Health Needs Assessment
Stratford Street, Beverleys
E01011372

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Leeds CITY COUNCIL

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Executive Summary

This Health Needs Assessment sought to create a comprehensive understanding of the Stratford Street and Beverleys priority neighbourhood from a health perspective. Beginning with the presentation of data from the wider determinants of heath as context for considering health related data.

1, 476 people live in the priority neighbourhood. There are a greater number of children and young people living in the area, disproportional to Leeds city averages. Across all ages there are a greater number of males up to the age of 59. People aged over 60 are a minority. Overall 72.5% of the population in this area are from minority ethnic groups. People with a South Asian background are slightly more in the majority, followed closely by people with a White British Ethnicity.

Stratford Street and Beverleys is a highly deprived area with 31% experiencing employment deprivation and 45% of the residents experiencing income deprivation. The greatest burden of poverty is experienced by families with children aged under 15. The living environment is poor with high population density, poor housing and high crime rates. 10% of domestic violence referrals to Leeds Domestic Violence Service are from the LS11 postcode.

Coronary Heart Disease, Diabetes and smoking are more prevalent in this area than a Leeds overall average, but show similar rates with areas of similar levels of disadvantage. The all-cause mortality rate is higher in this area for males and has been steadily rising whilst female all-cause mortality is steadily decreasing and is below a deprived Leeds average. Disease specific mortality rates show a decreasing rate for females for respiratory disease and cancer, with an upward trajectory for female mortality for respiratory diseases levelling off in recent years. Male mortality due to circulatory diseases are higher, whereas there is no difference between this area and the deprived Leeds rates. Cancer mortality rates are lower in comparison to Leeds, but in comparison to deprived Leeds, males rates, which were increasing are now showing a recent decrease; female rates show a recent increase.

Children specific data highlight a particular concern of childhood obesity, with 41% of children leaving primary school with excess weight. There are also double the number of looked after children and children with a child protection plan in this area compared to Leeds CCG average. Evidence shows that looked after children tend to experience poor health outcomes.

Smoking cessation services are being accessed by the residents; a positive intervention in addressing the high rates of smoking in the area. Leisure services are accessed by less than 10% of the residents, typically teenagers, although this data only captures those with a Leeds card.

Key stakeholders working within the Beeston Hill community supports the social and health intelligence findings.

234 children and parents participated in a survey and 67 residents participated in community engagement activities. Whereby they shared their opinions on what they liked and disliked about living in Holbeck, as well as their opinions on the health issues in the area, and which ones should get priority.

A number of community assets were identified: Post Office, local shops and the Mosque along with community venues such as Hamara and Asha. Children reported being close to Trentham Park and Cross Flatts Park as something they liked about their area.

Four strong themes were identified as issues people disliked about living in the area: safety, drugs, anti-social behaviour and street cleanliness.

Health issues in the area comprised GP access and included language difficulties. Cross-cutting themes were: mental health issues, housing issues and lack of physical activity opportunities. Mental health issues were seen as being the result of stress, associated with poverty and isolation associated with anti-social behaviour. Other health issues largely reflected the sample composition with reference to heart disease and diabetes.

Upon asking community contributors to vote for the health issue which they feel is most important – addressing the drug availability and usage among young people was the clear priority. This was followed by addressing crime in the area. Tackling the mental health issues in the area was viewed as being the third highest priority. GP access was apportioned the fourth highest health priority in the area.

Other issues were raised and community contributors made the links between the numerous take-away outlets and the rise of adult obesity in the area. Contributors also highlighted the lack of activities to engage young people, their impoverished lives and illegal drug activity.

Introduction

The national Indices of Multiple Deprivation data (2015) highlighted the disparity of neighbourhoods in Leeds; illuminating those neighbourhoods which had become poorer with subsequent outcomes for these neighbourhoods deteriorating, with increasing poverty and inequality.

There are sixteen neighbourhoods in Leeds that are now categorised as being in the deprived 1% of neighbourhoods nationally. In 2017, Leeds City Council took the decision to focus resources on small areas of Leeds in the worst percentiles in the country and Leeds – the priority neighbourhoods. This focus on locality working recognised the negative impact of the wider influences on health and social outcomes throughout the life course and embraced the left-shift on redirecting resources to tackle the causes of negative social and health outcomes.

