

Lincoln Green

Health Needs Assessment

September 2018

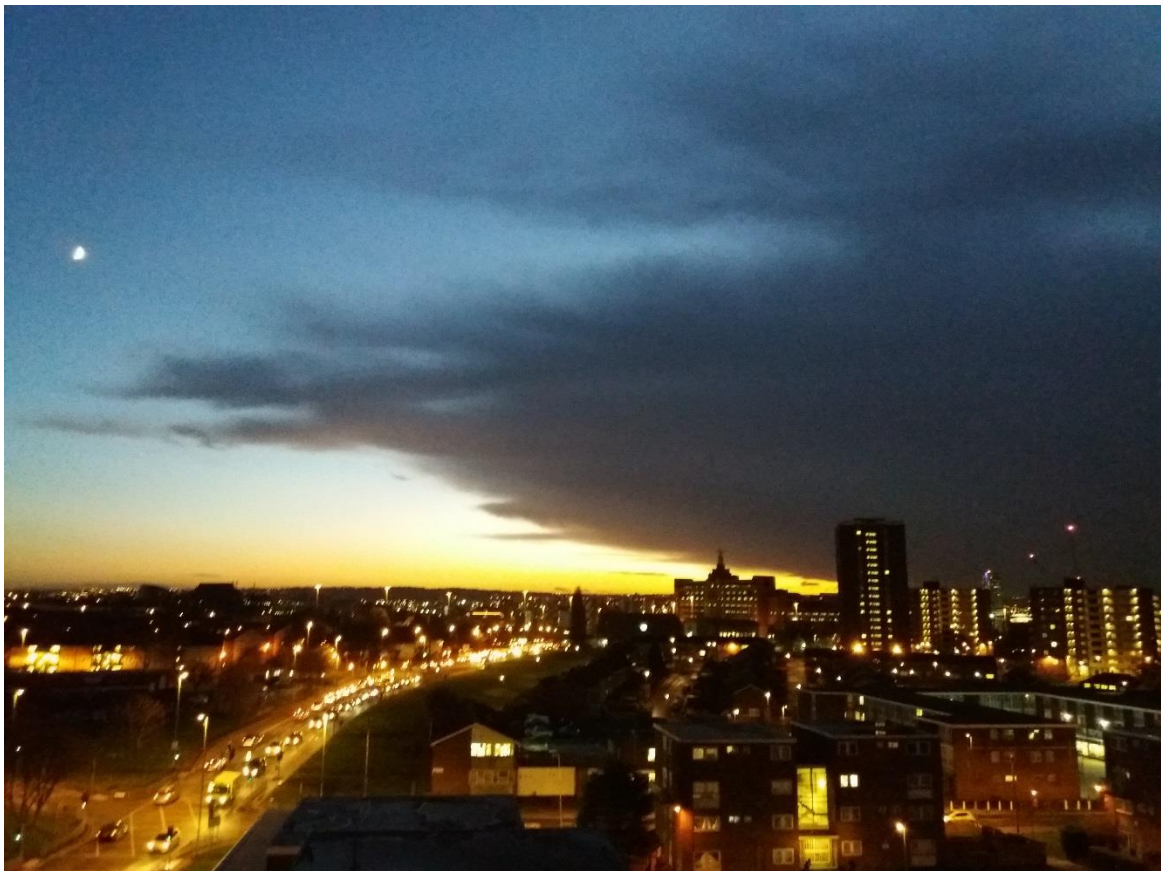


Image credit: Dawn Smallwood

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Contents

Executive Summary	Pages 3-4
Why complete a Health Needs and Asset Assessment?	Page 4
Introduction: Why focus in the 1% most deprived areas?	Pages 5-7
Area Data profile	Page 7
MSOA and local practice health profiles	Pages 7-10
Primary care practice data	Page 11
Walk in centre	Page 14
Migration	Page 14
Assets	Page 17
Data collection	Pages 21–24
Emerging themes	Page 24
What people said	Page 29
What agencies said	Page 30
Recommendations	Page 32
Contact details	Page 33
Acknowledgments	Page 33
References	Page 34
Further reading and information	Page 34
Lincoln Green IMD summary 2015	Pages 36-37
Community and agency questionnaires (appendices)	Pages 38-41

Executive Summary

Lincoln Green is the 3rd most deprived Lower Super Output Area (LSOA) of Leeds. Reference according to Index of Multiple Deprivation.

It has been identified as being one of Leeds City Council's six top priority neighbourhoods for local action.

This health need assessment has been developed in partnership between Public Health and the Lincoln Green engagement group with support from twenty one different agencies that work within the Lincoln Green area.

Throughout 2017 and 2018, there was active engagement with local residents, professionals and young people to ask them what they liked and did not like about living in Lincoln Green. There were also specific questions asked about health needs and access to local health services - both medical and those commissioned by public health.

This document reports on the findings from this consultation and also provides agencies with local data and findings from work in the area.

Respondents also commented on what they would like done to improve these problems.

There were 91 community respondents. Main issues highlighted included:

- Lack of knowledge of local health and health and wellbeing services.
- Lack of ESOL classes and conversation groups at a higher level.
- Navigation of health and screening services.
- Lack of outdoor play spaces for children at any age.
- Meaningful employment needed.

In total there are 7 recommendations going forward. These will be considered at the next core group meeting and an action plan drawn up to tackle.

- Improve knowledge of services available (health & wider)
 - Potential to use Advonet to deliver workshops/drop-in sessions to be delivered at various asset points.
 - Potential to use Refugee forum to train health champions to deliver health promotion messages.
 - Potential to increase uptake of patient participation group.
- Improve understanding around how to use GP surgery. Potential to have drop-in sessions to help patients understand the services on offer from the surgery (site-specific) and how to navigate around the GP surgery, FAQs etc. Health promotion and possible training of health advocates for the largest populations of the ESL residents. There is potential to be supported by LS9 collaborative which covers the 2 practices.
- Increase the number of quality spaces for communities to come together - possibility of developing links with the new school and supporting the community to gain access.

- Increase and improve the places for young people and adults to play - limited places for sport and physical activity to happen.
- Increase ESOL and conversation classes to include higher level (Entry 3, Levels 1 and 2) and to include more health awareness within those classes, increase intermediate and advanced conversation groups.
- More support for residents to find meaningful employment or volunteer opportunities to gain experience to be ready for the job market.
- Increase knowledge of commissioned health services (One You Leeds, Diabetes services, vaccination and immunisation programmes, and Mental health services). Help promote services through the help of health ambassadors and advocates.

The report will consider the following:

- Where the community sits in Leeds.
- Various data sources and relevant public health intelligence.
- A review of assets available in the area.
- Further insight gained through questionnaires, focus groups and interviews with both professionals who work with the community and local residents.
- An overall interpretation of the findings with identified themes followed by key recommendations for consideration to improve health of the Lincoln Green community and reduce health inequality.

Why complete a Local Health Needs and Asset Assessment?

- To analyse: health related behaviour, local demographics, change over time, population health status, incidence and prevalence of physical activity, service uptake and efficiency, primary care data, people's lifestyles, thoughts on the area, population risk factors, environmental factors, education, housing, income, spaces, places and people;
- To develop a tool and methodology to provide evidence about a targeted population;
- To inform evidence based decisions to inform local practice addressing health inequalities;
- An opportunity to engage with specific populations;
- An opportunity to target service planning and resource allocation;
- An opportunity for cross-sector partnership working;
- To develop a health strategy that is responsive to the assets in the community and citizens' needs;
- To promote evidence based practice and influence activity.

Key Aims and Objectives will be to;

- Identify assets and needs within a specific target population from a variety of sources;
- Marry up and evidence with on the ground insight through the gathering of information and consultation with communities, residents and partners;
- Gauge a detailed analysis of the neighbourhood to be shared with key stakeholders and colleagues;

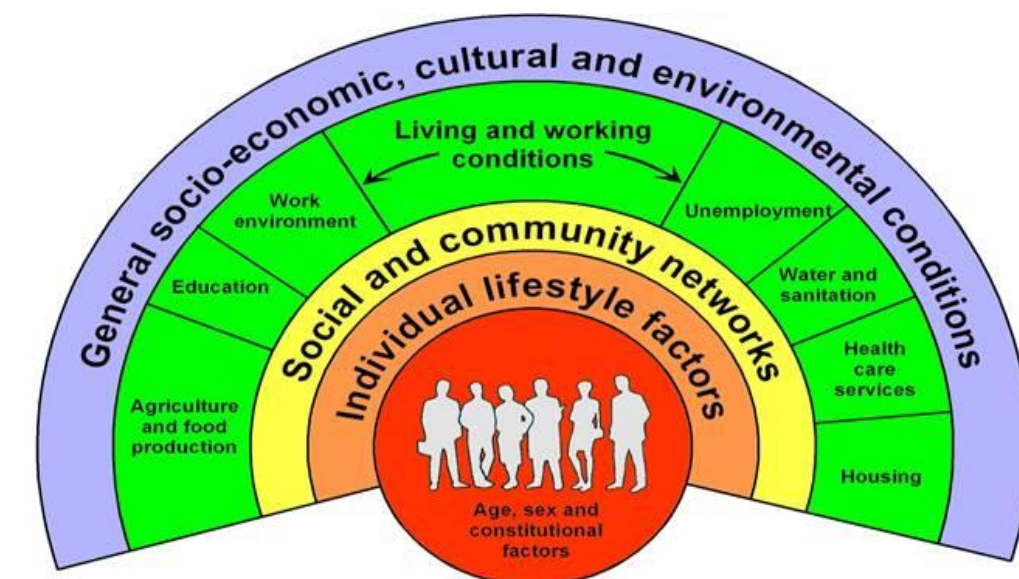
- Utilise findings in this report to devise recommendations which will influence effective, efficient and socially acceptable action plans to collectively improve the area, creating safe space for citizens of Lincoln Green.

