



**EAST (INNER) AREA COMMITTEE**

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**Meeting to be held in Civic Hall, Leeds on  
Thursday, 2nd February, 2012 at 5.00 pm**

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**MEMBERSHIP**

Councillors

R Pryke	-	Burmantofts and Richmond Hill;
A Khan	-	Burmantofts and Richmond Hill;
R Grahame	-	Burmantofts and Richmond Hill;
A Hussain	-	Gipton and Harehills;
A Taylor	-	Gipton and Harehills;
K Maqsood	-	Gipton and Harehills;
G Hyde	-	Killingbeck and Seacroft;
B Selby	-	Killingbeck and Seacroft;
V Morgan	-	Killingbeck and Seacroft;

Co-optees

Lizz Johnson	-	Richmond Hill Forum
Rod Manners	-	Killingbeck & Seacroft CLT
Phil Rone	-	Burmantofts Forum

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p><b>DECLARATION OF INTERESTS</b></p> <p>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.</p>	
5			<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive any apologies for absence.</p>	
6			<p><b>OPEN FORUM</b></p> <p>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. <b>Time – 10 minutes</b></p>	
7			<p><b>MINUTES -</b></p> <p>To confirm as a correct record the minutes of the meeting held on 1<sup>st</sup> December 2011</p> <p>(Copy attached)</p>	1 - 8
8			<p><b>MATTERS ARISING</b></p> <p>To consider and note any matters arising from the minutes</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p><b>AREA CHAIRS FORUM MINUTES</b></p> <p>To note the minutes of the Area Chairs Forum meeting held on 11 November 2011</p> <p>(Copy attached) <b>5 minutes</b></p> <p style="text-align: center;"><b><u>EXECUTIVE BUSINESS</u></b></p>	9 - 18
10	Burmantofts and Richmond Hill; Gipton and Harehills; Killingbeck and Seacroft;		<p><b>WELLBEING FUND</b></p> <p>To consider the report of the East North East Area Leader providing an overview of spending to date and presenting updates on completed and/or projects which are being progressed along with proposals for three existing projects</p> <p>(Report attached) <b>time - 10 minutes</b></p> <p style="text-align: center;"><b><u>COUNCIL BUSINESS</u></b></p>	19 - 36
11			<p><b>JOINT STRATEGIC NEEDS ASSESSMENT AND AREA PROFILES</b></p> <p>To consider the report of the Consultant in Public Health reporting for the ENE Area on the Leeds Joint Strategic Needs Assessment and future priorities for action for the areas within the East Inner Area</p> <p>(Report attached) <b>time – 15 minutes</b></p>	37 - 76
12			<p><b>HEALTH &amp; WELLBEING PARTNERSHIP - AREA UPDATE</b></p> <p>To consider the report of the Health and Wellbeing Improvement Manager (East North East Area) outlining how the national agenda is shaping the work of the ENE Health &amp; Wellbeing Partnership and providing an update on progress regarding key health issues</p> <p>(Report attached) <b>time – 15 minutes</b></p>	77 - 84

Item No	Ward/Equal Opportunities	Item Not Open		Page No
13			<p><b>PROPOSAL TO DEVELOP INTEGRATED HEALTH AND SOCIAL TEAMS</b></p> <p>To note the report of the Director of Adult Social Services on proposals to develop integrated health and social care teams. At this stage the report is for Members information only – a further report will be presented to the March Area Committee</p> <p>(Report attached) <b>time – 5 minutes</b></p>	85 - 94
14	Burmantofts and Richmond Hill; Gipton and Harehills; Killingbeck and Seacroft;		<p><b>AREA UPDATE REPORT</b></p> <p>To consider the report of the ENE Area Leader on progress made in relation to the priorities set out in the Area Committee Business Plan</p> <p>(Report attached) <b>time – 10 minutes</b></p>	95 - 116
15			<p><b>DEVELOPING A LOCALITY APPROACH BETWEEN LCC SERVICES AND THE NEIGHBOURHOOD POLICING TEAMS</b></p> <p>To consider the report of the Director of Environment and Neighbourhoods providing an update on the development of closer working arrangements between locality based LCC services and Neighbourhood Police Teams/PCSO's. This item was deferred from the meeting held 1 December 2011</p> <p>(Report attached) <b>time - 10 minutes</b></p>	117 - 120
16	Burmantofts and Richmond Hill; Gipton and Harehills; Killingbeck and Seacroft;		<p><b>WELFARE REFORM UPDATE</b></p> <p>To consider the report of the Director of Housing Services, ENE Homes Leeds, providing an update on the progress of preparations for the potential changes to be introduced through the Welfare Reform Bill</p> <p>(Report attached) <b>time - 20 minutes</b></p>	121 - 128

Item No	Ward/Equal Opportunities	Item Not Open		Page No
17			<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>To note the date and time of the next meeting as Thursday 22<sup>nd</sup> March 2012 at 5:00 pm. This meeting will be held at SHINE</p>	

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# Agenda Item 7

## EAST (INNER) AREA COMMITTEE

THURSDAY, 1ST DECEMBER, 2011

**PRESENT:** Councillor G Hyde in the Chair

Councillors A Hussain, R Pryke, B Selby,  
V Morgan, A Khan, R Grahame and  
K Maqsood

IN ATTENDANCE Ms L Johnson – Richmond Hill Forum  
Mr R Manners – Killingbeck & Seacroft CLT  
Mr P Rone – Burmantofts Forum

### 52 **Late Items**

The Chair accepted on late item of business onto the agenda relating to a further application to the Wellbeing Fund from Deen Enterprises. The application was considered at this meeting as the project was scheduled to commence in January 2012 prior to the next Area Committee meeting. (minute 58 refers). The Committee was also in receipt of supplementary documents relating to Item 15 of the agenda – Developing a Locality Approach between LCC and PCSO's (minute 60 refers)

### 53 **Declaration of Interests**

The following Members declared 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:

Councillors G Hyde, R Grahame, Khan, Morgan, A Hussain and Selby all declared a personal interest as members of the GMB union in agenda item 10 Community Centre Update (minute 61 refers)

Councillor Maqsood declared a personal interest as a member of UNISON in agenda item 10 Community Centre Update (minute 61 refers)

Councillors G Hyde declared a personal interest as a member UCATT in agenda item 10 Community Centre Update (minute 61 refers)

### 54 **Apologies for Absence**

Apologies for absence were received from Councillor A Taylor. The chair welcomed Mr T Riordan, LCC Chief Executive to the meeting and short introductions were made

### 55 **Open Forum**

No matters were raised under the Open Forum

### 56 **Minutes**

**RESOLVED** – That, subject to a revision to minute 49 to amend the sub heading to read "Land Adjacent to Lincoln Green Medical Centre", the minutes of the previous meeting held 20<sup>th</sup> October 2011 be agreed as a correct record

**57 Matters Arising**

Minute 47 – WYFRS Fire Cover proposals – the Chair confirmed that a letter had been sent to the Fire Authority expressing the concerns of EIAC over the proposals. A copy of the letter had been sent to Members for information prior to this meeting. EIAC briefly discussed whether consultation had been undertaken with local businesses over the proposals

**58 Wellbeing report**

The East North East Area Leader submitted a report providing an overview of spending to date from the EIAC Wellbeing Budget and five new proposals seeking funding from the revenue budget. One additional application had been received after the despatch of the agenda for the meeting and this was presented as a late item of business, however it was reported that ENE Homes Ltd Area Panel had now agreed to fund half the project costs so it was unclear whether the scheme would require funding from EIAC

**RESOLVED -**

- a) To note the contents of the report and to approved the following grants:
- |   |         |
|---|---------|
| i. Replacement of Nowell Park Mount Play Area               | £2,575  |
| ii. Beckett Street/Lincoln Green Environmental Improvements | £1,500  |
| iii. Rookwood Recreation Area                               | £15,000 |
| iv. Carols on the Green Community Notice Board              | £1,610  |
| v. Community Pantomime                                      | £220    |
| vi. South Seacroft CCTV                                     | £27,000 |
- b) To defer consideration of the application from Deen Enterprises for the Oz Box project (£962.50)

**59 Environmental Services - Performance update on the Service Level Agreement**

The Environmental Services Locality Manager for the East and North East of Leeds submitted a report providing the first update on performance against the Service Level Agreement between EIAC and the ENE Environmental Locality Team. Attached to the report were schedules showing the progress towards the implementation of the new service principles and progress on the delivery of the strands of the service across the wards, including specific examples of achievements so far.

(Councillor Pryke joined the meeting at this point)

Mr J Woolmer attended the meeting to present the report and seek feedback on the style and content of future SLA updates. The following issues were discussed:

- Examples of responsive working were outlined in the schedules which referred to “capacity days” where season specific tasks had been undertaken across the ENE area (such as autumn leaf clearance). Future capacity days could be utilised to address service blocks which had been missed due to staff sickness.
- Partnership working between the Team and PCSOs had been established and produced encouraging results tackling environmental crimes and offences.
- Ginnel mapping was being undertaken and an A1 plan of the locality was displayed at the meeting

- A future priority was to educate and work in partnership with residents and businesses in specific locations to tackle long term environmental problems such as littering and fly-tipping. Further discussion was required with Area Management on the lead for that priority and the creation of a small team to tackle such “improvement zones”. Work undertaken in Harehills with the “Save Harehills Lane” group had proved a success and could provide a best practice model for the future
- The Environmental Sub Group had proposed an approach to target a small number of the worst zones in terms of environmental condition (included at appendix C) and had established a criteria for the purchase of new/replacement litter bins reported at Appendix D
- A litter bin budget was provided and measures to encourage match funding from local businesses for every new bin provided in their area were being considered.
- Members suggested that advertisements placed on litter bins could also generate funds for new or re-provision of bins. It was noted that a new style of bin was being acquired with concrete bases and notice slots which could facilitate this
- The need to continue the review of litter bin locations to ensure their placement at areas of high usage such as bus stops and outside businesses/shops. Comments from local ward councillors were welcome to feed information into that process
- Liaison with the Community Leadership Teams as well as the emerging Citizens Panel was suggested as the CLTs could provide more effective local knowledge
- The need to re-prioritise in order to focus the service on those localities most at need. The comments of the Burmantofts & Richmond Hill Members were noted with regards to the provision and emptying of litter bins, missing bins and fly-tipping

EIAC commented on the positive outcomes already achieved by the new way of working and commended the work undertaken by the Team so far

**RESOLVED –**

- a) That the contents of the report and the comments of the Area Committee be noted
- b) That the recommendations made by the Environmental Sub Group be agreed

**60 Developing a Locality Approach between LCC Services and Neighbourhood Police Teams/ Police Community Safety Officers (PCSO's)**

The Director of Environment and Neighbourhoods submitted a report providing an update on the development of closer working arrangements between the locality based LCC services and the Neighbourhood Policing Teams/PCSO's. Mr J Woolmer reported that the lead officer and Chief Inspector were unable to attend the meeting. The Area Committee commented on the importance of the discussions on the report and

**RESOLVED –** That consideration of the report be deferred to the next meeting

## **61 Inner East Community Centre Update**

The East North East Area Leader submitted an update report on the work of the Inner East Community Centre Working Group to assess the community centres in the area in order to gauge their condition, current usage and to maximise their future use.

Ms Sarah May attended the meeting to present the report and highlighted the following matters:

- Three centres had been identified with low attendance figures (Alston, Lincoln Green and Knowle Mount) and a campaign was being considered to highlight their availability and uses in the localities, including leafleting and open days
- Richmond Hill Community Centre had re-opened on 18 November 2011 and generated increased usage and interest

(Councillor A Hussain withdrew from the meeting for a short time at this point)

EIAC discussed the location of and access to the existing community centres and the LCC lettings process which was regarded as being over complicated by community groups and in need of revision. EIAC also noted a suggestion that Lincoln Green community centre should incorporate a Job Shop facility

### **RESOLVED -**

- a) To note the contents of the report and the comments of the Area Committee
- b) To support the suggestion that Lincoln Green Community Centre incorporate a Job Shop facility

## **62 Employment and Skills - Services and Opportunities**

Ms S Wynne, Chief Officer of LCC Employment Skills Services, attended the meeting to present a report on the employment and training opportunities for local people, access to those opportunities and the work undertaken by the Service to liaise with local employers and businesses. The following key issues were highlighted:

- Role of local Job Shops in provision of support, training opportunities and job/skills matching for local jobseekers
- The role of EIAC in providing local knowledge to the Service and residents in order to provide effective local events and recruitment drives in the right locations to maximise the number of participants
- A mapping exercise on provision within the locality was being undertaken and would be presented once complete
- The importance of early identification of future employment opportunities in the planning process and being able to work with developers and employers to identify prospective staff and train them appropriately

Discussions followed on related matters including:

- Links already established between the Service and developers of city centre sites, such as the Trinity development

- The need to ensure all Councillors are notified of city centre opportunities, not just the local ward councillors, as city centre developments were likely to draw staff from all across the city
- Amendments to the welfare system would lead to a number of former recipients of disability living allowance being in receipt of Job Seekers Allowance and the measures in place to support those new to the job seeking process
- The range of programmes available to support different claimants and claimant groups
- Acknowledgement that the area covered by EIAC contained some of the most deprived localities in the City and the need to ensure resources and provision are effectively targeted. The Burmantofts & Richmond Hill Members commented on the lack of Job Shop provision in the ward and residents' difficulty in accessing Job Shops located in other wards. It was noted that the Service had limited resources and had completed a review of historical locations of the Job Shops, seeking to maximise their use by re-siting some in multi-use buildings, such as one-stop shops, where jobseekers would be able to access a raft of other council services

Members noted that two separate Scrutiny Board inquiries were currently being undertaken. The Sustainable Economy & Culture Board was reviewing the links between planning, S106 and employment and skills. The Regeneration Board was reviewing transport. Councillor Morgan reported the Regeneration Board held on 29<sup>th</sup> November 2011 and attended by a METRO representative had received a deputation from a Cross Green resident about the local bus service.

Councillor R Grahame, with the permission of the Chair, introduced three guests from the NHS Recovery Programme to the meeting. EIAC agreed to vary normal procedure to receive a short representation from Mr F Ahmed, youth co-ordinator for Lincoln Green on the challenges faced by young people from that area in terms of health, education, skills and employment. EIAC commended Mr Faisal for the issues he raised. The ENE Area leader responded that a multi-agency approach to tackle those issues was required, particularly in view of the forthcoming Welfare Reform programme.

**RESOLVED** – That the contents of the report and the comments of the Area Committee be noted

### **63 Leeds Citizens Panel in Support of Locality Working**

Mr C Dickinson, WNW Area Team, attended the meeting to present the report of the Assistant Chief Executive Customer Access and Performance which set out the timetable for the development, management and co-ordination of the Leeds Citizen Panel.

The strong community links and roles of the Community Leadership Teams already established in this locality were acknowledged and it was emphasised that the Citizens Panel was regarded as an additional tool for community liaison, not a replacement for the CLT's

**RESOLVED** – That EIAC

- a) Note the development of the new Citizens Panel in Leeds as described in the submitted report
- b) Support the use of the new Leeds Citizens Panel
- c) Commit to take up the use of the Citizens Panel as part of the Committees community engagement activities in support of the Wellbeing Fund priority setting and in the development of the Area Business Plans

**64 Area Chairs Forum Minutes**

**RESOLVED** – To note the minutes of the Area Chairs Forum meeting held 5<sup>th</sup> September 2011

(Councillor Selby withdrew from the meeting at this point)

**65 Capital Receipts Incentive Scheme**

The Area Committee considered the report of the Assistant Chief Executive Customer Access and Performance on the Capital Receipts Incentive Scheme which received approval at the Executive Board meeting held on 12<sup>th</sup> October 2011. A copy of that report which proposed that assets should be identified in order to release capital funds was included. It was noted that assets were not evenly spread across the city and this scheme would help to release capital funds from elsewhere to the benefit of the areas which had no assets to release or were most deprived

**RESOLVED** – That the contents of the report to Executive Board (12 October 2011) on the Capital Receipts Incentive Scheme be noted

(Councillor Selby resumed his seat in the meeting)

**66 Welfare Reform**

The Assistant Chief Executive Customer Access and Performance submitted a report providing an update on the Governments Welfare Reform proposals and the impact this could have on Leeds' citizens. The report included a copy of the three year timetable for reform and schedules showing the likely impact of the changes on residents, the ALMO/BITMO resources and possible measures to tackle the changes. A letter dated 13 October 2011 from the Leader of Council to the Department of Communities and Local Government was included at Appendix 5

The Committee commented on the challenge ahead to focus resources in order to mitigate the impact of the reforms on residents of East Leeds who lived on the poverty borderline. It was noted that the ENE Area Leader had been asked to establish an inter-agency team to look at ways to support residents in terms of digital access, easy banking access and a communication strategy. An Action Plan would be developed and reported to EIAC in due course

(Councillor Morgan withdrew from the meeting for a short while at this point)

EIAC commented on the following issues:

- the need to liaise with relevant authorities over those residents prevented from digital access
- the economic impact on the area and local businesses and the need to seek the views of the local Chamber of Commerce and Small Business Federations
- noted the city centre One Stop Shop had already experienced a 40% increase in visits from Leeds residents seeking advice
- the impact on private and social housing landlords in terms of benefit recipients being unable to meet the costs of rents
- the role of neighbourhood networks

**RESOLVED** – That the contents of the report and its appendices, be noted

**67 Localism Act 2011**

The Area Committee considered the report of the Assistant Chief Executive, Customer Access and Performance which summarised those main elements of the Localism Act of direct relevance to Area Committees, in order to support future debate on how the Council will implement the legislation. EIAC noted that no guidance on the implementation of the measures within the Act had been issued by the Department for Communities and Local Government yet.

**RESOLVED** –

- a) To note the contents of the report as the basis for future debate on the opportunities, challenges and risks the Area Committee associates with the legislation taking into account the role Members identify for the Committee in the future in engaging with communities on this issue
- b) That the comments of the Committee be fed back to officers in order to inform a further report to a future Executive Board meeting on the implications of the Act and more detailed reports/sessions on Planning, Assets of Community Value and Right to Challenge agreed by area chairs

**68 Date and Time of Next Meeting**

**RESOLVED** – To note the date and time of the next meeting as Thursday 2<sup>nd</sup> February 2012 at 5:00 pm in Leeds Civic Hall

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**Report of** The Assistant Chief Executive (Planning, Policy and Improvement)

**Report to** Inner East Area Committee

**Date:** 2<sup>nd</sup> February 2012

**Subject:** Area Chairs Forum Minutes

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Area Chairs Forum meetings.

## Recommendations

3. The Inner East Area Committee is asked to note the contents of the report and to consider the minutes from the Area Chairs Forum meetings at this and future Area Committee Meetings.

## **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 (Planning, Policy & Improvement), 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 26<sup>th</sup> 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 17<sup>th</sup> June 2011, 10:00am – 12:00pm
  - Monday 5<sup>th</sup> September 2011, 10:00am – 12:00pm
  - Friday 11<sup>th</sup> November 2011, 9:00am – 11:00am
  - Friday 13<sup>th</sup> January 2012, 10:00am – 12:00pm
  - Friday 2<sup>nd</sup> 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 Corporate Considerations**

### **4.1 Consultation and Engagement**

- 4.1.1 There has been no need to publicly consult on the inclusion of Area Chairs Forum Minutes on Area Committee Agendas, however the matter has been discussed by the General Purposes Committee.

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

4.2.1 There are no equality and diversity issues in relation to this report.

## **4.3 Council Policies and City Priorities**

4.3.1 The inclusion of Area Chairs Forum minutes on Area Committee Agendas is a revision to the Area Committee Procedure Rules within the Constitution agreed by full council on 26<sup>th</sup> May 2011.

## **4.4 Resources and Value for Money**

4.4.1 There are no resource implications as a result of this report.

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

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

## **4.6 Risk Management**

4.6.1 There are no risk management issues relating to this report.

## **5 Conclusions**

5.1 Full Council has approved the recommendations of the General Purposes Committee to include the Area Chairs Forum minutes as a regular item at future Area Committee meetings.

## **6 Recommendations**

6.1 The Inner North East Area Committee is asked to note the contents of the report and to consider the minutes from the Area Chairs Forum meetings at this and future Area Committee Meetings.

## **7 Background documents**

7.1 Minutes of the Full Council Meeting held on 26<sup>th</sup> May 2011

7.2 Council Constitution

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**Area Chairs Forum  
Monday 11<sup>th</sup> 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

<b>Item</b>	<b>Description</b>	<b>Action</b>
<b>1.0</b>	<b>Apologies</b>	
1.1	Cllr. T Hanley	
<b>2.0</b>	<b>Minutes and Matters Arising</b>	
2.1	The minutes of the previous Area Chairs Forum meeting on 5 <sup>th</sup> September 2011 were agreed as an accurate record.	
2.2	<u>2.5 of previous minutes – Land Ownership Issues and Responsibilities</u> Various discussions have taken place between ALMOs, Environmental Services, Area Teams and other agencies and work is progressing to tackle outstanding issues.	
<b>3.0</b>	<b>Implications of the Welfare Reform Bill</b>	
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.	<b>SC JW</b>
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.	
<b>4.0</b>	<b>Draft Area Committee Report on the Localism Bill</b>	
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.	<b>JH / Area Leaders</b>
<b>5.0</b>	<b>Community Engagement Strategic Approach</b>	
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.	<b>ML / Area Leaders</b>
<b>6.0</b>	<b>Citizens' Panel Update</b>	
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 if 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.	<b>CD</b>
<b>7.0</b>	<b>Luncheon Clubs Mapping / Budget Update and Findings from User Group Consultations</b>	
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.	
<b>8.0</b>	<b>Community First Programme</b>	
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.	<b>AM / SW</b>
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.	
<b>9.0</b>	<b>Land Ownership Issues</b>	
9.1	This item was dealt with in matters arising from the previous meeting.	
<b>10.0</b>	<b>Any Other Business</b>	
10.1	<u>Area Teams</u> Appointments have been made to posts within the Area Teams and the structures will be stabilising over the coming weeks.	
10.2	<u>Environmental Delegation</u> 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	<u>Review of Community Facilities</u> 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	<u>Area Chairs Forum Papers</u> It was agreed that hard copies of papers for future meetings will be provided to Area Chairs.	<b>SW</b>
10.6	<u>Capital Receipts Incentive Scheme</u> James Rogers informed the forum that a paper would be going to Area Committee meetings in December outlining the proposed scheme.	
<b>11.0</b>	<b>Date of Next Meeting</b>	
8.1	13 <sup>th</sup> January 2012, 10am, Committee Room 4, Civic Hall.	



Report author: Carly Grimshaw  
Tel: 0113 3367610

**Report of ENE Area Leader**

**Report to Inner East Area Committee**

**Date: 2<sup>nd</sup> February 2012**

**Subject: Wellbeing Fund**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Killingbeck & Seacroft Gipton & Harehills Burmantofts & Richmond Hill
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Summary of main issues**

This report provides an overview of spending to date, reports back on projects which have completed or made progress since October and presents for consideration three existing projects with in principle ongoing commitment to funding. There are no new applications for consideration.

**Recommendations**

- Consider the following project proposals and approve where appropriate the amount of grant to be awarded:

Neighbourhood Manager posts (x2)	£60,000
CCTV	£14, 109.76
Community Payback	£15,000

## **Purpose of this report**

1. The purpose of this report is to provide details of the 2011/12 well being fund spend to date, including details of new projects for consideration. It is also to advise Members of projects which have in principle on going commitment of funding, for their approval.

## **Background information**

2. Each of the ten Area Committees receives an allocation of revenue funding. The amount of funding for each Area Committee is determined by a formula based on population and deprivation in each area which has been previously agreed by the Council's Executive Board.
3. The Area Committee wellbeing fund is used to commission activity and projects to support the promises in the community charter. Applications are also accepted from organisations in the local area who can demonstrate that their project supports the Community Charter promises. These projects are monitored quarterly on progress, with a final evaluation taking place when the project is completed.

## **Well-being 2011/12**

### **Revenue**

4. The Council has agreed the revenue allocations for each of the 10 Area Committee Well Being funds for 2011/12, which includes a £250k budget reduction. The allocations have been based on the 2010/11 formula of 50% population / 50% disadvantage and the carryover of uncommitted Well Being funds from 2010/11 will continue.
5. This funding will be used to support activities in the Neighbourhood Improvement Plans which in turn support the overarching priorities of the Community Charter, and the themes of the Leeds Strategic Plan.
6. Appendix A to this report shows spend to date and current balance for the revenue budget including the carry forward figure from 2010/11.

### **Small Grants**

7. Community organisations can apply for a small grant to support small scale projects in the community. A maximum of two grants of up to £500 can be awarded to any one group in any financial year, to enable as many groups as possible to benefit. These are approved by ward members and funded from the Community Life budget heading. Details of spending for small grants are included in Appendix B.

## **Community Engagement**

8. The Area Committee has included in the spending plan an amount of £6000 for Community Engagement. Details of spending to date under this heading are included in Appendix C.