One of the areas identified was an area in Stratford Street and Beverleys, located in the inner south of Leeds. This priority neighbourhood is known as Stratford Street, Beverleys. (E01011372). It sits within the Hunslet and Riverside ward. A map of which is located on page 5.

This Health Needs Assessment focuses on a geography of an area, in line with a public health place-based focus. To contribute to the overarching aim to improve the area and associated health and social outcomes of the residents, public health conduct a Health Needs Assessment. These findings are used to inform the strategic plans for the area.

A Health Needs Assessment (HNA) is a systematic method for assessing health related issues within a population of a community. The purpose is to gather relevant information to inform priority setting, resource allocation and commissioning which aims to improve health and well-being and tackle health inequalities. This intelligence is then used to understand the type and distribution of ill health and disease/conditions. In general, there are three approaches to a health needs assessment, which depending on the aims, can involve one element or indeed all elements. These approaches are:

- Epidemiological – collecting and analysing the incidence and prevalence of disease/conditions within a population. (BMJ)
- Comparative – This approach compares service provision between different populations. Large variations in service use may be influenced by a number of factors, and not just differing needs compares service provision against need or populations.
- Corporate - This approach is based on eliciting the views of stakeholders - which may include professionals, patients and service-users, the public and politicians - on what services are needed. Elements of the corporate approach (i.e. community engagement and user involvement) are important in informing local policy.

https://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/uses-epidemiology-health-service-needs

The aims of this HNA are thus:

1. To produce an epidemiological perspective of Crosby Street, Recreation Streets and Barton's. This will include gathering and presenting data relating to health disease/conditions and the external factors that influence these
2. To present stakeholder perspectives on the health issues relevant to the area
3. To present perspectives from the local community
4. Identify assets and needs within the specific target population

5. To devise recommendations which influence effective action plans to collectively improve the area for local residents

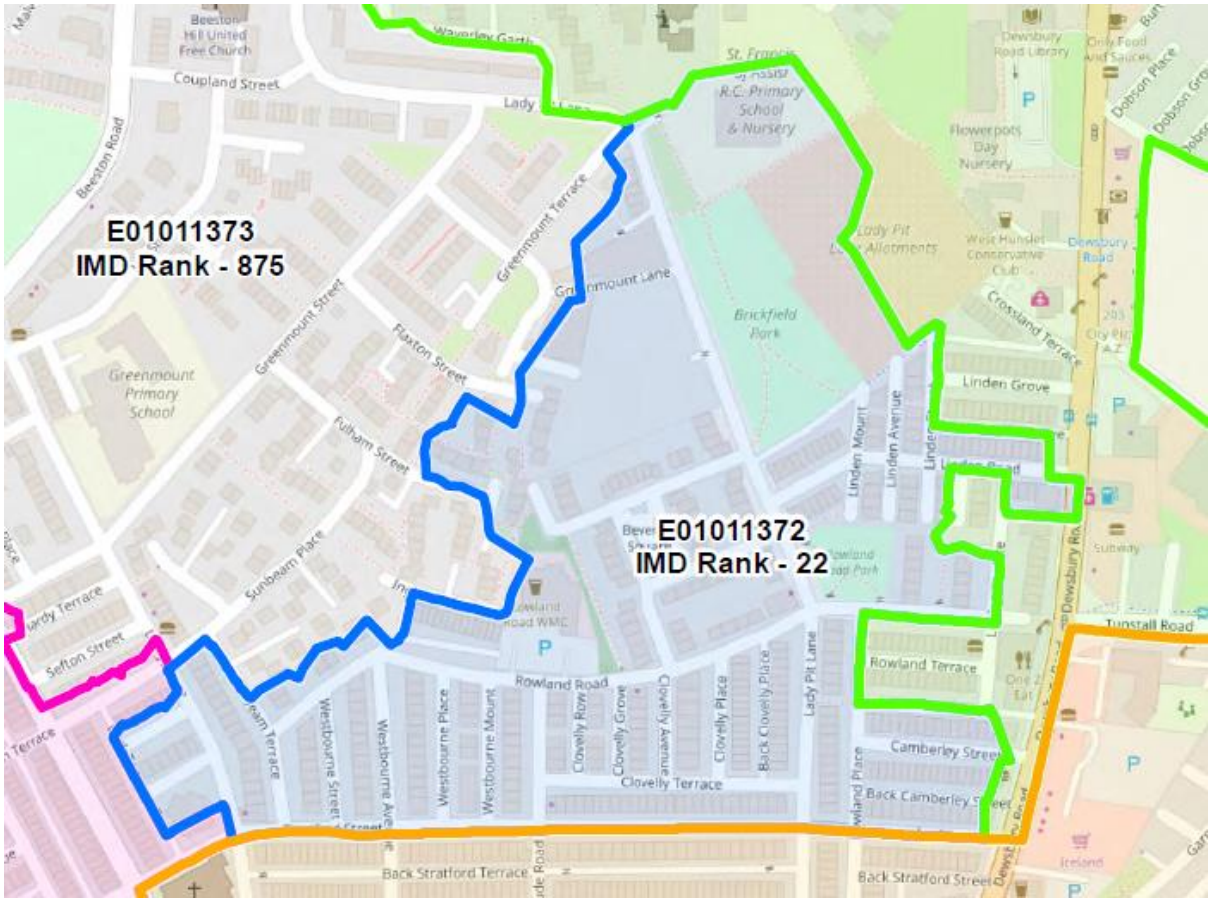
Data can be collected on several footprints – including lower super output areas (LSOA), middle super output areas (MSOA), ward level and Primary care network level. All sizes are valid and can produce useful information. The subject area of this HNA –Stratford Street, Beverleys. (E01011372). is an LSOA so this HNA uses LSOA information where possible.

