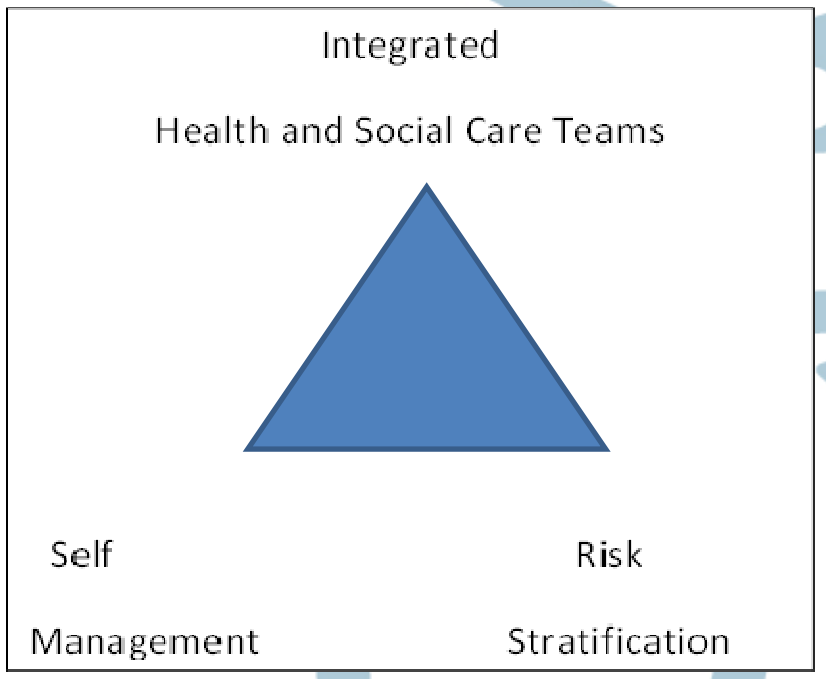
- Meeting needs quickly and efficiently
- Only one assessment to access the service (not 8 in 24 hours!).
- A service that deals with people throughout their journey – links with other services.
- Continuity of support from 1st contact

What would you change about the existing service?

- More consistency across services
- To have a streamlined single service
- Better referrals/transfer to other support.
- Be able to access the person with the right skills when I need it..
- Repeated assessments.

Developing Integrated Services

- This work is made up of **three interconnected strands** which are being implemented together:
- **Risk Profiling:** understanding the needs of the population and targeting more intensive support at those who need it.
- **Health and Adult Social Care Teams working more closely together**
- **Self Care** – a joint approach to helping people help themselves



What we hope to achieve – for people who use our services:

- **A better experience for people who use health and social care services, and their families and carers.**
- Fewer people are involved in a person's care – reducing the number of different professionals coming 'up the garden path', so people only have to tell their story once.
- People who need support are identified earlier – so care can be put in place sooner to prevent a condition becoming worse.
- People have more choice and control in how they are treated and cared for, and are seen as equal partners in their care.
- People will be supported to stay living at home for as long as possible, and helped to take more responsibility for their own health.

What we hope to achieve

For Communities:

- We will link the development of integrated health and social care teams to the capacity of communities themselves.
- Communities are better able to support older people and people with long-term conditions.
- Integrated teams are designed to meet the specific needs of the local population.
- Services are accessible and targeted at those who need them most.

What we hope to achieve

For Staff:

- **A better experience for staff.**
- Health and social care teams work in the same location – leading to closer working relationships and a better understanding of each other's roles.
- Sharing information and reducing duplication of systems and processes mean staff can target their time where it's needed most.
- Communications are improved and less time is spent in trying to contact people from different agencies.
- Higher job satisfaction for those staff whose job it is to support and care for people.

What we hope to achieve – building sustainable services

- **Better value for money.**
- Fewer people go into A&E or hospital unnecessarily, or need long-term social care.
- When people do go into hospital, they stay for less time, and are discharged in a co-ordinated and timely manner, with tailored information and support to help them take more responsibility for their own wellbeing.
- Providing support closer to people's homes means we can use public money more effectively, to provide more individual support.

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Leeds CITY COUNCIL

Report author: Victoria Eaton / Tim Taylor

Tel: 0113 3057572

Report of: The Director of Public Health

Report to – Inner West Area Committee

Date: 15th of February 2012

Subject: Joint Strategic Needs Assessment and Area profiles

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☒ Yes ALL	
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:		☒ No

Summary of main issues

1. JSNA stands for Joint Strategic Needs Assessment. The purpose of a JSNA is to pull together in a single, ongoing process all the information which is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail to identify areas of concern and inform commissioning

2. The Leeds Joint Strategic Needs Assessment is presently being updated and includes within it 108 MSOA profiles and profiles for each Area Committee and each Clinical Commissioning Group (GP commissioners). Key themes are emerging across the citywide JSNA. It will be the primary document for agreeing the Joint Health and Wellbeing Strategy for the city

3. This age and sex profile in Inner West has a fairly even distribution across the adult population in line with the Leeds average. It has the smallest area committee population in Leeds. There are a slightly higher proportion of people in the 30-34 year category and in the 0-4 years. Armley/ New Wortley has the most health and wellbeing issues.

4. The population in this area is mainly made up of people of British heritage. There are a higher than average Eastern European population and a much lower South Asian population than the Leeds average.

5. The relationship between poor health outcomes and deprivation is well evidenced. For Inner West, the major determinants of health would include poor educational attainment, low income and unemployment.

6. Within Inner West, we have some of the lowest life expectancy levels in the city

	All	Male	Female
ALL LEEDS	**79.91**	**78.09**	**81.66**
Armley, New Wortley	**74.24**	**70.81**	**78.15**
Bramley	**77.94**	**76.79**	**79.03**
Broadleas, Ganners, Sandfords	**78.09**	**75.14**	**81.73**
Bramley Whitecote	**78.43**	**75.78**	**80.92**
Upper Armley	**78.54**	**74.73**	**82.95**
Bramley Hill Top, Raynville and Wyther Park	**78.6**	**76.02**	**81.28**
Stanningley, Rodley	**78.9**	**78.02**	**79.54**

7. The areas with the highest levels of premature mortality (death before 75) are Armley, New Wortley; Bramley and Broadleas, Ganners and Sandfords. Inner West is an area with some of the greatest health and wellbeing needs in the city

8. Within this area committee there is wide variation in the population's health and well being. This is detailed in the appendix of telling the tale of two MSOAs – Bramley Whitecote and Armley, New Wortley

9. Armley, New Wortley, Bramley and Broadleas, Ganners, Sandforths are the priority areas in relation to health and wellbeing needs for the area

10. Appendix A highlights some of the key differences between the best and worst areas in terms of life expectancy in the Inner West. This shows a five year difference in male life expectancy within Inner West, although even the area with the highest male life expectancy is lower than the Leeds average. Male life expectancy in Armley and New Wortley is the 2nd lowest out of the 108 MSOAs of the city

Recommendations

1.1. That the Area Committee considers the prioritisation of action in line with the diverse needs within the population.

1.2. That further considerations is given to the MSOA profiles for Armley, New Wortley, Bramley, Broadleas, Ganners, Sandforths in line with the present actions taking place within this areas

1.3. That consideration is given to the lead roles of different agencies in terms of addressing these needs, with reference to the proposed framework (appendix 2).

1 Purpose of this report

The purpose of this paper is to update the Inner West Area Committee on the emerging priorities for this area flowing from the refresh of the Leeds JSNA,

2 Background information

2.1 The Health & Social Care Bill gives the Joint Strategic Needs Assessment a central role in the new health and social care system. It will be at the heart of the role of the new Health and Wellbeing Boards and is seen as the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. It provides an objective analysis of local current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views**.** In the future the JSNA will be undertaken by local authorities and Clinical Commissioning Groups (CCG) through Health and Wellbeing Boards. Local Authorities and CCGs will each have an equal and explicit obligation to prepare the JSNA, and to do so through the Health and Wellbeing Board. There is a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.

2.2 Public Health in the Local government paper published December 2011 makes it clear Local authorities should decide which services to prioritise based on local need and priorities. This should be informed by the Joint Strategic Needs Assessment. It also states the need to engage local communities and the third sector more widely in the provision of public health and to deliver best value and best outcomes.

2.3 The profiles are in line with the new guidance now published

2.4 The first JSNA for Leeds was published in 2009.Two of the key gaps in the original JSNA were having more locality level data and ensuring qualitative data was included of local people's views. For the 2012 refresh each of the core data sets will include local people's views. There has also been the development of Locality Profiling for different geographies. Middle Super Output Area Profiles (108), Area Committee Profiles (10) and Clinical Commissioning Group (3) and planned development of General Practice Profiles (113)

3 Main themes from the Leeds JSNA

In February 2012 an analysis of the overall priorities for Leeds from all of the data and qualitative information within the JSNA will be produced within an Executive Summary of the JSNA. For the city of Leeds across all the areas covered within the JSNA there are some emerging cross cutting themes:

- **Wider programmes that impact on health and well being** – focus on children, impact of poverty, housing, education , transport etc
- **Prevention programmes** – focusing on smoking, alcohol weight management, mental health, support
- **Early identification programmes** – NHS Health Check/NAEDI; risk, early referral for wider support
- **Increased awareness –** e.g. of symptoms of key conditions, or agencies/information

- **Secondary prevention programme** –effective management in relation to health and social needs
- **Increasingly move towards having a holistic focus** - e.g. rather than a long specific disease pathways, focusing instead on the person and their needs
- **Impact assessment in terms of inequalities in health**

3.5 The Area Committee profile details information about the population within the area, wider factors that affect health taken form the Neighbourhood Index; GP prevalence data with a focus on long term conditions and healthy lifestyle; mortality data ; alcohol admissions data and adult social care data .

3.6 Key issues for Inner West:

- There are significant challenges around health and well being of the population within the Inner West, specifically within Armley, New Wortley and Broadleas, Ganners, Sandfords MSOAs. Much of this is due to factors relating to deprivation, especially income and educational attainment.
- Each Area Committee is broken down into Middle Level Super Output Areas (MSOA). An MSOA is a geographic area designed to improve the reporting of small area statistics in England and Wales. The minimum population for an MSOA is 5000.
- There are 7 MSOAs - Upper Armley, Bramley, Bramley Whitecote, Stanningley, Rodley, Armley, New Wortley, Bramley Hill Top, Raynville and Wyther Park, Broadleas, Ganners, Sandfords - within this Area Committee.
- 2 MSOAs are in the most deprived 20% of Leeds (Armley, New Wortley and Broadleas, Ganners, Sandfords) with a combined population of 15717.
- With the exception of Stanningley, Rodley, the rest of the Inner West area committee is in the most deprived 40% of Leeds
- In order to prioritise action within the Inner West there needs to be an understanding at a smaller geography level. The profiles of the 7 MSOAs within the Inner West are all different- the detail of each is within their MSOAs profiles.
- Low educational attainment and low income across the area committee

3.7 Priority Areas Health Improvement and Lifestyles:

- The Inner West Area Committee has age standardised obesity rates which are generally much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are Bramley; Bramley Hill Top and Broadleas, Ganners and Sanfords.

- In addition, age standardised smoking rates are generally much higher than Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are Armley, New Wortley; Bramley and Broadleas, Ganners, Sandfords. The use of tobacco is the primary cause of preventable disease and premature death. It is not only harmful to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking rates are much higher in some social groups, including those with the lowest incomes.

- The overall alcohol specific admission rate in Inner West Area Committee is much higher than the Leeds rate. As is normal, the male rate is much higher than the female rate. When we look at attributable admissions, the overall rate in Inner West Area Committee is much higher than the Leeds rate. Within this area, both alcohol specific and attributable admission rates are higher than the Leeds average with Bramley Hill Top/ Raynville/ Wyther Park particularly high. As is normal, the male attributable admissions rate is much higher than the Female rate. The misuse of alcohol is associated with a wide range of chronic health conditions such as liver disease, hypertension, some cancers, impotence and mental health problems. It has a direct association with accidents, criminal offending, domestic violence and risky sexual behaviour. It also has hidden impacts on educational attainment and workplace productivity.

- The relationship between poor health outcomes and deprivation is well evidenced. For Inner West, the major determinants of health would include poor educational attainment and low income. Addressing these wider determinants by the council and partners would be the most significant contribution (see appendix 2) to improving health outcomes in Inner West.

4 Corporate Considerations

4.1 Consultation and Engagement

A qualitative data library has been established to include all consultations over the last two years Over 100 items have been analysed and interwoven within the JSNA data packs to give a view of the local people.

A large stakeholder's workshop to share emerging finding and consult on how to ensure Leeds produces a quality JSNA was held in September. A Third sector event is planned for January

4.2 Equality and Diversity / Cohesion and Integration

5 An Equality Impact Assessment will be carried out in February on the produced documentation and process prior to being published

5.3 Council policies and City Priorities

The JSNA has already been used to inform the State of the City report and will be the key document for developing the future Joint Health and Well Being Strategy for the City

6 Conclusions

6.1 In order to tackle the inequalities present within the area committee, agreed action across partner agencies are required.

- The NHS (and in the future Clinical Commissioning Groups) are committed to reducing numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities.