Introduction: Why focus on 1% most deprived areas?

Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest and therefore is committed to tackling poverty and reducing inequalities. This will be achieved by improving outcomes for vulnerable people in our most challenging, deprived neighbourhoods as part of the Locality Review. We strive to enable citizens to increase their health and wellbeing in order to reduce avoidable deaths, illness and deliver the Best Council Plan.

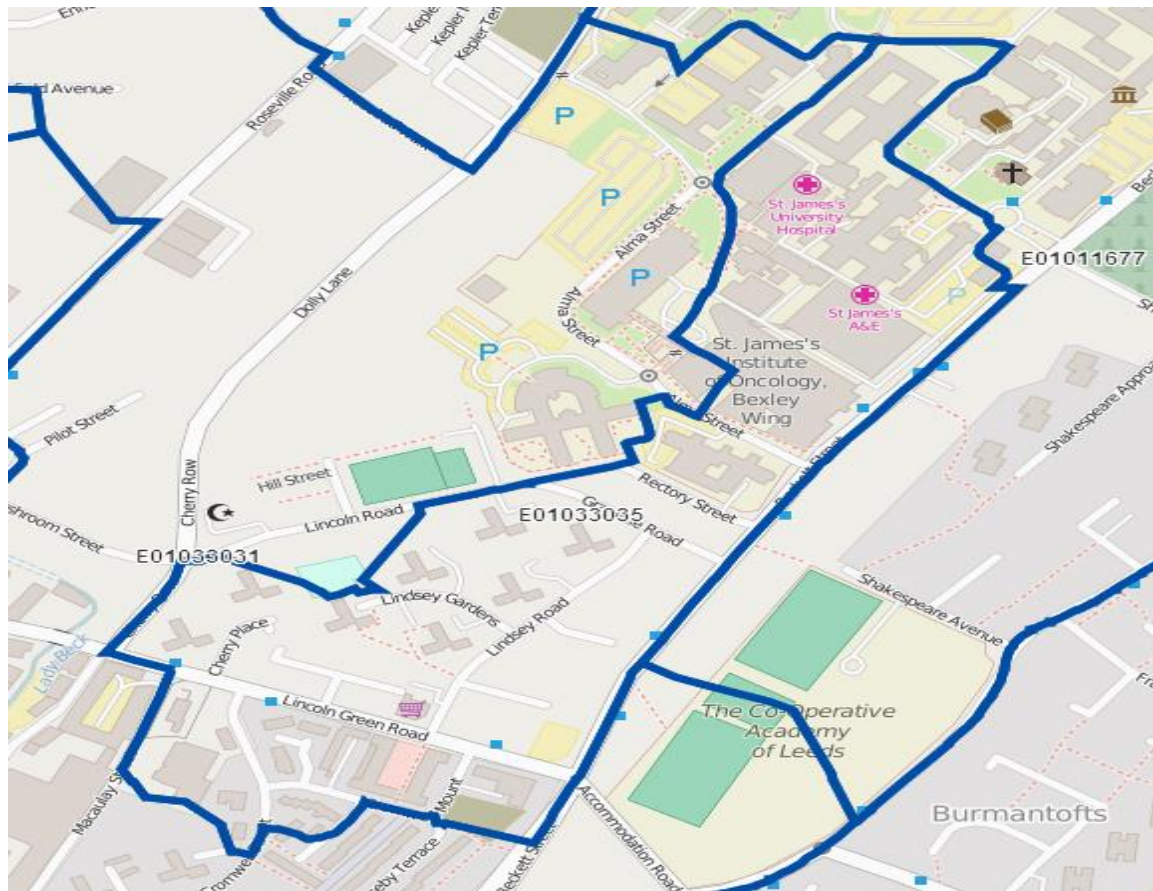
Building strong, cohesive, compassionate, thriving communities, raising aspirations, reducing financial hardship and making a significant contribution to service priorities are paramount drivers for achieving this vision. Focusing in on our most deprived 1% of the city will help support families and individuals to excel, be active and take control of their own health and wellbeing to close the gap in life expectancy across the city, alongside enhancing the way services and its people work together. This Health Needs Assessment will consider Health in its broadest sense which includes the social or wider determinants of health.

The Dahlgren and Whitehead model (1991) is pictured in the diagram below. This model maps the relationship between an individual, their environment and health. Individuals are placed at the center of the diagram, and represents the factors that cannot be changed due to being part of a person's genetic make-up. Surrounding them are the various layers of influences on health, as individual lifestyle factors, community influences, living and working conditions, and more general social conditions that influence health and wellbeing.



Source: Dahlgren and Whitehead, 1991

E01033035 is the boundary number that covers the Lincoln Green area of Leeds as pictured in the below map.



Super Output Areas and Index of Multiple Deprivation

According to the Index of Multiple Deprivation (IMD), Lincoln Green is in the 1% most deprived areas of the UK. The Index of Multiple Deprivation is a UK government qualitative study of deprived areas in English local councils. It covers seven aspects of deprivation. The statistics described by the Neighborhood Renewal Unit are:

- Income
- Employment
- Health Deprivation and Disability
- Education Skills and Training
- Barriers to Housing and Services
- Crime
- Living Environment.

Super Output Areas (SOAs)

Geographical hierarchy to investigate statistics of small areas in England and Wales.

- Lower layer (LSOA) – min pop 1000; mean 1500
- Middle layer (MSOA) – min pop 5000; mean 7200

Lincoln Green is a mainly residential area of Leeds, West Yorkshire. It is positioned around Lincoln Green Road, and is adjacent to St James's University Hospital. It falls within the Burmantofts and Richmond Hill ward of Leeds City Council. The area was given this name in 1954, at the start of major redevelopment by the City Council. The Lincoln Green estate on the north side of Lincoln Green Road is mainly tower blocks and low-rise flats, which replaced the terraced houses known as New Town in about 1958, following the 1950s slum clearances.

Area Data Profile

The population profile shows that over half of Lincoln Green's population is under 29 and over 75% are under 39 which, by Leeds standards, is a very young population. There is also a very high proportion of 0-9 year olds, which is almost twice the city average.

Eighty five percent of the housing in Lincoln Green is made up of flats and Council rented. There are above average numbers of households (20% compared to a Leeds average of 12%) where income is low and energy costs are high.

Key points from the area data profile;

- BAME community and new arrivals are significant in this area, with 28% white and 72% BAME, which is 3 times the Leeds figure.
- Fifty four percent of the residents were born outside the UK/EU whilst the figure for Leeds is only 8.1%. Half of all residents have arrived in the UK since 2000, compared to a Leeds average of 6.6%.
- There is a wide mix of ethnicities with 28% African.
- In 2016/17, 140 residents came from Romania, 30 from Eritrea and 26 from India. Other countries of origin included Portugal, Italy and Spain.
- The data profile shows 11% cannot speak English well. The 2011 Census also shows over half the households (51.3%) contain no resident who claims English as the main language.
- Forty nine percent of children in this small area live in poverty, compared to the 26% Leeds average.
- Crime levels for the area are high. Ranked 6th overall in Leeds. - 132 for Lincoln Green and 91 for Leeds (per 1,000 population). Theft, violence and sexual offence levels are particularly high.

MSOA and Local Practice Health Profiles

The following data is taken from both MSOA profiles and local practice data. It is recognised that both of these data sources will not be truly representative of the Lincoln Green population. However, there are some trends in the data emerging which start to tell a story.

The MSOA data profile that encompasses the Lincoln Green LSOA is reference E02002393 'Lincoln Green and Ebor Gardens' which is one of four MSOA's for the Burmantofts and Richmond Hill ward. A lot of this summary has also been extracted from GP recorded data.

There are two main General Practices positioned in the Lincoln Green area;
Patient population as of April 2017:

- Shakespeare Medical Practice - 4791 patient population
- The Practice, Lincoln Green - 3348 patients registered population.

(Data taken from GP Practice public health profile v1.0 January 2018)

MSOA Data (November 2016 Profile)

The Burmantofts and Richmond Hill ward shows a life expectancy much lower than the Leeds average by 3 years.

Life Expectancy at Birth (this MSOA)	78 years
Life expectancy at birth (Leeds)	81 years

(Aggregated data 2011 – 2013)

Figure 1 on the next page shows an extract from this MSOA's summary overview page. Childhood obesity, smoking, diabetes and Chronic Obstructive Pulmonary Disease (COPD) stand out as the most prevalent issues for this MSOA. Whilst cancer shows as being diagnosed less frequently than other MSOA's, there is a very high mortality rate from cancer. This may suggest that there is a late diagnosis of cancer causing a worse prognosis. This could be due to patients being unaware of symptoms, not accessing GP or screening services. A similar trend is seen in the Shakespeare Medical Centre profile data set, but not with Lincoln Green where cancer is recorded is higher prevalence but with better outcomes. In general, the mortality for this ward is high compared with other parts of Leeds which is consistent with the lower than Leeds average life expectancy.

In figure 2, there is an extract regarding the MSOA alcohol admissions. Both alcohol attributable admissions and alcohol specific admissions are very high for this MSOA. Both are also much higher than the average for deprived parts of Leeds. This is detailed in the practice profile data which also shows a high prevalence in alcohol use.