However what is more appropriate in the health related data to increase the footprint of the data to MSOA thus increasing its reliability. This in turn increases the confidence in analysing the information and drawing conclusions.

This is only feasible following checks to ensure a representative match between the population structures of the priority neighbourhood and its corresponding MSOA. The LSOA is well represented by its corresponding MSOA.

Chapter 1 of this report will begin by presenting the resident composition of E0101368; before illustrating deprivation data and examining the various indicators of deprivation with reference to the social determinants of health. Chapter 2 will present analysis and interpretation of health related data. Following this data a child-orientated focus is presented in Chapter 3. Intelligence garnered from adult facing commissioned services adds a different perspective in Chapter 4. Chapter 5 of this report provides the analysis of stakeholder interviews and presents key themes of the interviews. This is followed in Chapter 6 by presenting the methodology of the community involvement and its findings to both the prevalent issues and the communities' suggestions for improving the issues. A summary of the health needs assessment links the data and views together in a summary on page 36. Recommendations can be located on page 38.

Map 1: Stratford Street, Beverleys (E01011372).

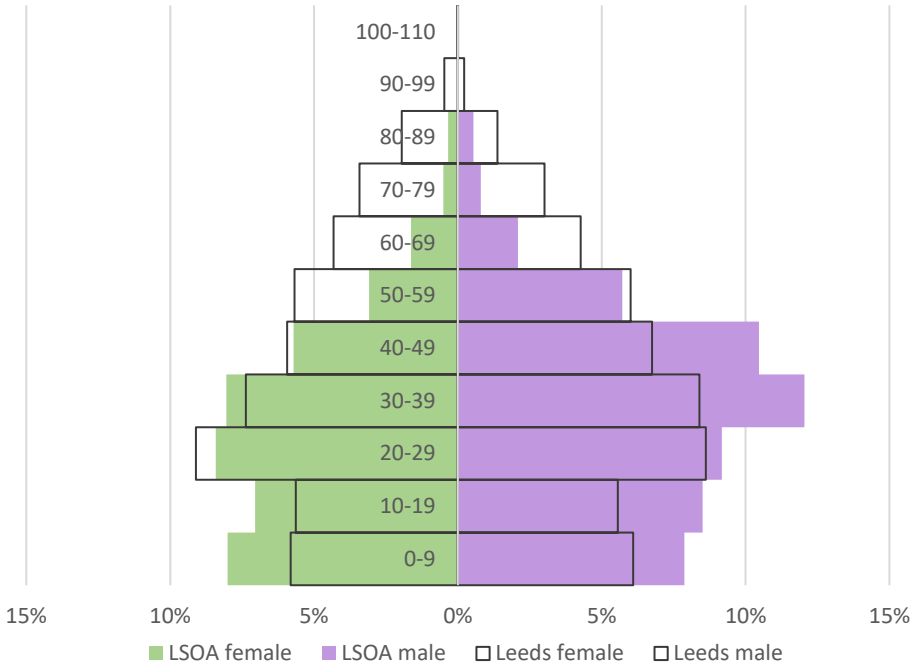


Chapter 1 – Who lives in the Recreations and what influences on health are present within the community?