- The Local Authority to lead (with support from the NHS) in helping people to live healthy lifestyles, make healthy choices and reduce health inequalities

- The Local Authority to lead improvements against wider factors which affect health and wellbeing and health inequalities

7 Recommendations

7.1 That the area committee considers the prioritisation of action in line with diverse needs within the population.

7.2 That further considerations is given to the MSOA profiles in Inner West Area Committee in line with the present actions taking place within this areas

Appendix 1 Tale of 2 MOSA's Affluent MSOA compared to most deprived MSOA

Inner West	Population	Life expectancy	Existing Health problems	Future problems	Smoking prevalence	CHD Prevalence	Population type	BME	Educational attainment	Children in workless households	Claiming job seeker allowance
Bramley Whitecote	5,769 Above the Leeds average 40 – 85+. Below the Leeds average 20 – 39 year olds.	75.78 Male 80.92 Female	27.5%	4.1%	24.7% 25,679 / 100,000 DSR	4.5% 2,804 / 100,000 DSR	Comfortably off	3.91%	38.60% Key stage 4 67.27% Key stage 2	165 16.92%	137 3.66 %
Armley, New Wortley	8,217 Above the Leeds average for 25 – 39 year olds and 0 – 4 year olds. Below the Leeds average for all other age ranges	70.81 Male 78.15 Female	22.4%	44.9%	37.2% 37,545 / 100,000 DSR	3.2% 3,624 / 100,000 DSR	Hard pressed	14.72 %	24.05% Key stage 4 72.41% Key stage 2	488 31.81%	526 8.80 %

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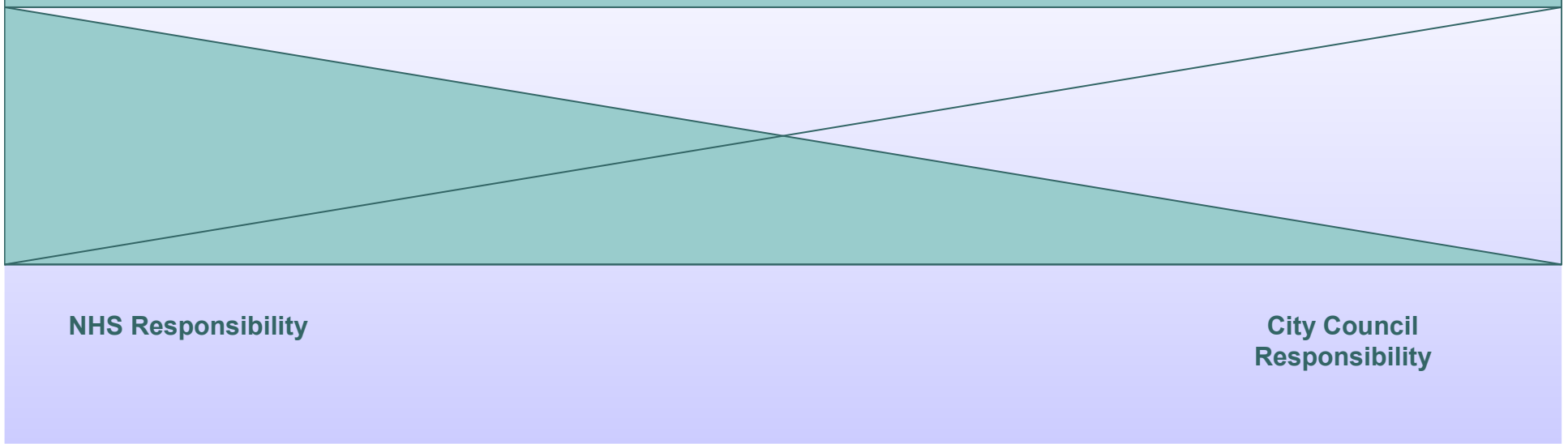
Public Health role for Local Government and CCGs

What kills people now and what makes them ill	Behaviours that are going to kill people and make them ill	Wider determinants of health
Cardiovascular Disease Cancer Excess winter deaths Long-term conditions eg COPD, Diabetes, neurological disorders, Musculoskeletal Disorders Alcohol/drug related disease Mental Health problems	Smoking Alcohol/drug consumption Inactivity Being overweight/obese Vascular risk Lack of awareness of early symptoms Not using screening or preventative services	Educational attainment Income employment decent housing community support networks safe communities language
CCG role	Ensure systematic primary care management •Risk stratify •Integrated health and Social Care •Self Management Ensure equitable access to specialist services	Risk stratify Ensure systematic approach to behaviour change in primary care Ensure equitable access to specialist service eg smoking, weight management etc Engage with awareness and early intervention programmes and screening	Signpost to services eg debt and fuel poverty Support safeguarding Support partnership working Community leadership Advocacy



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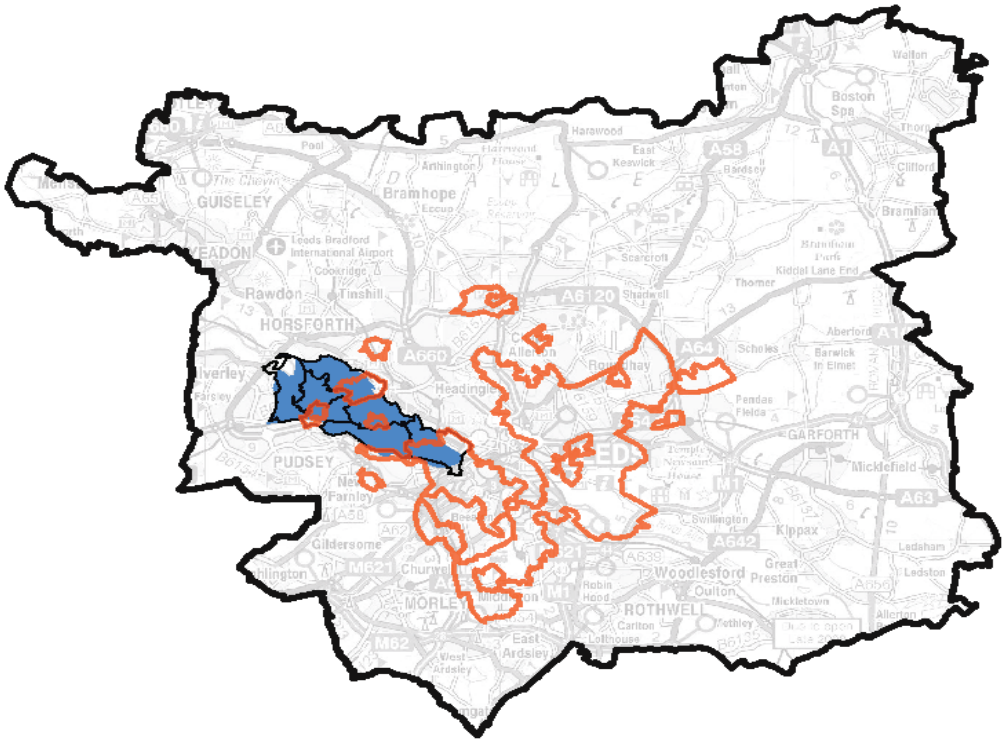
Area profile: Inner West Area Committee



The main map shows the Inner West Area Committee area committee area in blue. The data in the report is built up using small geographic areas called Middle Super Output Areas (MSOAs), the MSOAs used in this report are shown as black outlines. MSOA are attributed to an area if the 'centre of gravity' of the population is within the area. This means the data in this report is as closely matched to the blue area as possible.

The orange outline represents parts of Leeds which fall into the 10% most deprived in England according to the Index of Multiple Deprivation (2004). Approximately 20% of the Leeds population live in this area.

About MSOAs: (Middle Super Output Area). These are geographic areas designed to improve the reporting of small area statistics in England and Wales. There are 108 MSOA in Leeds. MSOAs are built from groups of Lower Super Output Areas (LSOAs).

The minimum population of an MSOA is 5,000 and the mean is 7,200 (when originally generated).

The smaller map shows the Inner West Area Committee area committee area and the ward boundaries.

Leeds CITY COUNCIL

NHS Leeds

Summary table for Inner West Area Committee		This Area Committee	'best' MSOA in this area committee		'worst' MSOA in this area committee		Leeds	Deprived quintile	Deprived Leeds
area population		50,369					795,476	159,387	172,084
area population proportion of Leeds pop		6.3%						20.0%	21.6%
number in deprived Leeds		15,670					172,084		
proportion of population in deprived Leeds		31.1%					21.6%		
proportion of deprived Leeds this represents		9.1%							
number in deprived *quintile*		15,717					159,387		
proportion of population in deprived quintile		31.2%					20.0%		
proportion of deprived quintile this represents		9.9%							
pupils on roll		7,157					104,056		
proportion of all pupils in leeds		6.9%							
GP recorded CANCER	*Age Standardised rate per 100,000*	1,874.3	E02002400	1,589.9	E02002380	2,120.0	2,199.3	1,999.1	
GP recorded CHD	*Age Standardised rate per 100,000*	3,146.8	E02002381	2,803.7	E02002387	4,013.7	2,853.6	3,562.8	
GP recorded COPD	*Age Standardised rate per 100,000*	1,975.8	E02002396	1,278.7	E02002400	2,719.8	1,536.6	2,872.7	
GP recorded Diabetes	*Age Standardised rate per 100,000*	4,127.7	E02002380	3,414.4	E02002400	4,853.4	3,615.5	5,244.1	
GP recorded Obesity	*Age Standardised rate per 100,000*	24,732.8	E02002396	23,552.4	E02002387	26,797.1	21,130.3	25,726.2	
GP recorded Smoking	*Age Standardised rate per 100,000*	29,798.4	E02002381	24,496.9	E02002400	37,544.7	23,112.4	34,123.3	
Mortality under 75s all causes	*rate per 100,000*	397.8	E02002380	307.0	E02002400	500.0	294.6		458.8
Mortality under 75s all causes Males	*rate per 100,000*	488.0	E02002381	332.0	E02002400	609.0	356.1		568.2
Mortality under 75s all causes Females	*rate per 100,000*	309.6	E02002396	193.0	E02002381	421.0	235.3		344.9
Cancer mortality under 75s ALL	*rate per 100,000*	162.2					117.7		159.8
Cancer mortality under 75s Males	*rate per 100,000*	175.6					128.4		173.5
Cancer mortality under 75s Females	*rate per 100,000*	150.5					108.2		146.6
Circulatory disease mortality under 75s ALL	*rate per 100,000*	106.7					79.1		127.4
Circulatory disease mortality under 75s Males	*rate per 100,000*	146.7					108.4		174.3
Circulatory disease mortality under 75s Females	*rate per 100,000*	67.4					50.9		78.7
Respiratory disease mortality under 75s ALL	*rate per 100,000*	29.0					26.2		53.7
Respiratory disease mortality under 75s Males	*rate per 100,000*	31.4					32.0		68.5
Respiratory disease mortality under 75s Females	*rate per 100,000*	26.9					20.8		39.0
Alcohol specific admissions	*rate per 1000*	8.3	E02002381	4.6	E02002388	13.2			
Alcohol specific admissions Male	*rate per 1000*	12.1							
Alcohol specific admissions Female	*rate per 1000*	4.4							
Alcohol attributable admissions	*rate per 1000*	23.1	E02002375	17.8	E02002388	28.1			
Alcohol attributable admissions Male	*rate per 1000*	28.8							
Alcohol attributable admissions Female	*rate per 1000*	17.2							

Area profile contents

Contents

MSOAs making up this area

The MSOAs that are used in this report to represent Inner West Area Committee

E02002396	Upper Armley
E02002387	Bramley
E02002380	Bramley Whitecote
E02002381	Stanningley, Rodley
E02002400	Armley, New Wortley
E02002388	Bramley Hill Top, Raynville and Wyther Park
E02002375	Broadleas, Ganners, Sandfords

To see profiles for these MSOA, visit: http://www.westyorkshireobservatory.org/explorer/resources/

Population profile

Population of Inner West Area Committee

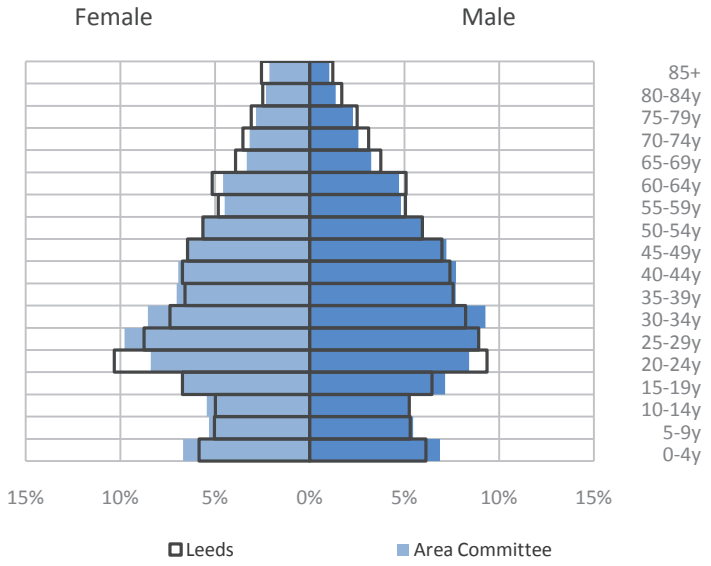
50,369 which is 6.3% of the Leeds registered and resident population of 795,476.

Males: 25,392 Females: 24,977

Population of Inner West Area Committee living in deprived Leeds*.

There are 15,670 people in this area who are living in deprived Leeds. This equates to 31.1% of the Inner West Area Committee population and 9.1% of the entire population of deprived Leeds.

Population pyramid for Inner West Area Committee



(January 2011 GP registered population)

The population shown in the chart is what is commonly referred to as a population pyramid. Traditionally, the chart is shaped like a pyramid in that the base is wide and each level above becomes slightly narrower as the population in the increasing age groups becomes a smaller percentage of the total.

In modern western societies the pyramids are now typically narrower at the base due to a decline in the birth rate. The Leeds profile is shown in outline and follows the expected pattern for a modern western population with an increase in the proportion of people in the university student age groups.

The blue bars in this pyramid represent the total GP registered population living in the area of this report.

This population profile has a fairly even distribution across the adult population in line with the Leeds average. It has the smallest area committee population in Leeds. There are a slightly higher proportion of people in the 30-34 year category and in the 0-4 years. Armley/New Wortley is ranked 6 on the Neighbourhood Index.

***Deprived Leeds:** This is the Lower Super output Areas (LSOAs) in Leeds which are in the 10% most deprived in *England.* Elsewhere in this report the '*Deprived quintile* ' is also mentioned, this is the *fifth* of *Leeds* MSOAs which are most deprived.

Practice population note: The practice populations here are from January 2011 and include all patients living in the MSOAs making up the area of the report.