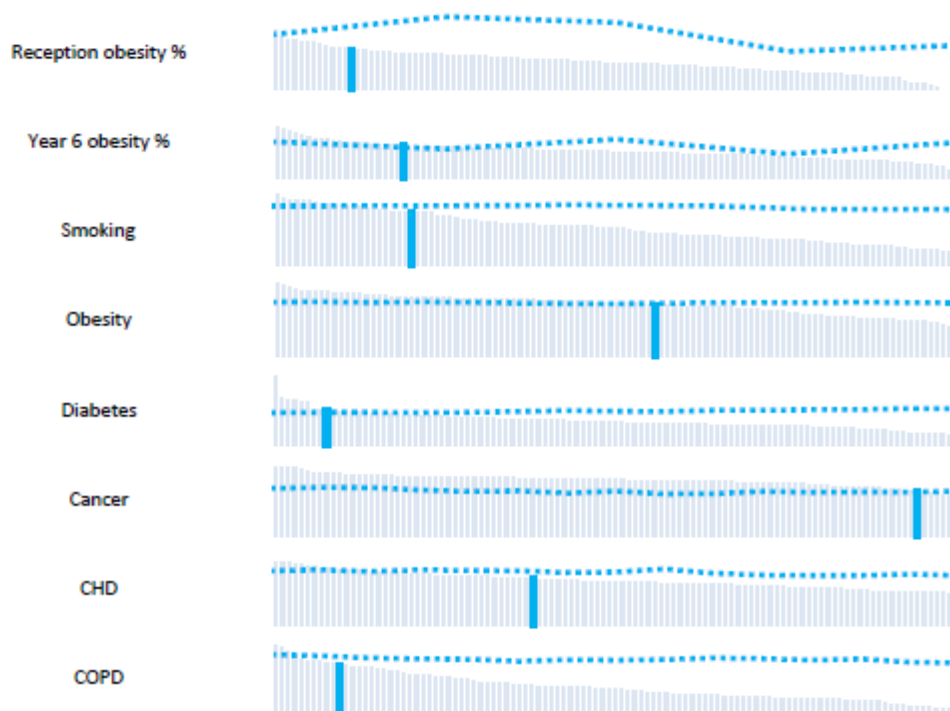
Figure 1. Extract from Lincoln Green and Ebor Gardens MSOA: General overview

MSOA public health profile Overview of main items

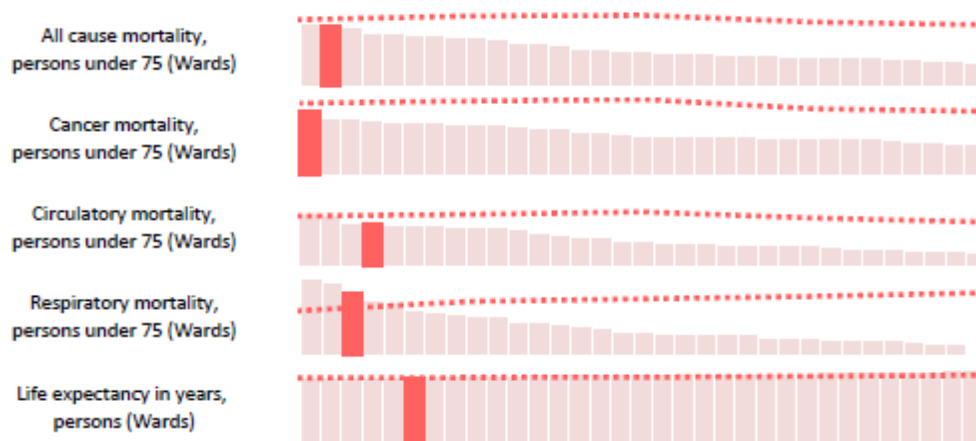
Lincoln Green and Ebor Gardens

Also known as E02002393, population 9,480

Ranking with latest data showing this MSOA position within Leeds, overlaid with a time series for this MSOA



Ranked wards with latest data showing the ward this MSOA falls into, overlaid with a time series for that Ward



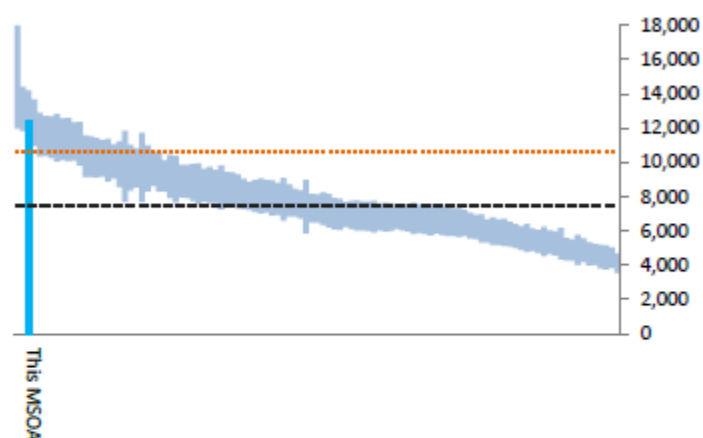
Unless specified otherwise all data on this page is age standardised rates per 100,000

Figure 2. Extract from Lincoln Green and Ebor Gardens MSOA: Alcohol Admissions

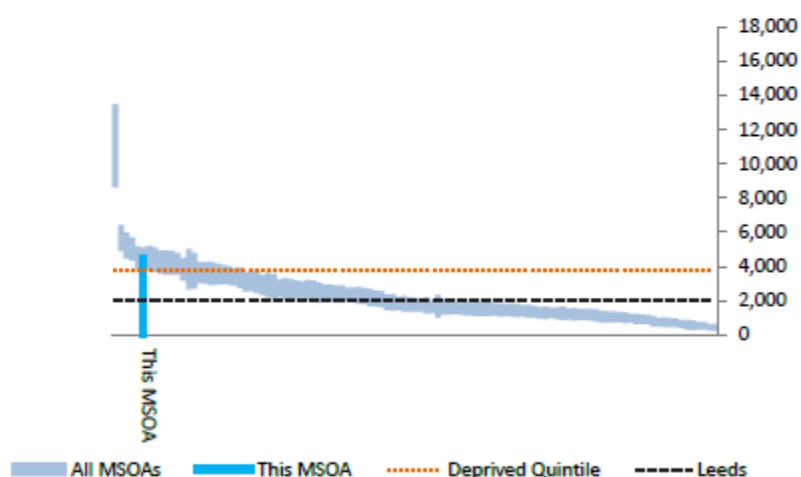
Alcohol admissions - all ages, 2012-14

All Leeds MSOAs are ranked below by alcohol admissions, the shaded blue area contains the upper and lower confidence intervals. This MSOA is highlighted as a thick blue vertical. Leeds and the Deprived Quintile are included for comparison.

Alcohol attributable admissions* - age standardised rates per 100,000



Alcohol specific admissions - age standardised rates per 1,000



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.

Primary Care - Practice Data

Similarly to the MSOA data, the two practices in Lincoln Green have some of the highest rates of preventable diseases in Leeds. The following shows the latest data from the practice statistics (January 2018). They are both located within the same building in the heart of Lincoln Green in the Burmantofts Health Centre. This also houses the Shakespeare Practice Walk in Centre.

Shakespeare Medical Practice

Shakespeare has a very young patient population in comparison to the Leeds average, for patients aged between 11 – 20 years and 41 years and over, yet are over the Leeds average for patients in the 26 – 40 year bracket. 78% of the practice population live in the most deprived fifth of Leeds (3,758 patients). The ethnicity of the population is extremely diverse with 11 ethnicities higher than the Leeds average and example of this is that 21.6% of the practice population are of Black African origin compared to 2.6% of the Leeds population. Compared to the Leeds average populations the following conditions stand out against other Leeds practice statistics.

Severe Mental Health issues

The statistics clearly show a higher percentage of patients presenting with severe mental health issues, although over time it has reduced. It is still above average, being in the top fifth for the whole of Leeds.

Alcohol Specific Admissions

This practice has the highest admissions for alcohol specific conditions within the whole of Leeds. The admissions for this practice are rising greatly compared to the Leeds overall where the rate is rising slowly. The levels of admissions are high for both men and women at more than double the deprived Leeds average.

The statistics for this GP practice show that 4,041 men were admitted where the Leeds average was 934 in 2012/2014.

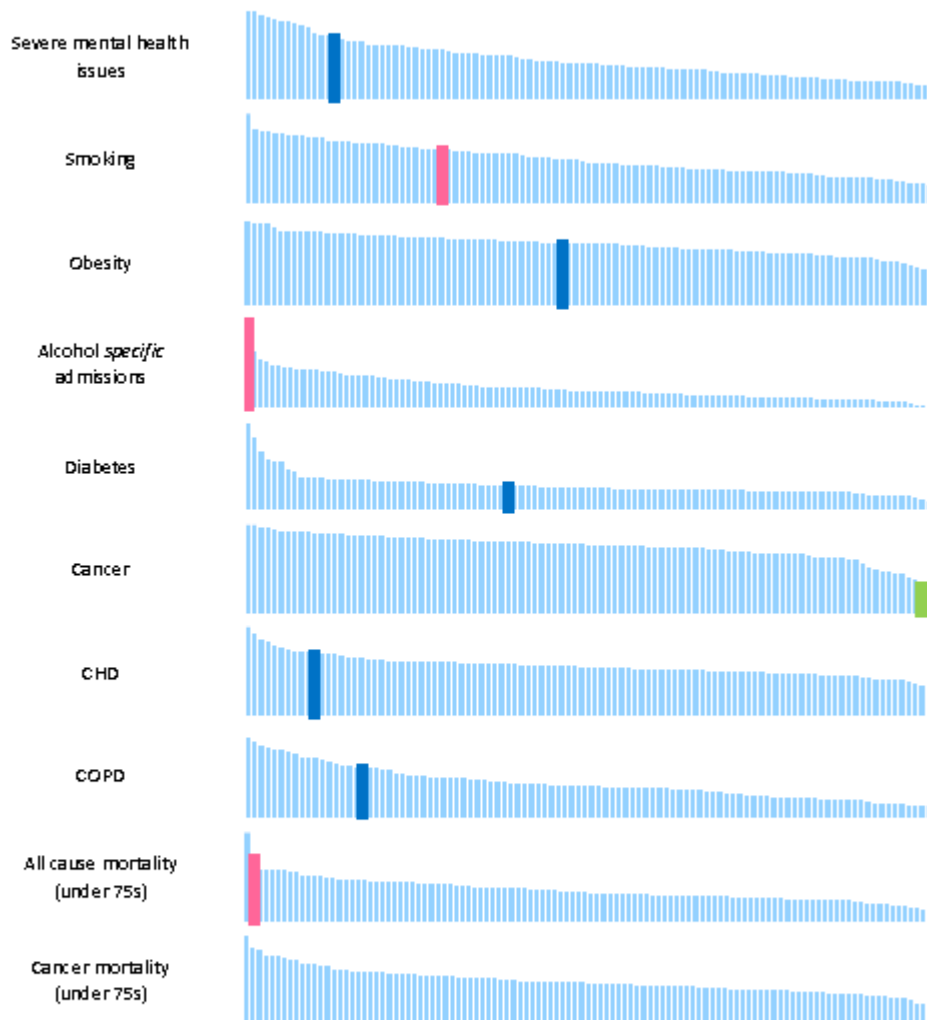
Smoking

The statistics show that smoking prevalence is approximately 25% which is above the Leeds average which is at 19%, but lower than the most deprived Leeds as 31%. This is showing similar trend than the rest of Leeds which is reducing gradually.