1.1 Resident Demography

1, 476 people in live in the Stratford Street, Beverleys area of Beeston Hill; comprising 53.8% of males and 46.2% females. The population pyramid below shows how the age and gender of people living in Stratford Street and Beverleys, compares to the city average. Compared to Leeds, there are a larger number of children and young people living in the area. There is also a greater number of males living in the area overall, but particularly aged 30-49. There is then a noticeable reduction of males aged over 60. The female population structure is fairly similar to Leeds up to the age of 50, whereby there is a noticeable reduction is the number of females living in the area. There is a decreasing number of older adults aged over 60 living in the area compared to Leeds.

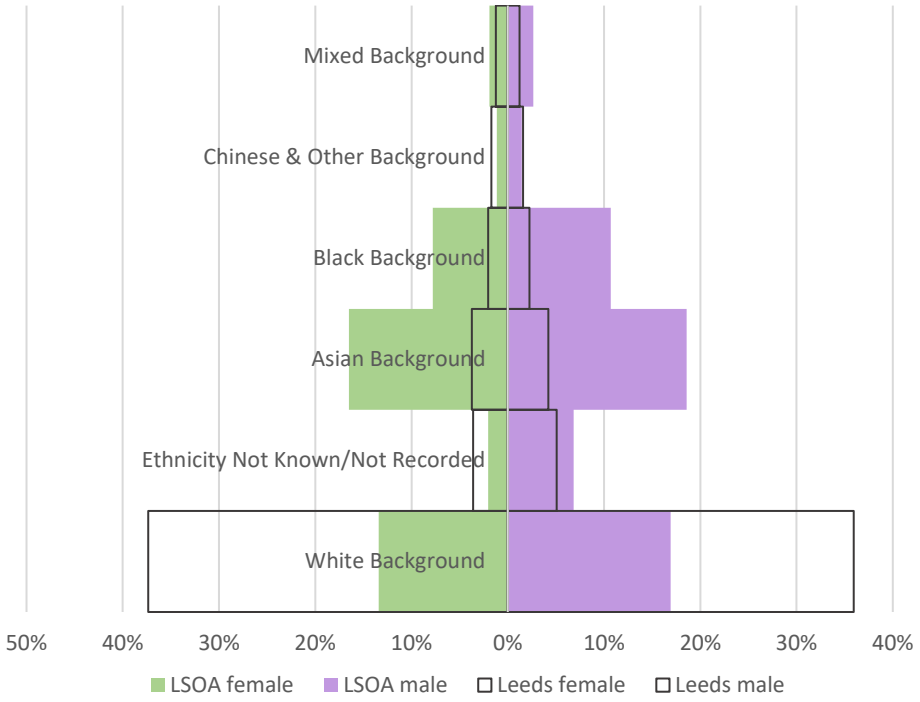
Chart 1: Population pyramid comparing Stratford Street, Beverleys and Leeds for age and gender.



This picture is different when we look at the ethnicity composition of the area and compare that to Leeds City averages. Overall 72.5% of the population in this area are from minority ethnic groups. Chart 2 shows people of South Asian ethnicity are slightly in the majority compared to other ethnicities living in the area and comprise a larger group of people with a South Asian ethnicity compared with Leeds as a whole. The proportions of males and females of South Asian ethnicity are similar (18.6% and 16.5% respectively). This is closely followed by people recording their ethnicity as White, with 16.9% males and 13.4% females. The proportions of people living within Stratford Street, Beverleys with a recorded Black ethnicity are noticeably larger compared to Leeds as a whole. Approximately 10% of the population of Stratford Street and Beverleys are Black males compared to 2.2% in Leeds overall. A similar picture is seen for Black females who comprise 7.8% of the population, compared to a Leeds overall 2.0%.