## **Crime and Grime Tasking**

9. Each of the priority neighbourhoods in the Inner East Area has a multi-agency tasking team which focuses on tackling crime, anti-social behaviour and environmental problems. £6,500 has been set aside for each tasking team in the Wellbeing spending plan. Details of spending under this heading are included in Appendix D.

## **Project Update**

10. Projects which are awarded wellbeing funding are required to submit project monitoring returns giving details of what the project has achieved. Appendix E to this report provides information on projects awarded funding during 2010/11.

## **Continuing revenue commitments 2012/13**

11. **Project: Neighbourhood Manger posts (x2)**  
**Amount: £60,000**

The Area Committee has previously agreed to establish and support five priority neighbourhoods in the Inner East area with effect from April 2010. These are:

Burmantofts (includes Lincoln Green), Gipton, Harehills, Richmond Hill (includes East End Park/part of Osmondthorpe) and Seacroft.

12. These priority neighbourhoods were also agreed at city level through the corporate Neighbourhood Policy Group, at the East North East Office Coordination Group and through area based partnerships such as the Divisional Community Safety Partnership and Children Services Leadership Teams.
13. To support the development of new arrangements and the implementation of action plans for each priority neighbourhood, the Area Committee approved funding of £70,000 in 2010 to continue the existing Neighbourhood Manager posts within the Area Management team.
14. This is an annually reviewable funding agreement, with in principle agreement for 3 years, 2012/13 being the third year. A contribution is made to the salaries from the Area Management staffing budget, therefore the balance of £60,000 is sought from the Area Committee. The area committee are asked to confirm if they will prioritise this funding to continue for a third year, subject to confirmation of available funding for 2012/13.

15. The Area Committee should be aware that if at any time the decision is taken to stop funding these posts, they will be liable for a contribution towards the costs of the managing workforce change process for the two officers.
16. Community Charter Priority met- The officers support all 5 Charter priorities by working intensively in a localised priority neighbourhood to ensure that the aims of the Area Committee are achieved in these communities.

17. **Project: CCTV**  
**Amount: £14,109.76**

CCTV provides reassurance to the public and helps reduce crime and the fear of crime through assisting in detecting crime in those areas covered.

18. The Area Committees has previously approved and financed the installation of public space surveillance CCTV cameras in the following locations as part of the local strategy to address crime and disorder and allay the fear of crime. These CCTV cameras require continued financial support. The revenue costs for 2012/13 are:

	£
BT Redcare – Nowell Mount	3387.76
BT Redcare – Black Shops, South Parkway	3,166.00
CCTV Maintenance - Burmantofts	5,556.00
CCTV Maintenance – Black Shops, South Parkway	2,000.00
<b>Total</b>	<b>14109.76</b>

19. Community Charter Priority met- Reduce anti social behaviour, crime and the fear of crime through working together with partners and local communities.

20. **Project: Community Payback**  
**Amount: £15,000**

21. The Area Committee contributes £15,000 per year to the Community Payback Scheme. This is in part a contribution towards the cost to Probation of employing a dedicated supervisor but is mainly the management and overhead costs associated with organising a team of offenders to undertake work in the community. The Community Payback team undertakes a range of jobs; details are in Appendix D to this report.

22. Community Charter Priority met- Improve the cleanliness and condition of our neighbourhoods

## **Corporate Considerations**

### **Consultation and Engagement**

23. In order for ward members to make an informed decision on wellbeing spending they are provided with details of the projects and the opportunity to discuss them at ward member meetings. The Neighbourhood Managers are also consulted to assess how the project supports the relevant Neighbourhood Improvement Plans.

### **Equality and Diversity / Cohesion and Integration**

24. All projects funded by wellbeing monies must demonstrate:
- Equality and diversity issues have been considered in the planning of the project,
  - How equality and diversity issues have shaped the project delivery;
  - The impact of the project will be on different groups;
  - how the project will promote good community relations between different groups and how barriers that might prevent their involvement will be overcome.

### **Council Policies and City Priorities**

25. Wellbeing funding is used to support the priorities set out in the Inner East Community Charter which are agreed with the local communities of Inner East and key stakeholders. More detailed action plans, Neighbourhood Improvement Plans (NIPs) are prepared for each priority neighbourhood. Both the Charter and the NIPs support the Vision for Leeds.

### **Resources and Value for Money**

26. Spending and monitoring of the Wellbeing budget is administered by the Area Management Team in accordance with the decisions made by this Area Committee.

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

27. The Area Committee has delegated responsibility for taking of decisions and monitoring of activity relating to utilisation of capital and revenue wellbeing budgets within the framework of the Council's Constitution (Part 3, Section 3D) and in accordance with the Local Government Act 2000.
28. There is no exempt or confidential information in this report.
29. Decisions on wellbeing funding are delegated to the Area Committee from the Council's Executive Board, therefore they are subject to call in.

### **Risk Management**

30. All wellbeing funded projects must demonstrate that they have identified any potential risks for the project and what action would/will take to avoid or minimise

them. Details of the risk assessments individual projects are available from the author of this report.

## **Conclusions**

31. The well-being fund provides financial support for projects in the Inner East Area which support the priorities of the Community Charter and Neighbourhood Improvement Plans.

## **Recommendations**

32. The Area Committee is requested to:

- Consider the following project proposals and approve where appropriate the amount of grant to be awarded:

Neighbourhood Manager posts (x2)	£60,000
CCTV	£14,109.76
Community Payback	£15,000

## **Background documents**

Report to Inner East Area Committee, 23 June 2011, Area Committee Roles 2011/12

Report to Executive Board, 11 February 2011, Revenue Budget 2011/12 and Capital Programme.



## Inner East Well-being Budget 2011-12

Appendix A

Budget Summary	B & RH	G & H	K & S	Top Sliced	Not Allocated	TOTAL
Balance b/f 2010-11				102,662.70	16,229.30	118,892.00
Schemes Approved from 2010-11 budget to be spent in 2011-12				102,662.70		102,662.70
Amount of b/f budget available for new schemes 2011-12					16,229.30	16,229.30
New Allocation 2011 - 2012	46,000.00	46,000.00	46,000.00	120,705.00	3,055.00	261,760.00
Total Available for new schemes in 2011-12	46,000.00	46,000.00	46,000.00	120,705.00	19,284.30	277,989.30

### 2010-11 Schemes to be paid for in 2011-12

Getaway Girls Fusion Project Q2 (Mar 2011)					5,883.83	
Leeds Credit Union - Harehills & Seacroft Q2 (Mar 11)					5,000.00	
World of Work					3,600.00	
Space 2 - Mind, Body & Soul Project Q1 (April 11)					3,480.67	
Space 2 - Mind, Body & Soul Project Q2 (July 11)					3,480.67	
Space 2 - Mind, Body & Soul Project Q3 (Oct 11)					3,480.66	
CCTV at Bellbrookes (Safer Leeds & LCC)					2,096.00	
Bangladeshi Centre Development Worker					6,216.00	
East Leeds FM Heads Together Next Generation Q1 (May 11)					2,500.00	
East Leeds FM Heads Together Next Generation Q2 (Jul 11)					2,500.00	
East Leeds FM Heads Together Next Generation Q3 (Nov 11)					2,500.00	
East Leeds FM Heads Together Next Generation (Q4 Mar 12)					2,500.00	
Connect Housing Sing For Joy Q1 (May 11)					2,000.00	
Connect Housing Sing For Joy Q2 (March 12)					520.00	
Teen Pregnancy - Women's Health Matters Q3					365.44	
Zest Healthy Families (May 11)					2,000.00	
Space 2 - Breathing Buddies					3,000.00	
NHS Falls Prevention Project					3,760.00	

Workers Education Authority - Making Moves (Jul 11)					2,000.00
Relocation of concrete boulders - Knowsthorpe Crescent					1,699.20
Signage - Henry Barren Community Centre					304.01
Signage - Lincoln Green Community Centre					344.00
Furniture - Gopak Folding Tables x 21					1,890.00
Furniture - Gopak Table Trolley x 3					588.00
Furniture - Steel Folding Chairs x 100					2,000.00
Furniture - Upholstered Chairs x 60					2,280.00
Furniture - Low Hanging Chair Trolley x 4					1,268.00
Henry Barren - Painting Hall and High Areas					4,740.70
Henry Barren - Removal of kitchen					3,741.47
Henry Barren CC - Blinds & Reflective Film					2,103.00
Domestic Violence Carry Forward to 2011/12					1,400.00
Richmond Hill Event - March 11					500.00
IE.10.17.LG - Garden Gang (ENEh) (31 Mar 11)					13,000.00
Relocation of Grit Bin to Dolphin Court					160.00
Gipton Noticeboard Installation					429.45
TEN License for Harehills Festival 16/07/11					21.00
H16 10/11 - Hovingham Primary					2,500.00
St Aiden's Church, Eiford Place					110.00
Brooklands Lane (end of Ginnel, end Easdale Road)					110.00
Lyme Chase Parking Scheme					4,315.20
<b>Total of Schemes approved 2010-11</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100,387.30</b>

<b>Approved 2011-12 Schemes</b>					
CCTV					2,095.24
Community Engagement					7,000.00
Probation					2,500.00
Neighbourhood Manager Posts (x2)					60,000.00
Community Payback Q1					7,500.00
Community Payback Q2					7,500.00
Youth Service - Holiday Activity Programme					5,000.00
Community Sports Holiday Activity Programme					6,000.00

Small Grants	1,500.00	1,875.00	5,060.00		
Ward Pots	28,219.58	8,314.58	10,107.66		
Tasking - Burmantofts & Lincoln Green	6,170.00				
Tasking - Richmond Hill	3,986.00				
Tasking - Gipton		3,873.33			
Tasking - Harehills		4,798.00			
Tasking - Killingbeck & Seacroft			10,322.68		
Killingbeck & Seacroft Gala 2011			1,000.00		
Safe & Sussed (Getaway Girls) Spilt with Harehills		2,212.00			
Youth Service Tradex Project		1,260.00			
Harehills Youth In Partnership		8,747.00			
Safe & Sussed (Getaway girls) Spilt with Gipton		2,212.00			
Signage for Seacroft Methodist Church			398.00		
CCTV for Seacroft			19,602.00		
East Leeds ARFLC Renovations	6,464.58				
<b>Total of Schemes approved 2011-12</b>	<b>46,340.16</b>	<b>33,291.91</b>	<b>46,490.34</b>	<b>111,705.00</b>	

<b>46,340.16</b>	<b>33,291.91</b>	<b>46,490.34</b>	<b>212,092.30</b>	<b>338,214.71</b>
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<b>46,340.16</b>	<b>33,291.91</b>	<b>46,490.34</b>	<b>212,092.30</b>	
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<b>46,000.00</b>	<b>46,000.00</b>	<b>46,000.00</b>	<b>223,367.70</b>	<b>361,367.70</b>
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<b>46,000.00</b>	<b>46,000.00</b>	<b>46,000.00</b>	<b>223,367.70</b>	
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-	<b>340.16</b>	<b>12,708.09</b>	-	<b>490.34</b>	<b>11,275.40</b>	<b>28,284.30</b>	<b>51,437.29</b>
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-	<b>340.16</b>	<b>12,708.09</b>	-	<b>490.34</b>	<b>11,275.40</b>	<b>28,284.30</b>	<b>51,437.29</b>
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FMS Workings Only

DATE: 30.9.11

**Actual Spend (spreadsheet)**

Actual Spend (FMS)

Variance (should be zero)

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**Commitments (spreadsheet)**

Commitments (FMS)

Variance (should be zero)

29,823.10

29,428.78

394.32

**Inner East Area Committee 2011-12  
Well-being Small Grants**

**Appendix B**

Project Name	Organisation	Amount Requested	Project Summary
Irish History Month 2011	Irish History Month	£500.00	To contribute towards the production of an Irish History month consisting of a citywide programme of Irish artistic and cultural classes, training sessions, exhibitions, workshops and events to raise awareness of the contributions that Irish communities have made and continue to make culturally, socially and economically to life in Leeds.
And...INHALE	Space2 Leeds	£450.00	To produce an engaging, funny and short DVD instructing people on how to correctly use their inhalers. This is as research shows that use of inhalers is not always effective, sometimes only 10% reaches the lungs and in inner east Leeds there is a particularly high rate of people suffering from serious respiratory disease.
Bus Stop Project	IGEN	£500.00	To fund a driver for a mobile drop in health bus to give access to contraception, pregnancy testing and information and support on relationships and sexual health to young people in Killingbeck and Seacroft.
Community Spirit	Inglewoods Tenants and Residents	£440.00	This is a new association and for their first project they organised a coach day trip for more than 50 people to a Christmas Fair with the aim of improving community spirit.

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## Community Engagement WB spend 2011-12

## Appendix C

Item	Actual Spend	Earmarked	11-12	Total
CHESS Carnival Project			500.00	500.00
Harehills Festival - Portaloos	200.00			200.00
Harehills Festival - Music Permit	71.59			71.59
Refreshments for Seacroft CLT (May & June)	60.00			60.00
Lark in the Park			1,000.00	1,000.00
Gipton & HH CLT Meeting Refreshments - 29 June 11			11.68	11.68
Adult Learners Week - Stationary Order	156.60			156.60
Adult Learners Week - Banners	39.98			39.98
Hospitality	75.88			75.88
Adult Learners Week - ASDA Gift Cards	30.00			30.00
Adult Learners Week - Hairdresser			40.00	40.00
Adult Learners Week - 2 Sewing Machines	198.33			198.33
Community Charter	1,365.50			1,365.50
Burmantofts Community Event (Sarah)			1,000.00	1,000.00
TEN Licences for Burmantofts Community Event - 17 Sep 11	21.00			21.00
Richmond Hill Community Event - Catering	120.00			120.00
Petty Cash P057068	8.82			8.82
Printing of Burmantofts and Richmond Hill Surveys			640.00	640.00
Smoking Cessation publicising - Liz Bailey			40.00	40.00
Room Hire 19.09.2011 Victoria Primary School - R. Hill Forum	50.00			50.00
Richmond Hill Primary School - Richmond Hill Forum 5th Dec 2011	57.00			57.00
	<b>2,454.70</b>		<b>3,231.68</b>	<b>5,686.38</b>
		<b>Budget allocated</b>		<b>£7,000</b>
		<b>Amount remaining</b>		<b>£1,313.62</b>

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Burmantofts and Lincoln Green	Actual Spend	Commitments	Earmarked 11-12	Total	Remaining
Skips	500.00	1,000.00	390.00	1,890.00	
Contribution to Operation Butter	350.00			350.00	
Two Litter Bins for Cherry Row / Mushroom S	800.00			800.00	
Lincoln Green Youth Centre Signs		344.00		344.00	
Room Hire/Refreshments			200.00	200.00	
Nowells Litter Bins			760.00	760.00	
Concreteing of alleyway on Cherry Row			750.00	750.00	
St. Agnus Hall Room Hire - Op Champ	36.00			36.00	
8 Self closing devices for Nowells Alleygates			1,040.00	1,040.00	
				-	
	<b>1,686.00</b>	<b>1,344.00</b>	<b>3,140.00</b>	<b>6,170.00</b>	<b>330.00</b>

Richmond Hill	Actual Spend	Commitments	Earmarked 11-12	Total	Remaining
Skips	1,650.00		630.00	2,280.00	
Self Closers on Alleygates Crossgate Avenue	320.00			320.00	
Contribution to Operation Butter	350.00			350.00	
Cross Green Litter Bins	758.90			758.90	
Cross Green Litter Bins	- 758.90			- 758.90	
Knowsthorpe Crescent - Planters Highways	200.00			200.00	
Anti Fire Paint for 115 Osmondthorpe Lane	200.00			200.00	
St. Hilda's Church Insurance Payments			200.00	200.00	
Grit bins for Dolphin's x 2			436.00	436.00	
	<b>2,720.00</b>	<b>-</b>	<b>1,266.00</b>	<b>3,986.00</b>	<b>2,514.00</b>

Gipton	Actual Spend	Commitments	Earmarked 11-12	Total	Remaining
Skips	0.00	1500.00	0.00	1500.00	
Dog Fouling Signs x10		250.00		250.00	
No Tipping Sign		203.33		203.33	
Alleygates			1400.00	1400.00	
				0.00	
	<b>0.00</b>	<b>1953.33</b>	<b>1400.00</b>	<b>3353.33</b>	<b>2126.67</b>

Harehills	Actual Spend	Commitments	Earmarked 11-12	Total	Remaining
Skips	0.00	1500.00	0.00	1500.00	
Railings Back Chatsworth Road	148.00			148.00	
Harehills Festival			500.00	500.00	
Sheeting of binyard - 78-80 Bayswater Grove	100.00			100.00	
Dispersal Order			2450.00	2450.00	
Sheeting of binyard - 77-79 Bayswater Mount			100.00	100.00	
Litter bins x3			525.00	525.00	
	<b>248.00</b>	<b>1500.00</b>	<b>3575.00</b>	<b>5323.00</b>	<b>677.00</b>

<b>Killingbeck &amp; Seacroft</b>	<b>Actual Spend</b>	<b>Commitments</b>	<b>Earmarked 11-12</b>	<b>Total</b>	<b>Remaining</b>
Skips	110.00	1,890.00		2,000.00	
Traffic Advert RE Seacroft Hospital	680.68			680.68	
Waste Bin on Station Road			400.00	400.00	
6 DPPO Signs		360.00		360.00	
Dog Fouling signs x10		250.00		250.00	
Traffic Staff Time on Seacroft Hospital	234			234.00	
CCTV for Seacroft £26,000 in total (Other £19,602 from Large Projects			6,398.00	6,398.00	
				-	
	<b>1,024.68</b>	<b>2,500.00</b>	<b>6,798.00</b>	<b>10,322.68</b>	<b>1,677.32</b>

## Monitoring returns on wellbeing projects

<b>Project: Sing on the Green</b>	
<b>Lead organisation: LS14 Trust</b>	<b>Wellbeing Funding: £764.32</b>
<p>Sing on the Green took place on the 13<sup>th</sup> December 2011 on Seacroft Village Green. The Christmas tree, lights and refreshments were provided through a large grant from the Inner East Area Committee. Over 350 people enjoyed an evening of music, singing and Christmas market. Over 400 local people were engaged with during the project and new relationships within the community have been built as a result of this event. Princes Trust provided workshops for young people to create decorations for the event. LS14 Trust stated that the event could have only happened with the support of the Inner East Area Committee</p> <p><b>Charter Priority-</b> Work with communities to organise events and activities that bring people together.</p>	

<b>Project: Bicycle Repairation Project</b>	
<b>Lead organisation: Leeds Youth Offending Service</b>	<b>Wellbeing Funding: £2,000</b>
<p>During October to December 2011, nine sessions of 2 hours have been delivered with 12 young people, from the Youth Offending Service, attending. From the work undertaken with the young people six fully reconditioned cycles were donated to Martin House. Due to unforeseen circumstances the project were unable to use the bike mechanic that had been employed. James Barton (Youth Offending Service) used some of the funding to attend 2 courses in bicycle mechanics and cycle maintenance. James can now deliver sessions without the cost of employing a cycle mechanic and has reduced the amount in funding required to deliver the project. Further materials are to be purchased, from the funding, in the new year and a number of young people are ready to start the project.</p> <p><b>Charter Priority(s)-</b> Support young people to improve their behaviour, school attendance and achievement. Reduce anti-social behaviour, crime and the fear of crime through working together with partners and local communities</p>	

<b>Project: Denis Healey Friday Night Project</b>	
<b>Lead organisation: Leeds Youth Service</b>	<b>Wellbeing Funding: £4,000</b>
<p>The project has been running now since the first session on the 6<sup>th</sup> December, numbers in both the Juniors and the Seniors have been strong from the start with the initial evening having 57 young people attend, 28 Juniors and 29 Seniors. The sessions peaked for attendance in the week before Christmas with 97 young people attending that night, 44 in the Seniors and 53 in the Juniors. In total we have had 78 individuals attend the Junior sessions and 65 attend the Senior session. This has resulted in a total of 287 visits by young people in a 5 week period at an average of 57 young people per night.</p> <p>This breaks down to 38 girls and 105 boys registered The young people come from a range of schools and education establishments with 15 represented from the area and further afield.</p> <p><b>Charter Priority(s)-</b> Reduce anti-social behaviour, crime and the fear of crime through working together with partners and local communities. Provide a range of activities for young people to enjoy in their local neighbourhood.</p>	



**Report of Consultant in Public Health (reporting for East North East Area)**

**Report to – Inner East Area Committee**

**Date:** 2<sup>nd</sup> February 2012

**Subject:** Joint Strategic Needs Assessment and Area profiles

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

**Summary of main issues**

1. 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. It will be the primary document for agreeing the Joint Health and Well Being Strategy for the City.
  
2. Cross Cutting themes are emerging across all the key data sets: Wider programmes that impact on health and well being; a focus on prevention programmes; Early identification programmes; Increased awareness; Secondary prevention programme; Increasingly move towards having a holistic focus; Impact assessment in terms of inequalities in health.
  
3. Within this area committee there is less variation in the population’s health and well being than within some of the other areas, as 76.5% of the population of this area live in the most deprived areas nationally. Appendix A tells the tale of two MSOAs –this details a broad spectrum of factors that impact on an individuals health, which contributes to differences in morbidity and life expectancy. Across the Inner East however the variation within the committee area is not as great as it is between this area committee and others, as all MSOAs in this Area Committee boundary have high level of needs.
  
4. A number of areas are therefore priority areas in relation to health and wellbeing needs although they do have different issues within them. A more comprehensive picture of issues from individual MSOAs is shown at Appendix B

## **Recommendations**

1. That the Area Committee considers the prioritisation of action in line with the diverse needs within the population.
2. That further consideration is given to the individual MSOA profiles – especially the 10 within the most deprived quintile line, with the present actions taking place within this area
3. That consideration is given to the lead roles of different agencies in terms of addressing these needs
- 4 . That consideration is given to developing a mechanism to help the Area Committee shape the future iterations of the MSOA profiles and Leeds JSNA overall ( linking to the Health and Well Being Board
5. That the area committee considers how it might develop a process to enable the local authority,health professionals, voluntary sector and communities to work together to utilise the information contained in the MSOA profiles to shape and monitor the health landscape

## 1 Purpose of this report

- 1.1 The purpose of this paper is to update the inner East Area Committee on the emerging priorities for this area following 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 Well Being 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 CCG 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 that 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 of local people's views was included. 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, including Middle Super Output Area Profiles (108), Area Committee Profiles (10), Clinical Commissioning Group (3) and planned development of General Practice Profiles (113).

## 3 Main issues

- 3.1 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 moves 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.**

3.2 The Area Committee profile details information about the population within the area, wider factors that affect health taken from 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 .

### 3.3 **Key issues for the Inner East:**

- The health and well being of the population within the Inner East is significantly worse than the Leeds average, with high rates of mortality from the key long term conditions, as well as lifestyle factors and wider factors that affect health. Over 76% of the population are within the most deprived 10% population nationally.
- Each Area Committee is broken down into Middle Level Super Output Areas (MSOAs). 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 12 MSOAs within this Area Committee. 10 MSOAs are in the most deprived 20% of Leeds (with only Osmondthorpe and Crossgates/Killingbeck being in the 2<sup>nd</sup> most deprived quintile, and none in the other quintile) with a combined population of 75,254 (and 13,203 in the second most deprived quintile).
- The area has a relatively mixed population with only 63.3% of the population originating from the British Isles, (lower than the average for Leeds), 10.9% are from South Asia, 6.6% from the Middle East and over 4% from both Africa and Eastern Europe.
- In order to prioritise action within the Inner East there needs to be an understanding at a smaller geography level as the profiles of each of the 12 MSOAs within the Inner East are different- this is detailed within each MSOA profile.

3.4 **Priority Areas:** All MSOAs in the inner East areas have high need. Therefore although a tale of two MSOAs is included all have areas of concern. The areas that have been chosen are due to the difference in life expectancy – Harehills



having the highest life expectancy (79.86 years), and Lincoln Green the lowest (73.3). Some examples of the different needs within the area are shown below:

<b>MSOA</b>	<b>Health Issue</b>
Harehills Triangle	Diabetes
Seacroft North	High smoking; mortality in men; alcohol admissions male & female, ASC
Crossgates and Killingbeck	Highest mortality (combined)check
Lincoln green –	High Alcohol admissions
Gipton South –	Highest for mortality of females
Gipton North	Highest for CHD prevalence

3.5 Appendix A provides a comparison of two of these MSOAs across the spectrum of need and Appendix B a fuller breakdown of issues across all MSOAs.

#### **4 Corporate Considerations**

4.1 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 Well Being Boards and is seen as the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans

#### **4.2 Consultation and Engagement**

4.2 1 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.

4.2 2 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

#### **4.3 Equality and Diversity / Cohesion and Integration**

4.3 1 An Equality Impact Assessment will be carried out in February on the produced documentation and process prior to being published

#### **4.4 Council policies and City Priorities**

4.4 1 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

#### **5 Conclusions**

5.1 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) -reduced 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 form the NHS ) -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.