Public Health practice profile summary

Shakespeare Medical Practice (Y02494)

All practices are ranked below with their latest data showing the distribution over the city, this practice is highlighted in dark blue showing its position within Leeds. If the practice value is significantly below the Leeds value then it will be shown as green, if significantly above Leeds, red.



All data on this page is age standardised rates per 100,000. Because many conditions are age related they are usually more prevalent in older populations. Age standardisation compensates for the inevitable differences in practice population age structures making comparisons fair. Differences seen in age standardised data are due to factors other than age such as lifestyle, environmental factors etc.

Alcohol specific admissions data copyright (c) 2016, re-used with the permission of the Health and Social Care Information Centre (HSCIC) / NHS Digital. All rights reserved. Mortality rates and life expectancy source: ONS deaths extract, GP registered populations.

COPD and Coronary Heart Disease (CHD)

The statistics show that prevalence of these conditions is higher than the Leeds average when standardised by age.

Early Deaths (all-cause mortality under 75's)

This practice is one of the highest for early deaths in Leeds. These statistics show that it is higher in men than women and is double the Leeds.

Lincoln Green Practice

- Lincoln Green Practice has a highly deprived patient population with 92% of all patients living in the most deprived fifth of Leeds. The age of the practice population is in line with the Leeds trend, although there are more male patients aged between 31 and 50 and a higher number of females aged 0 – 5 years.
- Ethnicity of this practice population (3649 patients) reflects the local demographics of the community with a lower number of White British patients, however there are five ethnicities which are higher than the Leeds trend (Black African, other Asian background, other black background, other mixed background).
- Severe mental health is significantly higher than the prevalence for Leeds.
- Common mental health is significantly higher in this practice compared to the Leeds average and is ranked as the top fifth.
- Smoking rates are declining steadily but prevalence is highest amongst the 21-60 age group at 29%, which is close to the Leeds deprived average.
- Alcohol admissions are significantly higher and prevalence is more common amongst men. These are high but lower than Shakespeare Practice - but very similar to deprived Leeds.
- Cancer prevalence is significantly higher than the Leeds population with the highest prevalence amongst the 61 – 80 year old population. This is still a lot high when standardised by age.
- CHD is on a gradual decline, however, the rate is still higher than the Leeds average.
- COPD statistics show that this practice has the **highest prevalence in Leeds**.
- Early death rates have continued to decline at a gradual rate, although the rate for men is starting to rise but reducing for women in this practice. This practice has nearly half as many early deaths as Shakespeare Medical Practice.

Over 40's Health Check Data

Shakespeare Medical Practice					
	17/18 Target	Invites (paymt)	NHS Health Checks Completed	Over 20% Risk	% Achieved of 17/18 Target
2017/18	143	502	85	1	59.6%
Q1		444	11	0	
Q2		0	6	0	
Q3		57	8	0	
Q4		1	60	1	
Total		502	85	1	

The Practice Lincoln Green					
	17/18 Target	Invites (paymt)	NHS Health Checks Completed	Over 20% Risk	% Achieved of 17/18 Target
2017/18	168	670	73	5	43.3%
Q1		106	4	0	
Q2		449	44	5	
Q3		79	11	0	
Q4		36	14	0	
Total		670	73	5	

Over 40's Health Check shows that from the invites sent out only around 1 in 6 people actually accept an appointment and of those accepting and also those who are deemed to be at risk is really small.

Walk in Centre

There is a walk-in centre which offers residents of Leeds the opportunity to access health care without an appointment with no registration needed at the centre. Whilst this can improve access to health care, there are issues in attending the walk in centre for example; following up care, updating of care records, potential inability to

refer to necessary local service. This service brings in an extra 3500 patients a month to an already stretched to capacity building.

The GP practices are very small for the amount of patients coming through every month. There are 2 very different patient profiles; Lincoln Green Practice is very different to Shakespeare Medical Practice. Patients are older with 80% over-65, the newer Shakespeare practice has a large migrant population and much younger practice population 80% are aged 19-39, 0-9's represent 39% of population and largely non English speaking. Shakespeare run the walk in centre which has seen a 47% increase in demand and now has an extra 3500 walk in patients per month). The Practice Manager attributed this to the difficulties people are having accessing their own GPs.

Both practices have registered patients from York Road Practice which closed last October. This has further impacted on already stretched services.

Migrant Access, Mental Health and Inequality in Lincoln Green

As mentioned earlier, there is a very high population of BAME groups and new arrivals in the Lincoln Green area. Public health completed a report on migrant health access in Leeds in 2016, which the following information has been sourced from.

Migrants have been identified as amongst the most vulnerable and socially excluded. This includes the difficulty in accessing health services and the need to address prejudice, cultural and practical barriers. Additionally, these groups suffer multiple and enduring disadvantage, their health outcomes being amongst the worst of any groups. They are often deprived of opportunities available to the wider society facing discrimination and significant health inequalities (Aspinal, 2014).

Refugees and Asylum Seekers (RAS) may have significant mental health needs arising from their prior experiences. The Faculty of Public Health note that depression, anxiety and Post-Traumatic Stress Disorder (PTSD) are common amongst asylum seekers in the UK. The National Suicide Prevention Strategy (2012) has identified 9 risk groups which includes; survivors of abuse or violence, people with untreated depression (cultural perceptions in some BAME groups may affect identification of illness), people who are vulnerable due to social and economic circumstances and Black, Asian and minority groups.

Excessive drinking and the use of illicit drugs are reportedly common amongst Eastern European men. Alcohol specifically is a major cause of ill health in the Eastern European region. Health needs assessments have reported higher rates of alcohol use in migrant populations (Patel, 2012). This seems very relevant to the Lincoln Green area due to there being a trend of high alcohol use across the data sources (practice and MSOA data profiles).

In terms of severe mental health it has already been shown in the practice data that there is a concerning trend of severe mental health issues in their patient populations which is likely to be the case in Lincoln Green. In 2017 a report was completed looking at access and experience of mental health crisis care services in Leeds for

BAME groups (Bamford & Halsall, 2017). Data was reviewed across statutory crisis services as well as reports by Dial House @ Touchstone and by Positive Action for Refugees and Asylum Seekers. In this report they found significant differences in the levels of use of NHS secondary crisis services between ethnic groups. All BAME groups were using these services at considerably higher level than White British. Black or Black British had the highest usage of all the BAME groups in terms of needing Intensive community services, being admitted to a mental health ward and being detained under the Mental Health Act (240% higher than White British).

The report highlights the difficulty in developing trust with BAME groups being a barrier. To overcome this they have ensured consistency in the same worker supporting an individual over a number of sessions and ensuring they employ people who can help to reduce language and cultural barriers. There is also a tendency for BAME groups to understate their situation at the point of referral - again showing the importance of developing trust.

Risk factors for poor mental health include; being a carer, debt, discrimination including racism, and exclusion from family/community, homelessness, lack of positive role models, long term health conditions and disability, poor social support networks, relationship/ family problems, substance misuse, life changes such as bereavement or divorce, trauma and worklessness.

MSOA Data from Leeds Migration Map

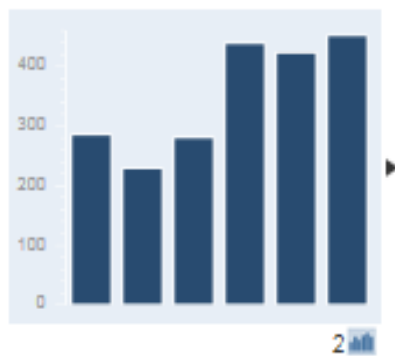
Leeds Migration Map

The Leeds migration map shows recent migration (2011 - 17) based on DWP national insurance numbers (NINO) data has seen 2,108 overseas nationals register for a NINO. This is rated as high with above average growth (Leeds total 47,442). The bar chart below shows the growth in recent migration (based on NINO registration) over a 6 year period reflecting an increase in the last 3 years. The top 5 countries were Romania, Poland, Eritrea, Spain and Portugal.