This information sets the context for comparing Stratford Street and Beverleys with Leeds overall. Of particular note is the overall percentage of people with a minority ethnic background living in the area of Stratford Street and Beverleys is 72.5%. In addition to this approximately 24% of the households do not speak English as the main language.

Chart 2: Population pyramid comparing Stratford Street, Beverleys and Leeds for gender and ethnicity.



1.2 Wider Determinants of Health

In England, people living in the poorest neighbourhood will die on average 7 years earlier than people living in the richest neighbourhoods. This difference is not simply the product of genetics, unhealthy behaviour, or access to health care provision, as important as those factors are. WHO (2008) and the Marmot review (2010) both concluded social inequalities in health arise because of inequalities in daily life. In short; social, economic, commercial and environmental conditions are the strongest determinants of people's health. This includes peoples' access to warm homes, in safe places with access to good quality work and an affordable healthy food supply (Marmot 2010). In addition, whilst income per se is not seen as a principle factor of health inequalities – it is linked to life chances; what resources a person has access to and can use.

Whilst individual behaviour is part of the causal chain that links the wider determinants of health to avoidable illness – there is strong evidence that people's behaviour is influenced by the wider influences of health determinants (Marmot 2010).

The model below was proposed by Dalgren and Whitehead (1991), and simplifies the complex interactions of variables and influences which allow inequalities to thrive. The model captures the interplay between individual factors and the social determinants of health. Importantly, the model illustrates why interventions must have a place-based focus and not just focus on treating people.

This is because focusing an intervention at one place, or level provides an incomplete intervention (Public Health England 2019).

1.3 Stratford Street, Beverleys and Index of Multiple Deprivation

Every small area in England, or lower super output area (LSOA) is ranked according to its deprivation score from rank 1 (most deprived) to rank 32, 844 (least deprived). The Stratford Street, Beverleys was chosen as a priority neighbourhood because of the level of deprivation seen in the area. This was shown in the ranking of the Index of Multiple Deprivation (IMD 2015) and more recently IMD (2019). Stratford Street, Beverleys was ranked as the 38Th most deprived ward in England and located in England's 10% most deprived decile. From a Leeds perspective, this area was ranked as being the 1st most deprived area out of Leeds 482 LSOA's.

The IMD ranks are the product of seven domains. This includes: income, employment, education, skills and training, health and disability, crime, barriers to housing and services and the living environment. The product of each of these domains also receives a ranked score, which can be used to assess an area in more in-depth at a particular domain. The table below shows where this LSOA ranks in England and in Leeds.

Table 1: IMD (2019) domains and the ranked scores for Stratford Street, Beverleys England and Leeds.

Domain Name	England ranked score*	Leeds ranked score*
Income	38	2
Income deprivation affecting children	495	9
Income deprivation affecting over 60's	547	11
Employment	337	4
Education	796	31
Health	1, 684	38
Crime	41	4
Barriers to housing & services	18, 448	6
Living environment	97	20

*a lower number indicates higher deprivation

The table above shows how Stratford Street, Beverleys rank on the IMD. Compared to the other 482 LSOA's this priority neighbourhood is the second worst LSOA in Leeds for income, meaning there are more residents in this area experiencing income deprivation. The area is ranked 4 in Leeds for employment, meaning more people experience employment deprivation – or don't have a job, compared to other areas of Leeds. The area is also ranked 4th for crime, meaning this area has a high crime rate. The IMD scores also indicate some issues with barriers to accessing services and housing and some concern regarding the living environment.

1.4 Employment Deprivation

65% of the residents of Stratford Street and Beverleys are people are aged 16-64. Of these 31% residents are employment deprived (IoD 2019). 13% are claiming unemployment related benefits (Jobseekers Allowance and Universal credit). As a whole there are 3.2% of people in Leeds claiming unemployment benefits. Across all age categories, male claimants out number female claimants. (Leeds Observatory 2020)

72 people were unable to work due to incapacity relating to their mental or behavioural problems. (ONS Claimant count October 2019).