## **6 Recommendations**

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

6.2 That further consideration is given to each of the MSOA profiles- especially for the 10 within the most deprived quintile and the specific issues that need to be address in these areas in line with the present actions taking place within this area by all partners.

6.3 That consideration is given to developing a mechanism to help the Area Committee shape the future iterations of the MSOA profiles and JSNA

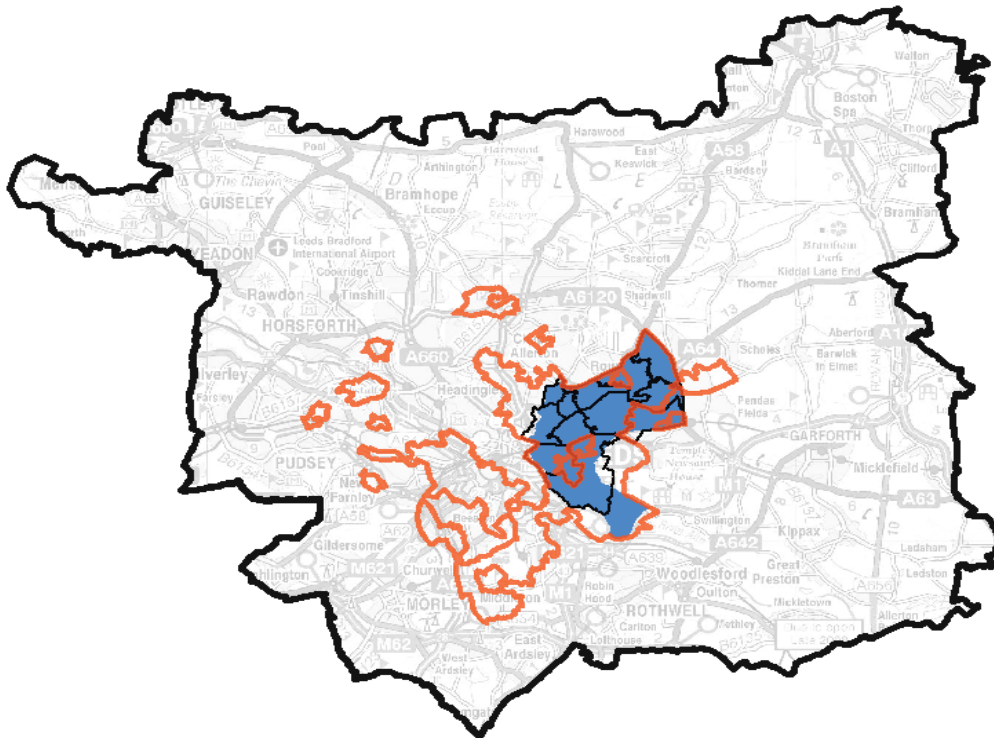
6.4 That the area committee considers how it might develop a process to enable health professionals, voluntary sector and Councillors to work together to utilise the information contained in the MSOA profiles to shape and monitor the health landscape



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

Inner East	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
<b>Harehills (E0200238 2)</b> <b>Leeds Index 7</b>	7,606 Proportion of under 14s and 25 to 39 year olds is higher than the Leeds average and the proportion of over 45s is lower.	77.99 Male  82.19 Female	4.5%	69.5%	31.6%  30,496 / 100,000 DSR	1.6%  2,963 / 100,000 DSR	Moderate means	44.87%	38.46% at Key Stage 4  62.37% at Key Stage 2	35.08%	9.81%
<b>Lincoln Green and Ebor Gardens (E0200239 3)</b> <b>Leeds Index 4</b>	8,436 Proportion of under 5s and 25 to 39 year olds is higher than the Leeds average. The proportion of over 45s is lower	71.55 Male 75.90 Female	22.1%	76.2%	29.5%  30,637 / 100,000 DSR	2.3%  3,178 / 100,000 DSR	Hard pressed	31.57%	37.29% at Key Stage 4  58.57% at Key Stage 2	30.65%	12.56%

## Area profile: Inner East area Committee



The main map shows the Inner East 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.

The smaller map shows the Inner East area Committee area and the ward boundaries.



**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).



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Summary table for Inner East area Committee		This Area Committee	'best' MSOA in this area committee	'worst' MSOA in this area committee	Leeds	Deprived quintile	Deprived Leeds
area population		88,457			795,476	159,387	172,084
area population proportion of Leeds pop		11.1%				20.0%	21.6%
number in deprived Leeds		67,661			172,084		
proportion of population in deprived Leeds		76.5%			21.6%		
proportion of deprived Leeds this represents		39.3%					
number in deprived <i>quintile</i>		75,254			159,387		
proportion of population in deprived quintile		85.1%			20.0%		
proportion of deprived quintile this represents		47.2%					
pupils on roll		14,563			104,056		
proportion of all pupils in leeds		14.0%					
GP recorded CANCER	Age Standardised rate per 100,000	2,121.9	E02002377 1,329.2	E02002389 2,681.1	2,199.3	1,999.1	
GP recorded CHD	Age Standardised rate per 100,000	3,511.4	E02002382 2,962.7	E02002376 4,250.0	2,853.6	3,562.8	
GP recorded COPD	Age Standardised rate per 100,000	2,804.1	E02002377 1,667.1	E02002394 3,802.6	1,536.6	2,872.7	
GP recorded Diabetes	Age Standardised rate per 100,000	5,079.1	E02002404 3,809.1	E02002377 9,734.9	3,615.5	5,244.1	
GP recorded Obesity	Age Standardised rate per 100,000	25,618.2	E02002377 22,148.2	E02002379 29,985.2	21,130.3	25,726.2	
GP recorded Smoking	Age Standardised rate per 100,000	32,960.7	E02002377 23,756.5	E02002364 39,606.9	23,112.4	34,123.3	
Mortality under 75s all causes	rate per 100,000	445.1	E02002390 338.0	E02002364 553.0	294.6	458.8	
Mortality under 75s all causes Males	rate per 100,000	543.3	E02002390 334.0	E02002364 738.0	356.1	568.2	
Mortality under 75s all causes Females	rate per 100,000	342.8	E02002399 222.0	E02002389 470.0	235.3	344.9	
Cancer mortality under 75s ALL	rate per 100,000	164.7			117.7	159.8	
Cancer mortality under 75s Males	rate per 100,000	179.7			128.4	173.5	
Cancer mortality under 75s Females	rate per 100,000	150.0			108.2	146.6	
Circulatory disease mortality under 75s ALL	rate per 100,000	122.3			79.1	127.4	
Circulatory disease mortality under 75s Males	rate per 100,000	154.9			108.4	174.3	
Circulatory disease mortality under 75s Females	rate per 100,000	87.1			50.9	78.7	
Respiratory disease mortality under 75s ALL	rate per 100,000	48.3			26.2	53.7	
Respiratory disease mortality under 75s Males	rate per 100,000	66.8			32.0	68.5	
Respiratory disease mortality under 75s Females	rate per 100,000	30.6			20.8	39.0	
Alcohol specific admissions	rate per 1000	9.5	E02002377 4.6	E02002364 13.0			
Alcohol specific admissions Male	rate per 1000	13.3					
Alcohol specific admissions Female	rate per 1000	5.4					
Alcohol attributable admissions	rate per 1000	23.7	E02002377 15.9	E02002364 30.5			
Alcohol attributable admissions Male	rate per 1000	29.9					
Alcohol attributable admissions Female	rate per 1000	17.2					

## Area profile contents

### Contents

- Map overview
  - Summary table
  - MSOAs in this area
- Demographics
  - Population profile
  - Heritage and faith
  - Pupil demographics
  - Differing levels of deprivation
  - Neighbourhood index
  - Acorn and Health Acorn
- GP data
  - Cancer
  - Coronary heart disease
  - Chronic obstructive pulmonary disease
  - Diabetes
  - Smoking
  - Obesity
- Mortality rates in the area
- Alcohol admissions
- Adult Social Care
- Glossary

## MSOAs making up this area

The MSOAs that are used in this report to represent Inner East area Committee

E02002404	Cross Green, East End Park and Richmond Hill
E02002382	Harehills
E02002393	Lincoln Green and Ebor Gardens
E02002377	Harehills Triangle
E02002376	Gipton North
E02002390	Crossgates and Killingbeck
E02002379	Seacroft South
E02002364	Seacroft North
E02002369	Fearnville, Hollin Park, Beechwood, Brooklands
E02002399	Osmondthorpe, East End Park
E02002389	Gipton South
E02002394	Harehills - Comptons, Sutherlands and Nowells

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



## Population profile

### Population of Inner East area Committee

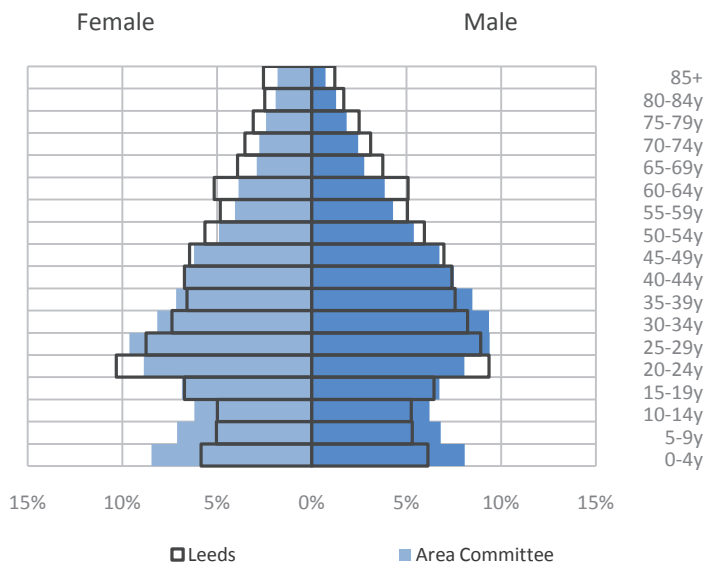
88,457 which is 11.1% of the Leeds registered and resident population of 795,476.

Males: 45,554                      Females: 42,903

### Population of Inner East area Committee living in deprived Leeds\*.

There are 67,661 people in this area who are living in deprived Leeds. This equates to 76.5% of the Inner East area Committee population and 39.3% of the entire population of deprived Leeds.

### Population pyramid for Inner East area Committee



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.

Inner East Area has one of the largest populations. It has a slightly lower proportion of older people than the Leeds average, with a particularly high number of children under four.

(January 2011 GP registered population)

**\*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.

Calculated using the best fit MSOA for this area

## Population heritage and faith

Population of this area: 88,457

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	4,354	4.9%	14,698	1.8%	270
Americas	950	1.1%	4,633	0.6%	187
British Isles	56,397	63.8%	633,431	78.6%	81
Central Asia	20	0.0%	190	0.0%	96
Diasporic	180	0.2%	2,571	0.3%	64
East Asia	1,641	1.9%	14,104	1.7%	106
Eastern Europe	3,777	4.3%	19,536	2.4%	176
Middle East	5,869	6.6%	22,681	2.8%	236
Northern Europe	523	0.6%	4,409	0.5%	108
Not found	525	0.6%	2,457	0.3%	195
Oceanian	32	0.0%	229	0.0%	127
South Asia	9,673	10.9%	47,734	5.9%	185
Southern Europe	2,037	2.3%	14,485	1.8%	128
Unknown	38	0.0%	187	0.0%	185
Western Europe	2,273	2.6%	22,909	2.8%	90
Blank	175	0.2%	1,981	0.2%	81
Grand Total	100.0%		100.0%		100

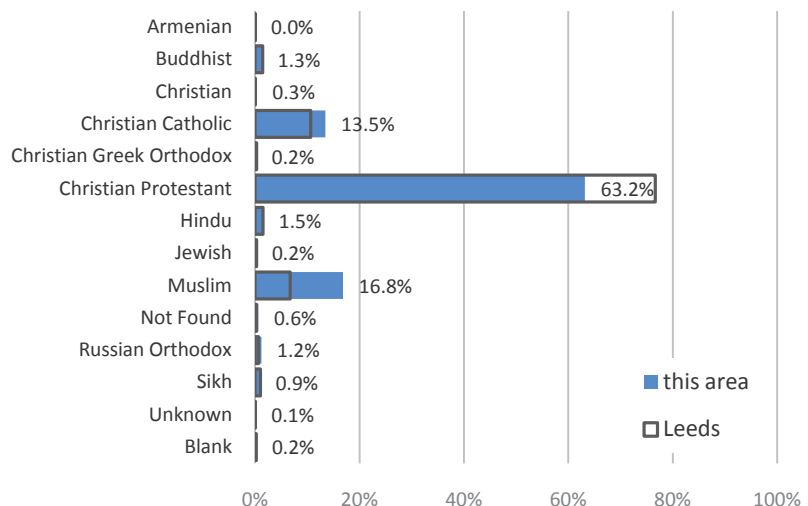
(Chart does not illustrate groups numbering less than 1,000 in the total Leeds population)

This area has a higher than average South Asian population which may account for the higher number of young children. This area encompasses the least successful area in Leeds, Harehills.

Around 6 out of 10 residents are of British heritage and there are substantial numbers of people of South Asian and African, and large numbers of people of Eastern European and Middle Eastern background.

This area has a higher proportion of people of Muslim faith than Leeds does.

### '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.

# January 2011 School Census

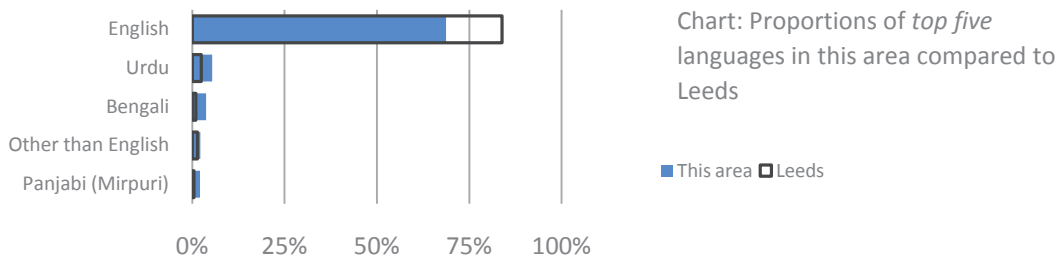
## Language and ethnicity

(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:** **14,563**  
 Leeds total: 104,056

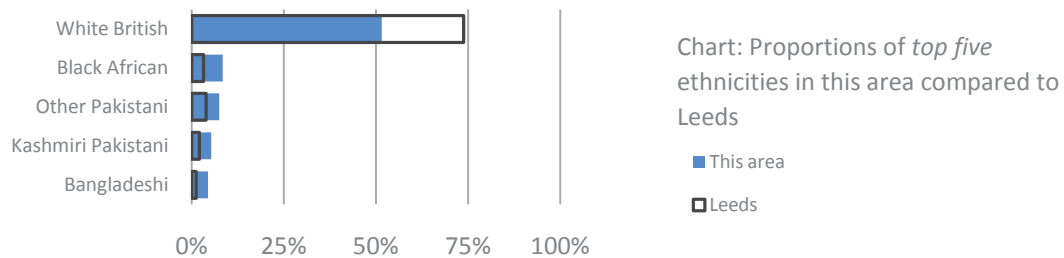
Top five languages recorded:	in this area		in Leeds		index	Index (Leeds = 100)	
	Count	%	Count	%		0	100
English	10,009	68.7%	87,265	83.9%	82		
Urdu	780	5.4%	2,506	2.4%	222		
Bengali	550	3.8%	991	1.0%	397		
Other than English	318	2.2%	1,433	1.4%	159		
Panjabi (Mirpuri)	305	2.1%	447	0.4%	488		
Others	2,431	16.7%	9,778	9.4%			

*(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)*



Top five ethnicity recorded:	in this area		in Leeds		index	Index (Leeds = 100)	
	Count	%	Count	%		0	100
White British	7,512	51.6%	76,737	73.7%	70		
Black African	1,230	8.4%	3,322	3.2%	265		
Other Pakistani	1,081	7.4%	4,050	3.9%	191		
Kashmiri Pakistani	776	5.3%	2,195	2.1%	253		
Bangladeshi	651	4.5%	1,283	1.2%	363		
Others	3,267	22.4%	16,095	15.5%			

*(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)*



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).

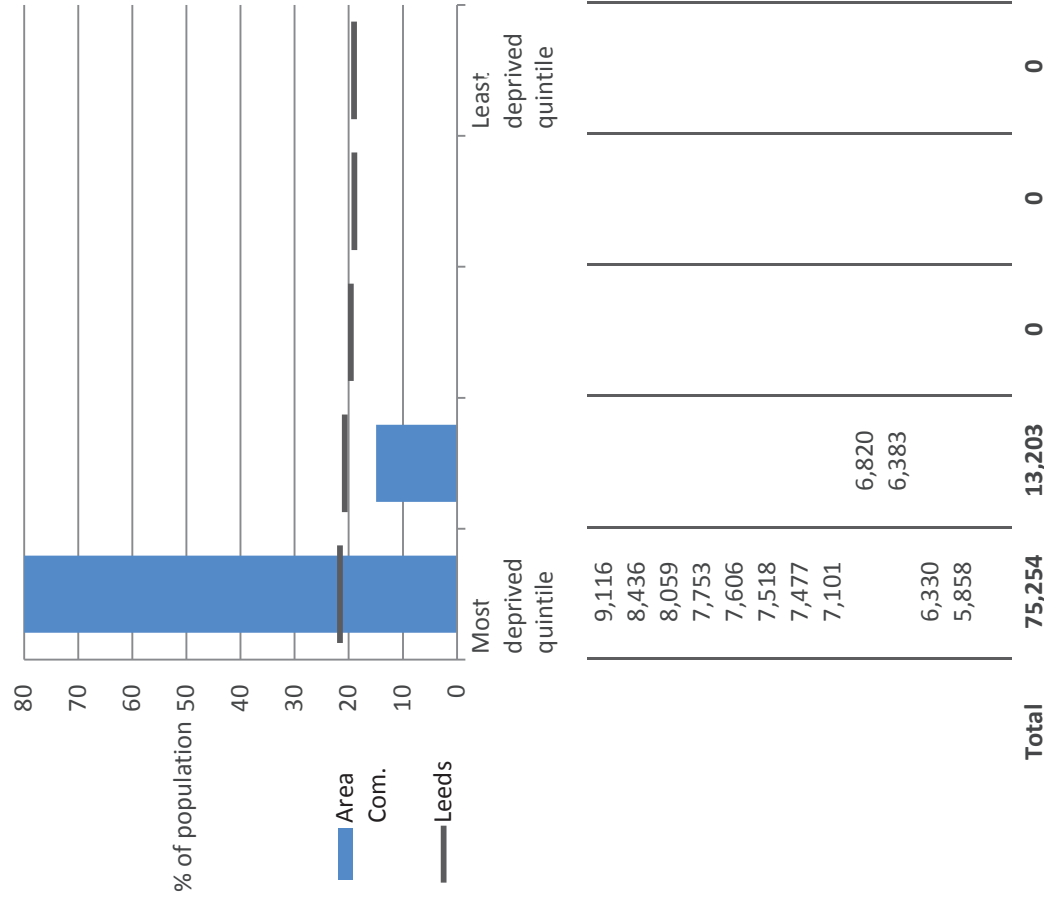
While this data is specific to school children it is representative of the wider population and provides valuable additional information on the make-up of the area and complements the population profile derived from analysis with Origins software of the GP registered population.

Source: January 2011 School Census

## Deprivation

People living in different levels of deprivation in Inner East 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.

E02002377	Harehills Triangle
E02002393	Lincoln Green and Ebor Gardens
E02002404	Cross Green, East End Park and Richmond Hill
E02002369	Fearnville, Hollin Park, Beechwood, Brooklands
E02002382	Harehills
E02002376	Gipton North
E02002394	Harehills - Comptons, Sutherlands and Nowells
E02002389	Gipton South
E02002399	Osmondthorpe, East End Park
E02002390	Crossgates and Killingbeck
E02002364	Seacroft North
E02002379	Seacroft South

**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	Community Safety
Low Income	Environment
Education	Housing
Health	

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](mailto:jacky.pruckner@leeds.gov.uk) or telephone: 0113 2476394.

## Leeds Neighbourhood Index Year 3

### Inner East Area Committee

On a best fit basis the Inner East Area Committee covers twelve 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.

#### **E02002364: Seacroft North**

This area is ranked 22 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, but particularly so in the Economic Activity and Health domains where the area scores are significantly lower than those for the city and the area is ranked 7 and 3 respectively. The only exceptions are the Housing and Environment domains where the area scores are slightly higher.

#### **E02002369: Fearnville / Hollin Park / Beechwood / Brooklands**

This area is ranked 21 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, the only exception being the Housing domain where the score is slightly higher.

#### **E02002376: Gipton North**

This area is ranked 19 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, but particularly so in the Economic Activity and Low Income domains where the area scores are significantly lower than those for the city. The only exception is the Health domain where the area score is very slightly higher.

#### **E02002377: Harehills Triangle**

This area is ranked 11 on the combined Neighbourhood Index. Across all domains the area scores are lower than the averages for the city, but most notably in the Low Income and Housing domains where it is ranked 7 and 8 respectively.

#### **E02002379: Seacroft South**

This area is ranked 13 on the combined Neighbourhood Index. Across the individual domains the scores are generally lower than the averages for the city but particularly so in the following domains; Economic Activity (ranked 5); Health (ranked 2); Education (ranked 4); and Community Safety (ranked 7). The only exceptions are the Housing and Environment domains where the scores are very slightly higher than the city average.

**E02002382: Harehills**

This area is ranked 7 on the combined Neighbourhood Index. Across all domains the area scores are lower than the averages for the city, and this is most significant in terms of the following domains; Economic Activity, Low Income; Housing (ranked 5); and Environment (ranked 10).

**E02002389: Gipton South**

This area is ranked 17 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, but particularly so in the following domains; Economic Activity (ranked 9), Low Income (ranked 10); and Health (ranked 4). The only exceptions are the Housing and Environment domains where the area scores are slightly higher.

**E02002390: Crossgates / Killingbeck**

This area is ranked 38 on the combined Neighbourhood Index. Across the domains scores are generally fairly close to the averages for the city.

**E02002393: Lincoln Green / Ebor Gardens**

This area is ranked 4 on the combined Neighbourhood Index. Across all domains the area scores are lower than the averages for the city, and this is most significant in terms of the following domains; Low Income (ranked 2), Economic Activity (ranked 4) and Community Safety (ranked 5).

**E02002394: Harehills – Comptons / Sutherlands / Nowells**

With a rank of 1 on the combined Neighbourhood Index this is the least successful area in Inner East (and in the city). Across all domains the area scores are lower than the averages for the city, and this is most significant in terms of the following domains; Economic Activity (ranked 3); Low Income domain (also ranked 3), Housing (ranked 10); Environment (ranked 9); Education (ranked 6); and Community Safety (ranked 3).

**E02002399: Osmondthorpe / East End Park**

This area is ranked 26 on the combined Neighbourhood Index. Across the individual domains the scores are all lower than the averages for the city.

**E02002404: Cross Green / East End Park / Richmond Hill**

This area is ranked 3 on the combined Neighbourhood Index. Across all domains the area scores are significantly lower than the averages for the city, most notably in terms of Economic Activity, Low Income (ranked 9), Housing (ranked 3), Health (ranked 9), Environment (ranked 7), and Community Safety (ranked 9).