Population heritage and faith

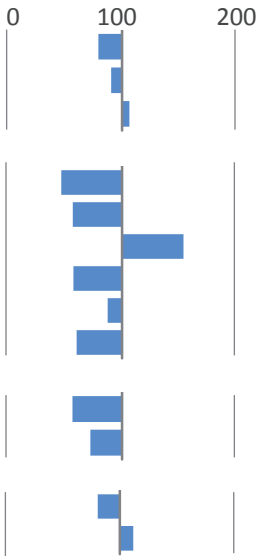
Population of this area: 50,369

The Leeds registered and resident population is 795,476

(index compares this area with Leeds in terms of proportions of populations. An index of 100 means the area has the same proportion of a group as Leeds does. 200 is double the proportion leeds has for instance)

Origins geography groups* of the population in this area:

	in this area		in Leeds		index
Africa	730	1.4%	14,698	1.8%	79
Americas	262	0.5%	4,633	0.6%	91
British Isles	42,096	83.6%	633,431	78.6%	106
Central Asia	13	0.0%	190	0.0%	110
Diasporic	76	0.2%	2,571	0.3%	47
East Asia	505	1.0%	14,104	1.7%	57
Eastern Europe	1,872	3.7%	19,536	2.4%	153
Middle East	820	1.6%	22,681	2.8%	58
Northern Europe	241	0.5%	4,409	0.5%	87
Not found	93	0.2%	2,457	0.3%	61
Oceanian	11	0.0%	229	0.0%	77
South Asia	1,699	3.4%	47,734	5.9%	57
Southern Europe	656	1.3%	14,485	1.8%	72
Unknown	9	0.0%	187	0.0%	77
Western Europe	1,157	2.3%	22,909	2.8%	81
Blank	138	0.3%	1,981	0.2%	112
Grand Total		100.0%		100.0%	100

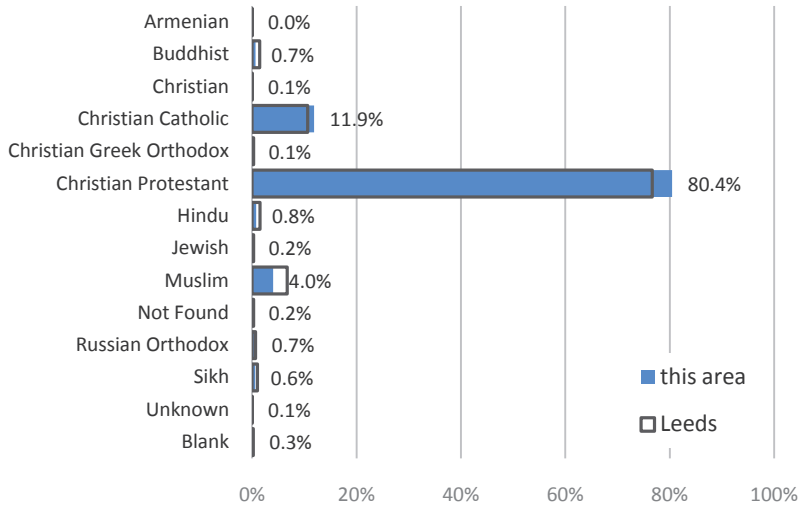


(Chart does not *illustrate* groups numbering less than 1,000 in the total Leeds population)

The population in this area is mainly made up of people of British heritage. There are a higher than average Eastern European population and a much lower South Asian population than the Leeds average.

The main religion is Christian Protestant at 80% and a slightly higher Christian Catholic population than the Leeds average.

'Faith' as calculated by Origins software



***Origins geography and faith note:** Origins software analyses forename and surname of every GP registered patient in Leeds and gives what is considered to be an indication of an individuals most likely heritage and faith according to geography. This is not necessarily how they might describe themselves. For more information about Origins software visit: http://publicsector.experian.co.uk/Products/Mosaic%20Origins.aspx

As the Origins data includes all Leeds registered patients in January 2011, regardless of where they live, totals will vary slightly from those elsewhere in the report where only Leeds resident patients are counted.

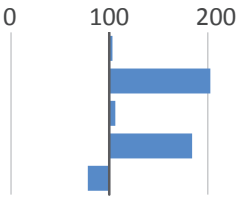
Calculated using the best fit MSOA for this area

January 2011 School Census
Language and ethnicity

(index compares this area with Leeds in terms of proportions of populations. An index of 100 means the area has the same proportion of a group as Leeds does. 200 is double the proportion leeds has for instance)

Pupils on roll in this area: **7,157**
Leeds total: 104,056

Top five languages recorded:	in this area		in Leeds		Index (Leeds = 100)
					index
English	6,189	86.5%	87,265	83.9%	**103**
Believed to be Other than English	168	2.3%	798	0.8%	**306**
Panjabi	106	1.5%	1,450	1.4%	**106**
Polish	83	1.2%	655	0.6%	**184**
Other than English	77	1.1%	1,433	1.4%	78
Others	423	5.9%	10,819	10.4%	



(Totals will be slightly less than roll total as it is not a statutory requirement to collect ethnicity and language data for pupils below the statutory school age)

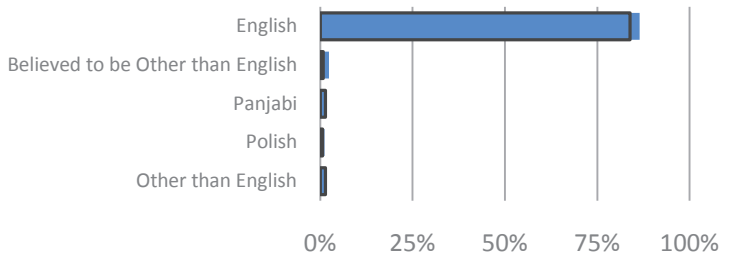
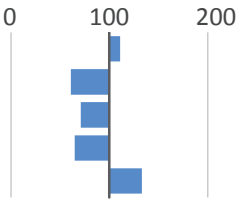


Chart: Proportions of *top five* languages in this area compared to Leeds

This area Leeds

Top five ethnicity recorded:	in this area		in Leeds		index
White British	5,858	81.8%	76,737	73.7%	**111**
Other Pakistani	170	2.4%	4,050	3.9%	61
Black African	162	2.3%	3,322	3.2%	71
Kashmiri Pakistani	98	1.4%	2,195	2.1%	65
White Eastern European	98	1.4%	1,069	1.0%	**133**
Others	746	10.4%	16,309	15.7%	



(Totals will be slightly less than roll total as it is not a statutory requirement to collect ethnicity and language data for pupils below the statutory school age)

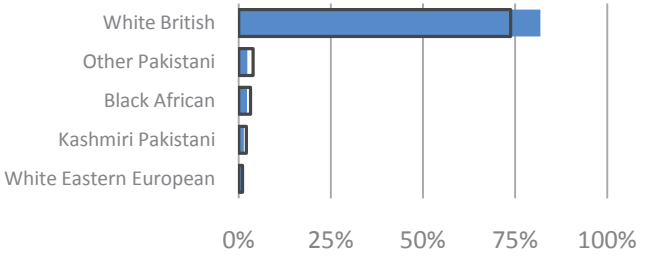


Chart: Proportions of *top five* ethnicities in this area compared to Leeds

This area

Leeds

The annual school census provides information on the ethnicity and first language of pupils who live in and go to school in Leeds. In total, there are 24 ethnic categories and over 170 different first languages.

This profile summarises the top five of each in the area and compares these to the city averages (N.B. the "top five" has been set as a threshold because in most areas the numbers below this are very small).

While this data is specific to school children it is representative of the wider population and provides valuable additional information on the make-up of the area and complements the population profile derived from analysis with Origins software of the GP registered population.

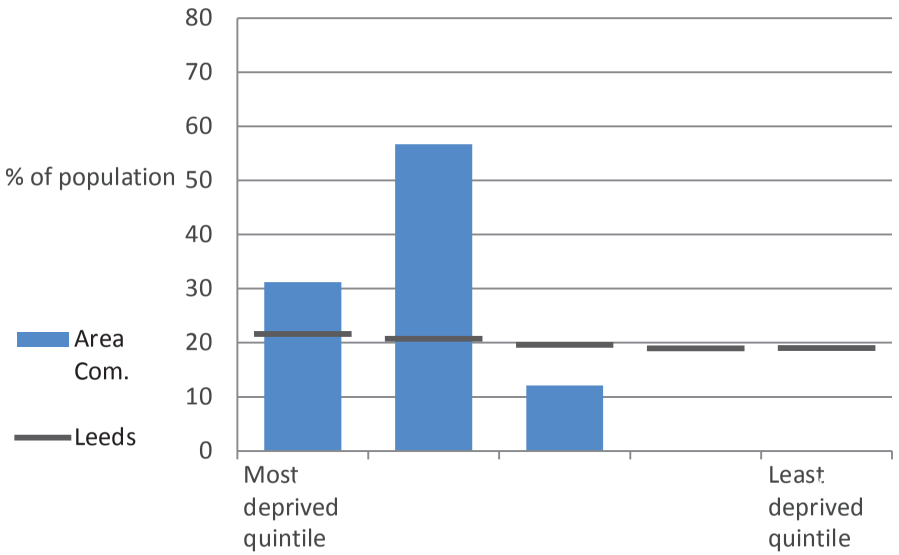
Source: January 2011 School Census

Deprivation

People living in different levels of deprivation in Inner West Area Committee

Source: Index of Multiple Deprivation 2007

Office for National Statistics



The most deprived *fifth* of Leeds is the area which is arrived at by ranking all 108 MSOAs in Leeds according to their Index of Multiple Deprivation score, and simply taking the lowest fifth of all those MSOAs. This is also known as the **most deprived quintile.** There are of course 4 more quintiles with the last representing the *least deprived* parts of Leeds.

The chart illustrates how the population of this Area Committee is split over these 5 quintiles of deprivation. Overlaid on the chart are the proportions of the Leeds population in the same quintiles.

The MSOA which constitute this Area Committee are listed below the chart. The number of people living in each MSOA is also listed.

	8,217	8,779			
		8,044			
	7,500				
			6,104		
		5,956			
		5,769			
Total	**15,717**	**28,548**	**6,104**	**0**	**0**

E02002396	Upper Armley
E02002400	Armley, New Wortley
E02002388	Bramley Hill Top, Raynville and Wyther Park
E02002375	Broadleas, Ganners, Sandfords
E02002381	Stanningley, Rodley
E02002387	Bramley
E02002380	Bramley Whitecote

About the IMD: The English Indices of Deprivation attempt to measure a broader concept of multiple deprivation, made up of several distinct dimensions, or domains, of deprivation. Seven distinct domains have been identified in the English Indices of Deprivation; Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime. For more details visit http://www.communities.gov.uk/corporate/researchandstatistics/statistics/subject/indicesdeprivation

Neighbourhood Index

Neighbourhood Index

The City Council has worked with partner organisations to develop a "Neighbourhood Index" for the city, which provides the Council and its partners with a robust evidence base by which to plan service interventions and to begin to identify and guide resources into the areas of greatest need. It contributes to a more sophisticated understanding of the problems and issues facing local communities and the people in those communities, and provides a framework to benchmark progress in key neighbourhoods and communities.

The Neighbourhood Index is a tool which brings together a wealth of information that paints a broad picture of an area and helps to describe local conditions.

It is a multiple domain and indicator based system that seeks to measure outcomes rather than activities and inputs, and which can be used to measure the general "health" and the relative success of neighbourhoods across the city. The aim has been to provide a framework for the exchange, analysis and sharing of information amongst partners / project deliverers / local communities that:

- can consistently gather, collate, analyse and present information about neighbourhoods
- can identify areas of need and analyse relevant data on the critical issues facing target neighbourhoods
- provides an agreed mechanism for reporting progress in neighbourhoods, and target areas in particular, and monitors success in meeting targets.

The Index is constructed from 27 indicators that have been grouped into the following seven domains, then combined into a domain score and rank, and then into a single Neighbourhood Index score and rank:

Economic Activity
Low Income
Education
Health
Community Safety
Environment
Housing

The Neighbourhood Index is run once a year and this profile represents the third year of the Index. Comparison profiles are also available showing how conditions in an area have changed over time. The information contained in the Neighbourhood Index provides a contextual background for the detailed health and wellbeing data contained in this profile.

Two profiles are included here as examples.

For further information please contact Jacky Pruckner, Business Transformation Team, Leeds City Council. Email: jacky.pruckner@leeds.gov.uk or telephone: 0113 2476394.

Leeds Neighbourhood Index Year 3

Inner West Area Committee

On a best fit basis the Inner West Area Committee covers seven Middle Super Output Areas (MSOA).

The following overview provides a brief summary for each MSOA in the area highlighting any domain scores that are significantly worse than the city average and identifying any domain where an area is ranked in the top 10.

E02002375: Broadleas / Ganners / Sandfords
This area is ranked 27 on the combined Neighbourhood Index. With the exception of the Environment and Housing domains the area significantly underperforms when compared to the city averages, most notably in the Education domain (where it is ranked 7).

E02002380: Bramley / Whitecote
This area is ranked 53 on the combined Neighbourhood Index. Across the individual domains the scores are generally close to or higher than the averages for the city, the only exception being the Education domain where the area score is slightly lower.

E02002381: Stanningley / Rodley
This area is ranked 49 on the combined Neighbourhood Index. Across the individual domains the scores are generally close to or just slightly higher than the averages for the city, the only exception being the Health domain where the area score is slightly lower.

E02002387: Bramley
This area is ranked 30 on the combined Neighbourhood Index. Across the individual domains the scores are generally lower than the averages for the city, most notably in the Education domain (where it is ranked 5), but also in the Economic Activity domain. The only exceptions are the Housing and Environment domains where the area scores are slightly above the averages for the city.

E02002388: Bramley Hill Top / Raynville / Wyther Park
This area is ranked 24 on the combined Neighbourhood Index. Across the individual domains the scores are all lower than the averages for the city.

E02002396: Upper Armley
This area is ranked 32 on the combined Neighbourhood Index. Across the individual domains the scores are all lower than the averages for the city.