Recent Migration (2011 - 17) based on DWP national insurance numbers (NINO) data:

- Rated as high with above average growth. Total number for Leeds 47,442
- Very diverse backgrounds within the MSOA
- Significant numbers from:
 - Romania 395
 - Poland 238
 - Eritrea 129
 - Spain 114
 - Portugal 110
 - Italy 97
 - India 94
 - Czech Republic 88
 - Slovakia 52
 - Lithuania 50

NINO REGISTRATIONS BY OVERSEAS NATIONALS 11-12 TO 16-17



Refugee and Asylum Timeline: Refugee and People Seeking Asylum and Mental Health

- People coming to the UK to seek asylum are, by definition, fleeing persecution in their home country. In addition they are likely to have experienced challenges during their migration journey to the UK. This often leads to multiple and complex mental health impacts.
- The process of seeking asylum which has been described as adding to the trauma due to the insecurity and lack of autonomy around this process. Subsequently seeking asylum has been described as having a detrimental impact on an individual's mental health and well-being.
- Mental health services in Leeds are often less geared up to support people with the types of multiple trauma people seeking asylum experience.
- Specialist mental health services have described while people are in process of seeking asylum they lack security, stability and autonomy highlighting the value in stabilisation based support which enables people to cope with present circumstances as opposed to recovery.
- Specialist mental health services have shared, from their experiences, whilst people are in the asylum process, due to the above which they articulated as ongoing trauma, whereby people may be less able to engage with mental health interventions. More often, when refugee status is obtained, and when the individual has been able to achieve housing, income, employment etc. people may then re-visit previous traumas from home countries and/or be better able to access mental health interventions.

Assets

A health asset could be described as “any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses.” Quote above by Antony Morgan, associate director, National Institute for Health and Clinical Excellence (NICE), 2009.

There are existing assets within the community which could be utilised and supported to help deliver local solutions.

Buildings

Lincoln Green Community Centre: The centre is hired by various organisations throughout the week that deliver a variety of activities and services.

Community support is offered targeting specific ethnic communities (Somali, Roma, Polish, Swahili).

Burmantofts Health Centre has 2 GP practices and Walk in Centre serving the local community. Patient numbers could increase with the imminent closure of The Surgery (179 York Road).

Schools

Shakespeare Primary School, Co-op Academy and St Peter C of E Primary School. New school is being built and will be opened the summer of 2018.

Bridge Community Church

Opened in 2016, this £5m development of the former Agnes Stewart School Site is the new base for Bridge Street Church. This venue has a high quality modern conference and meetings spaces and Community Café as well as;

- Splash Time – a daily stay and play session for under 5's
- Money management and debt advice
- After school clubs, Saturday kids club and youth provision
- The Stewart Building is only partially renovated, 2 floors remain to be developed. The site also has an old 5 a side pitch in need of upgrading.

Shops and Business around Cherry Row

Cherry Row is a privately owned site currently undergoing some minor remodelling of the buildings to improve the aesthetics and make better provision for commercial waste bins and provide clearly marked parking bays. Planning enforcement are currently progressing a number of issues that have arisen following a recent inspection. Highways have resurfacing works planned in for Cherry Row / Dolly Lane during 2018.

Aldi, Pure Gym and Heron Foods have recently opened new stores in the area.

Lincoln Green Mosque

This was previously a pub, but has recently been sold to the Mosque who are currently fundraising to improve this facility.

Services

SPLASH Time at The Bridge Community Church is a daily session run by the church for under three year olds. Parents stay and play and current attendances are around 50 children a day. Parents/Carers can only attend two sessions per week and must sign up in advance. Sessions cost £2 per visit.

Leeds South and East Foodbank

This now operates from the Lincoln Green Community Centre on a Friday. Since opening last year this has become the busiest Trussel Trust foodbank outlet in Leeds. It runs from 11am till 1pm with up to 30 people a week accessing emergency food supplies.

Touchstone / East Leeds Health for All

Provide services within the local area to reduce health inequalities. Activities include mental health support, 'Crisis Café', drug and alcohol support through a community development approach.

Both Touchstone and Zest receive Public Health LCC funding to deliver community health development work through the Better Together service which supports the funding for above activities and services.

Money Buddies

Funding gained from the proceeds of crime monies through the National Illegal Money Lending Team for a sessional paid Illegal Money Lending Enhanced Money Buddy. Based in Lincoln Green and with a local person to be recruited for the post.

Connect for Health

This is a social prescribing service commissioned by Leeds South and East Clinical Commissioning Group and delivered by Leeds Mind, in partnership with Touchstone, Hamara, Barca-Leeds, Better Leeds Communities and Leeds Irish Health and Homes.

Connect for Health is about connecting clients to services and groups that will benefit health and wellbeing. These include counselling and mental health services, finance and debt advice, getting active which include fitness groups, support for physical and emotional difficulties and the setting up of creative groups and activities to include all faith and cultural sectors of the community.

Over 60's Burmantofts Senior Action (BSA)

Provides support to people aged 60+ in Burmantofts ad Lincoln Green. Main aim is to reduce social isolation and promote independent living.

Community Awareness Cancer Service

This is run by Unique Improvements funded by Public Health, Leeds City Council. The service work with teams of volunteers, supported by local services, to engage target audiences in conversations about cancer signs and symptoms. The work is creative, community facing and as well as encouraging behaviour change helps to develop resilience and social capital across communities.

One You Leeds

This is a free local healthy living service designed to support Leeds residents to start and maintain a healthy lifestyle. The service provides help on a number of health related issues including smoking, weight management, eat well, move more and cook well both in group and one to one settings.

Leeds City Council Youth Service

The One Community Centre and Zest run a weekly youth club and the youth van parks in the area once a week.

Leeds Refugee Forum

Currently run a weekly youth session at Lincoln Green Community Centre (Saturday mornings).

Leodis Community Project & Get Technology Together

Offer IT support built around an informal community drop in with a hot meal (Lincoln Green Community Centre).

Networks

Leeds Refugee Forum

Based at the One Community Centre on Cromwell Mount. LRF currently represent 56 refugee groups in Leeds. They offer a 5 day programme of support from their base in Lincoln Green including ESOL, women's groups, advice and support and work with young people. LRF have secured some funding from Tudor Trust to develop a project to support cohesion work in Lincoln Green.

Lincoln Green Core and Engagement Group

Lincoln Green has been identified as one of Leeds City Council's top priority neighbourhoods for local action, this due to being in one of the 1% most deprived areas of the country. The Lincoln Green Core Group is led by the Citizen and Communities team and is attended by agencies that work in the area.

The engagement arm of the group aims to:

- Provide a deeper understanding of the needs of this community

- Identify a number of local residents to work with to contribute towards positive change in Lincoln Green
- Ultimately develop interventions which are co-produced by service providers and residents.

Green Spaces

There is a children's playground located behind Oxton Towers with swings and roundabouts with a small play area by the Bridge Church. Once the school has been built there will be available play space.

Data Collection

Different types of data have been collated to obtain a comprehensive picture of the health needs across Lincoln Green. Both qualitative and quantitative data have been gathered from a range of community representatives in the area. Residents of Lincoln Green have given feedback including a wide range of community groups that represent the diversity of the people who live in the area. Data has also been collected from practitioners, services and organisations working in and around the area.

The data collected was collated by means of paper and electronic questionnaires, focus groups, one-to-one interviews, and a community conversation meal organised by the Leeds Refugee Forum.

All data sets are detailed below:

Data Sets	Method	Numbers
Residents		
Adults 18+	Paper-based survey Residents Questionnaire	41
Young People 11-18	Paper-based survey Youth Questionnaire	20
Community Groups linked to Leeds Refugee Forum; <ul style="list-style-type: none"> • Perudian • Ghana • Iranian • Kurdish • Sudanese • Swahili 	Face to Face, Group Consultation; Eat and Chat	30
Adults 60+ attending Burmantofts Senior Action	Face to Face Group Consultation	8
Practitioners, services and organisations		
Local Agencies; <ul style="list-style-type: none"> • Touchstone • Refugee forum • Connect for Health • LCC Social Services • LCC Housing 	Paper-based survey Agency Questionnaire	21

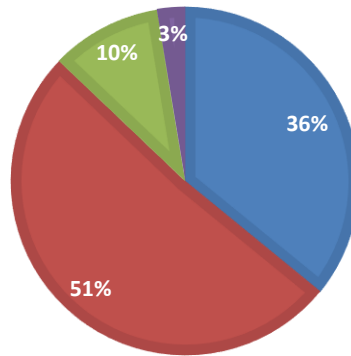
<ul style="list-style-type: none"> • Burmantofts Senior Action • Lincoln Green Medical Centre • Bellbrook Surgery • Ebor Gardens Advice Centre • St. Peters C of E Primary School • LCC Youth Service • Christians Against Poverty • Bridge Community Church • One Centre Youth Provision • Community Centre Cafe Lincoln Green • LS9 Collaborative Patient Ambassador • English in the Community Lincoln Green • Councillor Ron Graham • Crisis Café Lincoln Green • Community Centre Conversation Club • Lincoln Green Foodbank 		
Shakespeare Medical Practice	Face to Face Practice Medical Data	2
The Practice, Lincoln Green	Face to Face Practice Medical Data Survey	2
Existing Data & Reports		
Touchstone 2016-17 Grassroots Community Engagement	Survey	82
Report from Touchstone Community Intelligence November 2017	Survey	52

Residents' Questionnaire

A questionnaire was developed for the residents of Lincoln Green. Due to the general diversity in the area and a high percentage of people with English as a second language it was imperative that the questionnaire was easy to understand and simple. A copy of the questionnaire can be found in Appendix 1.

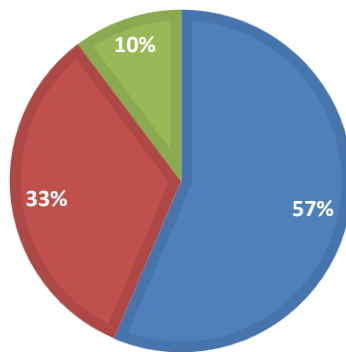
AGE OF RESIDENT QUESTIONNAIRE RESPONDANTS

■ 18-25 ■ 26-45 ■ 46-59 ■ Unknown



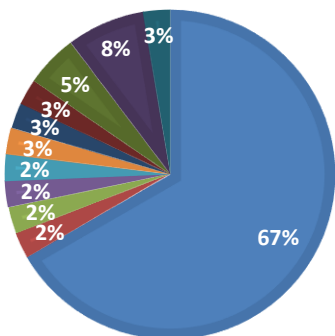
GENDER OF RESIDENT QUESTIONNAIRE RESPONDANTS

■ Female ■ Male ■ Unknown



ETHNICITY OF RESIDENT QUESTIONNAIRE RESPONDANTS

■ African ■ Any other black background
 ■ Caribbean ■ Eritrean
 ■ Kashmiri ■ Lithuania
 ■ Romanian ■ Turkey
 ■ White and Black African ■ White British



Youth

A youth questionnaire was developed with the same ideals, not overcomplicated and easy to understand. This can be found in Appendix 2.