# Leeds Neighbourhood Index

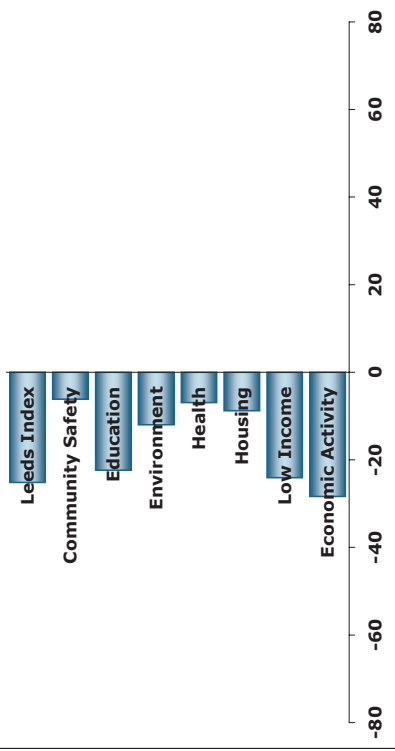
Domain Summary			
2011	Rank	Score	Leeds Score
Economic Activity	23	40.11	68.48
Low Income	27	34.66	58.74
Housing	17	49.16	57.92
Health	31	43.91	50.84
Environment	20	66.93	78.94
Education	26	32.85	55.19
Community Safety	31	72.22	78.38
Leeds Index	26	31.04	56.19

Key Statistics	Number	Rate	Leeds M.D.
Population 2009 MYE	6,452		787,701
Households Liable for Council Tax	2,644		321,098
BME Population	347	5.88%	77,482
Foundation Stage	39	34.82%	4,251
Key Stage 2	60	66.67%	5,596
Persistent Absenteeism	30	41.10%	3,858
NEET (Nov - Jan Average)	43	11.17%	2,838
Crimes Against the Person	24	10.98%	1,596
Acquisitive Property Crime	347	N/A	25,887
Environmental Crimes	478	N/A	45,203
Community Disorders	145	N/A	11,961
Average Purchase Price	475	N/A	£170,997
Price / Income Ratio	4.05	N/A	5.24
Housing Turnover	328	11.82%	47,987
Empty Homes (90+ days)	172	6.20%	21,110
Children in Workless Households	505	36.81%	25,184
Households Receiving in-Work Benefits	187	7.07%	15,569
60+ Households in Receipt of Benefits	323	12.22%	33,200
Court Payment Orders	250	N/A	23,562
Job Seekers' Allowance	252	6.04%	22,675
Incapacity Benefit	360	8.63%	30,830
Lone Parent Income Support	195	4.68%	8,710
Circulatory Disease Mortality	N/A	80.04	N/A
Cancer Mortality	N/A	200.85	N/A
Low Birthweight	N/A	6.75	N/A
Adult Social Care	113	N/A	12,836
Fly Tipping	60	N/A	4,375
Graffiti	28	N/A	3,141
Waste Issues	133	N/A	6,852

Adult Social Care	Number	Rate	Leeds MD
Community Based Service Users	11	N/A	1,448
Learning Disabilities	28	N/A	2,424
Mental Health	70	N/A	8,374
Physical Disability	4	N/A	590
Other Reasons			

Age (2009 M. Y.E.)	Number	Rate	Leeds MD
Children	1,372	21.26%	133,396
Working Age	4,171	64.65%	522,769
Older People	909	14.09%	131,536

## E02002399: Osmondthorpe, East End Park

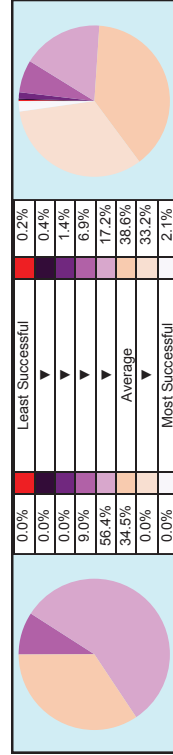


The area is located in the inner East. It is bounded by York Road to the north and the large Cross Green industrial estate to the south and stretches across from Raincliffe Road and Londesboro Terrace in the west to the Rookwoods and Halton Moor Avenue in the east. It lies within the Richmond Hill Priority Neighbourhood.

The population is predominantly White British and the age breakdown shows a higher than average proportion of children and young people.

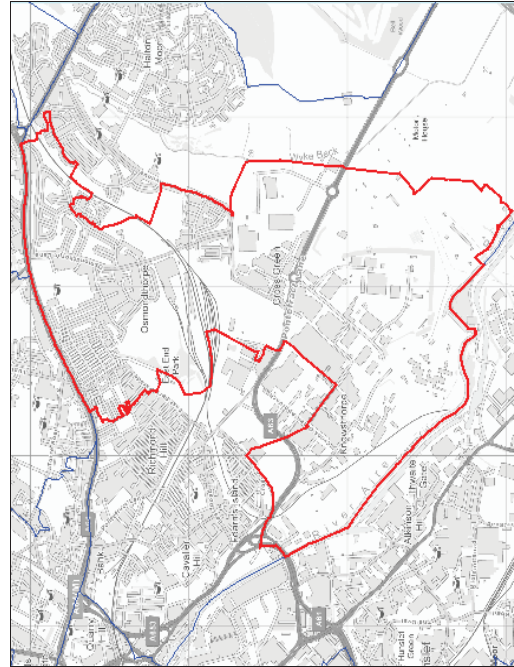
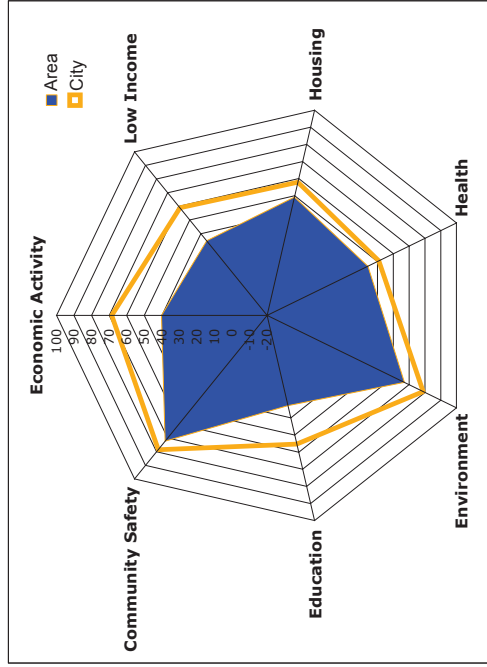
It is an area of mixed tenure. Terraced housing accounts for 55% of stock with semi-detached housing accounting for a further 37%. 74% of properties are classified in Council Tax Band A and 24% in Band B.

Victoria Primary School is located in the area. East End Park has a children's playground and a large green space. The area contains a major industrial / railway site at Neville Hill. This neighbourhood forms part of the EASEL regeneration area.



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

Ethnicity (2001 Census)	Number	Rate	Leeds M.D.
White British	5,552	94.12%	637,872
Irish	90	1.53%	8,532
Black Caribbean & White	39	0.66%	4,577
Black African & White	8	0.14%	867
Asian & White	18	0.31%	2,541
Indian	35	0.59%	12,296
Pakistani	12	0.20%	15,064
Bangladeshi	0	0.00%	2,531
Black Caribbean	30	0.51%	6,737
Black African	12	0.20%	2,404
Chinese	9	0.15%	3,468



Faith (2001 Census)	Number	Rate	Leeds M.D.
Christian	4,426	75.07%	492,656
Buddhist	6	0.10%	1,603
Hindu	18	0.31%	4,189
Jewish	7	0.12%	8,233
Muslim	17	0.29%	21,385
Sikh	16	0.27%	7,601

Supplementary Health Information	Number	Rate	Leeds MD
CHD Prevalence	N/A	4%	N/A
Smoking Prevalence	N/A	32%	N/A

Disability (2001 Census)	Number	Rate	Leeds MD
Limiting Long-Term Illness	1,298	22.01%	128,647





# Leeds Neighbourhood Index

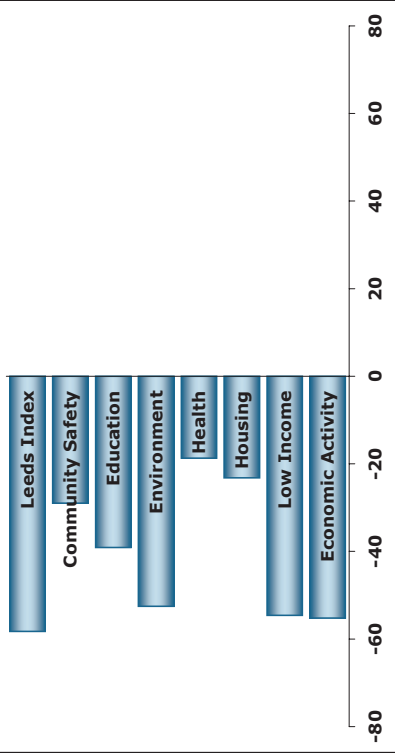
Domain Summary			
2011	Rank	Score	Leeds Score
Economic Activity	3	13.25	68.48
Low Income	3	4.16	58.74
Housing	10	34.73	57.92
Health	17	32.12	50.84
Environment	9	26.43	78.94
Education	6	16.09	55.19
Community Safety	3	49.41	78.38
Leeds Index	1	-2.05	56.19

Key Statistics	Profilled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	7,344		787,701	
Households Liable for Council Tax	3,073		321,098	
BME Population	722	11.44%	77,482	10.83%
Foundation Stage	28	30.43%	4,251	52.49%
Key Stage 2	43	62.32%	5,596	73.09%
Key Stage 4	23	29.49%	3,858	50.16%
Persistent Absenteeism	64	16.93%	2,838	7.60%
NEET (Nov - Jan Average)	20	9.99%	1,596	7.58%
Crimes Against the Person	528	N/A	25,887	N/A
Acquisitive Property Crime	727	N/A	45,203	N/A
Environmental Crimes	247	N/A	11,961	N/A
Community Disorders	919	N/A	51,988	N/A
Average Purchase Price	£75,231	N/A	£170,997	N/A
Price / Income Ratio	4.41	N/A	5.24	N/A
Housing Turnover	812	24.47%	47,987	14.23%
Empty Homes (90+ days)	287	8.65%	21,110	6.26%
Children in Workless Households	671	42.66%	25,184	18.88%
Households Receiving in-Work Benefits	291	9.47%	15,569	4.85%
60+ Households in Receipt of Benefits	398	12.95%	33,200	10.34%
Court Payment Orders	472	N/A	23,562	N/A
Job Seekers' Allowance	517	10.52%	22,675	4.34%
Incapacity Benefit	550	11.19%	30,830	5.90%
Lone Parent Income Support	270	5.49%	8,710	1.67%
Circulatory Disease Mortality	N/A	133.42	N/A	79.13
Cancer Mortality	N/A	168.23	N/A	117.74
Low Birthweight	N/A	8.86	N/A	7.86
Adult Social Care	111	N/A	12,836	N/A
Fly Tipping	49	N/A	4,375	N/A
Graffiti	34	N/A	3,141	N/A
Waste Issues	400	N/A	6,852	N/A

Adult Social Care Community Based Service Users	Profilled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	12	N/A	1,448	N/A
Mental Health	18	N/A	2,424	N/A
Physical Disability	71	N/A	8,374	N/A
Other Reasons	10	N/A	590	N/A

Age (2009 M. Y.E.)	Profilled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	1,573	21.42%	133,396	16.93%
Working Age	4,914	66.91%	522,769	66.37%
Older People	857	11.67%	131,536	16.70%

## E02002394: Harehills - Comptons, Sutherlands and Nowells



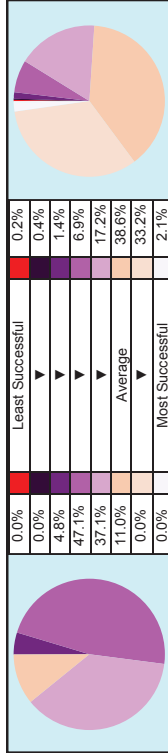
The area is located in the inner East and is adjacent to the city centre. It is bounded by York Road to the south, Stoney Rock Lane and Compton Road to the north, cutting along Harehills Lane to the east. It lies predominantly within the Burmantofts Priority Neighbourhood.

The age breakdown shows slightly higher than average proportions of children and young people and people of working age. At 11% the BME population broadly reflects the city average.

It is a mixed tenure area although just under 40% of households are renting from the local authority (through an ALMO). Terraced housing accounts for 58% of stock with purpose built flats accounting for a further 22%. 94% of properties are classified in Council Tax Band A.

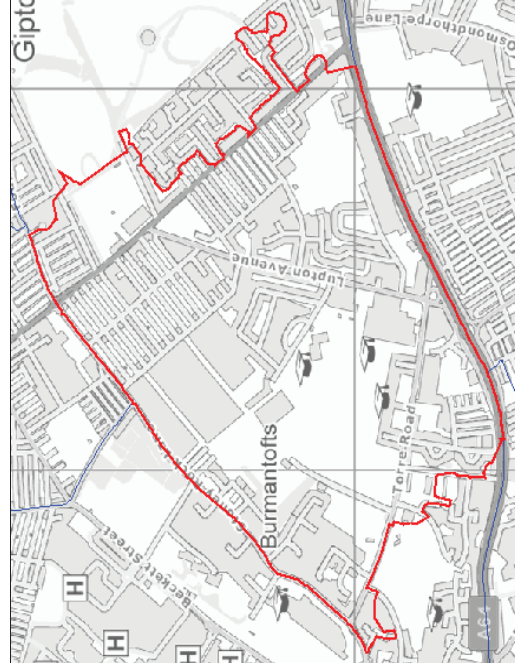
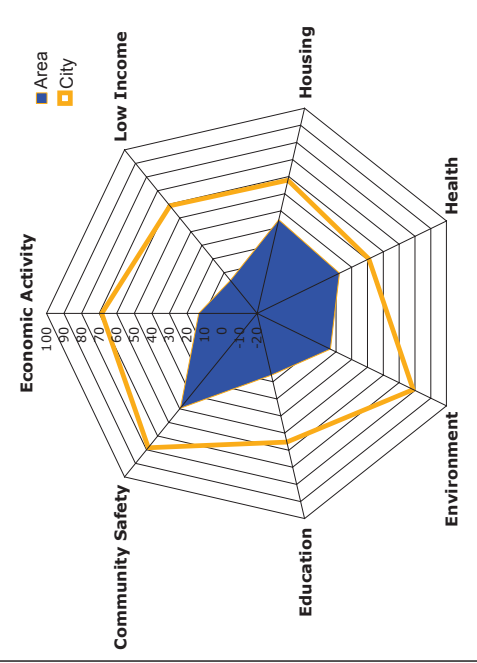
The area contains Nowell Mount Community Centre and the Arcadia Business Park. The schools in this area are Brownhill Primary School and St Patrick Roman Catholic Primary School. Compton Joint Service Centre is located in this area and provides a library and jobshop as well as benefits and housing advice services.

This neighbourhood forms part of the EASEL regeneration area.



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

Ethnicity (2001 Census)	Profilled Area		Leeds M.D.	
	Number	Rate	Number	Rate
White British	5,589	88.56%	637,872	89.17%
Irish	124	1.96%	8,532	1.19%
Black Caribbean & White	95	1.51%	4,577	0.64%
Black African & White	12	0.19%	867	0.12%
Asian & White	26	0.41%	2,541	0.36%
Indian	47	0.74%	12,296	1.72%
Pakistani	60	0.95%	15,064	2.11%
Bangladeshi	3	0.05%	2,531	0.35%
Black Caribbean	90	1.43%	6,737	0.94%
Black African	71	1.13%	2,404	0.34%
Chinese	29	0.46%	3,468	0.48%



Faith (2001 Census)	Profilled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,300	68.26%	492,656	68.87%
Buddhist	37	0.59%	1,603	0.22%
Hindu	9	0.14%	4,189	0.59%
Jewish	16	0.25%	8,233	1.15%
Muslim	119	1.89%	21,385	2.99%
Sikh	14	0.22%	7,601	1.06%

Supplementary Health Information	Profilled Area		Leeds MD	
	Number	Rate	Number	Rate
CHD Prevalence	N/A	3%	N/A	3.5%
Smoking Prevalence	N/A	36%	N/A	22.8%

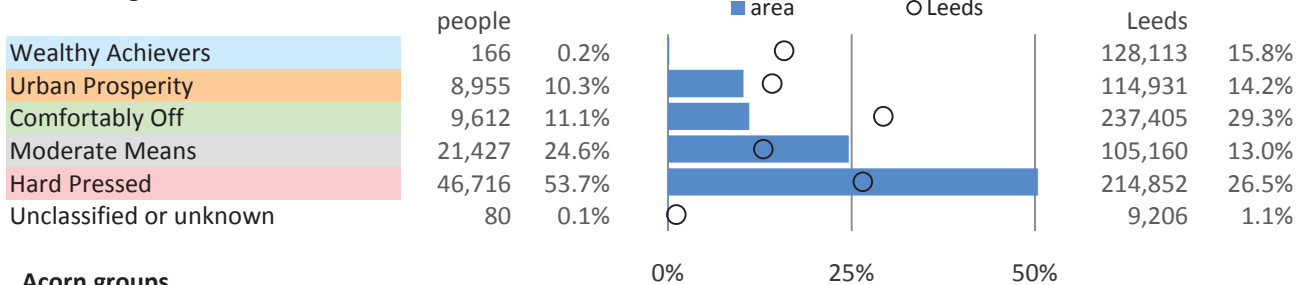
Disability (2001 Census)	Profilled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,363	21.58%	128,647	17.98%

## 2010 Population Acorn Profile

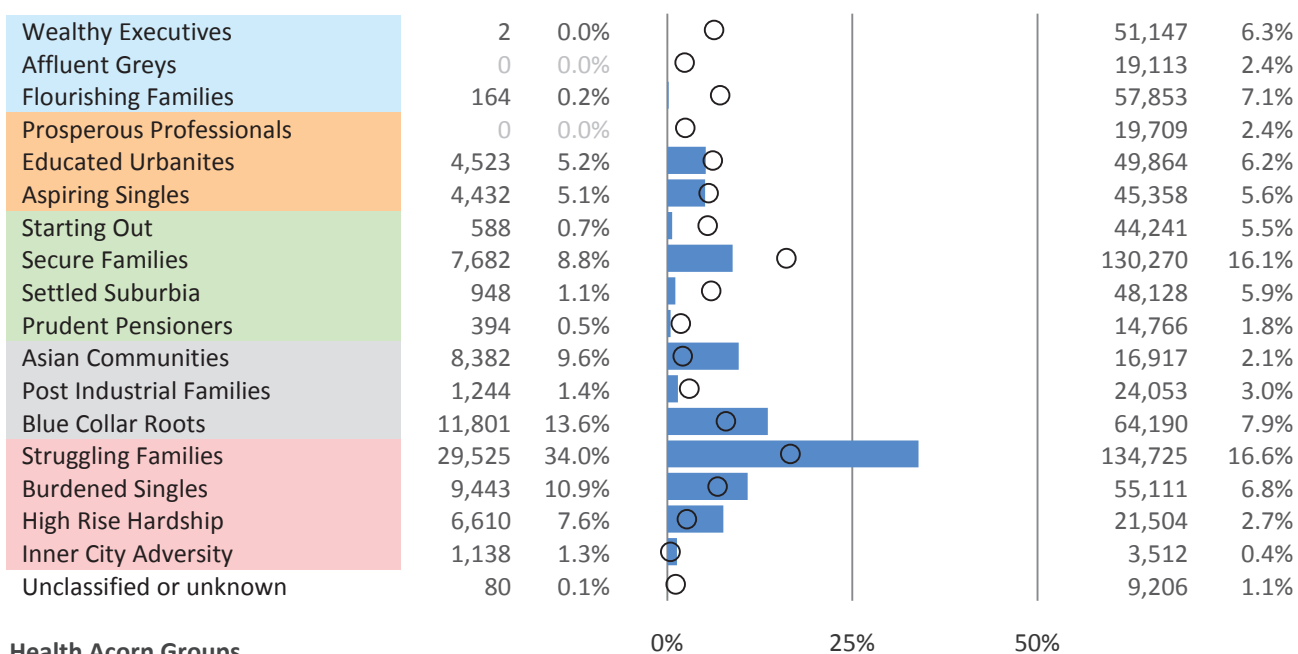
Acorn is a nationwide population segmentation tool. It combines geography with demographics and lifestyle information, and places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country.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

This sheet compares the population of Inner East area Committee with the whole population of Leeds in terms of Acorn groups. For instance 53.7% of the population are in the 'Hard Pressed' category, compared to 26.5% of the population of Leeds.

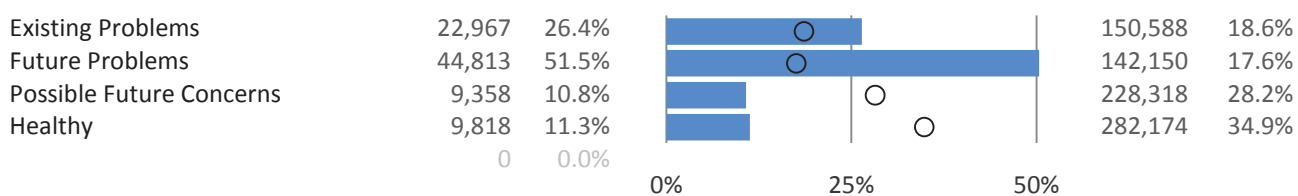
### Acorn categories



### Acorn groups



### Health Acorn Groups



The population of Inner East area Committee is divided between Acorn categories in a manner which bears no resemblance to the way the Leeds population is divided. For instance, the Hard Pressed category has very much higher prevalence here than it does in the Leeds population as a whole.

Acorn highlights a significant number of the population in the "hard pressed" category. Within this category "struggling families" is double the Leeds rates, with "burdened singles" and "high rise hardship" also making up a significant number. The Health Acorn Groups data highlights the high number of people who have existing health problems with 50% falling into "future problems" compared to a Leeds average of 18%. In addition those classified as "healthy" is substantially lower than the average in Leeds with this area at 11% and the Leeds average being 35%.

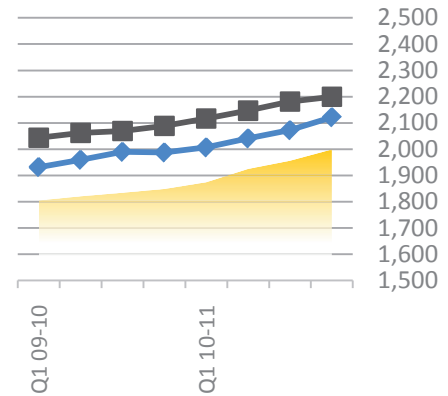
For more information about Acorn, including the characteristics of the categories, groups and types listed here, visit <http://www.caci.co.uk/Acorn-classification.aspx> and <http://www.caci.co.uk/healthacorn.aspx>

## Cancer and CHD

Calculated using the best fit MSAO 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	1,932	2,043	1,805
Qtr 2 09-10	1,959	2,062	1,821
Qtr 3 09-10	1,990	2,069	1,834
Qtr 4 09-10	1,987	2,088	1,849
Qtr 1 10-11	2,007	2,116	1,874
Qtr 2 10-11	2,041	2,147	1,925
Qtr 3 10-11	2,072	2,181	1,956
Qtr 4 10-11	2,122	2,199	1,999



Rates are *age standardised* and per 100,000

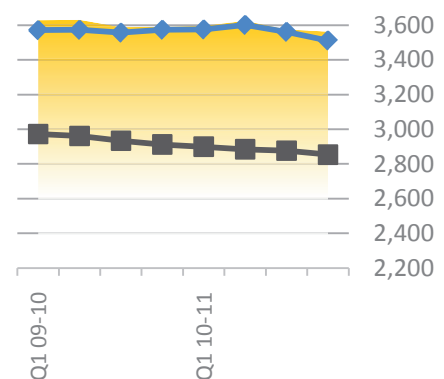
Deprived quintile Leeds This area

The Inner East area Committee has age standardised cancer rates which are generally the same as Leeds, and above that of the deprived quintile. The three MSAO with highest age standardised rates of cancer are E02002389, E02002390, and E02002379. In addition, age standardised CHD rates are generally much higher than Leeds, and the same as that of the deprived quintile. The three MSAO with highest age standardised rates of CHD are E02002376, E02002404, and E02002379.

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.

Inner East Leeds has lower than expected cancer rate but a high mortality rate for cancer this is probably due to lack of early detection. This area has high levels of deprivation and a high rate of CHD. The smoking rate for this area is high, as is the obesity rate.

CHD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	3,571	2,973	3,628
Qtr 2 09-10	3,573	2,961	3,631
Qtr 3 09-10	3,557	2,934	3,589
Qtr 4 09-10	3,573	2,912	3,590
Qtr 1 10-11	3,575	2,899	3,597
Qtr 2 10-11	3,601	2,885	3,625
Qtr 3 10-11	3,561	2,876	3,576
Qtr 4 10-11	3,511	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 occurrences 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.

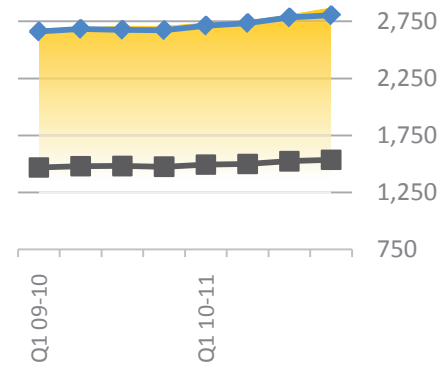
**Age standardised rates:** Are calculated using the date-relevant GP registered populations for those practices which partook in the data collection. Some practices opted not to submit data for certain audits and therefore their population are not part of rate calculations. **Deprived QUINTILE:** The deprived quintile is the most deprived *fifth* of all MSAO 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 MSAO level and cannot be resolved to the finer level of detail LSOAs offer.

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	2,661	1,468	2,669
Qtr 2 09-10	2,684	1,481	2,697
Qtr 3 09-10	2,676	1,482	2,713
Qtr 4 09-10	2,673	1,475	2,711
Qtr 1 10-11	2,713	1,495	2,743
Qtr 2 10-11	2,735	1,500	2,759
Qtr 3 10-11	2,785	1,524	2,813
Qtr 4 10-11	2,804	1,537	2,873



Rates are *age standardised* and per 100,000

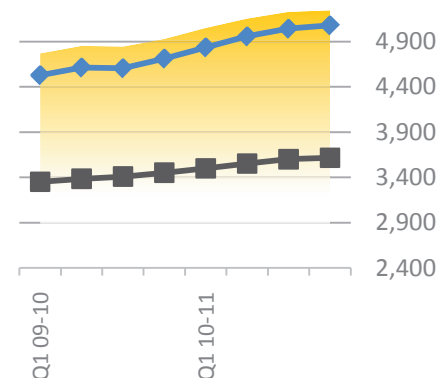
Deprived quintile Leeds This area

The Inner East area Committee has age standardised COPD rates which are generally very much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are E02002394, E02002389, and E02002393. In addition, age standardised diabetes rates are generally very much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Diabetes are E02002377, E02002382, and E02002376.