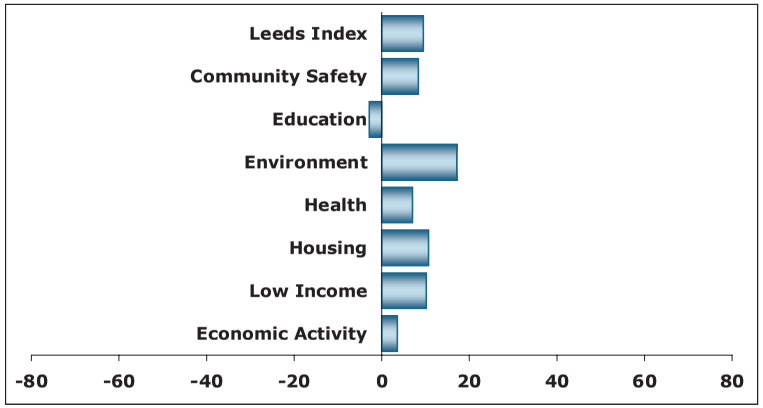
E02002400: Armley / New Wortley

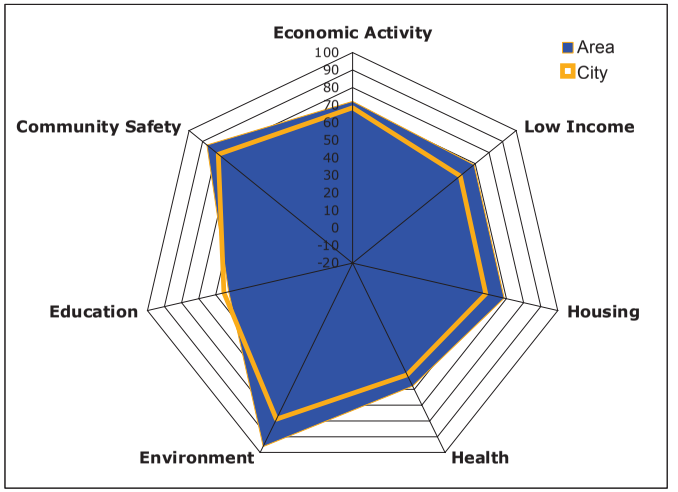
With a rank of 6 on the combined Neighbourhood Index this is the least successful area in Inner West and is significantly below city average scores across all domains, but particularly so in the Low Income domain (where it is ranked 5), the Health domain (where it is also ranked 56), the Education domain (where it is ranked 9) and the Community Safety domain (where it is ranked 2).

E02002380: Bramley Whitecote

Leeds Neighbourhood Index

Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	48	72.06	68.48	3.58
Low Income	62	68.92	58.74	10.18
Housing	74	68.59	57.92	10.67
Health	47	57.86	50.84	7.02
Environment	83	96.10	78.94	17.16
Education	38	52.33	55.19	-2.86
Community Safety	59	86.73	78.38	8.35
Leeds Index	**53**	**65.68**	56.19	9.48



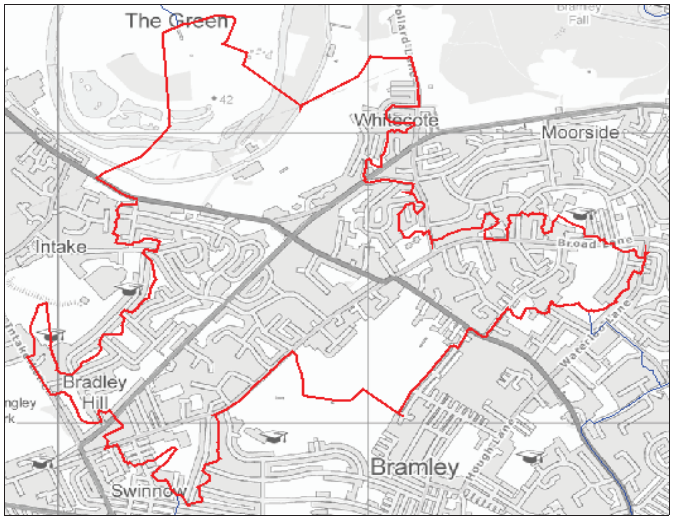


The area is located in the Inner West. It stretches down from the canal towards Broad Lane and across from Intake Lane to Newlay Lane and extending slightly beyond to include Bell Lane and Wellington Gardens. The River Aire and the Leeds / Liverpool Canal run through this area.

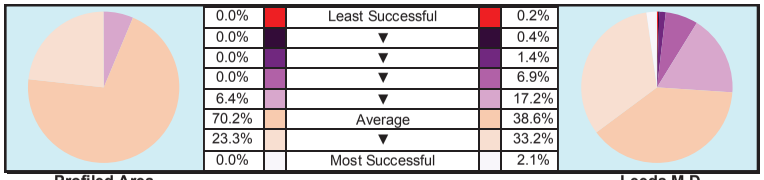
The population is predominantly White British and the age breakdown shows a slightly lower than average proportion of people of working age.

73% of households are in owner-occupation and 19.5% are renting from the local authority (through an ALMO). Semi-detached housing accounts for 56% of the stock and terraced housing for a further 27%. 44% of properties are classified in Council Tax Band A and 36% in Band B.

Key services located in the area include: Bramley Library and Broad Lane Library, Whitecotes sub post office, and Bramley Public Baths.



Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	5,870		787,701	
Households Liable for Council Tax	2,457		321,098	
BME Population	224	3.91%	77,482	10.83%
Foundation Stage	29	56.86%	4,251	52.49%
Key Stage 2	37	67.27%	5,596	73.09%
Key Stage 4	22	38.60%	3,858	50.16%
Persistent Absenteeism	20	5.99%	2,838	7.60%
NEET (Nov - Jan Average)	11	6.53%	1596	7.58%
Crimes Against the Person	169	N/A	25,887	N/A
Acquisitive Property Crime	284	N/A	45,203	N/A
Environmental Crimes	93	N/A	11,961	N/A
Community Disorders	312	N/A	51,988	N/A
Average Purchase Price	£134,545	N/A	£170,997	N/A
Price / Income Ratio	5.75	N/A	5.24	N/A
Housing Turnover	208	8.21%	47,987	14.23%
Empty Homes (90+ days)	89	3.51%	21,110	6.26%
Children in Workless Households	165	16.92%	25,184	18.88%
Households Receiving In-Work Benefits	105	4.27%	15,569	4.85%
60+ Households In Receipt of Benefits	340	13.84%	33,200	10.34%
Court Payment Orders	126	N/A	23,562	N/A
Job Seekers' Allowance	137	3.66%	22,675	4.34%
Incapacity Benefit	225	6.02%	30,830	5.90%
Lone Parent Income Support	50	1.34%	8,710	1.67%
Circulatory Disease Mortality	N/A	59.99	N/A	79.13
Cancer Mortality	N/A	140.33	N/A	117.74
Low Birthweight	N/A	8.13	N/A	7.86
Adult Social Care	98	N/A	12,836	N/A
Fly Tipping	18	N/A	4,375	N/A
Graffiti	12	N/A	3,141	N/A
Waste Issues	6	N/A	6,852	N/A



The pie charts represent the weighted proportions of individual indicators falling into each band

Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	19	N/A	1,448	N/A
Mental Health	15	N/A	2,424	N/A
Physical Disablilty	62	N/A	8,374	N/A
Other Reasons	2	N/A	590	N/A

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	975	16.61%	133,396	16.93%
Working Age	3,739	63.70%	522,769	66.37%
Older People	1,156	19.69%	131,536	16.70%

Ethnicity (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
White British	5,502	96.09%	637,872	89.17%
Irish	27	0.47%	8,532	1.19%
Black Caribbean & White	13	0.23%	4,577	0.64%
Black African & White	0	0.00%	867	0.12%
Asian & White	15	0.26%	2,541	0.36%
Indian	32	0.56%	12,296	1.72%
Pakistani	3	0.05%	15,064	2.11%
Bangladeshi	0	0.00%	2,531	0.35%
Black Caribbean	12	0.21%	6,737	0.94%
Black African	14	0.24%	2,404	0.34%
Chinese	19	0.33%	3,468	0.48%

Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,184	72.80%	492,656	68.87%
Buddhist	3	0.05%	1,603	0.22%
Hindu	30	0.52%	4,189	0.59%
Jewish	6	0.10%	8,233	1.15%
Muslim	28	0.49%	21,385	2.99%
Sikh	13	0.23%	7,601	1.06%

Supplementary Health Information	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
CHD Prevalance	N/A	5%	N/A	3.5%
Smoking Prevalance	N/A	25%	N/A	22.8%

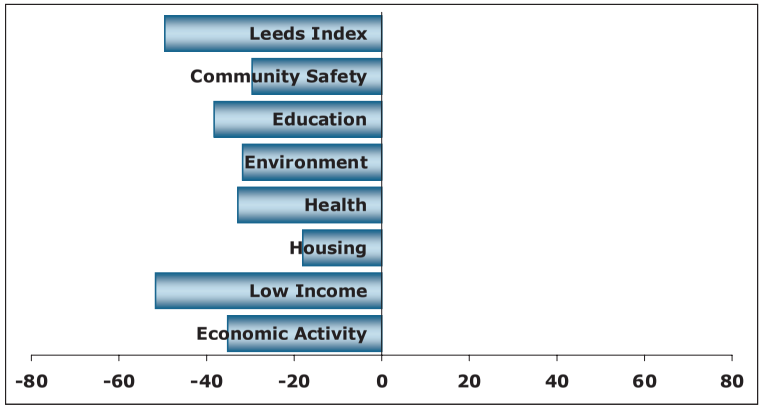
Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,022	17.83%	128,647	17.98%

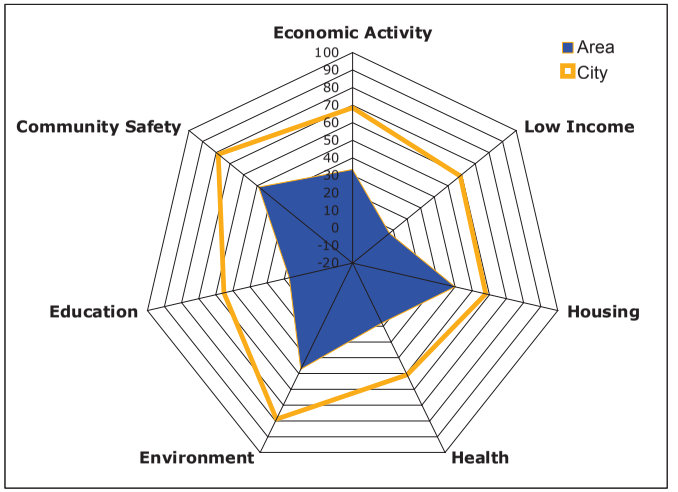
E02002400: Armley, New Wortley

Leeds CITY COUNCIL

Leeds Neighbourhood Index

Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	18	33.33	68.48	-35.15
Low Income	5	7.09	58.74	-51.65
Housing	13	39.88	57.92	-18.04
Health	5	17.98	50.84	-32.85
Environment	15	47.18	78.94	-31.76
Education	9	16.92	55.19	-38.27
Community Safety	2	48.78	78.38	-29.59
Leeds Index	6	6.66	56.19	-49.53



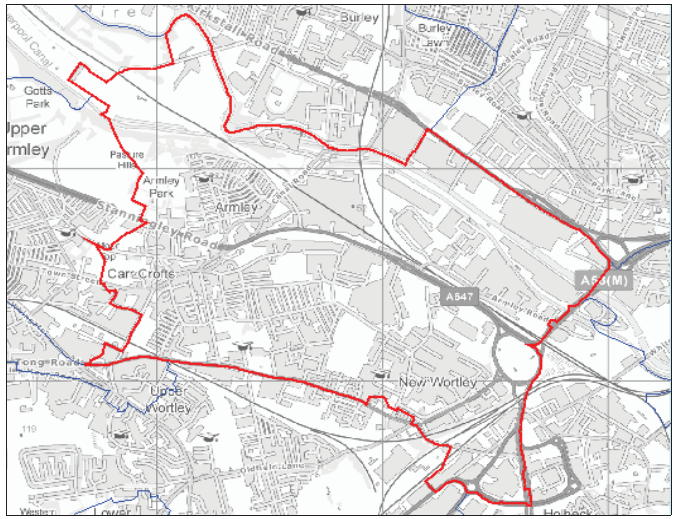


The area is located in the Inner West and is adjacent to the City Centre. The populated area is bounded by the canal to the north and Tong Road to the south and stretches across from New Wortley to Armley Moor Top. The River Aire and the Leeds / Liverpool Canal run through this area.

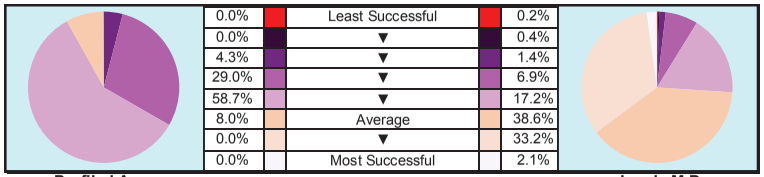
The age breakdown broadly reflects the averages for the city. The area has a diverse ethnic population with 15% of people coming from BME communities.

40% of households are renting from the local authority (through an ALMO) and 37% are in owner-occupation. Terraced housing accounts for 58% of the stock and purpose built flats for a further 25%. 92% of properties are classified in Council Tax Band A.

Key services located in the area include: St Bartholomews C of E Primary, Castleton Primary, Armley Primary, Holy Family Catholic Primary, Armley Library (nearest), Armley Post Office and Wortley Post Office, Armley Mills.



Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	8,673		787,701	
Households Liable for Council Tax	3,611		321,098	
BME Population	1,146	14.72%	77,482	10.83%
Foundation Stage	36	39.56%	4,251	52.49%
Key Stage 2	63	72.41%	5,596	73.09%
Key Stage 4	19	24.05%	3,858	50.16%
Persistent Absenteeism	64	17.20%	2,838	7.60%
NEET (Nov - Jan Average)	38	16.70%	1596	7.58%
Crimes Against the Person	532	N/A	25,887	N/A
Acquisitive Property Crime	783	N/A	45,203	N/A
Environmental Crimes	201	N/A	11,961	N/A
Community Disorders	1,041	N/A	51,988	N/A
Average Purchase Price	£88,277	N/A	£170,997	N/A
Price / Income Ratio	4.66	N/A	5.24	N/A
Housing Turnover	791	20.52%	47,987	14.23%
Empty Homes (90+ days)	342	8.87%	21,110	6.26%
Children in Workless Households	488	31.81%	25,184	18.88%
Households Receiving In-Work Benefits	335	9.28%	15,569	4.85%
60+ Households In Receipt of Benefits	501	13.87%	33,200	10.34%
Court Payment Orders	493	N/A	23,562	N/A
Job Seekers' Allowance	526	8.80%	22,675	4.34%
Incapacity Benefit	575	9.62%	30,830	5.90%
Lone Parent Income Support	210	3.51%	8,710	1.67%
Circulatory Disease Mortality	N/A	103.67	N/A	79.13
Cancer Mortality	N/A	229.88	N/A	117.74
Low Birthweight	N/A	9.62	N/A	7.86
Adult Social Care	148	N/A	12,836	N/A
Fly Tipping	112	N/A	4,375	N/A
Graffiti	42	N/A	3,141	N/A
Waste Issues	194	N/A	6,852	N/A



The pie charts represent the weighted proportions of individual indicators falling into each band

Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	13	N/A	1,448	N/A
Mental Health	40	N/A	2,424	N/A
Physical Disablilty	85	N/A	8,374	N/A
Other Reasons	10	N/A	590	N/A

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	1,534	17.69%	133,396	16.93%
Working Age	5,979	68.94%	522,769	66.37%
Older People	1,160	13.37%	131,536	16.70%

Ethnicity (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
White British	6,638	85.28%	637,872	89.17%
Irish	110	1.41%	8,532	1.19%
Black Caribbean & White	91	1.17%	4,577	0.64%
Black African & White	11	0.14%	867	0.12%
Asian & White	27	0.35%	2,541	0.36%
Indian	135	1.73%	12,296	1.72%
Pakistani	455	5.85%	15,064	2.11%
Bangladeshi	14	0.18%	2,531	0.35%
Black Caribbean	69	0.89%	6,737	0.94%
Black African	16	0.21%	2,404	0.34%
Chinese	26	0.33%	3,468	0.48%

Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,647	59.63%	492,656	68.87%
Buddhist	9	0.12%	1,603	0.22%
Hindu	47	0.60%	4,189	0.59%
Jewish	16	0.21%	8,233	1.15%
Muslim	520	6.67%	21,385	2.99%
Sikh	87	1.12%	7,601	1.06%

Supplementary Health Information	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
CHD Prevalance	N/A	3%	N/A	3.5%
Smoking Prevalance	N/A	37%	N/A	22.8%

Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,762	22.62%	128,647	17.98%

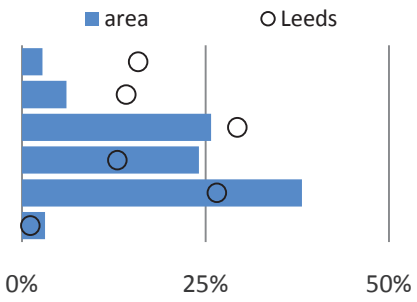
2010 Population Acorn Profile

Acorn is a nationwide population segmentation tool. It combines geography with demographics and lifestyle information, and places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country. This data is modelled using the standardised population provided by JICPOP, *not* Leeds GP patients. see www.jicpops.co.uk

This sheet compares the population of Inner West Area Committee with the whole population of Leeds in terms of Acorn groups. For instance 38.1% of the population are in the 'Hard Pressed' category, compared to 26.5% of the population of Leeds.

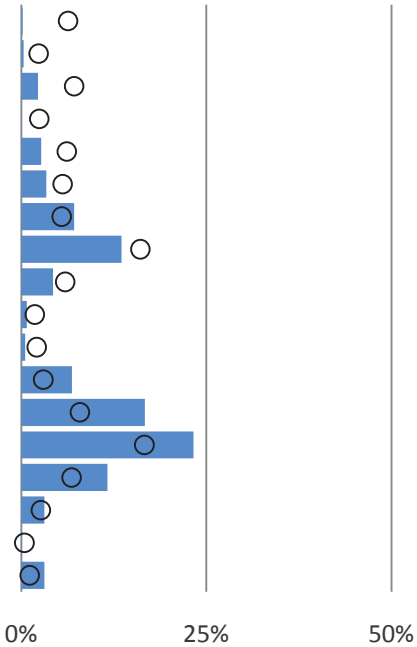
Acorn categories

	people		Leeds	
Wealthy Achievers	1,526	2.8%	128,113	15.8%
Urban Prosperity	3,313	6.1%	114,931	14.2%
Comfortably Off	14,036	25.7%	237,405	29.3%
Moderate Means	13,137	24.1%	105,160	13.0%
Hard Pressed	20,795	38.1%	214,852	26.5%
Unclassified or unknown	1,709	3.1%	9,206	1.1%



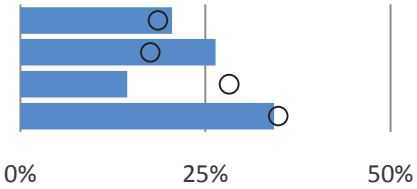
Acorn groups

Wealthy Executives	107	0.2%	51,147	6.3%
Affluent Greys	175	0.3%	19,113	2.4%
Flourishing Families	1,244	2.3%	57,853	7.1%
Prosperous Professionals	2	0.0%	19,709	2.4%
Educated Urbanites	1,474	2.7%	49,864	6.2%
Aspiring Singles	1,837	3.4%	45,358	5.6%
Starting Out	3,900	7.2%	44,241	5.5%
Secure Families	7,388	13.6%	130,270	16.1%
Settled Suburbia	2,343	4.3%	48,128	5.9%
Prudent Pensioners	405	0.7%	14,766	1.8%
Asian Communities	302	0.6%	16,917	2.1%
Post Industrial Families	3,735	6.9%	24,053	3.0%
Blue Collar Roots	9,100	16.7%	64,190	7.9%
Struggling Families	12,677	23.3%	134,725	16.6%
Burdened Singles	6,355	11.7%	55,111	6.8%
High Rise Hardship	1,703	3.1%	21,504	2.7%
Inner City Adversity	60	0.1%	3,512	0.4%
Unclassified or unknown	1,709	3.1%	9,206	1.1%



Health Acorn Groups

Existing Problems	11,178	20.5%	150,588	18.6%
Future Problems	14,385	26.4%	142,150	17.6%
Possible Future Concerns	7,869	14.4%	228,318	28.2%
Healthy	18,694	34.3%	282,174	34.9%



The population of Inner West Area Committee is divided between Acorn categories in a manner which differs greatly to the way the Leeds population is divided. For instance, the Moderate Means category has very much higher prevalence here than it does in the Leeds population as a whole.

Inner West is a small area made up of 7 MSOAs; it has a very different profile to Leeds with a significant number of people (62%) in "moderate means" or "hard pressed" categories. Within the sub categories it has a substantial number of people within "blue collar roots" and "struggling families". In terms of Health Acorn, Inner West Leeds has average rates of existing health problems but a high rate for future problems.

For more information about Acorn, including the characteristics of the categories, groups and types listed here, visit http://www.caci.co.uk/Acorn-classification.aspx and http://www.caci.co.uk/healthacorn.aspx

Cancer and CHD

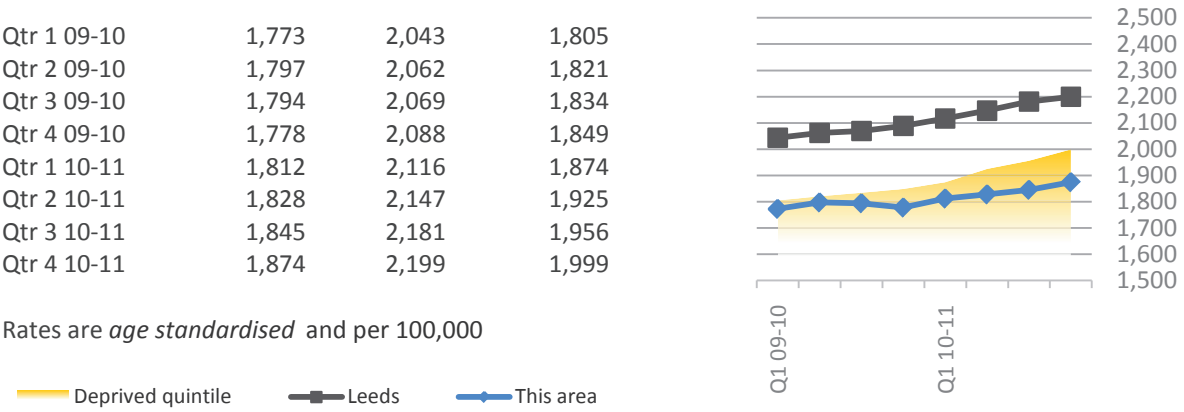
Source: NHS Leeds GP data audits, quarterly 2009-11

Calculated using the best fit MSOA for this area

note: chart scales vary to reveal maximum detail, be careful with visual comparisons between charts

Cancer rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	1,773	2,043	1,805
Qtr 2 09-10	1,797	2,062	1,821
Qtr 3 09-10	1,794	2,069	1,834
Qtr 4 09-10	1,778	2,088	1,849
Qtr 1 10-11	1,812	2,116	1,874
Qtr 2 10-11	1,828	2,147	1,925
Qtr 3 10-11	1,845	2,181	1,956
Qtr 4 10-11	1,874	2,199	1,999

Rates are *age standardised* and per 100,000



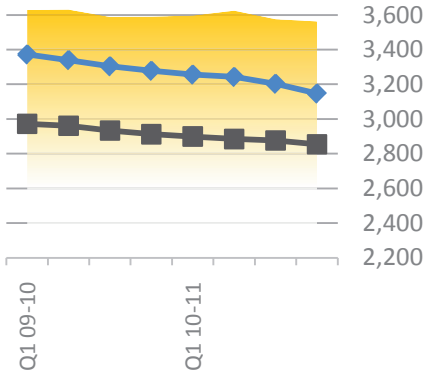
The Inner West Area Committee has age standardised cancer rates which are generally below Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of cancer are E02002380, E02002381, and E02002375. In addition, age standardised CHD rates are generally above Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of CHD are E02002387, E02002375, and E02002400.

The main risk factors for cancer are: growing older, smoking, sun, ionising radiation and chemicals, some viruses, family history of cancer, alcohol, poor diet, lack of physical activity, or being overweight. Life expectancy for people with cancer is lower in more deprived communities. The range of risk factors suggests many cancers are potentially preventable. CHD has a close association with deprivation as well as key lifestyle factors such as smoking, being overweight and excessive alcohol use. From a recent CVD mortality audit within Leeds we know that being on a register has a positive effective on increasing both life expectancy and quality of life.

In terms of risk factors the smoking rates are higher than the Leeds average as is the obesity rate. In addition the mortality rate for cancer is high. Therefore this could imply a low level of awareness of signs and symptoms in communities, and a low rate of detection within primary care.

CHD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	3,372	2,973	3,628
Qtr 2 09-10	3,339	2,961	3,631
Qtr 3 09-10	3,304	2,934	3,589
Qtr 4 09-10	3,278	2,912	3,590
Qtr 1 10-11	3,256	2,899	3,597
Qtr 2 10-11	3,242	2,885	3,625
Qtr 3 10-11	3,203	2,876	3,576
Qtr 4 10-11	3,147	2,854	3,563

Rates are *age standardised* and per 100,000



About the GP records data collection: The PCT runs a quarterly collection of data from GP systems, forming a picture over time of how conditions are recorded by GPs across Leeds. The automated data collections note the most recent occurances of specific disease codes in each patients record as defined by the Quality Outcomes Framework (QOF). The data includes age, gender and location information, giving Leeds a much greater level of detail than standard QOF data and is a benefit of the trusting relationship we have developed with practices.

Age standardised rates: Are calculated using the date-relevant GP registered populations for those practices which partook in the data collection. Some practices opted not to submit data for certain audits and therefore their population are not part of rate calculations. **Deprived QUINTILE:** The deprived quintile is the most deprived *fifth of all MSOA* in Leeds. 'Deprived Leeds' as used elsewhere, is the *LSOA* in Leeds which are in the 10% most deprived in England - a more exact definition, but GP audit data is restricted to *MSOA* level and cannot be resolved to the finer level of detail *LSOAs* offer.

COPD and Diabetes

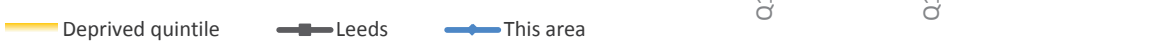
Source: NHS Leeds GP data audits, quarterly 2009-11

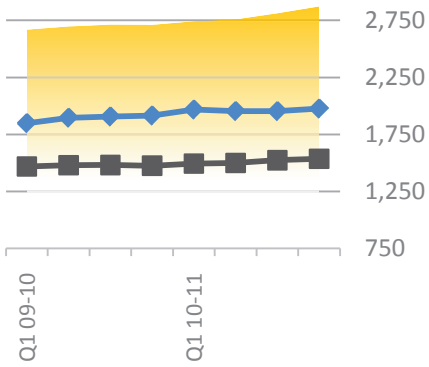
Calculated using the best fit MSOA for this area

note: chart scales vary to reveal maximum detail, be careful with visual comparisons between charts

COPD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	1,849	1,468	2,669
Qtr 2 09-10	1,896	1,481	2,697
Qtr 3 09-10	1,906	1,482	2,713
Qtr 4 09-10	1,915	1,475	2,711
Qtr 1 10-11	1,967	1,495	2,743
Qtr 2 10-11	1,954	1,500	2,759
Qtr 3 10-11	1,954	1,524	2,813
Qtr 4 10-11	1,976	1,537	2,873

Rates are *age standardised* and per 100,000



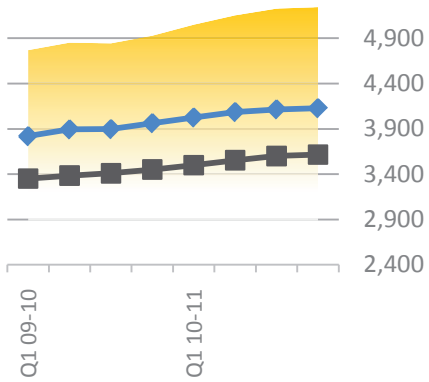


The Inner West Area Committee has age standardised COPD rates which are generally much higher than Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are E02002400, E02002387, and E02002375. In addition, age standardised diabetes rates are generally above Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Diabetes are E02002400, E02002387, and E02002388.