Agency Questionnaires

The questionnaire for agencies had 5 questions to cover what was needed for the HNA (Appendix 3). This was designed so it would not take up too much time to complete. Questionnaires were emailed out with an explanation of the HNA and agencies were also visited when convenient. Team meetings were attended where time allowed.

Visits

Residents were visited in groups and cafes and some were asked questions in the street. With support from the Leeds Refugee Forum a residents' conversation dinner was organised to bring different community groups together to talk about the health needs of themselves, their families and community members.

Emerging Themes

Key findings from the questionnaires and community contacts have been summarised under themes.

Access to the Health Centres

- Differing views create issues around the access to healthcare, both receptionists and patient's perceptions are very different, having to deal with issues such as language barriers and navigating around the health system is an issue. These barriers create a block when trying to access all services and not just health care.
- Quote's from Residents
 - "Hard to get in a GPs."
 - "Doctors understanding people with EASL!"
 - "Need better access to health information in own languages"
- Quotes from agencies
 - "Getting to see the Doctors as soon as they need to"
 - "Help and guidance from their doctors when needed in an understanding manor."
 - "I worry about amalgamation of services, creation of central hubs, more services only accessed via online source."

Receptionists are reported to be frustrated at a lack of understanding whilst also trying to maintain good communications.

- Patients say it's hard to make appointments. This view was aired at the conversation club that took place with the Lincoln Green community.
- It was mentioned at the conversation group that people felt like they were being disregarded by the doctors and because of communication and language difficulties and feelings of discrimination this was accentuated.

- There was also a need to use the doctors for access to non-medical services such as visa applications which they felt was wasting doctor's time and suggested a better process e.g. drop-in or someone other than a doctor to support with additional non-medical needs.
- Ladies of the community would like to see more female doctors at the practice for more intimate issues and feel unable to open up to male doctors.
- The patient participation group has only 3 local residents which does not necessarily represent the demographics of the local community.

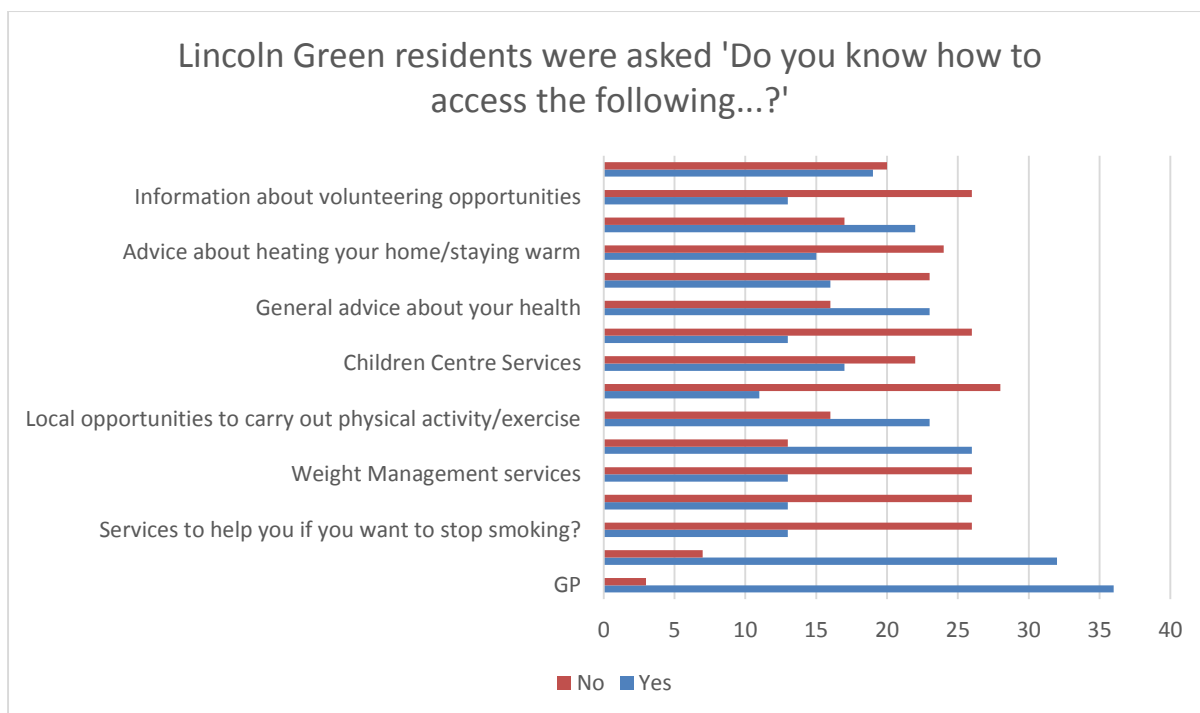
Access to Screening Services

The MMR vaccine has a national target of 95% take up. In the practices the first uptake is around 90%. Unfortunately the second dose uptake is only 30% however it should be noted that this is not outside the Leeds average. In order to increase take up on the second dose we need to explore what messages parents are given at the first dose as without the second dose there is not 100% guaranteed protection against MMR.

- Over 40's Health Check shows that from the invites sent out only around 1 in 6 people actually accept an appointment and of those accepting and also those who are deemed to be at risk is really small. In both practices over a one year period only single figures suggest those who have attended are at risk. There needs to be further local investigation into the understanding of the service offered and how to increase uptake. This is particularly crucial due to the nationalities of the local residents.

Connections to Services and Awareness

- Resident perceptions of their GP affects access to health care and connected services; both from the questionnaires and the conversations with the local residents they are acutely unaware of what services are on their doorstep. The questionnaires and conversations show unawareness of Public Health services even when commissioned within the local area. There is an acute lack of understanding of what services are available to help improve health and wellbeing and a real sense of 'you don't know what you don't know'.
- Access to mental health support is not widely known and seems to be dealt with within the family unit. There is a distinct lack of mental health awareness and an unawareness of services available to help residents. Those who have accessed services are mainly through word of mouth.



Language and Communications

- Basic ESOL classes are widely available in the area but there is an urgent need for more advanced classes and conversation clubs for residents. This would increase the resident's knowledge and understanding. They would then feel more confident and empowered to express their needs. A broader mix of language support needs to be in place with higher levels of ESOL classes, although this is being addressed by the community group English in the Community who are offering some higher level classes (Entry 3 and soon Levels 1 and 2) in the community.
- Quotes from residents
 - "More skills for people who have English as a 2nd language to help them gain better jobs."
 - "Not just to learn English but life skills too."
- Agencies
 - "How to apply for and gain successful employment."
 - "Education (better knowledge of services available.)"
- There seems to be no classes available in the school holidays and none of the classes have crèche facilities. Having a facility like a crèche in some of the classes would no doubt increase uptake of the classes, prevent isolation, which in turn would help mums with small children to attend classes. The classes could increase the education of access to healthcare and teach participants how to navigate the health and social care system within the UK.
- Quote from Residents
 - "More activities for youths. More integration of the communities."

- Quotes from Agencies
 - “Having a local bulletin in different languages may to help increase awareness of services.”
 - “More work to engage and support migrant communities.”
- The area needs to support the work of the Leeds Refugee Forum who have access and work with the many different communities that live in Lincoln Green. This would help engage local residents and include them in more decision making to help shape services and help increase uptake to all services - medical and social.
- Trained Health Advocates within the community would help to increase access to health promotion opportunities to educate communities around services available.

Access to Meaningful Employment

- People want jobs in this area, but access to more advanced ESOL classes are not readily available. As most of the jobs need a good understanding of English this should be addressed.
 - “How to apply for and gain successful employment with EASL.”
 - “Education & better knowledge of jobs and services available.”
- Some have suggested there is little understanding about how to navigate the employment market and system in which jobs are applied for. Support is therefore needed not just in the application process but increased interview skills and how one accesses the job market in the UK.
- Leeds Refugee Forum need stronger links to funding to help provide these services as they have links to most of the communities that live in Lincoln Green.

Infrastructure and Housing

- There are many positive assets in the community. Most people that were spoken to like the area and think it is a safe place to live. They like being close to the city centre and the new shops that have opened up now cater for more fresh food - although some still like to travel to the market for fresh fruit.
 - “Close to shops/towns. Lots of friends.”
 - “Safe during day.”
- The Friday night mosque has a large congregation with residents attending from Lincoln Green and surrounding areas.
- There are not enough play areas for the amount of children in the area.
- Bridge Church has a multi-use games area (MUGA) and works with local agencies to increase the use for older children.
- There is an expansion to Shakespeare School being built in the heart of Lincoln Green that will hold approximately 700 pupils, however where this is being built

there is the loss of the MUGA. The school have committed to working with the council and local community to allow use of the school facilities outside school hours once it opens in September 2018.

- There are some residents that have reported living in damp housing.
- Most of the flats in the area are 2 bed flats so if residents require a 3 bedroomed flat they are advised they need to move to another area.
- With the increase of new buildings and shops there some residents are concerned with the rise in traffic and air pollution.
- The health centres need updating, unfortunately space is at a premium so some services are restricted.
- The One Centre is in need of updating and rebuilding. The groups that use the centre are increasing but there is no space to run a crèche and a group at the same time at The One Centre. This creates a barrier to access some support groups where children are not allowed.
- There is a distinct lack of Green space in the area - with a very high number of under 18's.