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%.

The high age standardised rate of COPD compared to Leeds reflects the high rate of GP recorded smoking in this area.

Diabetes rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	4,528	3,352	4,769
Qtr 2 09-10	4,613	3,384	4,852
Qtr 3 09-10	4,605	3,410	4,844
Qtr 4 09-10	4,712	3,452	4,929
Qtr 1 10-11	4,836	3,500	5,050
Qtr 2 10-11	4,957	3,554	5,153
Qtr 3 10-11	5,042	3,601	5,228
Qtr 4 10-11	5,079	3,616	5,244



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 occurrences 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.

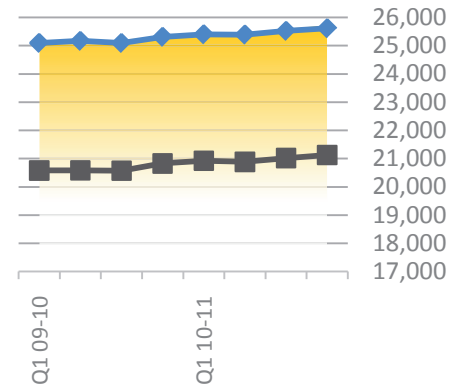
**Age standardised rates:** Are calculated using the date-relevant GP registered populations for those practices which partook in the data collection. Some practices opted not to submit data for certain audits and therefore their population are not part of rate calculations. **Deprived QUINTILE:** The 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.

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	25,096	20,581	25,081
Qtr 2 09-10	25,168	20,587	25,104
Qtr 3 09-10	25,094	20,572	25,214
Qtr 4 09-10	25,313	20,831	25,340
Qtr 1 10-11	25,404	20,924	25,498
Qtr 2 10-11	25,394	20,887	25,445
Qtr 3 10-11	25,525	21,020	25,603
Qtr 4 10-11	25,618	21,130	25,726



Rates are *age standardised* and per 100,000

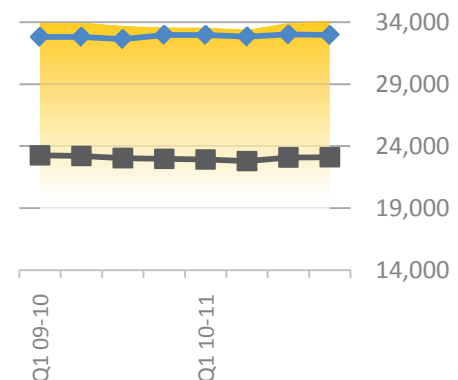
Deprived quintile Leeds This area

The Inner East 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 E02002379, E02002364, and E02002389. In addition, age standardised smoking rates are generally very much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are E02002364, E02002379, and E02002404.

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	32,820	23,268	33,989
Qtr 2 09-10	32,826	23,213	33,989
Qtr 3 09-10	32,645	23,039	33,720
Qtr 4 09-10	32,981	22,982	33,601
Qtr 1 10-11	32,975	22,922	33,589
Qtr 2 10-11	32,844	22,793	33,422
Qtr 3 10-11	33,011	23,089	33,950
Qtr 4 10-11	32,961	23,112	34,123



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 occurrences 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.

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

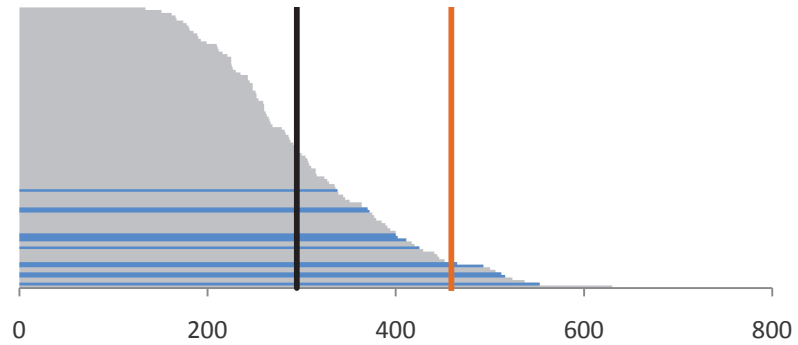
Calculated using the best fit MSOA for this area

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.

MSOA of this area, listed in corresponding order to their position in the main charts

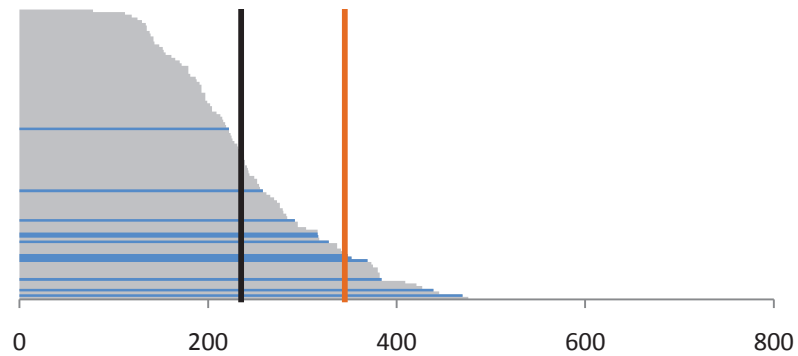
- E02002390
- E02002376
- E02002399
- E02002377
- E02002382
- E02002369
- E02002404
- E02002394
- E02002379
- E02002389
- E02002393
- E02002364

Male and female, all causes per 100,000



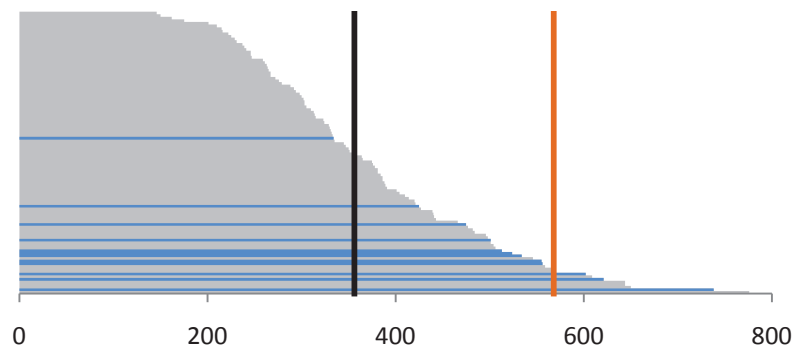
Female, all causes per 100,000

- E02002399
- E02002377
- E02002369
- E02002376
- E02002394
- E02002382
- E02002404
- E02002390
- E02002364
- E02002393
- E02002379
- E02002389



Male, all causes per 100,000

- E02002390
- E02002376
- E02002382
- E02002404
- E02002377
- E02002399
- E02002369
- E02002389
- E02002379
- E02002394
- E02002393
- E02002364



■ This area    ■ All MSOAs    — Leeds    — Deprived Leeds

This area is made up of 12 MSOAs; mortality rates within Inner East Area are very high with 11 MSOAs above the Leeds average. When data is divided on gender lines there are two MSOA areas that are below the Leeds average: females living in Osmondthorpe and East End Park and males living in Crossgates and Killingbeck. While Seacroft North has the highest mortality rates for men who have double the mortality rate of Leeds. While, Gipton South has the highest mortality for women.

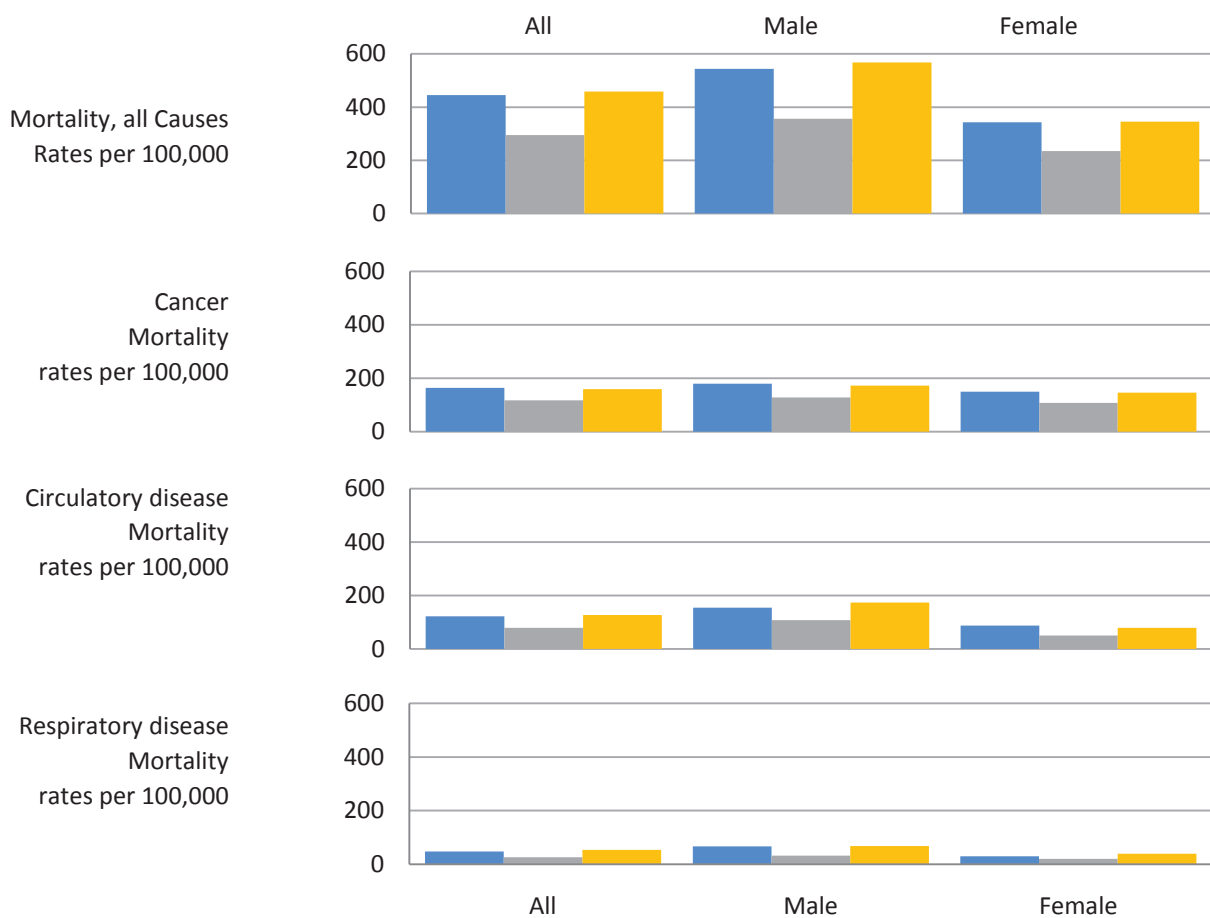
Source: ONS deaths extract, GP registered populations.

## 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 East area Committee	All	Males	Females
Mortality, all Causes	445.1	543.3	342.8
Cancer mortality	164.7	179.7	150.0
Circulatory disease mortality	122.3	154.9	87.1
Respiratory disease mortality	48.3	66.8	30.6

- Area Committee
- Leeds
- Deprived Leeds



It is significant that deaths from cancer in Inner East area are in line with the deprived quintile but Cancer detection rates at GP level are lower than the Leeds average. This suggests that there is a problem with early diagnosis of cancer in this area.

**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

### Alcohol *specific* admissions

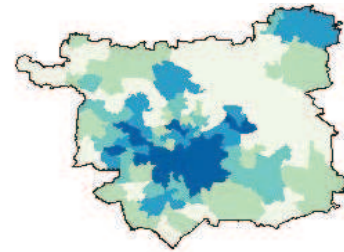
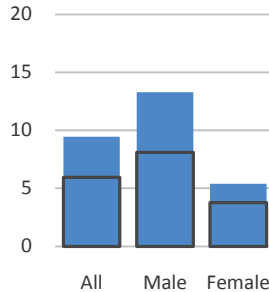
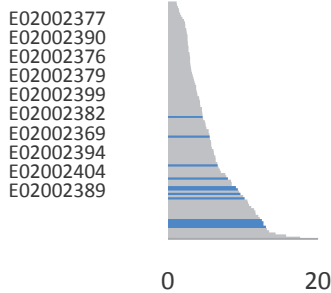
(Where alcohol is the single cause of admission)

	Count
All	833
Male	602
Female	231

This area rate
9.5 per 1,000
13.3 per 1,000
5.4 per 1,000

Leeds rate
6.0 per 1,000
8.1 per 1,000
3.8 per 1,000

■ This area  
□ Leeds



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.

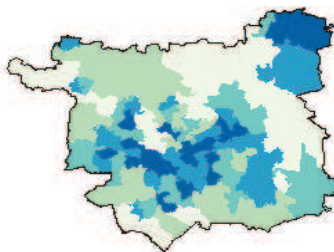
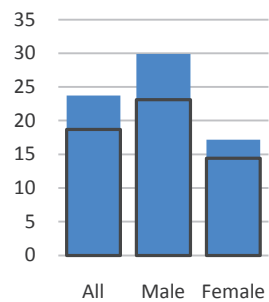
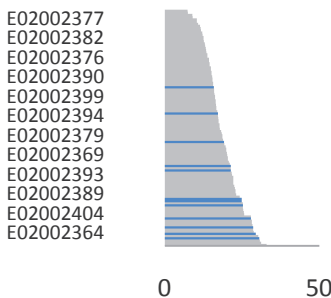
Map of all MSOAs in Leeds, showing alcohol specific admissions divided into five groups each with about a fifth of all MSOAs.

### Alcohol *attributable* admissions

(Where alcohol is not the entire cause of admission.)

	This area rate
All	23.7 per 1,000
Male	29.9 per 1,000
Female	17.2 per 1,000

Leeds rate
18.7 per 1,000
23.1 per 1,000
14.4 per 1,000



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

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 East 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 East 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 much higher than the Leeds average.

**Source:** Hospital episode statistics 2009-10 and NWPFO alcohol attributable fractions - details of how attributable admissions are calculated can be found at <http://www.nwpho.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.



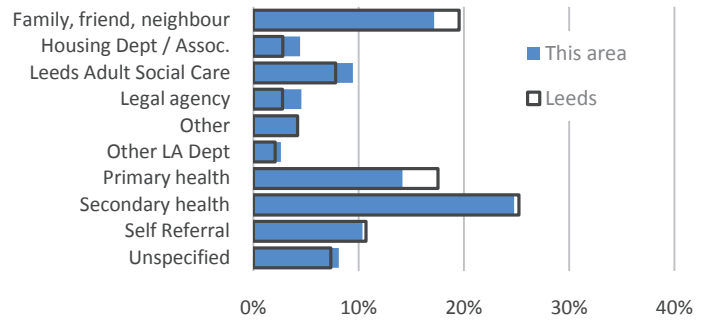
# Adult Social Care (ASC)

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

## Referrals to ASC by source

2,318 which is 11.7% of the 19,831 Leeds total

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

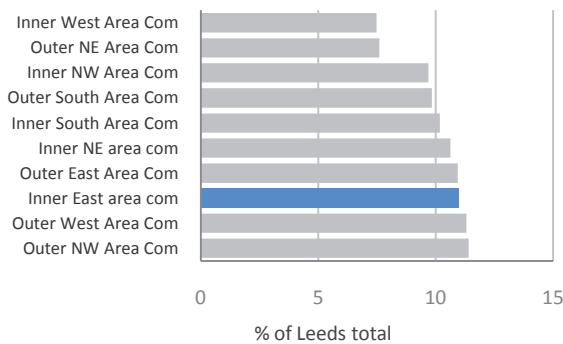


## Signposted referrals

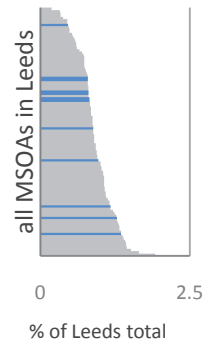
In this area, 8% of referrals are signposted for action by other agencies. In Leeds as a whole, this figure is 15%. A referral is signposted by ASC when it is considered to be more suitable for another agency.

## Adult Social Care assessments

This area had 803 completed assessments. This is 11% of the Leeds total.



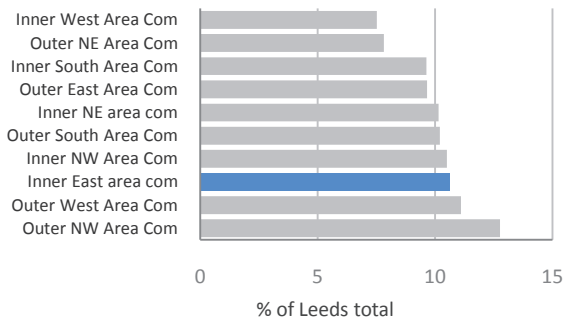
- E02002382
- E02002399
- E02002390
- E02002376
- E02002377
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- E02002393
- E02002379
- E02002404
- E02002369
- E02002389
- E02002364



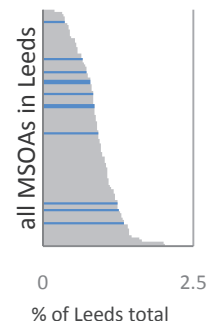
list of MSOAs in this area in rank order as charted

## People receiving Adult Social Care services

498 people received services from Adult Social Care, that is 10.6% of the 4,691 total for Leeds.



- E02002382
- E02002393
- E02002377
- E02002399
- E02002390
- E02002394
- E02002379
- E02002376
- E02002404
- E02002369
- E02002389
- E02002364



list of MSOAs in this area in rank order as charted

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

In this area, 62% of completed assessments led to a service being provided. In Leeds this figure is 64%

In general, the prevalence of people referred and receiving Council support with adult social care is in line with the proportion of the population aged 18+ of Leeds living within the Inner East Area This may appear surprising at first glance, given the relative rate of poverty and the prevalence of long term conditions within the area.

High levels of social care activity are, however, more strongly associated with the size of the population aged 85 and over. It will be noted that the relatively low proportion of the population in this age group will have reduced levels of demand.

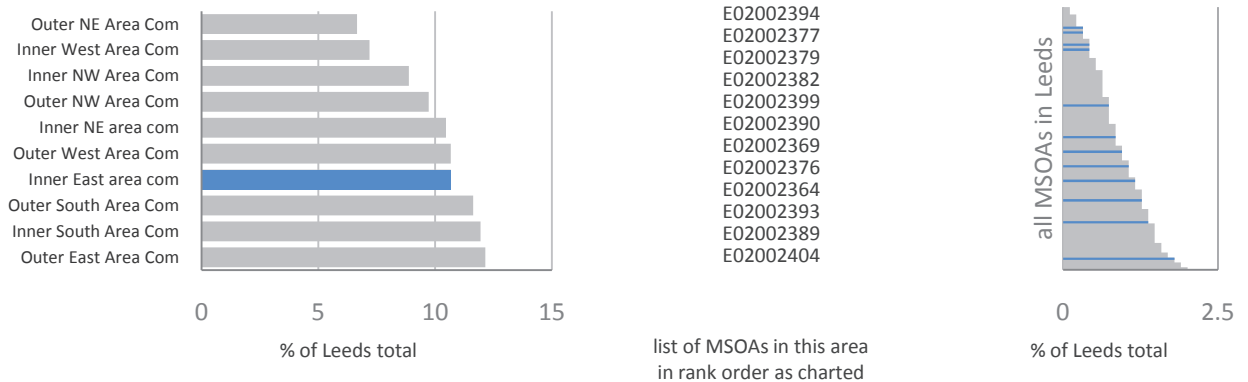
Referrals data includes 1,233 referrals which are attributed to 'Outside Leeds' or 'Unspecified' locations. These 1,233 referrals are not included in the Leeds total of 19,831 mentioned above as they are not attributed to an MSOA in Leeds.

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

## Provision and safeguarding

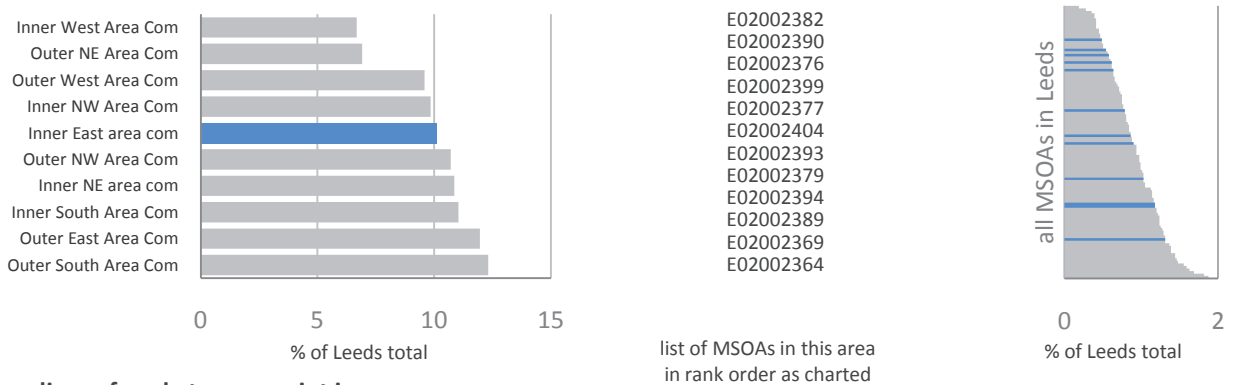
### ASC supported residential and nursing care admissions (18+ years)

This area had 101 admissions. Which is 10.7% of the Leeds total of 946.



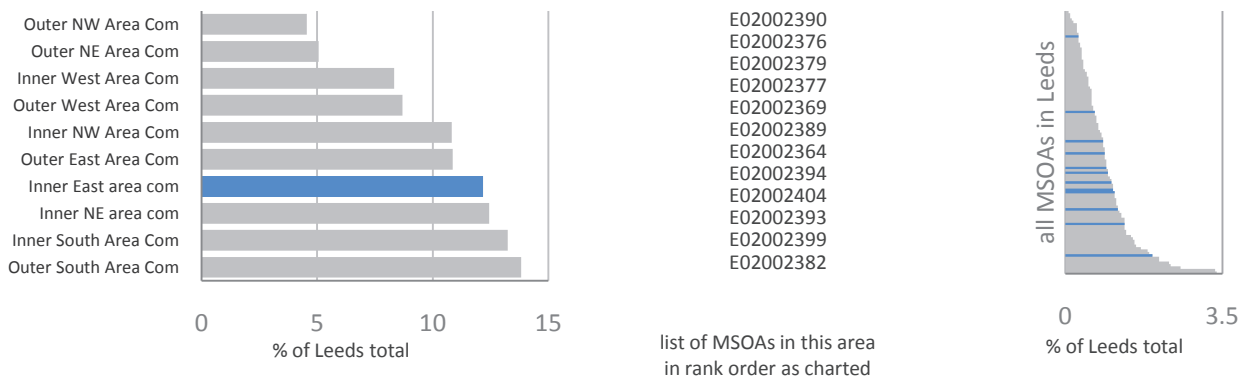
### Number of people aged 18+ who received domiciliary care at some point in the year

This area had 540 people who received domiciliary care. Which is 10.1% of the Leeds total of 5,340.



### Safeguarding referral at some point in year

This area had 332 safeguarding referrals. Which is 12.2% of the Leeds total of 2,726.



The area has a relatively high proportion of safeguarding referrals compared to other areas. The referral profile suggests relatively strong relationships with housing, police and local 'in-house' social care. These agencies may well be in a strong position to identify safeguarding issues and may have higher levels of awareness of the issue than other major groups of referrers.