1.5 Income Deprivation

In addition to having less money on a weekly basis, people experiencing income deprivation, or poverty are much less likely to build up any savings to help map for unexpected expenditures, improve their home or access opportunities. The pressures of living in poverty cause considerable stress, which is often linked to poorer mental health as well as strained relationships within families.

https://www.jrf.org.uk/report/uk-poverty-2018

According to the 2019 IMD release, 45% of residents experience income deprivation. 52% are people aged over 60. Income deprivation affecting children is experienced by 47% of the residents with families. According to the 2011 census data, 43% of the households in the area are one family households.

Specifically, the most robust locally derived measure of child poverty is the Children in Low-Income Families Local Measure. This is the proportion of children living in families either:

- in receipt of out-of-work benefits or
- in receipt of tax credits with a reported income which is less than 60 per cent of national median income

This is the best indicator to use for child poverty because it includes in-work poverty as well as people claiming out-of-work benefits. The latest figures are from 2016.

In Stratford Street and Beverleys, there were 210 children aged between 0-15 living in low income families; equating to 33.6% of families with an under 16 year old living in the family household. The Leeds average is 20.3% of children under 16 living in low income families in 2016. The England average is 17%. (Leeds Observatory 2020)

These statistics demonstrate the high levels of deprivation experienced by the residents of the priority neighbourhood. Unemployment and its resultant companion – income deprivation is high across the life span.

1.6 Surrounding Area

Overall the living environment was ranked as being 20th in Leeds. Suggesting poor quality in the local indoor and outdoor environment. There exists data relating to other indicators of income

deprivation. Access to this data adds another dimension to understanding the influence of the surrounding area on health.

There are an estimated 690 households located within the Stratford Street, Beverleys. The area within the streets are devoid of trees and grass, although there are three pocket parks located nearby – Trentham pocket park, Brickfields and Rowland Road Park. Many houses lack any personal space outside the front door – a garden or yard. Furthermore as most of the houses are back to back terrace style houses, population density is worthy of consideration. Occupying the rank of 22, Stratford Street, Beverleys is amongst the most densely populated area of Leeds – (3 LSOA's include the student population areas of Headingley and Hyde Park) (Leeds Observatory 2020).

Living in close proximity to others has been associated with urban stress – noise pollution, crime and lower quality housing (Beenackers et al 2018).

The WHO (2011) has identified noise from transport as the second most significant environmental cause of ill health in Western Europe, the first being air pollution from fine particulate matter (AIRS_PO3.1, 2018). Environmental noise exposure can lead to annoyance, stress reactions, sleep disturbance, poor mental health and wellbeing, impaired cognitive function in children, and negative effects on the cardiovascular and metabolic system. Environmental Noise Directive (END) is the main EU instrument through which land-based noise emissions are monitored and actions developed. It defines environmental noise as 'unwanted or harmful outdoor sound created by human activities, including noise emitted by means of transport, road traffic, rail traffic, air traffic, and from sites of industrial activity' (EU2002).

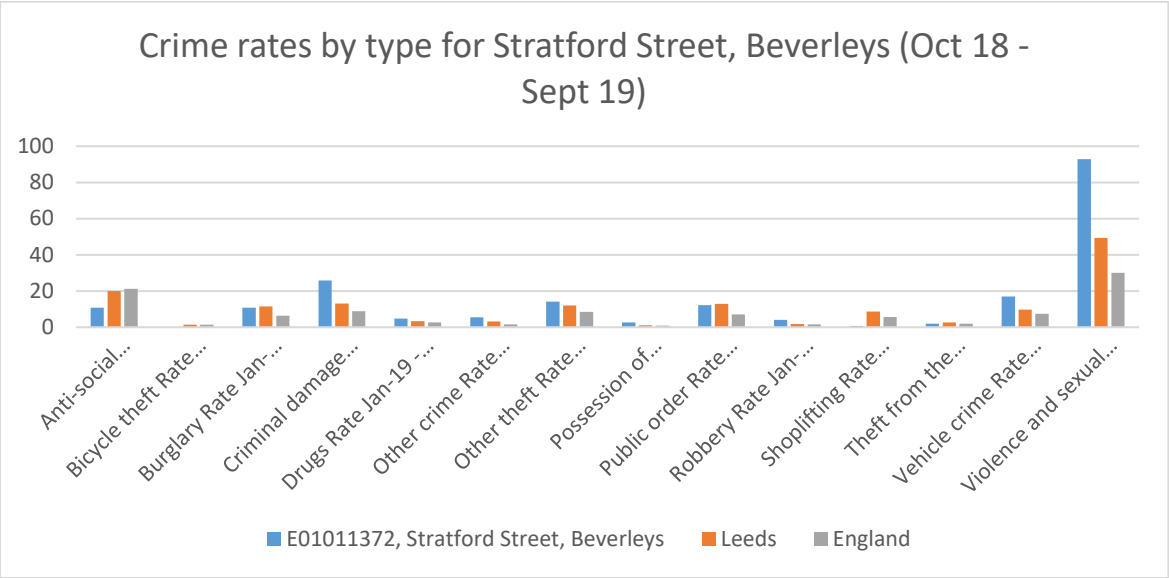
High environmental (i.e. outdoor) noise levels are defined as above 55 dB for day and evening and for above 50 dB for night time. During the night, environmental noise starting at L_{night} levels below 40dB can cause negative effects on sleep such as body movements, awakenings, self-reported sleep disturbance, as well as effects on the cardiovascular system that become apparent above 55 dB. All these impacts can contribute to a range of health effects, including premature mortality (WHO, 2009).