Young People

- There is local concern of the safety of young people in the area where there are not enough places to meet and this leads to tensions. Both youths and residents have raised concerns regarding the rise in drug taking and drug dealing, increased gang culture that can lead to violence, which include some incidents of stabbing.
 - "No green spaces for my kids"
 - "High amounts of crime"
 - "Increased gang culture"
- Concerns were raised regarding the increased amount of drunk people congregating in the shops and surrounding areas.
- There are high levels of crime and hate crime that appear to go unreported.
- There are concerns regarding a "dirty and messy" environment this is constantly being reviewed by LCC with clean-ups being organised at regular intervals.
- The Youth Service van that attends in the area has had positive results with engaging with local young people. The One Centre is also having success with their youth group that is run on a Saturday morning.

What people said

What Residents like

- Close to shops/towns.
- Lots of friends
- Handy for getting to town.
- Great, lovely, good neighbours.
- Good community.
- Good bus service when in Lincoln Green.
- The people are friendly and have loving family around.
- Safe during day.
- Lots of shops.

What Residents do not like

- Dirty, no Green spaces, trees and wildlife
- High rises - people isolated.
- No Green space.
- No Green spaces for kids.
- Dirt/fumes.
- The houses are very small and narrow.

What do you think are the main health issues for people living in Lincoln Green?

- Getting to Doctors. Doctors understanding people with ESL.
- Nothing for young people to do - no exercise.
- Drug addiction, disabled, elderly.
- Car fumes.
- Can't get into Doctors.
- Mental health/asthma due to too much traffic.
- Lots of people are ill nowadays with not just one ailment but lots of them e.g. asthma, lung, being overweight.

What do you think could be done in Lincoln Green to improve these health issues?

- Better paid jobs. More skills for people who have English as a 2nd language to help them gain better jobs.
- More activities for youths.
- More integration of the communities.
- More access to services and languages classes. Not just to learn English but life skills too.
- The poor houses - we could do with new houses and the heating is poor.
- Refugee Forum.
- Health Centre is not good - impatient receptionists.
- Need better access to information in own languages

Where would you gain information about activities and services available locally?

- Compton Centre/Job Centre/One Centre
- Ask friend or maybe one centre or colleague in the Café.
- One Centre/Maybe doctors
- Refugee Forum
- Local Housing Office

What Agencies said

What do you think local people's health needs are?

- Accessing GPs, dentists and community clinics, regular physical activity, healthy eating, regular social activities.
- I'm conscious that Leeds figures with regards deprivation are slipping backwards and that's probably partly due to ongoing difficulties in accessing services. Key for local people is ease of access so I worry about amalgamation of services, creation of central hubs, more services only accessed via online sources etc. which makes this more difficult.
- Getting out and about. Getting to see the Doctors as soon as they need to. Help and guidance from their doctors.
- Education (better knowledge of services available), well fare cafes, minor ailments scheme or something to help patients with a low income.
- How to apply for and gain successful employment. Decent basic standard housing. Social things for the young people. Better community integration.

What do you think the barriers are to accessing services or leading a healthy lifestyle?

- Language barrier among migrant families. Poverty being a barrier. It would be great to have health food in the shopping centre not just chicken and chips. A fruit and veg stall would be great. If you're depressed and have little money your motivation for being healthy is diminished radically. Cheap freezer food to feed a family.
- Language, lack of health centres
- Language, leaflets signage translated, are there enough doctors to serve the community/especially female?
- Language barriers/Affordability/Disengagement – people not accessing services for unknown reasons/ Lack of awareness of services already available
- Knowledge of what healthy means and how to promote a healthy lifestyle.
Language - The increase of EAL families. Deprivation - families on low budgets. Housing - some families live damp and poor houses. Vermin in the homes, noisy neighbours that keep them awake. Access - lack of availability. Safety - not feeling safe in some areas. Pollution - living near a city and busy roads
- Distance, language, complexity, culture. We should be making access easier for the group but unfortunately the cleverer we get at devising systems to manage this on a lower budget the harder it becomes and the more disengaged the group are. The people we believe will access this service are the less deprived in our

patient group who are able to do so whilst the more deprived who we should be targeting get left further behind.

What do you think could be done to improve health in the community?

- Give public health more resource. Bespoke information sessions. Access to nutrition's food at low or no cost. Eradication of loan sharks.
- More health promotion or service promotion. There is a lot of information available but the problem is our admin staff are so over whelmed with day to day running that we simply do not have time to promote awareness to our patients that probably would be very beneficial.
- A greater awareness of services that are in community offering support.
- More access to ESOL and helping the community to navigate the health system.
- More work to engage and support migrant communities (this can be done using community leaders)/engaging fathers from all communities and those who don't necessarily play an active parenting role within the family/Leaflets in different languages (outlining how to access health care and also expectations and consequences of non-engagement with services/More government investment in health services (local and national level)/Better access for all to dental care./Gym equipment for adults in children's play areas.
- Having a local bulletin to help increase awareness of services/Having an affordable gym/Outreach.

What do you think is missing from the area to help improve the health of the community?

- More work to engage and support migrant communities (this can be done using community leaders)/engaging fathers from all communities and those who don't necessarily play an active parenting role within the family/Leaflets in different languages (outlining how to access health care and also expectations and consequences of non-engagement with services
- Healthy lifestyle sessions (one-to-one and group) to reduce diabetes and cardiovascular risks Well-advertised and increased local community activity sessions Social Prescribing services at all GP practices.
- Improve connectors. Engage with tower block community through residents being empowered to talk for their neighbours.
- Allow community groups to use the community centres and the health centre with discount rates. More group activities and drop-in sessions.
- Knowledge of what healthy means and how to promote a healthy lifestyle. Running more course or promotional days. Information about children's illnesses - some parents take their children to the doctors for minor ailments - antibiotics given.

What do you think is missing from the area to help improve the health of the community?

- Better communication. More visible services in the community to deliver health information/visits to bridge the gap with people who are socially isolated.
- Increased patient promotion.

- Health needs of the community needs to be more inclusive. Need to be more cohesion within the community. The community do not mix especially the English with other communities. Look at incorporating health promotion within ESOL to help people navigate the system.
- More joined up agency working. Engagement group meetings to include both established and new residents in the area.
- More day care centres with regular opening times.

Recommendations from the Needs Identified

- Improve knowledge of services available (health & wider)
 - Potential to use Advonet to deliver workshops/ drop-in sessions to be delivered at various asset points
 - Potential to use Leeds Refugee Forum to train health champions to deliver health promotion messages.
 - Potential to include the Migrant Access Projects (MAP) and the Migrant community networkers.
 - Potential to increase uptake of patient participation group.
- Work with the GP Surgery and the primary care development team to improve access to services.
 - Potential to have drop-in sessions to help patients understand the services on offer from the surgery (site-specific) and how to navigate around the GP surgery, FAQ's.
 - Health promotion and possible training of health advocates for the largest populations of the ESL residents.
 - Support by LS9 collaborative, local care partnerships and Public Health localities team.
- Increase the number of quality spaces for communities to come together,
 - Possibility of developing links with the new school and supporting the community to gain access.
- Increase the opportunities for young people and adults to engage in physical activity.
- Increased ESOL sessions at Entry 3, Levels 1 and 2, to include more health awareness within the lessons.
 - Increase the opportunities to expand the Intermediate and Advanced conversation groups.
- More support for residents to find meaningful employment or volunteer opportunities to gain experience to be job ready.
- Increased knowledge of Public Health commissioned Services e.g. One You Leeds, diabetes, vaccinations and immunisations, mental health services.
- Increased opportunities to promote services through health ambassadors and agencies e.g. Advonet, Touchstone, Refugee forum, MAP.

Contact details

For further information about the Health Needs Assessment please contact Tina Leslie, Health Improvement Practitioner, Leeds City Council on 07779537350 or email tina.leslie@leeds.gov.uk.

Acknowledgements

Elizabeth Boniface, Public Health,
Leeds City Council

Rachel Brighton, Public Health,
Leeds City Council

Louise Forrest, Active Leeds,
Leeds City Council

Ian Kenning, Communities Team,
Leeds City Council

Ali Magoob, Leeds Refugee Forum

Charlotte Orton, Public Health,
Leeds City Council

Chetna Patel, Public Health,
Leeds City Council

Sam Powell, Migrant Access Project

Kimberley Saggu, Touchstone

Adam Taylor, Public Health
Intelligence Team, Leeds City Council

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Page 5

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Page 12

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Migration (2011 - 17) based on DWP national insurance numbers data

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Further reading and information

- <https://www.gov.uk/government/publications/health-inequalities-reducing-ethnic-inequalities>
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf
- <https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide>
- <https://www.migrantsrights.org.uk/wp-content/uploads/publications/Access-to-Health-Care.pdf>
- http://www.euro.who.int/data/assets/pdf_file/0017/330092/6-Migrant-womens-health-issues-irregular-status.pdf?ua=1
- Report from Kevin Mcready and Louise Cresswell Joint Leeds PH & CCG



Public Health SLT
briefing on Migrant

Reports from Touchstone on request

Lincoln Green Index of Multiple Deprivation Summary 2015

Income

- Lincoln Green is the 5th most deprived LSOA in Leeds whereby 45% of the population (adults and children) are experiencing income deprivation (highest in Leeds is 57%).
- There are also separate results for income deprivation affecting children (0-15 years) and income deprivation affecting older people (over 60s), showing how these groups can be particularly affected.
- 65% of over 60s are affected by income deprivation and it is ranked 2nd most deprived in Leeds. However, it has a smaller than average population of older people (72nd in mid-2012).
- 49% of children are affected by income deprivation and it is ranked 26th in Leeds. It has an average population of children (361st in mid-2012).
- The following data is supplied by Experian and shows the income of the population.