## 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 an 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.

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## Inner East Area Committee MSOA Profiles December 2011

<b>MSOA</b>	<b>Issue</b>	<b>Current/Potential Action</b>	<b>Who</b>
Gipton South E02002389	Tackle high prevalence of and age standardised cancer rates	NAEDI Got a cough-get a check campaign	NHS AB & Leeds
Gipton North E02002376	Tackle the high (highest in IE) prevalence of COPD  Tackle high prevalence of and age standardised CHD rates	Use learning from Seacroft to roll out initiative	Space2 working in Gipton
Seacroft North E02002364	Tackle high prevalence of and age standardised CHD rates	COPD work has a stop smoking component	LB Space2
Crossgates and Killingbeck  Seacroft South E02002379	Tackle high prevalence of and age standardised cancer rates	NAEDI  Existing NAEDI work  COPD work has a stop smoking component	NHS A B & Leeds
Seacroft North E02002382	Tackle the premature mortality rate in both sexes	NAEDI  COPD work has a stop smoking component	NHS A B & Leeds
Cross Green, East End Park and Richmond Hill	Tackle high prevalence of male alcohol specific and alcohol attributable hospital admissions	Ensure that frequent flyers programme includes Cross Green, East End Park and Richmond Hill Lincoln Green/Ebor Gardens	

MSOA	Issue	Current/Potential Action	Who
Lincoln Green and Ebor Gardens E02002393	Tackle high prevalence of male and female alcohol specific and alcohol attributable hospital admissions	Tackling families with complex needs work includes alcohol use  Ensure link in to Leeds HUB work	
Seacroft North E02002364	Tackle high prevalence of male and female alcohol specific and alcohol attributable hospital admissions	Ensure that frequent flyers project includes Seacroft North  Tackling families with complex needs work includes alcohol use  Ensure link in to Leeds HUB work	
Gipton South E02002389	Tackle high prevalence of male and female alcohol specific and alcohol attributable hospital admissions	Ensure that frequent flyers project includes Gipton South  Tackling families with complex needs work includes alcohol use  Ensure link in to Leeds HUB work	

MSOA	Issue	Current/Potential Action	Who
Harehills Triangle E02002377  Harehills E02002382	Tackle high prevalence and age standardised rates of diabetes  Tackle age standardised rates of diabetes	Promote/increase access to NHS Health Check	
Harehills, Compton, Sutherlands and Nowells  E02002394	Tackle the (second) highest prevalence of COPD, (between 2.9 and 3.1)	Pilot project to identify early stage COPD currently running in Bellbrooke Surgery	LB South & East CCG LCHC Respiratory Nurses
Seacroft North E02002364  Seacroft South E02002379	Tackle high prevalence and age standardised rates of smoking and COPD	Stop Smoking Clinic at Seacroft Hospital NAEDI 'Got a cough, get a check' project running  Seacroft COPD project running  Social Norms project running in Seacroft	NHS AB & Leeds  ENE Health & WB Partnership  NHS AB & Leeds commission Space 2

MSOA	Issue	Current/Potential Action	Who
		<p>Reduce the supply and demand for illicit tobacco via enforcement activities, stakeholder and community engagement and social marketing methods</p> <p>Develop campaigns to break intergenerational cycle of initiation and addiction to tobacco in routine and manual groups</p> <p>Co-ordinate council services to develop new referral pathways from existing services</p>	
All other MSOAs	Tackle high prevalence and age standardised rates of obesity within the Area Committee boundary	<p>Promote/increase access to NHS Health Check</p> <p>All professionals urged to sign up to and promote Change4Life</p> <p>Exploit linkages to Leeds Lets Change and Wellbeing Portals</p>	



MSOA	Issue	Current/Potential Action	Who
		Deliver/promote awareness campaigns  Investigate/exploit planning mechanisms  Promote active transport	
Cross Green, East End Park and Richmond Hill E02002404  Lincoln Green and Ebor Gardens E02002393	Tackle the much higher than average accident and emergency admissions to hospital rates	Further investigation required	
Harehills Triangle E02002377  Lincoln Green and Ebor Gardens E02002393  Harehills E02002382	Top MSOAs for obstetric admissions	Further investigation required	

MSOA	Issue	Current/Potential Action	Who
Seacroft North E02002364 Lincoln Green and Ebor Gardens E02002393  Harehills E02002382  Osmondthorpe, East End Park E02002399	Much higher than Leeds average for gynaecological admissions	Investigate further/monitor	
Osmondthorpe, East End Park E02002399	Tackle cancer as key cause of early death for men, high age standardised rates of CHD, COPD, smoking, obesity and alcohol specific admissions, particularly for men		
Across the Area Committee	Apparent differences in ratio of ASC services provided to referrals initiated	Investigate further/monitor	
Harehills E02002382 Osmondthorpe and East End Park E02002399	High safeguarding referrals in these two MSOAs	Investigate further/monitor	
Seacroft North E02002382 Gipton South E02002389	Much higher than Leeds average referrals to Adult Social care	Investigate further/monitor	



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Health and Wellbeing  
Improvement Manager

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## Report of Health and Wellbeing Improvement Manager (East North East Area )

### Report to Inner East Area Committee

**Date:** 2<sup>nd</sup> February 2012

**Subject:** Update Report

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

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### Summary of main issues

1. Update of national agenda.
2. Update/progress of work over last year.
3. Future Plans.

### Recommendations

4. The Area Committee is asked to note the attached report and provide suggestions for building on and further developing health improvement work in Inner East Area.

## **1 Purpose of this report**

- 1.1 The purpose of this report is to outline how the national agenda is shaping the work of the East North East Health and Wellbeing partnership and provide a progress report on how key health issues are being addressed in the context of the Inner East Leeds Area Committee.

## **2 Background information**

- 2.1 New local partnership arrangements for health and wellbeing were established by Healthy Leeds in 2009, following extensive consultation, which proposed the need to focus service delivery at a more local level. The development of the three local Health and Wellbeing Partnerships complements existing themed partnerships. These are based on area committee boundaries and are supported by Health and Wellbeing Improvement Managers, joint funded by the Council and Leeds PCT.
- 2.2 In the East North East Area, the core Health and Wellbeing team resource consists of Liz Bailey (Health and Wellbeing Improvement Manager) and Janet Smith (Health Improvement Officer). There is no non HR financial support attached to these posts.
- 2.3 Following political changes at a national level in 2010, Primary Care Trusts will be abolished in 2013 and accountability for the delivery of public health will move to Local Authorities, supported by jointly appointed Directors of Public Health. Dr Ian Cameron took up this position in Leeds during November 2010.
- 2.4 Clinical Commissioning Groups, which include secondary care clinicians and nurses will commission healthcare services, based on the health needs assessments of their local populations. A new Leeds Health and Wellbeing Board, met in shadow form in October 2011 and it will be involved 'throughout the process' of GPs developing their commissioning plans. The Health and Wellbeing Board may refer plans back to the clinical commissioning group, or the NHS Commissioning Board for further consideration. A key function of the Health and Wellbeing Board is to produce a Joint Strategic Needs Assessment, which will be the primary document for agreeing the Joint Health and Well Being Strategy for the City.
- 2.5 The terms of reference of the Health and Wellbeing Partnerships, which are chaired by a member of a Clinical Commissioning Group, have recently been amended to take into account the changing health improvement landscape. The partnerships will now become integral for delivery of the work of the Health and Wellbeing Board.

## **3 Main issues**

- 3.1 The East North East Health and Wellbeing Partnership has been working to progress three main priorities for action across the ENE area: to contribute towards tackling child poverty, primarily around increasing uptake of free and paid school meals, to prevent and reduce the impact of Chronic Obstructive Pulmonary Disease and to increase the levels of physical activity across the area.

- 3.2 Progress has been made on free school meals. Over the past year, the group has worked with the School Meals Policy Adviser to raise awareness of the issues, train key personnel and ensure schools and parents are more engaged. Increasing free school meal uptake has subsequently become much higher profile and although take up has increased over the past year, this work now has delivery and outcome mechanisms within the financial inclusion strand of the child poverty action plan. Locally and city wide, the 'Be Healthy' Challenge - a lifestyle focused whole school event, now includes school meal based activity and signposting eligible, but non claiming individuals to appropriate assistance is now included in NHS third sector contracts. As a result of the Health and Wellbeing Improvement Manager's contribution to the child poverty needs assessment, which also included a Scrutiny Committee visit to Seacroft in February 2011, this work has recently been expanded towards supporting families with complex needs. An outcomes based accountability session has been held and an action plan/programme of work is now being developed. This work will include delivery across Inner East.
- 3.3 The Joint Strategic Needs Assessment has now produced MSOA level data, which has identified high level of need across the area. Some of this was previously hidden in larger data sets and more detail is listed in appendix B of accompanying MSOA paper. Whilst Lincoln Green and Ebor Gardens has been identified as the MSOA with most health needs, all of the Inner East, MSOAs have a number of different issues that require attention.
- 3.4 Issues such as coronary heart disease, cancer and smoking have been highlighted across a number of MSOAs, but there are several new areas of work emerging such as the high prevalence and age standardised rates of admissions to hospital through alcohol use and higher than average accident and emergency admissions to hospital in Cross Green, East End Park, Richmond Hill, Lincoln Green and Ebor Gardens.
- 3.5 Harehills and Harehills Triangle are revealed as particular hotspots for diabetes, this probably reflecting the vulnerability of particular ethnic groups.
- 3.6 During the next twelve months, the team will build on existing work as detailed below, developing targeted action according to need and where appropriate, look towards rolling out successful aspects of work developed elsewhere. We will also need to further investigate some of the newly emerging issues, before we can respond appropriately.
- 3.7 Smoking is still the single biggest preventable cause of ill health and mortality, including from COPD, cancer and coronary heart disease. Therefore, action to reduce smoking and managing smoking related conditions has been and will continue to be a high priority.
- 3.8 Prevalence of smoking, coronary heart disease and chronic obstructive pulmonary disease are high in Seacroft North and work is progressing to address this. However, Gipton South, has the highest prevalence of COPD at 4.3 compared to the Leeds average of 1.7. It also has a high prevalence of coronary heart disease and cancer. Harehills, Compton, Sutherlands and Nowells has the second highest prevalence of COPD, (between 2.9 and 3.1), followed by Seacroft North.

**Table 1.**

**Prevalence of smoking across the East North East Area 2011  
(As at Quarter 4, 2011)**

<b>MSOA</b>	<b>Smoking Prevalence %</b>
Leeds	23.0
<b>Harehills Triangle</b>	<b>24.1</b>
Harehills	31.6
Gipton South	32.7
Gipton North	34.0
Cross Green, East End Park & Richmond Hill	34.1
Fearnville, Hollin Park, Beechwood, Brooklands	34.8
Seacroft South	37.3
<b>Seacroft North</b>	<b>38.3</b>
Wetherby West	11.3
Alwoodley West	9.7

**Source: Leeds JSNA 2011**

3.9 The Seacroft community wide programme to tackle Chronic Obstructive Pulmonary Disease will shortly be evaluated, with a view to possible rollout of successful aspects to other neighbourhoods. A partnership between NHS Leeds, Leeds Community Healthcare, the voluntary and community sector, the Local Authority and North and East Leeds Clinical Commissioning Groups is delivering a combination of prevention, self care management and early diagnosis services.

This includes:

- 36 new families have undertaken to have a smoke free home. Ways to encourage follow up of participating individuals to fully quit smoking are now being considered.
- 500 lifestyle packs have been supplied to ENE homes, to distribute to new tenants, and 16 Seacroft Housing Officers attended an information session around COPD/Smoking Cessation/Smoke Free Homes/Got a cough, get a check.
- The 'Breathe' Group which now has ten participants provides lifestyle and self management support for COPD patients to reduce risk of re-admission to hospital. It is funded by the Inner East Area Committee and delivered by Space 2 and the British Lung Foundation. Respiratory Nurses are currently evaluating physiological and psychological changes to assess the health effectiveness of this approach and patients will be completing satisfaction and wellbeing questionnaires to track self assessed improvements
- A pilot programme to screen smokers for COPD in order to identify and manage the disease early is being run in Bellbrooke Health Centre and



Chapeloak Surgery. This is administered by the NHS Stop Smoking Service and if successful, would help individuals to modify lifestyle and enable lower cost interventions to be applied.

- Two awareness raising events have been held:
  - 1 A 'Recipe for Life' July 2011-arts based event run by Space 2. Health messages were woven into a performance attended by 288 local people, 5 schools were involved, 7 community groups and 9 volunteers. A respiratory nurse and the health and well-being team provided stop smoking information, did 20 blood oxygen tests and 16 inhaler technique checks.
  - 2 A World COPD event took place on 16<sup>th</sup> November 2011 at Tesco, Seacroft and in approximately 4 hours, 80 individuals were advised about lung health as follows:

**Table2.**

**Outputs from Tesco Seacroft event 16<sup>th</sup> November 2011**

Blood Oxygen tests	Number with higher than expected lung age	Number referred to GP	Number referred to pulmonary rehab/respiratory team	Number referred to Seacroft Hospital for chest X ray	Number provided with information
9	5	6	5	1	80

3.10 This opportunistic method of assessing lung health identified at least five individuals who's lung health 'age' was indicative of someone very much older than their chronological age. These individuals were previously unaware of this and were referred on further checks. Five individuals are reported to have contacted the stop smoking service with a view to starting the stop smoking programme.

- A community focused inhaler technique DVD is now being developed to help people with COPD or asthma self manage their condition. Incorrect use of inhalers is a common reason for exacerbation of symptoms and admission to hospital. Once developed (anticipated by March 2012), the DVD will be available for use in Seacroft and more widely across the East North East area.
- A young people's survey is being administered-to find out what type of stop smoking services young people would access and what would likely encourage them to stop smoking. This information will be used to help develop young people friendly stop smoking initiatives.
- The [www.wellbeingleeds.com](http://www.wellbeingleeds.com) and [www.wellbeingleeds.co.uk](http://www.wellbeingleeds.co.uk) portals have been designed and set up to enable local people and professionals to identify local healthy living opportunities, including physical activity, healthy eating, stop smoking, alcohol and substance use etc.

- More free physical opportunities for vulnerable groups, including those from the Inner East have been developed. Several volunteer walk leader training sessions have been delivered, 25 walk leaders have been trained and several new walks are being developed/ supported including Touchstone (mental health) which works in Richmond Hill, and Space 2, which works in Gipton and Seacroft.
- A number of events to support the elderly to live independently have been held, including on 2<sup>nd</sup> July 2011 Seacroft Gala. 19 older people received information around falls prevention, telecare and equipment, Care and Repair falls prevention service, COPD, Fearnville Leisure Centre, Active Life exercise sessions and Extend exercise classes.
- On 28<sup>th</sup> September 2011 a Falls Prevention Volunteers Education 2 hr Session to build capacity of Seacroft Neighbourhood Networks Group was held.
- On 12<sup>th</sup> October 2011, a Falls Prevention event, was held at Kentmere Community Centre. This was funded by Wellbeing and POCA and provided the following outputs:

**Table 3.**

**Falls prevention Work-Kentmere Community Centre 12-10-11**

Attended	Balance screen	Balance problems	New slippers	Benefits advice	Referred to falls service
63	55	19	55	15	4

3.11 One person was referred on to the pension service, one to the one stop centre and 3 to the community fire service.

- A similar session was held in South Seacroft on 8<sup>th</sup> November 2011. 14 people attended and were screened for balance and mobility issues. 10 of these reported issues with balance and mobility and were advised to seek further advice from their GP. All were provided with new slippers and advised on falls prevention, foot care, health and choosing appropriate footwear.
  - A financial inclusion event run by Burmantofts Health Improvement Group.- included partners from, the NHS, Adult Social Care, Touchstone, Children’s Centre and ENE Homes.
  - The NHS has extended the ‘Got a Cough, Get a Check’ campaign to detect early stage lung cancer in the Inner East Area. Between January and July 2011 1238 patients were assessed and X rayed ( between St Georges Middleton and Seacroft Hospital). The following outcomes were recorded:
1. Referral rates increased by 55% compared to the same months 2008-2010.

2. The proportional increase has been higher in Inner East and Inner South (61%), where there has been a targeted campaign, whilst the increase for the rest of Leeds is 53%.
3. Since the campaign, the number of patients being diagnosed with lung cancer following emergency hospital admission has fallen from 27.6% in 2010 to 13.7% (January to March 2011).

#### **4 Supporting families with Complex Issues**

- 4.1 This work is at an early stage, but is intended to improve partnership working and communication between agencies, reduce duplication of effort and maximise resources. The child poverty needs assessment identified a need to address wider factors, which can be either a cause, or effect of poverty. These factors, which often co-exist, include alcohol and drug use, domestic violence, and mental health issues within families and need to be tackled, alongside efforts to raise income through employment, training and benefit uptake.
- 4.2 An outcome based accountability session took place in October 2011 and an action plan is being drawn up with relevant partners. The Health and Wellbeing Partnership will be a key vehicle in driving delivery of this project.

#### **5 Corporate Considerations**

- 5.1 The work of the health and wellbeing partnership corresponds with the published White Paper by the Department of Health "Equity and Excellence: Liberating the NHS" and the move towards localism. There is a greater emphasis on delivering services around local needs, especially for those that have the greatest health and wellbeing inequalities. The newly published MSOA profiles will enable more effective targeting of resources. There will be a new public health function in the council and there is a challenge to ensure that health becomes everyone's business.

#### **6 Consultation and Engagement**

- 6.1 The work has developed on the basis of previous consultations and involvement of stakeholders, including Third Sector organisations, who work with community groups and active involvement from individuals themselves.

#### **7 Equality and Diversity / Cohesion and Integration**

- 7.1 The main thrust of the work is aimed towards reducing health inequalities and as such primary consideration has been to meet the particular needs of especially vulnerable groups.

#### **8 Council policies and City Priorities**

- 8.1 The work is developing in line with the City Priority plan and the forthcoming Health and Wellbeing Strategy.

**9 Resources and value for money**

9.1 This work has taken place with few additional resources and relies heavily on partnership approaches.

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

10.1 None.

**11 Risk Management**

11.1 None.

**12 Conclusions**

12.1 There is an opportunity to incrementally build on the current work and the MSOA profiles now afford a better opportunity to target limited resources more effectively.

**13 Recommendations**

13.1 The Area Committee is asked to note the information in the attached report and provide suggestions for building on and further developing health improvement work in Inner East Area.

**14 Background documents**

14.1 None attached, but the Committee is referred to Appendix B in the accompanying JSNA paper.

**Report of Director of Adult Social Services**

**Report to Inner East Area Committee**

**Date: 2<sup>nd</sup> February 2012**

**Subject: Proposal to develop Integrated Health and Social Care teams**

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

**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 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 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
- 3.8 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**

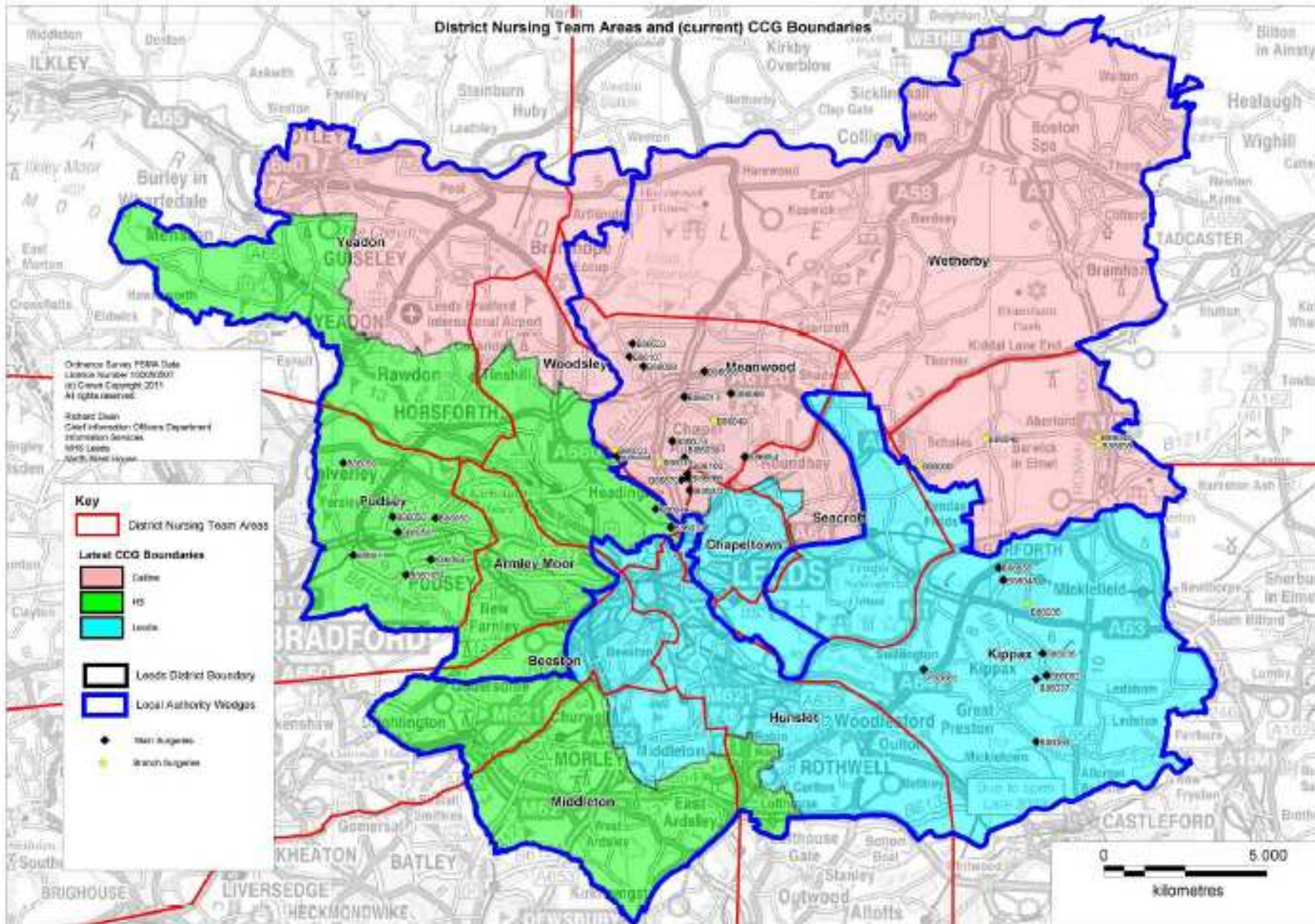
6.1 Members are asked to note the content of this report and to request regular updates on the progress of the demonstrator sites over the next 12 months

## **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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Report author: Carly Grimshaw  
Tel: 0113 3367610

## Report of East North East Area Leader

## Report to Inner East Area Committee

**Date: 2<sup>nd</sup> February 2012**

## Subject: Area Update Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Gipton & Harehills, Killingbeck & Seacroft, Richmond Hill & Burmantofts.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Summary of Main Issues

1. This report provides Members with an update on progress made in relation to priorities set out in the area committee business plan.
2. It provides draft new priorities which will form part of the Inner East 2012/13 Business Plan, for approval.
3. The report sets out the recommendation that a Community Charter is produced for 2012/13 for Area Committee partners.
4. The report also contains a draft consultation strategy for Inner East Area Committee for discussion and approval.

## Recommendations

5. That members note the content of the report and progress made to deliver the priorities set out in the Area Committee Business Plan and community engagement plan.

6. The Area Committee is recommended to agree the draft priorities and charter production for 2012/13 and to approve the draft consultation strategy for the area.

## **1 Purpose of this Report**

- 1.1 This report provides members with an update in relation to the priorities set out in the Area Committee Business Plan and the progress made.
- 1.2 The report provides members with an outline of the proposed community engagement activities to feed into the priority setting for the 2012/13 business plan.
- 1.3 This report provides Members with an update on work to refresh the Area Delivery Plan (ADP) priorities as expressed through the public Community Charter promises for 2011/12, and invites Members' views and ideas for new promises to help inform the final version of the revised Charter which will be presented for approval in March.
- 1.4 This report seeks Area Committee approval of the refreshed Community Engagement Strategy for 2012/13. The strategy sets out the how the Area Committee will consult, engage and communicate with residents, within the resources it has available, or is able to lever in from partner organisations (such as the Police and East North East Homes).

## **2 Background Information**

- 2.1 At the June 2011 Area Committee meeting the Delegates Roles and Functions of the Area Committee were presented along with a forward work programme detailing how the roles and responsibilities would be discharged and action taken during 2011/12.
- 2.2 A draft Area Committee Business Plan was presented to the Area Committee in October 2011 and approved by the Committee. This included information on the priorities for 2011/12 and set out the format for reporting action taken against each of these priorities, along with information on when updates could be expected to be presented to the Area Committee.
- 2.3 The Area Committee Business Plan provides a complete set of papers relating to the area, which will be refreshed annually. The refreshed document for 2012/13 will be presented to the Area Committee for approval in March 2012. The priorities will be informed by consultation with the local community along with statistical data and local intelligence, a draft set of refreshed priorities will be presented to the Area Committee in January 2012 for consideration and approval.
- 2.4 In 2008 the Area Committee approved the first Area Delivery Plan (ADP), each year the ADP is refreshed to take into account changing priorities and opportunities. This year the plan has been amended into a business plan and takes into account the move to five emerging themes of the new Leeds Strategic Plan.
- 2.5 The annual refresh is produced following analysis of evidence provided by updated neighbourhood statistics, community consultation through the Area Committees engagement events and Elected Member discussion on local priorities.



- 2.6 Further to this, agreement is reached with local partnership and service providers on what promises can be made in relation to each priority. This informs the refresh and makes clear accountabilities in reporting performance/progress to Area Committee during the year.
- 2.7 The refreshed priorities also provide a basis for which applications to the Wellbeing budget can be made.
- 2.8 In 2009/10 the Area Committee agreed that they would pilot the production of a Community Charter to present the ADP in a more user friendly and understandable format and to help provide clearer progress reports to Area Committee during the year. The Area Committee agreed this was a success and decided to continue the production of a Charter in 2010/11.
- 2.9 With the move towards Locality Working across the City and the appointment of Area Leaders the Community Charter places the Area Committee ahead of the game in meeting the need to be more open and accountable.
- 2.10 Community Engagement is one of the Area Committee's key delegated functions and as such it is important that there is a clear strategy in place for this to take place and be assessed against.
- 2.11 In 2010/11 the Area Committee approved a new, more comprehensive community engagement strategy aimed to help:
- improve everyday engagement and relationships between local staff and residents
  - improve residents influence on the planning and improvement of services to tackle local priorities
  - improve local accountability for promised actions
  - support the civic role of residents to help build stronger and more sustainable communities
- 2.12 This more comprehensive strategy was also to assist in discussions with key partners and lead to proposals for a partnership strategy for the Area Committee in 2011/12. The ambition is to reduce duplication and reduce public confusion about consultation, as well as embed community engagement as something done as part of the "day job" rather than just through "meetings".