COPD is a disease of the lungs and is a key cause of premature mortality in Leeds. It is associated with deprivation and smoking. COPD is often identified late, reducing options for management to improve quality of life or to slow down the progression of the disease. Diabetes consists of type 1 and 2. Type 2 is the most common and is strongly associated with obesity, other lifestyle factors, particular population groups and deprivation. The NHS Health Check (a vascular risk assessment and identification programme) is a systematic way of identifying people with diabetes, it is estimated that the prevalence in Leeds should be around 6.7% but the recorded prevalence on GP system for Leeds is 3.6%.

Diabetes rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	3,819	3,352	4,769
Qtr 2 09-10	3,894	3,384	4,852
Qtr 3 09-10	3,897	3,410	4,844
Qtr 4 09-10	3,963	3,452	4,929
Qtr 1 10-11	4,025	3,500	5,050
Qtr 2 10-11	4,085	3,554	5,153
Qtr 3 10-11	4,115	3,601	5,228
Qtr 4 10-11	4,128	3,616	5,244

Rates are *age standardised* and per 100,000



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Age standardised rates: Are calculated using the date-relevant GP registered populations for those practices which partook in the data collection. Some practices opted not to submit data for certain audits and therefore their population are not part of rate calculations. **Deprived QUINTILE:** The deprived quintile is the most deprived *fifth of all MSOA* in Leeds. 'Deprived Leeds' as used elsewhere, is the *LSOA* in Leeds which are in the 10% most deprived in England - a more exact definition, but GP audit data is restricted to *MSOA* level and cannot be resolved to the finer level of detail *LSOAs* offer.

Obesity and Smoking

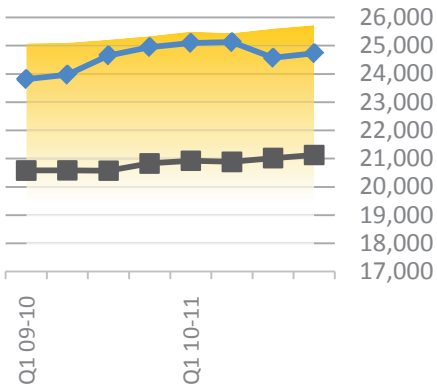
Source: NHS Leeds GP data audits, quarterly 2009-11

Calculated using the best fit MSOA for this area

note: chart scales vary to reveal maximum detail, be careful with visual comparisons between charts

Obesity rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	23,818	20,581	25,081
Qtr 2 09-10	23,974	20,587	25,104
Qtr 3 09-10	24,657	20,572	25,214
Qtr 4 09-10	24,951	20,831	25,340
Qtr 1 10-11	25,097	20,924	25,498
Qtr 2 10-11	25,124	20,887	25,445
Qtr 3 10-11	24,572	21,020	25,603
Qtr 4 10-11	24,733	21,130	25,726

Rates are *age standardised* and per 100,000



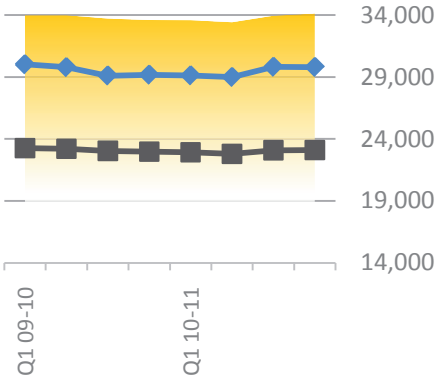
The Inner West Area Committee has age standardised obesity rates which are generally much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are E02002387, E02002388, and E02002375. In addition, age standardised smoking rates are generally much higher than Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are E02002400, E02002387, and E02002375.

The latest Health Survey for England (HSE) data shows that nearly 1 in 4 adults, and over 1 in 10 children aged 2-10, are obese and the trend is set to increase. Obesity can have a severe impact on people's health. Around 10% of all cancer deaths among non- smokers are related to obesity. The risk of coronary artery disease and type 2 diabetes directly increases with increasing levels of obesity e.g. levels of type 2 diabetes are about 20 times greater for people who are very obese. These diseases can shorten life expectancy.

The use of tobacco is the primary cause of preventable disease and premature death. It is not only harmful to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. This is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Levels of smoking have fallen since the 1960s. However this decline in smoking rates has stopped and may be reversing.

Smoking rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	30,015	23,268	33,989
Qtr 2 09-10	29,784	23,213	33,989
Qtr 3 09-10	29,107	23,039	33,720
Qtr 4 09-10	29,174	22,982	33,601
Qtr 1 10-11	29,119	22,922	33,589
Qtr 2 10-11	28,987	22,793	33,422
Qtr 3 10-11	29,812	23,089	33,950
Qtr 4 10-11	29,798	23,112	34,123

Rates are *age standardised* and per 100,000



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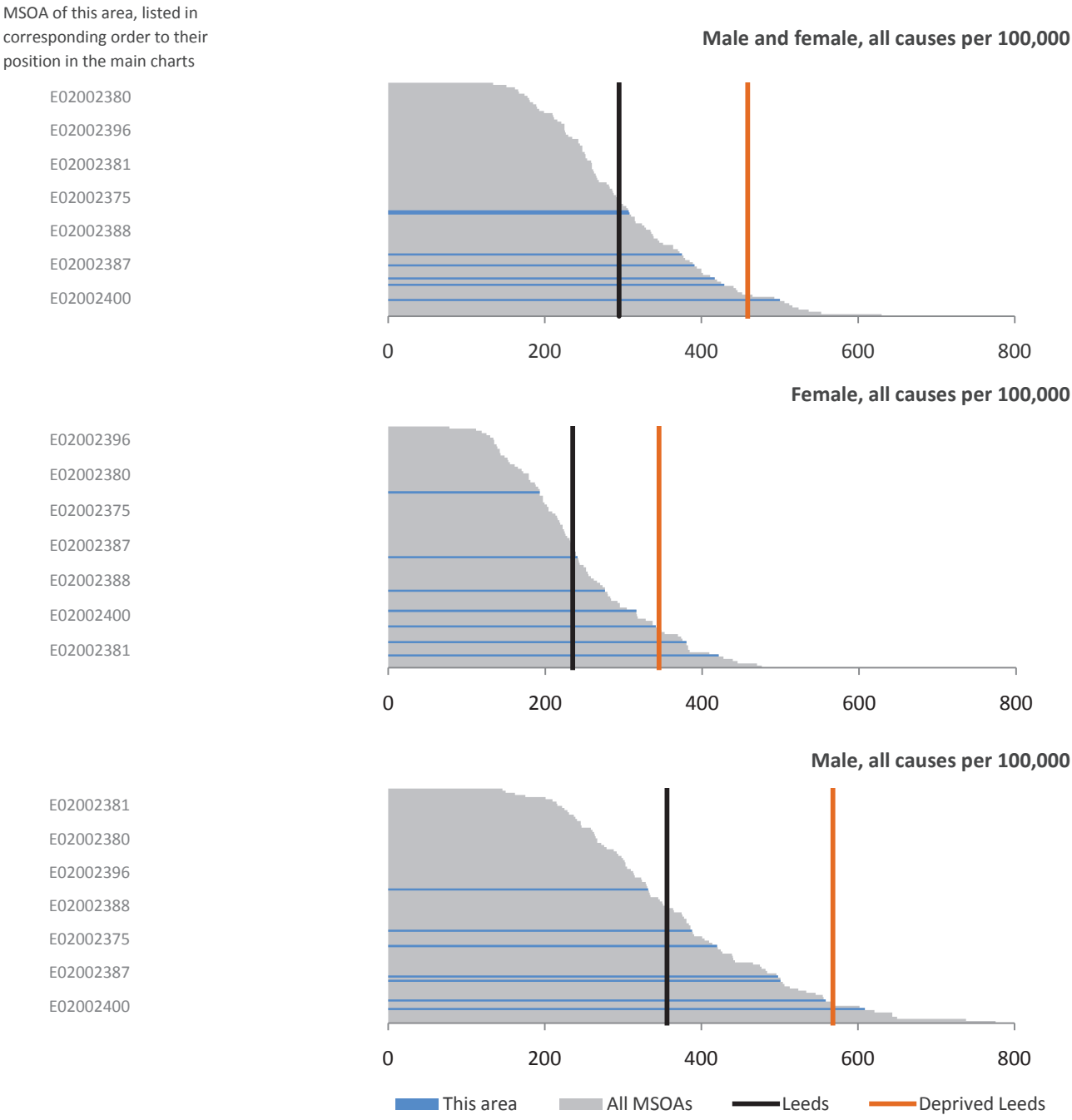
Mortality rates, all causes, under 75s 2006-8

Calculated using the best fit MSOA for this area

Mortality rates per hundred thousand for all 108 MSOA in Leeds are ranked in the charts below. The MSOA comprising this report area are highlighted in blue. Leeds and Deprived Leeds under 75s mortality rates are shown as vertical lines for comparison.



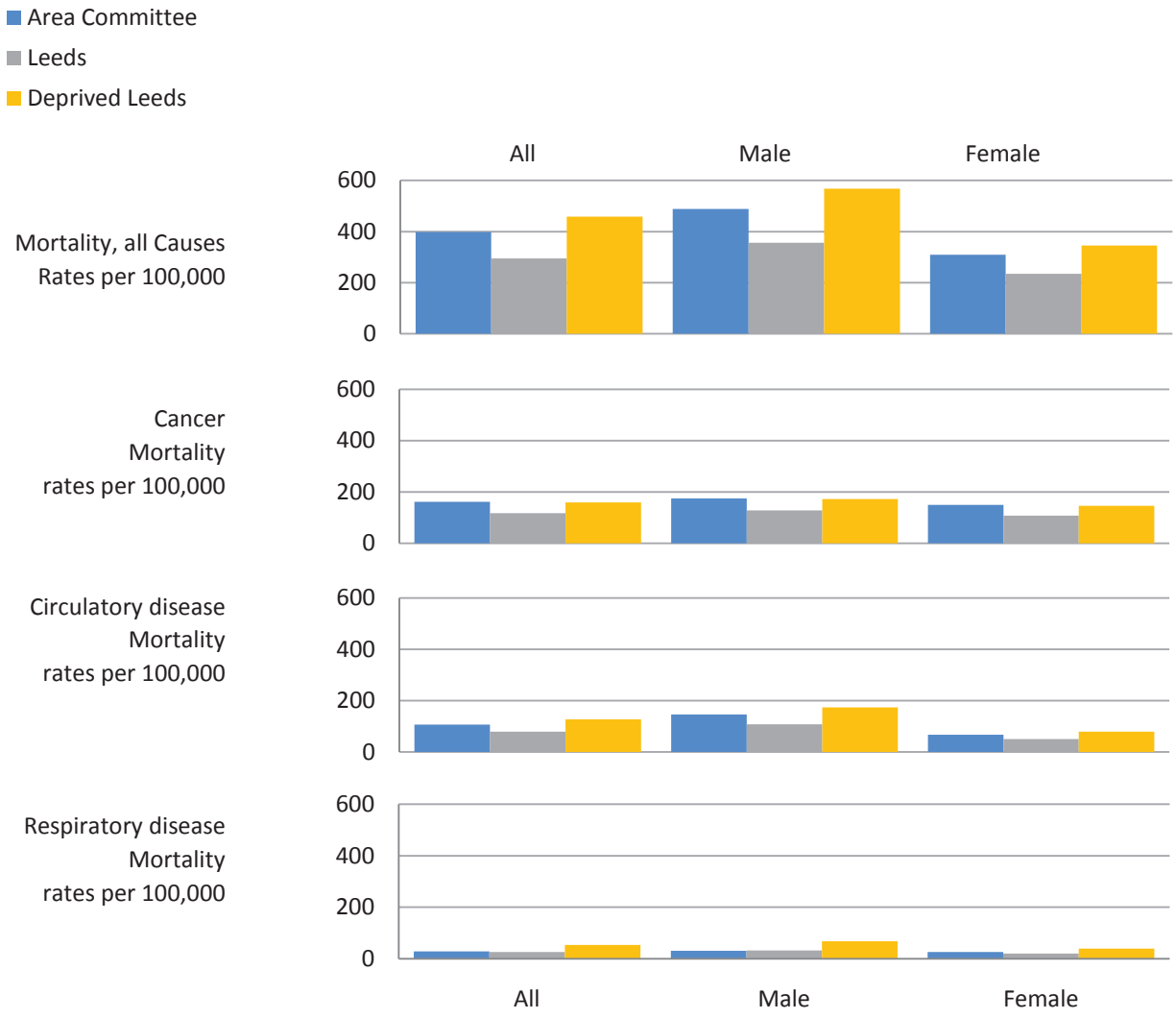
These charts show at MSOA level the all cause mortality rates within the Inner West Area. This area is made up of 7 MSOAs, 5 of which have higher than average mortality rates. Female mortality rates in Stanningley and Rodley are significantly higher than the Leeds average, higher than the deprived Leeds rate. The same area has male mortality rates below that of Leeds. Mortality rates for men are highest in Armley New Wortley at almost double the Leeds rate.

Source: ONS deaths extract, GP registered populations.

Mortality rates, under 75s 2006-8

Mortality rates per hundred thousand for this Area Committee are listed below for all causes and three major sub headings - cancer mortality, circulatory disease mortality, and respiratory disease mortality. A rate is shown for Males, Females, and All. The charts display this information alongside that for Leeds and Deprived Leeds.

Inner West Area Committee	All	Males	Females
Mortality, all Causes	397.8	488.0	309.6
Cancer mortality	162.2	175.6	150.5
Circulatory disease mortality	106.7	146.7	67.4
Respiratory disease mortality	29.0	31.4	26.9



Mortality rates for the Inner West area are higher than the Leeds rate for both men and women.