HH Income	Leeds	E01033035
<15k	25.10%	73.67%
15k-19k	6.90%	9.56%
20k-29k	20.20%	16.77%
30k-39k	9.70%	0.00%
40k-59k	11.60%	0.00%
60k-69k	7.80%	0.00%
70k-99k	7.90%	0.00%
100k-149k	1.40%	0.00%
150k+	1.50%	0.00%
Unknown	7.80%	0.00%

Experian data shows that no household income in the area is above £30K and the majority of households are on a very low household income (74% on less than 15K). Related to household income, almost all households (96%) find it 'very difficult' to cope on the household income.

Managing on HH Income	Leeds	E01033035
Comfortable on household income	29.76%	0.00%
Coping on household income	19.76%	0.14%
Difficult on household income	10.63%	3.62%
Very difficult on household income	32.05%	96.24%
Unknown	7.80%	0.00%

Employment

- 31% of the working age population are involuntarily excluded from the labour market. The highest rate in Leeds is 41% in Crosby St, Recreations and the Barton's.
- Ranked 21st most deprived in Leeds for employment. Compared to other areas, this is significantly better than its ranking for the overall IMD (3rd). Usually the LSOAs that rank as most deprived in the overall IMD have a similar ranking in the employment domain.
- It has an average population of working age people.

Education

- Ranked 11th most deprived in Leeds.
- Worse on adult skills (ranked 12th in Leeds) than children's attainment (ranked 31st).
- From CYPP dashboard stats June 2017 following for INE.
- 25.4% Obesity at year 6 Leeds average 19.1%.
- Lowest in the city for good achievement, end of primary school year 6 figures show 32.3% gained good achievement with the Leeds average at 48%.
- Highest number of 10 -17 year old recorded offenders.

EAL School students

- 75% of school students living in the area have English as an additional language.
- Rated high with above average growth. Leeds Ave: 19%.

Crime

- Ranked 6th in Leeds
- Crime levels for the area are high – 132 for Lincoln Green and 91 for Leeds (per 1,000 population). Theft, violence and sexual offence levels are particularly high.
- This data also covers St. James University Hospital grounds and surrounding area.

Appendix 1

Lincoln Green Community Consultation

If you currently live in Lincoln Green we would be grateful if you could complete the following questionnaire. The information collected from this consultation will be used to gain a picture of what the health and wellbeing issues are for individuals living in Lincoln Green and how some of these issues could potentially be addressed.

Age (n=38)	18-24 (14) 24-45(20) 46-59 (4)	
Gender (n=35)	Female (22)	Male (13)

Q1) What do you like about living in Lincoln Green ?

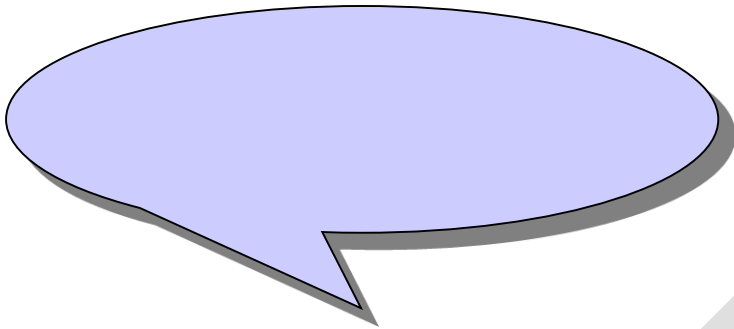
Q2) What don't you like about living in Lincoln Green?

Q3) What do you think are the main health issues for people living in Lincoln Green?

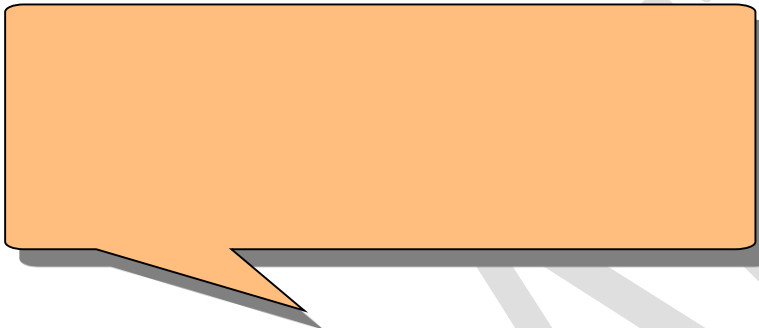
Q4) What do you think could be done in Lincoln Green to improve these health issues?

Appendix 2

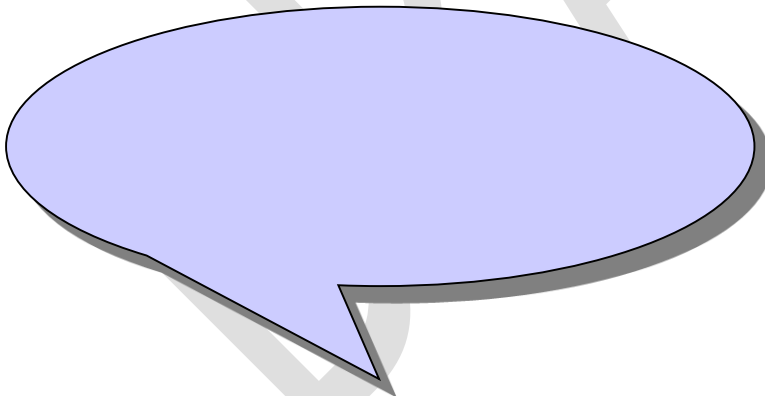
1. What do you like about living in Lincoln green?



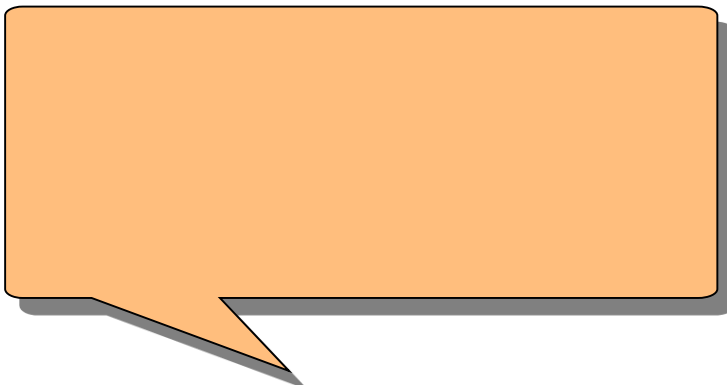
2. What are the main problems of living in Lincoln Green?



3. What do you think are the main health issues for young people living in Lincoln Green?

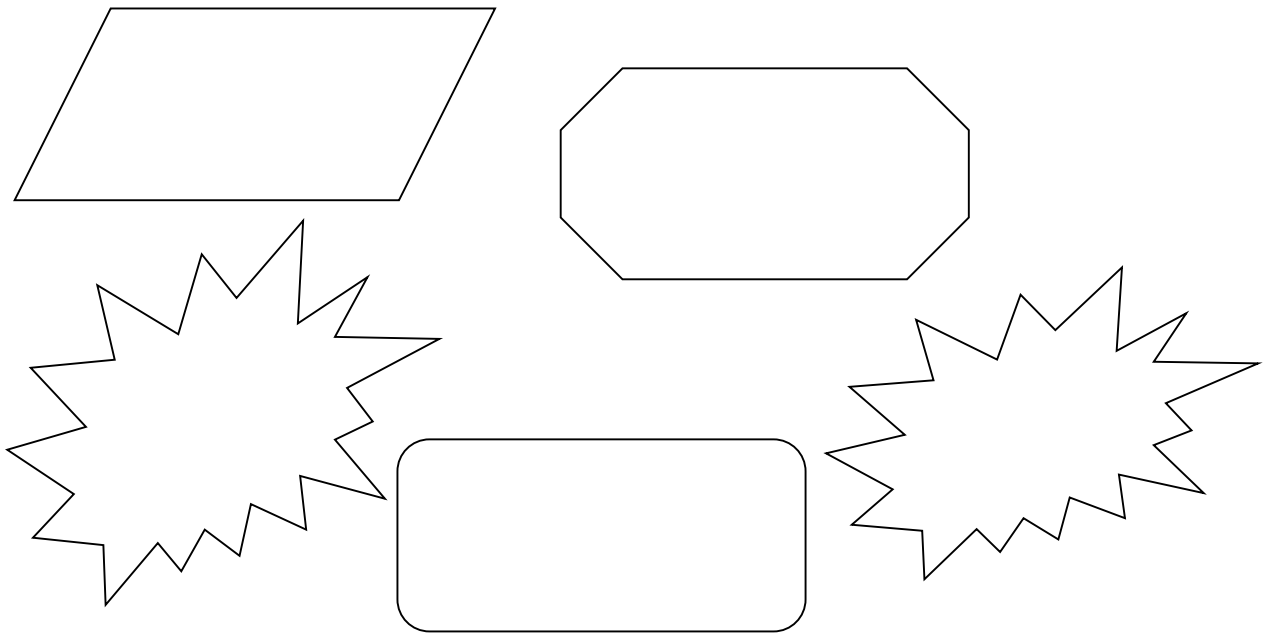


4. What is there for young people to do?



5. What kind of activities would you like to see happening in your area?

Write your ideas in the shapes



Thank you for taking the time to answer these questions, this information will be used to get a picture of how Lincoln Green is now and to help plan new things for the future.



HAVE YOUR SAY

Appendix 3

Agency questions

1. What do you think local people's health needs are?
2. What do you think the barriers are to accessing services or leading a healthy lifestyle
3. What do you think are the assets in the community?
4. What do you think could be done to improve health in the community?
5. What do you think is missing from the area to help improve the health of the community?

END