### **3 Main Issues**

#### **Area Update:**

- 3.1 The priorities for action for the inner east area were approved by the Area Committee in March 2011 and these have been produced in a forward facing Community Charter and shared with partners and distributed in the local area.

- 3.2 Through the work of the Area Support Team and the various partners in the area projects have been developed to address the agreed priorities. Details of action taken and ongoing projects is provided at Appendix 1, with recent developments highlighted in red.. Work continues to develop further actions to address the identified priorities and progress will be reported on a regular basis to the Area Committee as set out in the forward plan.
- 3.3 In addition to the Charter there are action plans for four of the five priority neighbourhoods, a detailed update report for the priority neighbourhoods will be presented to the March 2012 Area Committee meeting. The Neighbourhood Managers are currently analysing the latest Neighbourhood Index profiles, carrying out consultation and engaging with partners to develop the 2012/13 NIPs.
- 3.4 A neighbourhood survey has also been distributed across the Burnamtofts and Richmond Hill ward to encourage local residents to feed in their views to the NIP development process.
- 3.5 Some of the **key achievements** made in relation to the priorities include;
- 3.6 Working with partners to develop a programme of Summer Holiday Activities for young people in Gipton & Harehills. This will ensure that a range of activities are available throughout the holidays for young people to enjoy in their neighbourhood. This joined up approach has been developed to ensure that we avoid duplication and gaps in holiday provision, it will provide the best value for money and most comprehensive programme for young people.
- 3.7 Two very successful multi agency 'Operation Champions' were held in Gipton, one in September and one in December. The operations were organised in conjunction with the local TRA's which enabled a joint working initiative to identify the problems and issues affecting the local residents . The operation was of high visibility from all agencies involved. Police, Leeds anti Social Behaviour Team and Housing carried out victim reassurance visits to victims and confidence visits to new build properties on the estate, as well as perpetrator led enforcement and problematic address visits.
- 3.8 Each operation had seven skips which were sited at various locations for customers to dispose of unwanted items to help tidy the gardens and surrounding areas. High hedges in several locations were cut back by Community Payback , ENEHL environmental services completed clean ups on the estates . A promotion exercise was carried out for the Youth Service and Gipton Together with the aim of engaging young people. West Yorkshire Fire service carried out fire safety checks to identified vulnerable victims . Post operation results have been completed by the relevant TRA's , with very positive feedback being received on the multi agency approach to tackling problems .
- 3.9 2012/13 Priority setting**
- 3.10 The new Area Committee business plan includes a section on Priorities and Action and it is this section that is being revised in preparation for the full business plan to be presented at the March Area Committee for approval.

3.11 It sets out how the Area Committee will address physical, social, and environmental issues in the inner east. These priorities are used to agree the spend of Area Committee wellbeing money and influence how services are prioritised in the area. Progress against the actions are then reported back to area committee at regular intervals throughout the year, as agreed in the forward plan.

3.12 It is proposed that in order to set these priorities, Area Support Team staff will carry out the following, in accordance with the agreed community engagement strategy, which is also detailed in the Business Plan.:

Discus priority setting at the 3 established CLT's; Seacroft, Gipton and Harehills.

Discus priority setting at the community forums in Richmond Hill and Burmantofts.

Carry out a Neighbourhood Survey to all addresses in Richmond Hill and Burmantofts

Attend any community events for discussion on area priorities

Use service providers and partner meetings to assess priorities.

3.13 The City Plan priorities will be used as a basis for consulting on, seeking views on which are seen to be a priority for the inner east, why, and if they are where this is a particular issue. Residents will also be asked if they have any suggestions for actions to address their issues. The results will feed into the Business Plan and Neighbourhood Improvement Plans as well as being shared with partners to feed into the service planning of individual services.

3.14 The key outcome is to enable the Area Committee to have a draft Business Plan and spending plan for Well Being Funding in place by March 2012 Area Committee, and a Community Charter prepared for distribution by July 2012.

3.15 Each year statistics ranking small super output areas within Leeds, are compiled to compare how the physical, social and environmental indicators in these areas, rate alongside national and city wide averages. This information will also be used to inform Area Committee priorities for 2012/13.

3.16 The ranking of each of the SOA's within the inner east is listed in the table below, along with areas for concern and action;

IE rank	Ward	SOA Name	Rank	↑↓	Areas for Action
1	Burmantofts & Richmond Hill	(Harehills) – Comptons, Sutherlands, Nowells	1	↓	Significantly higher rates of Job Seekers Allowance, Incapacity Benefit and Lone Parent Income Support compared to the Leeds rate Housing turnover rate is exceptionally high in the area
2	Burmantofts & Richmond Hill	Cross Green, Richmond Hill, East End Park	3	↑	Housing turnover rate is exceptionally high in the area Levels of NEETs are nearly double the city average rate

<b>3</b>	<b>Burmantofts &amp; Richmond Hill</b>	<b>Lincoln Green/Ebor Gardens</b>	<b>4</b>	↓	Persistent absenteeism is a particular issue in the neighbourhood Levels of NEETs are double the city average rate
<b>4</b>	<b>Gipton &amp; Harehills</b>	<b>Harehills</b>	<b>7</b>	↓	The rate of housing turnover & empty properties in the area is more than double the city average. NEET's are double the city average.
<b>5</b>	<b>Gipton &amp; Harehills</b>	<b>Harehills Triangle</b>	<b>11</b>	↓	Improving jobs and training opportunities is a priority as households on a low income is three times city average.
<b>6</b>	<b>Killingbeck &amp; Seacroft</b>	<b>Seacroft South</b>	<b>13</b>	↓	Nearly half of the children in this area are in workless households. Cancer mortality is exceptionally high.
<b>7</b>	<b>Gipton &amp; Harehills</b>	<b>Gipton South</b>	<b>17</b>	↑	Tackle the level of NEETs Reducing crime and ASB & increasing community confidence Improve the local environment Address Persistent Absenteeism Improve activities for young people Promote physical health and Emotional wellbeing
<b>8</b>	<b>Gipton &amp; Harehills</b>	<b>Gipton North</b>	<b>19</b>	↓	Tackle the level of NEETs Reducing crime and ASB & increasing community confidence Improve the local environment Address Persistent Absenteeism Improve activities for young people Promote physical health and Emotional wellbeing
<b>9</b>	<b>Killingbeck &amp; Seacroft</b>	<b>Fearnville, Hollin Park, Beechwood, Brooklands</b>	<b>21</b>	=	A large number of children are in workless households and the number of deaths from circulatory disease is particularly high. Health and education need to be priorities.
<b>10</b>	<b>Killingbeck &amp; Seacroft</b>	<b>Seacroft North</b>	<b>22</b>	↓	One of the worst areas in Leeds for health, death from Circulatory Disease is twice the city average. A high number of babies have low birth weights.
<b>11</b>	<b>Burmantofts &amp; Richmond Hill</b>	<b>Osmonthorpe, East End Park Hill</b>	<b>26</b>	↓	Levels of cancer mortality are a particular issue in this neighbourhood The number of Children living in workless households is approximately double the city average
<b>12</b>	<b>Killingbeck &amp; Seacroft</b>	<b>Crossgates and Killingbeck</b>	<b>38</b>	↑	Community Safety Education
			<b>1 = worst</b>		

It is suggested the above areas for concern are those that are proactively targeted for action over the next year. This doesn't however mean that we won't work with other groups, issues and areas but it will be done on request. Due to resources it is important the priority areas are focussed on.

- 3.17 As there are a number of recognised priority neighbourhoods in inner east, each with multiple areas for concern, the Area Committee agreed in 2010 to fund the posts of Neighbourhood Managers for these neighbourhoods. Neighbourhood Managers cover Seacroft, Gipton, Burmantofts and Richmond Hill and they devise annually reviewed Neighbourhood Improvement Plans for each target area. A NIP will also be devised for Harehills, the fifth priority neighbourhood, by the Area Support Team.
- 3.18 The community is encouraged to participate in the development of these NIPs using the agreed community engagement strategy and achievement against actions is reported back to the community at CLTs and forums. Revised NIP's will be brought to the area committee for approval in March.

### **3.19 New draft 2012/13 priorities for consultation**

- 3.20 All of the above data has been used along with other resources including ward member, partner and community group meetings. The priorities suggested are as follows:

#### **Best city... for health and wellbeing**

There are a range of social, economic and environmental factors that affect people's health in Leeds, which cause some people to have poorer health than others. To improve this, in Inner East Leeds we will

- aim to help people to live happier, longer, healthier lives by providing advice and information on healthy lifestyle choices.
- Promote the change for Life Campaign in our local communities which offers practical advice on healthier lifestyles
- Support delivery of 'extend' exercise classes in Seacroft to people who are suffering from chronic lung problems.
- Promote the risks of smoking and offer people help and advice to stop smoking.
- Fund Space 2 to run Mind, Body and Soul projects in Gipton and Seacroft which offer women training and support in improving their mental and physical health.

#### **Best city... for children and young people**

Leeds will be a child-friendly city where the voices, needs and priorities of children and young people are heard and inform the way we make decisions and take action. To achieve this, in Inner East Leeds we will

- Target families with challenging young people to give them a package of support to improve their school attendance, attainment and progression.
- Provide a range of activities such as; school holiday activities, sports and art activities for young people to enjoy in their local neighbourhood, in local venues

- Provide targeted support to young people to reduce the risk of them not being in education, employment or training

### **Best city... for business**

Leeds has started to recover from the recession, and we need to make sure jobs are created and that local people can access those jobs. We will make sure new developments create skills and opportunities through apprenticeships. To achieve this in Inner East Leeds, we will

- Provide job advice and information through the Jobshops in Harehills, and Jobshop sessions at Seacroft.
- Provide targeted support to those families experiencing long term unemployment to get them back into work.
- Offer training and support to enable local people to access local job opportunities when they arise.

### **Best city... for communities**

Our communities will get the backing they need to help local people lead their lives successfully. We will encourage community spirit and local activity, but recognise that it will take high-quality public services working with local people to tackle crime and anti-social behaviour effectively, and to keep our neighbourhoods clean and green. In Inner East Leeds we will

- Organise clean up days with local residents in identified hot spot areas and provide a Community Payback team to help improve community buildings and spaces
- Provide information for people through leaflets, talks in schools and at local events on how to dispose of their waste, and take enforcement action against those who do not dispose of it correctly.
- The council, police, health, housing providers and other organisations will work together as a team to tackle the problems identified in our communities and support residents groups who want to improve their local environment
- Provide advice and practical help with home security to reduce the risk or burglary and continue to provide CCTV in areas which are hotspots for crime and anti social behaviour,
- Increase awareness of the harm from the use of drugs, alcohol and domestic abuse through providing information at community events, talks in schools and through local community groups.

### **Best city... to live**

Leeds needs investment in new homes and our aim is to attract maximum investment from the private sector and government. We will finalise our housing planning policy to grow the city in a sustainable way, while maintaining the distinctiveness of communities and a green city. We will improve our existing homes, making them more energy efficient and easier to heat. In Inner East Leeds we will

- As funding becomes available we will work undertake works which achieve our

aim to improve Community Parks, play areas and equipment, sports pitches and allotments.

- Protect and Improve the natural habitats of the Wykebeck Valley for local people to enjoy.
- Extend and improve Richmond Hill Community Centre to create a local centre that is the hub of the community.
- Promote our community centres to increase their usage.
- Work with investors to bring about the physical regeneration of Inner East Leeds neighbourhoods'.

3.21 If the Area Committee approves the above then further work will take place with partners before next Area Committee to confirm priority areas and specific actions that will be undertaken to address the issues.

### **3.22 Charter 2012/13**

3.23 As in previous years the Area Committee is requested to confirm that they would like to produce a Community Charter for the Inner East. This gives a chance for the Area Committee's priorities to be shared easily with partners and organisations in the area to help facilitate partnership working and feedback from the previous year.

3.24 The above priorities, if approved, will be included in the charter for 2012/13 along with the other standard items including what the wellbeing funding was spent on, 2011/12 achievements, chairs introduction and how to get involved/make a difference.

3.25 This year 4,000 charters were produced at a cost of £1,365.50.

3.26 If the priorities and funding are agreed for a charter then draft text for 2012/13 will be brought back to the next Area Committee meeting in March for approval. As the next Area Committee would then not be until June it is suggested that further drafts and mock ups be presented at ward member meetings for approval and the final draft brought to the June meeting for sign off to go to print. This is the shortest timescale possible and ensures that copies are sent out at the beginning of the period the charter covers.

### **3.27 Consultation**

3.28 It is clear the public are generally still unaware of the Area Committee and it is important we raise its profile as well as consult them on a regular basis. There is a need to employ a range of methods and approaches giving people the maximum opportunity to access information, engage and debate local issues. To this end we will continue with the current engagement methods of:

- using existing opportunities where services/organisations already bring together residents that could potentially be used as mechanisms for discussion, debate and consultation. These are:

School /Youth Councils  
Good Neighbour Schemes/Luncheon Clubs  
Disabled groups  
Parent Associations/Children Centre Parent Groups  
Tenant and Resident Associations  
Police and Communities Together (PACT) Meetings  
Community galas/school and church fairs

- continued development of resident networks and priority neighbourhood surveys
- Police and Community Together (PACT) meetings every 4/6 weeks; with invited guests from partner agencies depending on priority issues raised by residents – with feedback on issues agreed at previous meeting
- Quarterly meetings of Community Leadership Teams (CLT) to oversee engagement, neighbourhood improvement plan progress and report to Area Committee. To incorporate an open meeting focusing on a key priority and a “have your say” item.
- community conference (as part of one of the above CLT meetings) which brings together front-line staff and residents to share information, build relationships and plan improvements for the coming year.

3.29 It should be noted that CLTs are now well established in Gipton and in Seacroft. The Harehills CLT has been established, although it has only met once so far. The Area Support Team is currently trying to recruit new members and confirm a Chair for the group. Currently community forums continue to meet in Burmantofts and Richmond Hill, although it is hoped that these will be replaced by the Community Leadership Team model in the near future.

3.30 In addition, the Police have indicated that they intend to carry out a week of consultation focused predominantly on the Harehills area.

3.31 It is suggested that a number of new initiatives are implemented to help raise the profile and get more people involved with the work of the Area Committee. Below is a list of initiatives that could be implemented for the Area Committee to choose from:

- Press Release after Area Committees
- Key messages to be sent out the local partners and groups after agreement from Chair.
- Chapeltown and Harehills forum to look at community cohesion in the area.
- Area Committees to be themed where possible to allow interest groups to choose relevant committees to attend.
- Key groups also to be personally invited to Area Committee when relevant to help stimulate debate and get involved.
- To review the Inner East community group database to make sure details are up to date and we have email address where available to facilitate quicker communication.
- Use of current partner newsletters and websites to update people on the work of the area committee and consultation.



- To investigate the use of social media and other technologies to increase communication channels.

3.32 All the above mechanisms demonstrate value for money and deliver the aim of improved communication efficiently given resources.

3.33 Following interagency and community representative discussions it has been requested that a Chapeltown and Harehills cross ward forum be established to focus on what can be done to maintain and enhance community cohesion and compliment positive partnership working across Chapeltown and Harehills. Work is ongoing to develop this and it is anticipated that the first forum meeting will be held early in 2012.

3.34 West Yorkshire Police are also carrying out a month-long consultation during January to establish how the county's residents want to communicate with local officers on how they report and receive information. The results will be useful to inform how the Area Support Team and partners undertake community engagement.

3.35 If approved by the Area Committee these actions will be included in the new business plan under the consultation section.

### **3.36 Timescales**

3.37 A full timetable for the production of business plan and charter and consultation is attached at appendix 2.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

#### Community Engagement Plan

4.2 Since 2009, the Area Committee approved an annual Community Engagement Plan for the Inner North East. This was in addition to an Area Delivery Plan. As a Priority Advisory Function of the Area Committee, Community Engagement work will continue to play a key role in work undertaken in 2011/12.

4.3 The report sets out the community engagement activity and consultation which will inform the priority setting and business plan for 2012/13.

### **4.4 Equality and Diversity / Cohesion and Integration**

4.5 Well Being funding is used to ensure that inequalities within the local area are addressed through local projects and schemes and equality impact assessments carried out where necessary.

4.6 The priorities identified in the Area and Neighbourhood Improvement Plans are developed with consultation with the local community and aimed at addressing the inequalities within the area.

#### **4.7 Council Policies and City Priorities**

4.8 The themes in the proposed Business Plan will mirror the themes and priority outcomes at a city wide level and also reflect the delegated functions and priority advisory functions.

#### **4.9 Resources and Value for Money**

4.10 As outlined in the Function Schedule 2011/12, the Well Being budget delegated by Executive Board is used to finance projects which meet the needs of the Area Delivery Plan or its successor. Members of the Area Committee are keen that wherever possible the use of well being brings in additional match funding to the area.

#### **4.11 Legal Implications, Access to Information and Call In**

4.12 All decisions taken by the Area Committee in relation to the delegated functions from the Executive Board are eligible for Call In.

4.13 There are no key or major decisions included in this report.

4.14 There are no legal implications relating to this report.

#### **4.15 Risk Management**

4.16 Not applicable under this section.

### **5 Conclusions**

5.1 Progress is being made in relation to the priorities set out in the Area Committee Community Charter and projects to deliver action will continue to address the inequalities in the area as set out in **Appendix 1**.

5.2 A further consultation strategy should be added to the Community Engagement strategy of the Business Plan to raise the public profile of the Area Committee.

### **6 Recommendations**

6.1 That Members note the content of the report and progress made to deliver the priorities set out in the Community Charter

6.2 That Members approve the draft 2012/13 Community Charter priorities, subject to final public consultation.

6.3 That Members approve the draft Consultation Strategy to be added to the Inner East Area Committee Business Plan.

### **7 Background documents**

7.1 Area Committee Roles and Functions 2011/12



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## Inner East Area Committee Community Charter priorities

Priority	How will this be achieved	Who? Partnership/ agency	Outcomes Measures	Progress/ Concerns to note
<p><b>Work with communities to organise events and activities that bring people together.</b></p>	<p>Support Seacroft Gala, Gipton Gala, Harehills Festival, Live in the Drive, Lark in the Park and other local events.</p>	<p>Area Management</p>	<p>Attendance at events Feedback from events</p> <p>The number of people who believe people from different backgrounds get on well together.</p>	<p>Wellbeing funding provided to support the galas and festivals that have taken place during the summer. Harehills Festival cancelled due to bad weather</p> <p><b>Olympic events planned to coincide with Olympic Torch passing through the area.</b></p>
<p><b>Provide a range of opportunities for people to ‘have their say’ about what happens in their community.</b></p>	<p>Support Community Leadership Teams which bring together people from community groups, School Parent Governors, elderly groups, youth/school councils, community champions and local businesses.</p> <p>Ask for your views on your neighbourhood by sending questionnaires or by attending your events and meetings.</p>	<p>Area Management</p>	<p>Number of people engaged in local decision making</p>	<p>CLT meetings taking place in accordance with Community Engagement Strategy for Gipton and Seacroft.</p> <p>Burmantofts and Richmond Hill Forums continuing to operate whilst work is undertaken to develop CLTs for these neighbourhoods.</p> <p>Harehills CLT planned for early November</p> <p><b>Neighbourhood Survey</b></p>

Priority	How will this be achieved	Who? Partnership/ agency	Outcomes Measures	Progress/ Concerns to note
	The police run PACT meetings which allow you to meet with a local officer and give you the chance to discuss local issues and help set local policing priorities.	West Yorkshire Police		<p>carried out in December/ January in Burmantofts &amp; Richmond Hill?</p> <p>Inaugural Harehills CLT held in November.</p> <p>Chapelton &amp; Harehills Forum planned for February.</p> <p>Harehills Youth Forum planned for March</p> <p>Police Community Engagement week planned for March.</p> <p>PACT meetings taking place regularly.</p>
<b>Reduce anti-social behaviour, crime and the fear of crime through working together with partners and local communities.</b>	<p>The council, police, health, housing providers and other voluntary organisations working together as a team to tackle the problems identified in our communities.</p> <p>Provide help and advice</p>	Divisional Community Safety Partnership	<p>Priority Indicators</p> <p>NI 15: Reduce the level of serious violent crimes</p> <p>NI 16: Reduce the level of serious acquisitive crimes</p> <p>SL: Reduce the level of Domestic Burglary</p>	<p>Implementation of S30 Dispersal Order in Harehills</p> <p>Removal of bollards on East Park Drive, and installation of alternative traffic calming measures</p> <p>Continuation funding agreed for police off road</p>

Priority	How will this be achieved	Who? Partnership/ agency	Outcomes Measures	Progress/ Concerns to note
	<p>to reduce the likelihood of people becoming victims of crime;</p> <p>Increase awareness of the harm from the use of drugs, alcohol and domestic violence through providing information at community events, talks in schools, through local community groups.</p> <p>Continue to fund existing CCTV in areas which are hotspots for crime and anti-social behaviour.</p> <p>Work with local communities to develop safe neighbourhoods that local people feel proud of.</p>		<p>NI 20: Reduce the level of assault with injury crime NI 32: Reduce the repeat victimisation rate for those domestic violence cases being managed by a MARAC</p> <p>WYP: Increase the proportion of residents who agree that the police and local council are dealing with the Anti-social Behaviour &amp; crime issues that matter in their area</p> <p>Annual report to area committee</p>	<p>motorbikes for a year</p> <p>Continuing work with CATCH residents group in Harehills</p> <p>Operation Champion</p> <p>Multi agency day of action in December to combat ASB in Harehills Cemetery</p> <p>2 Successful Operation Champions in Gipton in November and December</p> <p>Funding the Children's Early Intervention Domestic Violence project in Gipton and the Preventing Domestic Violence project in Seacroft working with young people from David Young Academy.</p>
<b>Improve the cleanliness and condition of our neighbourhoods.</b>	Provide a Community Payback team to undertake work which helps to improve	Leeds City Council Environmental locality team/area	Using NI 195 methodology to measure by area committee area number of sites surveyed to be	Environment SLA agreed at September area committee

Priority	How will this be achieved	Who? Partnership/ agency	Outcomes Measures	Progress/ Concerns to note
	<p>community buildings and spaces.</p> <p>Provide information for people through leaflets, talks in schools, and at local events for people on how to dispose of their waste.</p> <p>Take enforcement action against residents and businesses who do not dispose of their waste in the correct way.</p> <p>Organise clean up days with local residents in identified hot spot areas.</p> <p>Support residents groups and 'friends of groups' who want to improve their local environment.</p>	management	<p>satisfactory in terms of the presence of:</p> <p>litter detritus (e.g. leaf mould, dirt accumulations etc). graffiti flyposting.</p> <p>The litter and graffiti baseline results both fall significantly below the respective citywide average. On this basis the service improvement target will be to achieve an above average result for these two indicators at the next year's survey, and wherever possible increase the number of 'acceptable' sites across the other categories within the Inner East.</p>	
<b>Provide a range of</b>	Providing school holiday	Youth Service ,	Number of young people	Harehills youth strategy



Priority	How will this be achieved	Who? Partnership/ agency	Outcomes Measures	Progress/ Concerns to note
<b>activities for young people to enjoy in their local neighbourhood.</b>	sports and arts activities for children and young people in a range of local venues such as Fearnville Leisure Centre, Dennis Healey Youth Hub, and Ebor Gardens Community Centre.	Extended Services, voluntary sector	involved in activities  Proportion of 10-17 year olds offending	group increasing awareness of what is available for young people in Harehills <b>Gipton &amp; Harehills working with the INE and extended services to commission a Young Peoples Summer Holiday Activities programme.</b>  <b>Harehills Youth Strategy planning a mini Olympics event for June</b>
<b>Support young people to improve their behaviour, school attendance and achievement;</b>	We will target families with challenging young people to give them a package of support to improve their school attendance, attainment and progression.  Provide targeted support to young people to reduce the risk of them not being in education, employment or training.	Cluster Leadership Groups – CHESS, Inner East, Seacroft & Manston	Raise the level of attendance in primary and secondary schools  Reduce the number of 16-18 year olds that are not in education, employment or training.  (The performance information provided to area committees has been reviewed in the context of the Children & Young People’s Plan 2011-15).	Workshops held by Cluster Leadership Groups to develop action plans using Outcome Based Accountability methodology to improve school attendance  Those children most at risk have been identified using the top 100 methodology. Agencies are sharing information about these children to provide co-ordinated support.
<b>Help people to take</b>	Provide job advice and	Jobs and Skills	Number of new jobs	Garden Gang