The Stratford Street, Beverleys area is a densely populated area, with links to the Dewsbury road and the M621 motorway. Inspection of noise pollution indictors reveals 24 hour average noise pollution is between 55.0-59.9 decibels. Night time averages range from 50.0-54.9 (SHAPE 2019). These noise levels suggest the impact of noise pollution could be negatively impacting health in varying degrees; data on cardiovascular health and mental health and wellbeing is collected at a GP level and will be reported later in the report.

Feeling safe and secure in the place a person lives is one of the key elements to healthy living (Health Foundation blog). Between October 2018 and September 2019, within the LSOA area of Stratford Street, Beverleys, there were 285 reported crimes. During the same time period, the rate of crime in the area was 196.2 per 1000 population. Compared to Leeds as a whole, there were 132.7 crimes recorded per 1000 population (Leeds Observatory 2020).

The chart below illustrates the type of crimes recorded per 1000 population. Violence and sexual offences were highest overall and in the area and occur over two times more compared to Leeds overall.

Chart 3: Crime rates by type for Stratford Street, Beverleys between October 2018 – September 2019.



(Leeds Observatory 2020)

Yorkshire Ambulance Service defined call out to violent-related incidents as either being; 'assault', 'stabbed, gunshot' and 'penetrating trauma' and in addition, working impression from the scene categories as 'rape and sexual assault' and 'stabbed, shot or weapon wound'. Call outs within this priority neighbourhood are within the 10% highest for Leeds (SHAPE 2019).

1.7 Housing

Home ownership is a valued element of UK culture with most people seeking to own their home. The evidence that good-quality housing is critical to health is well established (Public Health England 2017). However there exists a disparity in accessing good quality housing which is exacerbated by a low income. Dewilde and Lancee (2013) found that income inequality is positively related to housing quality deprivation for low-income homeowners.

Whilst 35.5% are living in social housing, typically provided by Leeds City Council; 38.6% of the residents of the Stratford Street, Beverleys are living in private rented housing; the quality of local housing stock unknown. 95.7% of the housing fall under the lowest council tax band, giving an indication of the market value of the property in this area. 10.9% of the residents experience overcrowding within the home (Leeds Observatory 2020).

An important consideration to household budgets is warmth within the home. Within this area, 170 households (31.5%) are fuel poor. 11.7% have no central heating installed. There is a strong relationship between cold housing and cardiovascular diseases and respiratory conditions; children in particular are susceptible to respiratory conditions. There is also a strong relationship between cold homes and the mental health of children and adolescents. More than 1 in 4 adolescents living in cold homes are at risk of multiple mental health problems compared to adolescents living in warm housing. Older people, who tend to be home more are also vulnerable to fuel deprivation and as a result of this are susceptible to a range of health risks including early death.

http://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf

Another possible indictor of poverty is car ownership. 65.8% of households do not own a vehicle; although there are good bus links in the city centre and thus employment for a person who can walk up a steep hill.