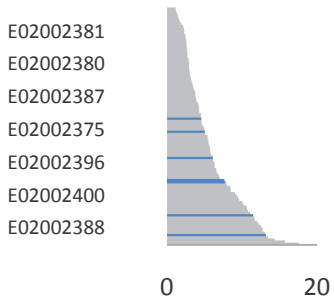
Source: ONS deaths extract, GP registered populations. **'Deprived Leeds'** is the LSOA in Leeds which are in the *10% most deprived in England.*

Alcohol admissions 2009-10

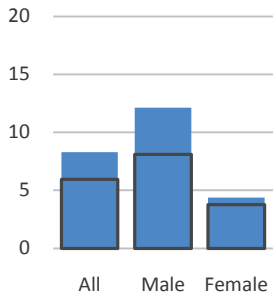
Calculated on an MSOA basis

Alcohol *specific* admissions
(Where alcohol is the single cause of admission)

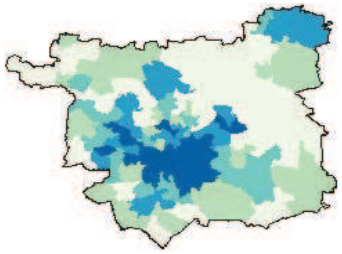
	Count	This area rate	Leeds rate
All	416	8.3 per 1,000	6.0 per 1,000
Male	307	12.1 per 1,000	8.1 per 1,000
Female	109	4.4 per 1,000	3.8 per 1,000



All MSOAs in Leeds ranked by their alcohol specific admissions rate per 1000 population. Those in this area are highlighted in blue and listed in order of appearance.



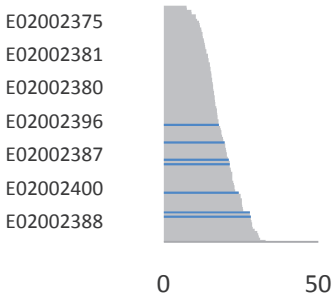
This area: Alcohol specific admissions rates per 1000 population.



Map of all MSOAs in Leeds, showing alcohol specific admissions divided into five groups each with about a fifth of all MSOAs.

Alcohol *attributable* admissions
(Where alcohol is not the entire cause of admission.

	This area rate	Leeds rate
All	23.1 per 1,000	18.7 per 1,000
Male	28.8 per 1,000	23.1 per 1,000
Female	17.2 per 1,000	14.4 per 1,000



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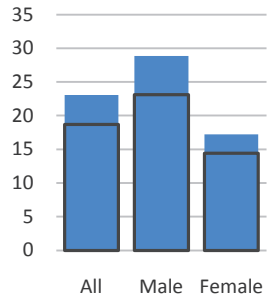
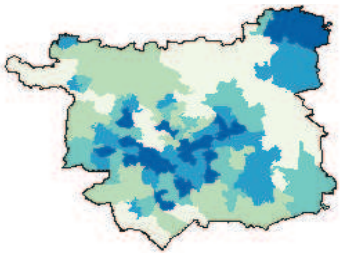


This area: Alcohol attributable admissions rates per 1000 population.



Map of all MSOAs in Leeds, showing alcohol attributable admissions divided into five groups each with about a fifth of all MSOAs.

The overall alcohol specific admission rate in Inner West Area Committee is much higher than the Leeds rate. As is normal, the Male rate is much higher than the Female rate. When we look at attributable admissions, the overall rate in Inner West Area Committee is much higher than the Leeds rate. As is normal, the Male attributable admissions rate is much higher than the Female rate.

The misuse of alcohol is associated with a wide range of chronic health conditions such as liver disease, hypertension, some cancers, impotence and mental health problems. It has a direct association with accidents, criminal offending, domestic violence and risky sexual behaviour. It also has hidden impacts on educational attainment and workplace productivity. Within this area, both alcohol specific and attributable admission rates are higher than the Leeds average with Bramley Hill Top/Raynville/Wyther Park particularly high.

Source: Hospital episode statistics 2009-10 and NWPHO alcohol attributable fractions - details of how attributable admissions are calculated can be found at http://www.nwph.net/nwpho/publications/alcoholattributablefractions.pdf. **Maps** show data split into groups each holding about a fifth of 108 MSOA in Leeds, for full scale maps with legends please contact Adam.taylor@nhsleeds.nhs.uk. **Rates** are calculated against GP registered and Leeds resident population January 2010.

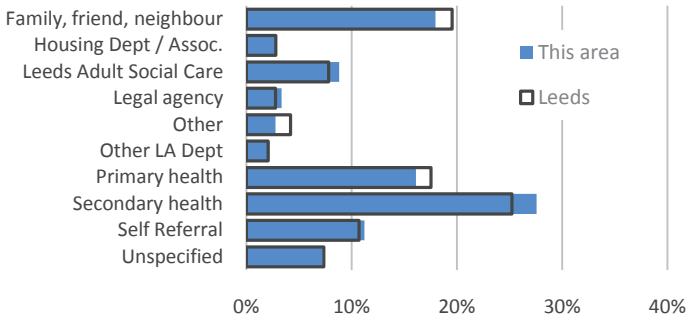
Adult Social Care (ASC)

Source: LCC Adult Social Care data 2010-11
Calculated on an MSOA basis

Referrals to ASC by source

1,408 which is 7.1% of the
19,831 Leeds total

Chart shows the % contribution to the total for various referral sources

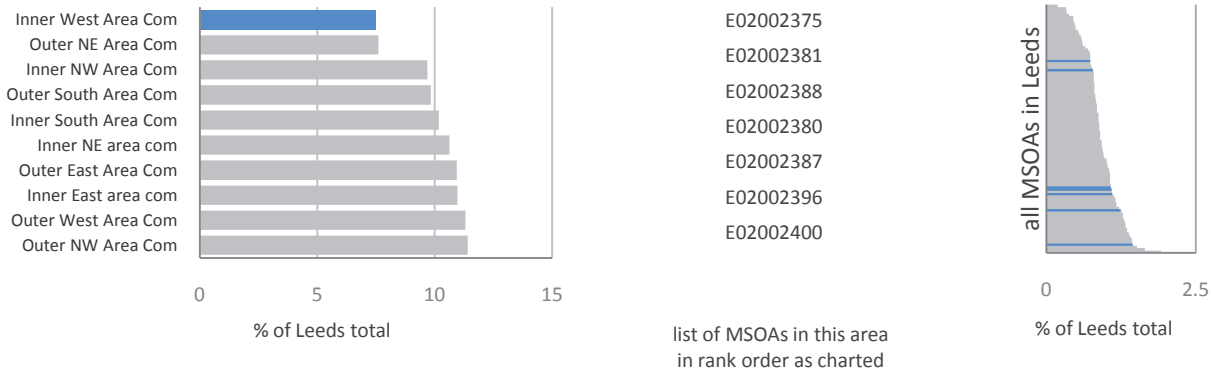


Signposted referrals

In this area, 16% of referrals are signposted for action by other agencies. In Leeds as a whole, this figure is 15%. A referral is signposted by ASC when it is considered to be more suitable for another agency.

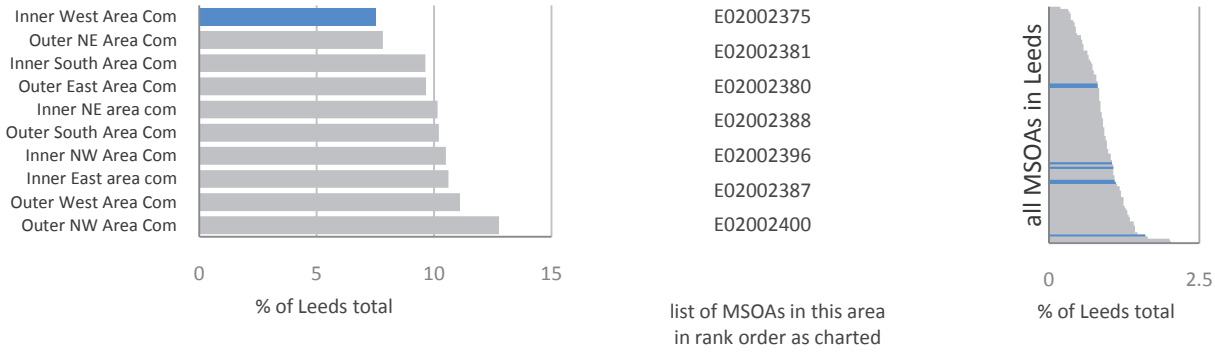
Adult Social Care assessments

This area had 548 completed assessments. This is 7.5% of the Leeds total.



People receiving Adult Social Care services

353 people received services from Adult Social Care, that is 7.5% of the 4,691 total for Leeds.



What proportion of completed ASC assessments led to services being provided?

In this area, 64% of completed assessments led to a service being provided. In Leeds this figure is 64%

This area has one of the smallest populations in the City and has a similarly small proportion of the total referrals for Adult Social Care, although it is higher than the proportion of the population living in this area. The proportion of referrals from secondary health sources is higher than the Leeds average and the proportion from primary health lower.

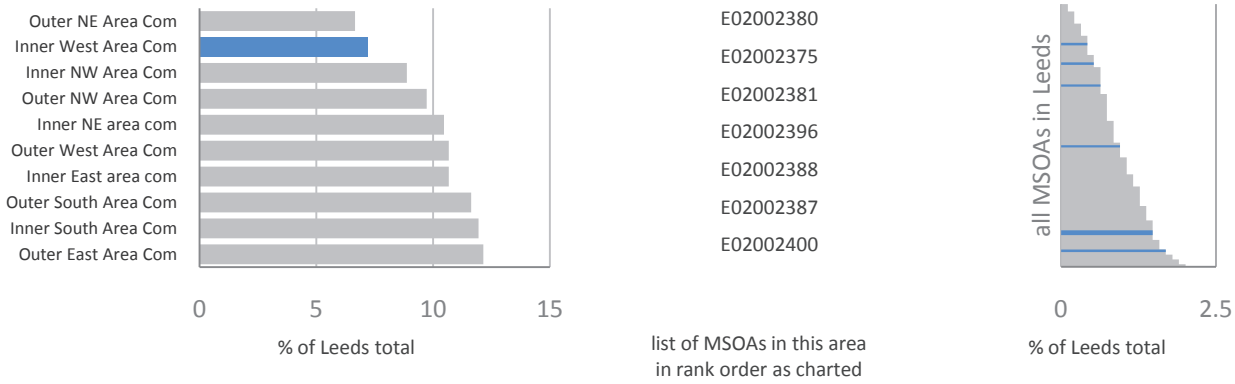
This is the area has the lowest level of people receiving council support with social care services in the city

Referrals data includes 1,233 referrals which are attributed to 'Outside Leeds' or 'Unspecified' locations. These 1,233 referrals are not included in the Leeds total of 19,831 mentioned above as they are not attributed to an MSOA in Leeds.

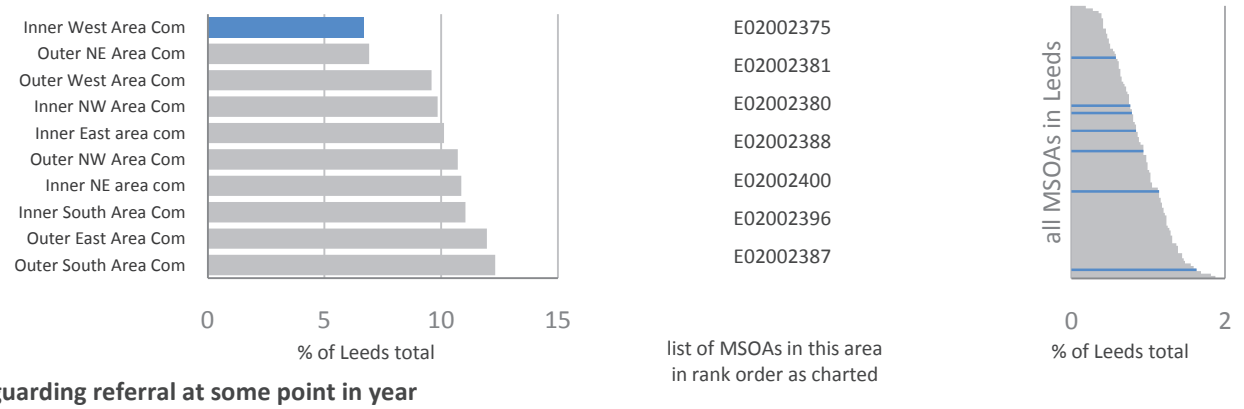
Provision and safeguarding

Source: LCC Adult Social Care data 2010-11
Calculated on an MSOA basis

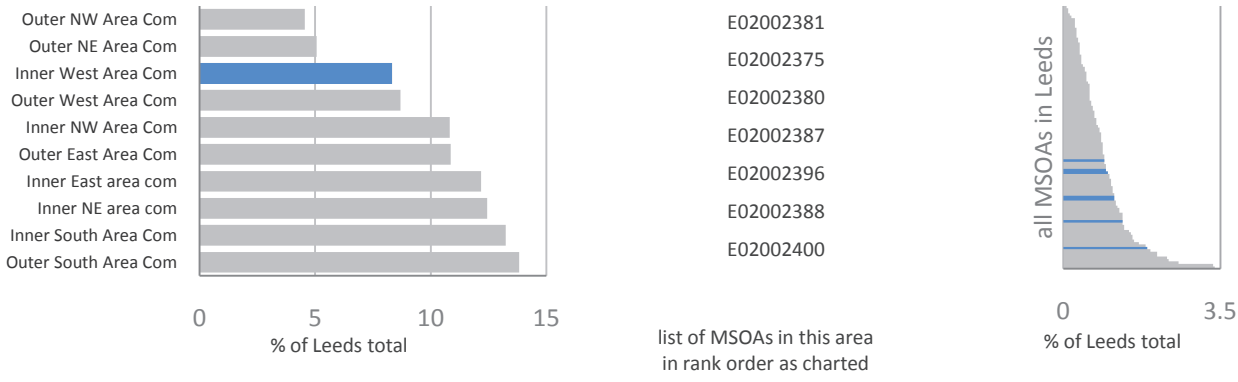
ASC supported residential and nursing care admissions (18+ years)
This area had 68 admissions. Which is 7.2% of the Leeds total of 946.



Number of people aged 18+ who received domiciliary care at some point in the year
This area had 357 people who received domiciliary care. Which is 6.7% of the Leeds total of 5,340.



Safeguarding referral at some point in year
This area had 227 safeguarding referrals. Which is 8.3% of the Leeds total of 2,726.