Priority	How will this be achieved	Who? Partnership/ agency	Outcomes Measures	Progress/ Concerns to note
<p><b>advantage of training and job opportunities by providing advice and support.</b></p>	<p>information through the Jobshops in Harehills, and Jobshop sessions at Seacroft.</p> <p>Provide targeted support to those families experiencing long term unemployment to get them back into work.</p> <p>Offer training and support to enable local people to access local job opportunities when they arise.</p>		<p>Reduction in worklessness</p>	<p>commissioned to run a project to offer training opportunities for jobless people in Inner East Leeds.</p> <p><b>Opportunities Fair for Harehills planned for February. To take place in Compton Centre and provide financial, benefit, work &amp; volunteering advice.</b></p>
<p><b>Help people to live happier, longer, healthier lives by providing advice and information on healthy lifestyle choices.</b></p>	<p>Promote the change for Life Campaign in our local communities which offers practical advice on healthier lifestyles.</p> <p>Support delivery of 'extend' exercise classes in Seacroft to people who are suffering from chronic</p>	<p>ENE Health and Wellbeing Partnership</p>	<p>Reduce the number of adults over 18 that smoke</p> <p>Reduce the amount of emergency admissions to hospital</p> <p>Reduce the rate of admissions to residential care homes</p>	<p>Harehills Change for Life Group brings together professionals to tackle childhood obesity, through promotion and education on healthy eating and physical exercise.</p> <p>The first Breathing Buddies session in Seacroft was delivered on 30<sup>th</sup>. Numbers</p>

Priority	How will this be achieved	Who? Partnership/ agency	Outcomes Measures	Progress/ Concerns to note
	<p>lung problems.</p> <p>Promote the risks of smoking and offer people help and advice to stop smoking.</p> <p>Fund Space 2 to run Mind, Body and Soul (MBS) projects in Gipton and Seacroft which offer women training and support in improving their mental and physical health.</p>		<p>Increase the proportion of people with long term conditions feeling supported to be independent and manage their condition</p> <p>Reduce the differences in life expectancy between communities</p>	<p>started low, but are building.</p> <p>MBS groups are now well established in Seacroft and Gipton. 10 participating in Seacroft and 18 in Gipton. Awareness event on Health and money was well attended in Burmantofts.</p> <p><b>Funded And..inhale project to educate people on how to correctly use their inhalers</b></p>
<p><b>Support the physical regeneration of East Leeds.</b></p>	<p>As funding becomes available we will work undertake works which achieve our aim to improve Community Parks, play areas and equipment, sports pitches and allotments.</p> <p>Protect and Improve the natural habitats of the Wykebeck Valley for local people to enjoy.</p>		<p>Parks &amp; Countryside</p> <p>LKI-GFI / CP-PC50 / EM38</p> <p>The percentage of parks and countryside sites assessed internally that meet the Green Flag criteria</p> <p>LKI-PCP 22 Overall user satisfaction with Parks and Countryside (from the user survey)</p> <p>The percentage of parks and countryside community</p>	<p>Greenspace strategy prepared outlining how S106 funding will be used.</p> <p>Work starting on a £40,000 project to improve woodland, footpath, fencing and entrance enhancements at Killingbeck Fields, a key site for</p>





Report author: Martyn Stenton  
Tel: 50804

**Report of : Director of Environments and Neighbourhoods**

**Report to : Inner East Area Committee**

**Date: 1<sup>st</sup> December 2011**

**Subject: Developing a Locality Approach Between Leeds City Council Services and Neighbourhood Police Teams/Police Community Safety Officers (PCSOs)**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Arrangements will apply in all wards, initial examples are in the appendix of the report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Summary of main issues

1. Leeds has benefited from the work of Police Community Service Officers (PCSOs) for a number of years. The city currently has 324 PCSO working across the city. The PCSO service is funded from a number of sources including the West Yorkshire Police Authority (WYPA), Leeds City Council (LCC), the Hospital Trust, City Centre Markets, White Rose Shopping Centre, some Parish Councils and ALMOs.
  
2. Despite the huge budget pressures that the Council currently faces, it has maintained significant investment in the PSCOs service, and in April 2011 the Council agreed to extend the existing agreement with the WYPA to retain 170 PCSOs across Leeds. The funding provided by the Council amounts to just over £1.5m per annum, and provides a 30% contribution towards these posts.
  
3. The investment provided by the Council was awarded on the basis that work be undertaken this year to strengthen arrangements between PCSO's and Leeds City Council Services. In particular the aim is to support the delivery of locally identified

environmental priorities and assist in the delivery of service efficiencies and improved effectiveness.

4. The Council's Executive Board received a report on this in September. A protocol between the Council and the Police was then presented to the November meeting of the Safer Leeds Executive. Members of the Area Committee are asked to note the progress with arrangements for closer working and discuss local environmental priorities which need tackling through joint working.

## **Recommendations**

5. The Area Committee is asked to:
  - 5.1. note the progress being made to develop more joined up working within localities between LCC services and Neighbourhood Police Teams/PCSOs.
  - 5.2. discuss proposed areas of closer working on local environmental priorities.

### **1 Purpose of this report**

- 1.1 The purpose of this report is to provide Members with an overview of progress to develop more joined-up working arrangements between locality based City Council services and Neighbourhood Police Teams/PCSOs.

### **2 Background information**

- 2.1 Working within local Neighbourhood Policing Teams, the main role of PCSOs is to contribute to the policing of neighbourhoods, primarily through highly visible patrols with the purpose of reassuring the public; tackling anti-social behaviour in public places; responding to concerns raised by residents and Elected Members; and being accessible to communities and partner agencies working at local level. This involves working with a range of local services including Youth Services, Schools, Environmental Services and ALMOs.
- 2.2 In 2008 Leeds City Council entered in to a three year contract with the West Yorkshire Police Authority for the provision of 170 PCSOs across the city. In April 2011, the Council agreed to extend this arrangement for a further year. The 2011/12 contract amounts to over £1.5m of additional policing within localities funded from Council budgets. The decision to continue funding was made despite a backdrop of significant cuts to Council budgets, coupled with the withdrawal of major grant programmes such as Safer and Stronger Communities Fund (SSCF). This demonstrates the commitment and investment that the Council has made in local policing for a number of years.
- 2.3 The deployment of PCSOs part funded by LCC are allocated on an equal 5 per ward basis across Leeds. West Yorkshire Police allocate their PCSO cohort across their Neighbourhood Policing Teams (NPTs), of which there are 17 in total across Leeds.

- 2.4 The designation of PCSOs is based on intelligence gathered from a range of sources including; hotspot locations for example burglary and ASB; information provided by the community and Elected Members; and data from the Council and other agencies.

### **3 Main issues**

- 3.1 For a number of years, work has taken place within localities to develop closer working arrangements between local service providers and NPTs. The introduction of the new locality working arrangements have brought a sharper focus to how local services work and co-operate with one another on a daily basis in order to deliver better outcomes for local people.
- 3.2 There are already significant levels of co-operation. Children's Services, for example, work closely with the Police through the Safer Schools Initiative, within which the PCSO's play an important part. PCSO's often act as the "eyes and ears" within local areas, reporting on a range of issues, from anti social behaviour and truancy, through to matters of safeguarding.
- 3.3 Work this year seeks to build on the relationship across the Council, in a more systematic way, with particular emphasis on how the PCSO's can assist with improving the environment. The full Executive Board report contains more information about this and the protocol provided as an appendix provides more information about arrangements and current examples by Neighbourhood Police Team area. The Area Committees are asked to feed in their views on local environmental priorities at this early stage of development and to receive periodic monitoring reports about progress.

### **4 Corporate Considerations**

#### **4.1 Consultation and Engagement**

- 4.1.1 West Yorkshire Police and Leeds City Council Services undertake regular consultation with residents through a wide range of means to assess local needs and priorities. The methods include community forums, PACT meetings, resident surveys, face to face meetings, local patrols and events, Area Committee meetings, newsletters and other media publications.
- 4.1.2 The tasking arrangements between LCC and WYP will be determined via consultation with local communities, elected members and through intelligence products produced by WYP, LCC and the Community Safety Partnership.

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

- 4.2.1 Both LCC and WYP follow Equality procedures which ensure that their services are accessible to all the residents of Leeds. Services are developed and delivered in response to need and intelligence information, which aims to address inequality and improve lives.

#### **4.3 Council Policies and City Priorities**

- 4.3.1 The development of more integrated and closer working between locality based services, will deliver improved outcomes for local people and is aligned with the

new Safer and Stronger Partnership's priority to 'Make Leeds an attractive place to live, where people are safe and feel safe, and the City is clean and welcoming.'

- 4.3.2 The delivery of the new tasking arrangements will also support the delivery of the Safer Leeds Plan, which aims to reduce crime and its impact across Leeds and effectively tackle and reduce anti-social behaviour in our communities.

#### **4.4 Resources and value for money**

- 4.4.1 The Council has committed over £1.5m in 2011/12 to support the continuation of the PCSO service across the city. Through the development and delivery of closer working between service providers, communities will benefit from the delivery of more joined up services, working together better to address identified local needs and deliver improved outcomes.
- 4.4.2 The integration of services should also deliver service efficiencies and improved effectiveness through a more focused approach to address problems, provide a better distribution of responsibility to deal with issues of concern, and improve ownership by individual services and organisations.
- 4.4.3 It is hoped that the protocols established between WYP and LCC, will deliver service efficiencies and provide better value for money, and that the delivery model can be replicated across the city in other partnership working arrangements.

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

- 4.5.1 There are no legal implications connected with the contents of this report.

#### **4.6 Risk Management**

- 4.6.1 Risks will be managed by the regular tasking meetings in each area.

### **5 Recommendations**

- 5.1 The Area Committee is asked to:
- 5.2 Note the progress made to develop more joined up working within localities between LCC services and Neighbourhood Police Teams/PCSOs
- 5.3 Discuss proposed areas of closer working on local environmental priorities which will be fed back to local tasking arrangements to progress

### **6 Background documents**

- 6.1 Report to Executive Board September 2011
- 6.2 PCSO joint working case studies exercise – WYP June 2011
- 6.3 2011/12 PCSO contract between Leeds City Council and West Yorkshire Police



**Report of**                    **Jill Wildman, Director of Housing Services, East North East Homes Leeds**

**Report to**                    **Inner East Area Committee**

**Date:**                        **2 February 2012**

**Subject:**                    **Welfare Reform Update**

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

## Summary of main issues

The Government has embarked on a major programme of Welfare Reform which sees major changes happening in the next three years. This wide range of reforms proposes to make benefits and the tax credits system fairer and simpler. The Bill proposes to create the right incentives to get more people into work by making it affordable and better able to tackle poverty, worklessness and welfare dependency.

This report is to provide members of the Inner East Area Committee as to the progress of work currently being undertaken to prepare for the potential changes in order to mitigate any impact they may have.

A city wide Welfare Reform Strategy document and communication plan is to be presented at the Executive Board in February 2012.

A Welfare Reform Strategic Board, Environments and Neighbourhoods/ ALMOs Working Group / Welfare Reform Project Team (accountable to the East North East Area Leadership Team) along with a cross ALMO / BITMO / Lettings Officer Group are all now established and are working in preparation for the proposed changes.

## Recommendations

The Inner East Area Committee is asked to note the content of the Report and the attachment at Appendix A.

## **1 Purpose of this report**

- 1.1 The purpose of this report is to update members of the Area Committee on the Welfare Reform proposals / changes.

## **2 Background information**

- 2.1 The Government has embarked on a major programme of Welfare Reform which sees major changes each year for the next three years. Please note Appendix 1 that outlines information on the most significant changes over the next three years.

## **3 Main issues**

### **3.1 Local Housing Allowances**

January 2012 sees Local Housing Allowance changes coming into effect for claims that were transitionally protected at April 2011.

The Shared Accommodation Room rate extension to cover single people up to the age of 35 in the private rented sector also comes into effect from January 2012. It will take until December 2012 for both these sets of changes to be applied to all private rented sector cases.

Caseload analysis as at the end of December 2011 shows that 11,812 cases are now on the new Local Housing Allowance scheme. 6,864 of these have no shortfall in their rent to make up and 4,948 cases have a shortfall to make up with the average shortfall being £17.77 per week.

- 8,095 cases will move on to the new LHA rates between January 2012 and December 2012 including 2,353 cases moving into the Shared Accommodation Rate.
- 7,261 of these will have a reduction in the Local Housing Allowance with the average reduction being £15.47. Of these 2,014 are cases moving into Shared Accommodation Rate with an average reduction of £32.97 per week.

The Government has increased Leeds' funding for Discretionary Housing Payments from £297k in 2010/11 to £800k in 2012/13. Additional funding is also being provided by Government to support Housing Options teams in helping tenants to make the transition to the new LHA schemes. This will be used to increase advice capacity within Leeds.

### **3.2 Welfare Reform Bill**

The next main reforms are planned to come into effect from April 2013. These are:

- Disability Living Allowance to Personal Independence Payments
- Social Fund responsibility to be transferred to local Councils
- Under occupation rules for the social rented sector

- Benefit Cap to limit the maximum amount of benefit a family can receive in a week
- Universal Credit implementation from October 2013.

The Welfare Reform Bill is currently in the House of Lords and the Lords have overturned the Government's proposals around under occupation in the social rented sector. The Lords voted for an amendment that, among other things, would limit under occupation to where a tenant has two or more bedrooms than is required. The Government has yet to respond to this.

### 3.2 **Universal Credit**

The Department for Work and Pensions (DWP) has set up a number of working groups to look at issues relating to Universal Credit policy. These include the following groups at which Leeds is represented:

- A Transition Working Group looking at the issues for local Councils in migrating and preparing to migrate Housing Benefit claims to Universal Credit.
- A Support and Exceptions Group looking at the support social sector tenants will need to effectively manage their finances when being paid benefit directly.
- A Face to Face Delivery Group looking at the role of local Councils in supporting delivery and access to Universal Credit.

The DWP is also looking at setting up pilot and pathfinder arrangements:

- Demonstrator Projects are being put in place with up to six local Councils to look at the issues arising from paying tenants their housing costs directly. This will involve relatively small numbers of tenants moving to direct payment ahead of Universal Credit implementation.
- Local Authority pilots are being considered for between 6-12 Local Authorities to look at options for integrating Universal Credit and Local Authority Activity in a way that helps tackle worklessness.
- A Universal Credit pathfinder will be put in place from April 2013 to test elements of Universal Credit prior to national roll out in October 2013.

### 3.3 **Local Council Tax Support**

The Government issued its response to the consultation responses it received on proposals to replace Council Tax Benefit with local schemes of support for Council Tax. The response confirmed that:

- Local schemes of Council Tax Support will be introduced with effect from April 2013.
- Government funding for local schemes will be cut by 10%.
- Government will prescribe a scheme of support for pensioners to ensure that pensioners are protected from any reductions. There will be no other

description on protected groups although the Government is keen to encourage Councils to look at this issue for themselves.

- Councils will need to have adopted a local scheme of Council Tax support by 31 January 2013.
- DCLG has set up a Delivery Group to look at the issues that need to be addressed in establishing local schemes and Leeds is represented on this group.

### **3.3 Preparations for the Reforms**

A Welfare Reform Strategy will be presented to Executive Board in February 2012 with the key elements of the Strategy dealing with:

- Developing a detailed understanding of the reforms across Leeds.
- Ensuring claimants and stakeholders are fully prepared for the changes.
- Ensuring support arrangements are in place for vulnerable tenants.
- Ensuring delivery of Council services reflect requirements of Welfare Reform.
- Developing a budget action plan that sets out and addresses the financial implications for the Council arising from the Welfare Reforms.
- Working with Jobcentre Plus to maximise opportunities to tackle worklessness under a Universal Credit system.

As part of this strategy a number of activities have already been completed:

- Maps showing how and where changes relating to LHA changes, under occupation, the benefit cap and local Council Tax support schemes impact in Leeds both individually and cumulatively, will be available shortly.
- Potential Council Tax support schemes are being worked up.
- Monthly Welfare Reform briefing bulletins will be available for Members and stakeholders from February 2012.
- Workshops are to be run in February and March for all frontline workers in the Council and in partner organisations to prepare staff to provide advice to customers about the Welfare Reforms and potential impact.

Work is also underway to develop an understanding of the implications of the reforms for Child Poverty. Detailed analysis is being developed around families on Housing Benefit with three or more children in the first instance to see (a) what the cumulative impact of the changes will be for these families and (b) to help develop approaches for maximising opportunities and mitigating unhelpful impacts. A number of case studies will be developed which will also look at issues such as debt, financial inclusion, digital inclusion and readiness for the changes. This work is being taken through the Child Poverty Group.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

4.1.1 The changes are being rolled out nationally, however, Leeds City Council have already consulted Leeds residents on specific Welfare Benefit changes i.e. non-dependent changes introduced in 2011 and will continue to do so as to any future proposals. Further publications will be produced as and when changes are confirmed and when the specific customers that will be affected are known. Also as part of the proposed Welfare Strategy document a Communication Plan is currently being developed setting out how the proposed changes will be communicated and residents consulted, along with staff, Members and all other stakeholders. It is proposed that regular briefings will be provided to Members as from February.

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

4.2.1 This report has no Equality and Diversity / Cohesion and Integration considerations.

### **4.3 Council policies and City Priorities**

4.3.1 The details in this report outline the Council's progress on preparing for Welfare Reform and the changes this will bring.

### **4.4 Resources and value for money**

4.4.1 Future consideration and effective planning will need to be given as to what the potential impact of the proposed Welfare Reform changes may have on resources, customers and stakeholders.

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

4.5.1 There are no legal implications or access to information issues. This report is subject to call in.

### **4.6 Risk Management**

4.6.1 The proposed Welfare Reform Bill has the potential to change the demand for services and also the resources available to Leeds residents, Leeds City Council and other stakeholders.

## **5 Conclusions**

5.1 The report and Appendix A are presented to the Inner East Area Committee for information only.

## **6 Recommendations**

6.1 The Inner East Area Committee is asked to note the content of the report and the attachment at Appendix A.

## **7 Background documents**

7.1 Please see Appendix A attached.

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## Welfare Reform timetable

Date	Change	Description	Timing of change	National financial impact over the spending review period	Leeds impact
<b>Apr-11</b>					
Housing Benefit	National caps on Local Housing Allowance (LHA) rates	The LHA rates for each property type are capped at a national maximum for each property type	Change applies to all new cases from April 2011. Existing cases are transitionally protected until Jan 2012 and then change is applied from next anniversary of Housing Benefit claim.	£235m savings	No impact in Leeds as all LHA rates are below the national caps
Housing Benefit	5-bed LHA rate capped to 4-bed LHA rate	Maximum LHA rate is capped at 4 bed rate for families that require 5 bedrooms or more.	Change applies to all new cases from April 2011. Existing cases are transitionally protected until Jan 2012 and then change is applied from next anniversary of Housing Benefit claim.	Included in figure above	Around 60 cases face a reduction.
Housing Benefit	- Excess payments removed	Claimants who find rents less than the LHA rate they are entitled to were able to keep the difference to a maximum of £15 a week. This was known as the 'excess'. Benefit now restricted to the actual rent charged or the LHA rate whichever is the lower.	New cases: April 2011. Existing cases: at next anniversary of claim.		9,588 cases in Leeds will lose an average of £11.82 pw although all will still get sufficient LHA to meet their rent. Reductions take place from April 11 - March 12 depending on date of anniversary of benefit claim
Housing Benefit	- LHA rate calculation change	LHA rates are set by the Valuation Office Agency who each month collect evidence of rents being charged in the private rented sector for each property type. Until April 2011, the LHA rate was set at the midpoint, or 50th percentile point, of the range of rents being charged in the private rented sector. From Apr 11 LHA rates are set at the 30th percentile point of the rents being charged in the private rented sector.	New cases: April 2011. Existing cases: transitionally protected until Jan 2012 and then wef next anniversary of claim.	£1.2bn savings	10,226 cases are affected with reductions averaging £8.92 pw
Child Benefit	Child Benefit	Child Benefit frozen for 3 years from 2011	April 2011	£2.6bn savings	All families in Leeds
<b>Jan-12</b>					
Housing Benefit	Extension of Shared Accommodation Rate	Single people up to the age of 35 renting in the private rented sector will have their LHA limited to the Shared Accommodation Rate (or Bedsit rate). Until April 2011 the rule applied only to single people under 25 but the change now extends the rule to cover single people aged between 25 and 35 renting in the private sector	Change applies to all new cases from Jan 2012. For existing cases the change will be applied in line with the end of their Transitional Protection period in relation to other LHA changes	£570m savings	1300 people currently entitled to the 1-bed rate will become entitled only to the Shared Accommodation Rate
Income Support	Lone parent conditionality requirements	Most lone parents where youngest child is 5 or 6 will be migrated from IS to JSA and expected to engage in work-related activity. Also, sanction regime is strengthened for failure to meet conditionality requirements	With effect from January 2012	£250m savings	As at Nov 10 there were 6,700 Lone Parents in Leeds with children under 5 and 3,000 lone parents with youngest child aged between 5-11
<b>Apr-12</b>					
All benefits	Fraud Penalties and Sanctions	Administrative Penalties for fraud set at £350 or 50% of OP whichever is the greater; loss of benefit for 13 weeks, 26 weeks or 3 years following successful prosecution; introduction of £50 civil penalty in non-fraud cases for failure to report a change in circumstance	April 2012	£107m savings	Impact will be dependent on the policy developed for applying civil penalties
<b>Jan-13</b>					

<b>Child Benefit</b>	Child Benefit	Removal of Child Benefit from all higher rate tax payers	January 2013	£8.05bn	N/k
<b>Apr-13</b>					
<b>All benefits</b>	Single Fraud Investigation Service	LA, Jobcentre Plus and HMRC fraud teams will be merged into a single fraud service. LAs will lose their power to prosecute for benefit fraud	April 2013	N/A	Impact relates to staffing. 15 LCC staff potentially affected by the change
<b>Housing Benefit</b>	Benefit cap	Total weekly amount of benefits to be capped at around £500 pw for couples and £350 pw for single people. Cap to be applied by LAs by reducing HB entitlement until benefit below caps	April 2013	£400m savings	Expected to be small numbers of families affected in Leeds. More work will be undertaken in 2012 to confirm position.
<b>Housing Benefit</b>	Social-sector housing under-occupation	HB to cut by a % where claimant occupies property that is larger than family size requires. Change only applies to working-age tenants and not to pension-age tenants	April 2013	£770m savings	Work is underway to identify the extent of this issue in Leeds
<b>Housing Benefit</b>	HB - uprating LHA rates by CPI	LHA rates will be uprated annually using Consumer Price Index. Change means LHA rates will no longer be uprated in line with actual rents in the private rented sector	April 2013	£225m savings	All cases will be affected but impact will depend on a number of factors including reaction by landlords and CPI rates
<b>Social Fund</b>	Social Fund localisation	Crisis Loans and Community Care Grant funds will be transferred to LAs to help ensure funds are appropriately targeted	April 2013	No figures produced yet	Much depends on the level of funding provided. Opportunity to review provision and link with other funds including Discretionary Housing Payments and s17 payments
<b>Council Tax Benefit</b>	Localisation of Council Tax support	Council Tax Benefit is abolished wef March 2013. It is to be replaced by locally developed schemes of support for Council Tax with 10% less funding from Central Government. DCLG is leading on this initiative and is expected to start a more formal consultation process in July 2011.	April 2013	£975m	Over 75k families in Leeds get Council Tax Benefit. Indications are that some groups will be protected from potential cuts (pensioners) but many others likely to face cuts
<b>DLA</b>	Disability Living Allowance reform	DLA to be replaced by Personal Independence Payments and to be more focused on those disabled people facing the greatest barriers to leading full and independent lives	April 2013: for new cases with an ongoing review of those aged 16 - 64 during 13/14	£2bn	21k working age people in Leeds receive DLA and likely to be subject to a review
<b>Oct-13</b>					
<b>All means tested benefits</b>	Universal Credit	Universal Credit replaces the main income based benefits (IS, JSA, ESA, HB and Tax Credits) with a single payment delivered by a single agency	Oct 2013 for all new claims for a 'replaced' benefit'. Existing claims will migrate to Universal Credit between April 2014 and March 2017 - migration strategy still to be agreed	N/a	There are currently 40,000 working age families getting HB who will migrate to Universal Credit by 2017. No one will lose out at the point of transfer. The role of local councils has not yet been determined but it is expected that DWP will administer Universal Credit - this has workforce implications for Leeds and other councils
<b>Oct-14</b>					
<b>Housing Benefit</b>	Pension Credit	Housing Benefit for pensioners will be paid as Pension Credit	Oct 2013 for all new claims. Existing claims will migrate to Pension Credit between April 2015 and March 2017 - migration strategy still to be developed	N/a	There are currently 35,000 pension age families getting HB who will migrate to Pension Credit by 2017. The role of local councils has not yet been determined but it is expected that DWP will administer Pension Credit inclusive of housing costs - this has workforce implications for Leeds and other councils