Activity levels for care home admissions and for domiciliary care are low in this area although the proportion of safeguarding referrals is higher than would be expected for the size of the population.

Glossary

Acorn A nationwide population segmentation tool. Combines geography with demographics and lifestyle information, places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country. Over 400 variables were used to build describe the different Acorn types. Of these variables, 30% were sourced from the 2001 Census. The remainder were derived from CACI's consumer lifestyle databases, which cover all of the UK's 49 million adults and 25 million households. For more information about Acorn, including the characteristics of the categories, groups and types listed here, visit http://www.caci.co.uk/acorn-classification.aspx

Alcohol attributable admission A hospital admission which is partly caused by alcohol. NWPHO alcohol attributable fractions assign values to each type of admission, rating each by the effect alcohol has in its cause. Attributable admissions are sums of these fractions, not actual admissions. For more details see http://www.nwph.net/nwpho/publications/alcoholattributablefractions.pdf

Alcohol specific admission A hospital admission solely caused by alcohol.

BMI Body Mass Index

Deprived Leeds The area of Leeds where LSOAs rank in England in the 10% most deprived, in terms of Index of Multiple Deprivation (IMD 2004). Almost 20% of the Leeds population live in this area.

Deprived quintile This is the *fifth* of Leeds's MSOAs which are the *most deprived* . This does not have the fine level of detail that "Deprived Leeds" (see above) has. The Deprived Quintile is used in this report where data is only available at MSOA level in order to allow some comparison with deprived parts of Leeds.

DSR - Directly Age Standardised Rate Age standardising compensates for the fact that populations usually have varied age profiles. DSR is usually expressed as a rate per 100,000 and means we can exclude differences in age structure when investigating the underlying causes of different rates (see example below)

"Wetherby West MSOA has a high prevalence of CHD (in the highest fifth of the Leeds MSOAs). This would be expected as the MSOA has an elderly population and CHD is more prevalent in older people. Directly age standardised rates show how many people (in most cases per 100,000) would be expected to have CHD in Wetherby West if the population had the same structure as the European Standard Age Profile. (This has a even distribution between age groups up until 55 before gradually decreasing in older ages). Age standardised rates for CHD in Wetherby West are well below average, in the lowest fifth of the Leeds MSOAs. This shows that, while there are a lot of people with CHD in Wetherby West, it is the age of the population which is a large factor rather than other possible contributing factors."

Health Acorn An extension to the Acorn classification system. The classification groups the population of Great Britain into 4 groups, 25 types and 60 sub-types for more in-depth analysis. By analysing diet, illness and exercise characteristics as well as demographic attributes, Health Acorn provides an in-depth understanding of different communities in every part of the country. The classification names and descriptions have been chosen to be simple and non-judgemental. For more information about Acorn, including the characteristics of the categories, groups and types listed here, visit http://www.caci.co.uk/acorn-classification.aspx

Index An index of 100 for this area means this area has the same proportion of its population recorded with a condition as Leeds does. An index of 200 means the area has twice the proportion that Leeds has. Index scores below 100 mean the area has a lower proportion than Leeds. Index attempts to illustrate how closely the area matches Leeds.

IMD - Index of Multiple Deprivation Measures relative levels of deprivation in small areas of England called Lower Super Output Areas (LSOAs). The English Indices of Deprivation are a continuous measure of relative deprivation, therefore there is no definitive point on the scale below which areas are considered to be deprived and above which they are not. IMD scores and ranks have been produced for all LSOA in England in 2004, 2007 and 2010.

LSOA - Lower Super Output Area These are geographic areas designed nationally to improve the reporting of small area statistics in England. LSOAs when originally generated had between 1000 and 3000 people living in them with an average population of 1500 people.

Glossary
Credits

MSOA - Middle Super Output Area These are geographic areas designed nationally to improve the reporting of small area statistics in England and Wales. MSOAs are built from groups of Lower Super Output Areas (LSOAs). The minimum population of an MSOA is 5,000 and the mean is 7,200 (when originally generated). There are 108 MSOA in Leeds.

NEET not in education,employment, or training

NWPHO North West Public Health Observatory

Origins software Analyses forename and surname of every GP registered patient in Leeds and gives a calculated most likely heritage for each patient. This is considered to be an indication of 'country of origin' and not actual ethnicity. These 'countries of origin' are grouped up into geography levels and this is what is displayed here. The same software gives a likely faith for each patient.

Prevalence The number of cases divided by the population. In this report it can be thought of as the proportion of the relevant population with diabetes / CHD etc. Prevalence is expressed as a percentage. However an elderly population can be expected to have more cases (a higher prevalence) of certain conditions than a younger population. To compensate for variations in population ages, data can be directly age standardised (see above).

Rank Areas are often ranked in this report. This simply puts them in logical order from largest to smallest.

Rate per 100,000 The number of cases that would be expected in a population sized 100,000. DSR (see above) usually produces rates per 100,000. In this report the MSOA possibly has a population of around 5,000 people. Rates per 5,000 would be too small to consider and would not allow comparison with another MSOA of different population size. By producing rates per 100,000 for all areas they can be directly compared.

Q1 or Qtr1,2,3,4 Quarters in this report are financial year quarters. So Q1 data is from April – June with Q4 running from January to March.

Credits

GP audit data supplied by James Womack (Senior Public Health Information Analyst). Alcohol admissions, A&E admissions, populations data and profile introduction by Frank Wood (Information Manager). Origins, Admissions, Mortality data by Richard Dixon (Information Manager) at NHS Leeds. ASC data supplied by Stuart Cameron-Strickland (Head of Policy Performance & Improvement and Adam Mitchell) at Leeds City Council. Neighbourhoods data, Neighbourhood Index, Service map and School Census data supplied by Jacky Pruckner (Information Officer, Strategy and Development) and Richard Haslett (Research Officer, Business Transformation Team) at Leeds City Council. Report produced by Adam Taylor (Senior Information Analyst at NHS Leeds) using CACI InSite software.

Commentary thanks to: Bernadette Murphy (Public Health Manager), Sam Ramsey (Senior Administrator), Lucy Jackson (Consultant in Public Health), Jon Fear (Consultant in Public Health and Deputy Director of Public Health), Richard Dixon (Information Manager), Brenda Fullard (Head of Healthy Living and Inequalities), Diane Burke (Health Improvement Principal), Paul Lambert (Advanced Health Improvement Specialist - Tobacco Control), Lorraine Shuker (Health Improvement Specialist, Workplace- Advanced), Louise Cresswell (Health Improvement Specialist - Neighbourhoods), Pia Bruhn (Health Inequalities Manager - Vulnerable Groups), Steph Jorysz (Health Improvement Specialist- Neighbourhoods), Gemma Mann (Health Improvement Specialist) at NHS Leeds. Stuart Cameron-Strickland (Head of Policy Performance & Improvement, Leeds Adult Social Services), Jacky Pruckner (Information Officer, Strategy and Development, Business Transformation) at Leeds City Council.

Essential support from Kathryn Williams, Project Support Officer and Nichola Stephens, Senior Information Manager at NHS Leeds.
Editing team: Penny Mares, Barbara MacDonald. Penny Mares Associates, penny.mares@btinternet.com

Leeds CITY COUNCIL

Report author: Nigel Conder
Tel: 3950965

Report of Armley Town Centre Manager

Report to Inner West Area Committee

Date: 15th February 2012

Subject: Armley Town Centre Manager - Update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Armley	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. Economic growth / Prosperity
2. ASB In the town
3. Problems with littering
4. Events
5. Christmas lights
6. Empty Units
7. Forum

Recommendations

The Area Committee is asked to note the information set out in this update report and comment on any issues they feel may require attention.

1 Purpose of this report

1.1 This report will give members an understanding of what has been achieved and issues still facing the town. This report seeks to inform all members of the positive actions and good things happening in the town of Armley.

2 Background information

2.1 Since the appointment of the Town Centre Manager (TCM) nearly three years ago there have been many successes. Armley has changed in a number of ways, some good, some not so. Although trading conditions still remain critical retail occupancy still is much higher than the UK average. As a town that had really no dialogue with retailers the TCM has established good working relationships within the town. However as most Members will be aware there is a great deal of apathy from retailers and the TCM has struggled to get retailers to engage and get involved in more significant ways. The Alertbox scheme was and still is a big success and continues to give retailers an excellent deterrent against ASB and shop theft. On the back of this started the shop watch scheme that the police wanted to run in conjunction with the Alertbox.

3 Main issues

3.1 Economic growth / Prosperity

Armley is without doubt bucking the trend of many towns in the country. It has had a number of new shops open in the town over the past year. Retailers have said that business for them is still very quiet and that foot fall to Town Street is still low. Some retailers are seeing trading conditions as good and they are slightly more optimistic. Other issues for Town Street is the retail offering, there is a distinct lack of variety of shops for local shoppers, however Town Street does have a number of international food retailers which seem to be very popular.

3.2 ASB in the town

The police are aware of Town Street ASB issues that continue. These are mainly street drinking and gatherings of people who just by their presence cause people to avoid coming to Town Street.

3.3 Problems with littering

This is an ongoing issue; the TCM is working with Environmental Services and the Environmental Sub Group to tackle the issue of littering. The TCM has sent letters reminding retailers that it would be in their and Town Street's interest if they would keep outside their shops clean and tidy. Some retailers do this where as others clearly do not.

3.4 Events

Armley is now becoming known for its regularly held events. The teddy bears picnic's have been extremely well attended and continue to grow in popularity. You have a very good mix of families with young children and older people enjoying the different

entertainment. For them it's a great free day out that lasts most of the afternoon. Although this year a number of events had to be cancelled due to budget constraints.

3.5 Christmas lights switch on

The Christmas Light switch on, given the time period, Members will agree was a great success. Footfall was very good and retailers who did stay open longer reported excellent trade though out the day and into the evening.

3.6 Empty units

As mentioned previously Armley continues to buck the trend of towns with high empty retail space. Currently empty units in Armley, including Branch Road, stands at 5. Down again from 6 since the last update.

3.7 Forum

The forums do continue but very little is gained in terms of retailers wanting to get involved in any promotional activities for the town, however useful intelligence does come from the forums, especially in relation to criminal and ASB activities, which the TCM takes back to Tasking meetings.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Not applicable

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 The work of the TCM aims to improve the vitality and viability of Armley Town Centre for all sections of the community.

4.3 Council Policies and City Priorities

4.3.1 Not applicable

4.4 Resources and Value for Money

4.4.1 The TCM has very little help in terms of man power to organise events and other activities. He does receive some administration support from Area Management, however given the lack of a team he manages to achieve a great deal.

4.5 Legal Implications, Access to Information and Call In

4.5.1 The TCM post and associated events budget is solely funded by the Inner West Area Committee.

4.6 Risk Management

4.6.1 Not applicable

5 Conclusions

5.1 The TCM role is now well established in Armley. It has secured a number of successes including new community events, reduced retail unit vacancy levels, retail crime and ASB, which have been a particular success through the Alertbox Scheme. The TCM continues to have excellent partnership working relationships with other agencies and departments both in and external of the council.

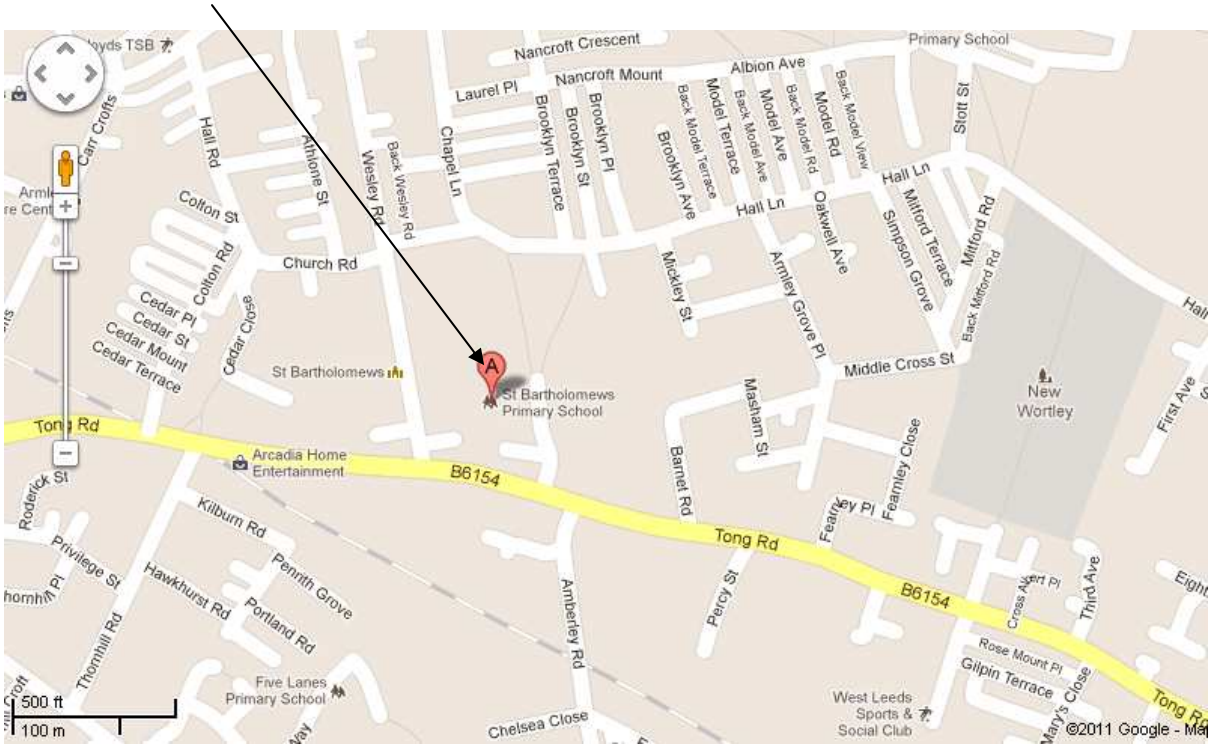
6 Recommendations

6.1 The Area Committee is asked to note the information set out in this report and comment on the future priorities for the TCM to focus on.

7 Background documents

- Armley Town Centre Manager update, Inner west Area Committee: June 2011

St Bartholomew's Primary School, Strawberry Lane, LS12 1SF



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