An analysis of the surrounding area of this priority neighbourhood suggests several factors that pose risks to the health of residents of Stratford Street and Beverleys. Population density, noise pollution, housing quality and crime incidence are all factors contributing to the overarching 'feel' of an area. These factors create risks to health and can include stress, mental health and cardiovascular disease. Ascertaining if residents of the priority neighbourhood recognise and identify similar risks and if the available health related data collaborate the health outcomes will be highlighted in the subsequent chapters.

1.8 Education

Education is 'the single most important modifiable social determinant of health'. (Health Foundation 2019). There is consistently strong evidence that the level of a person's education influences their health outcomes. Higher levels of education leads to increased employment opportunities which increase economic resources. The pathways of education and health outcomes are inextricably linked. It is commonly recognised that a good education creates not only market force skills but personable skills. These skills and the opportunity to develop them, enable solid social connections and relationships and a sense of personal control – both factors linked to mental health and wellbeing. It is for these reasons education in our children and young people are monitored and reported.

Ensuring good attendance in school is a vital starting point. Primary schools in the area are reporting 94.5% attendance rate and secondary school attendance is 92.4%. This is not an individual score, but reflects a whole school's attendance. These figures closely resemble Leeds and England attendance figures for both primary schools and secondary schools. There are 13.2% primary school children persistently absent, slighter higher than both the Leeds rate of 8.4%. Of greater concern is the 24.4% secondary school young people persistently absent. This compares to a Leeds rate of 15% and an England rate of 13.5%. Children are classified as persistently absence if they have missed 10% or more possible sessions – giving this an individual score.

At the end of the Early Years Foundation stage and at the end of Primary school, children are assessed to ascertain their development and knowledge against national expectations. In year 11, aged 15-16 young people sit their G.C.S.E's. Table 2 shows the educational attainment of young people, resident within Stratford Street, Beverleys.

Children in Stratford Street and Beverley's are starting their educational journey behind children in Leeds overall and behind England overall, however the gap in attainment closes at Year 11 G.S.C.E's. Secondary school attainment scores are based upon 28 young people. 14.7% of young people were classified at NEET in January 2018 (Leeds Observatory 2020).

Table 2: A table showing the percentage of children and young people achieving a national expectations residing in Stratford Street, Beverleys.

Indicator	Stratford Street Beverleys	Leeds	England
Early Years Foundation Stage (good level of development)	52.6%	65.7%	71.5%
Key Stage 2 (Meeting national expectations)	45.2%	61.0%	65.0%
Key stage 4 (strong pass in maths and English	46.4%	40.9%	43.5%
Attainment 8 score (8 qualifications)	41.8%	44.8%	46.6%

Chapter Summary

The area of Stratford Street, Beverleys is classified as highly deprived according to the IMD. Income deprivation across the life span is high in the area. As a population, children are disproportionally living in circumstances marred by poverty. Unemployment is high in this area; accordingly income deprivation is high.

Chapter 1 of this Health Needs Assessment has explored additional indicators of deprivation including population density and its influence on health and crime. This area is one of the most highly populated areas of Leeds, dominated by back to back terrace style housing in Stratford Street albeit with newer housing in the Beverleys. Characteristic of such areas are low quality housing, noise pollution and crime rates – factors that are known to contribute to stress. Nearly a third of the households within the priority neighbourhood live in cold homes. Despite a rocky start in the educational system, children living in this area are achieving a strong pass in maths and English, although a lower proportion of adolescents are achieving 8 qualifications. This area is disproportionally burdened by high rates of characteristics known to negatively impact on health.

Although the effects of living in areas with such undesirable characteristic are known, the subsequent question 'is do these wider determinants of health exert their influence on the health outcomes of residents?'

Chapter 2 presents and examines health-related data to provide the answer.

Chapter 2 – Health Related Intelligence

Information pertaining to the prevalence of health-related conditions are gleaned from health sources; most commonly data recorded by GP's. However confidence in the data will vary depending on the size of the area, number of people and primary care recording.

MSOA data encompasses the lower super output area and the surrounding area. Usually there are 4 or 5 LSOA making up one MSOA. Collecting and interpreting data at the MSOA level makes interpretations more reliable and robust than LSOA level data. This is because the actual number of people with a condition or disease in a LSOA is small. Population structures of the LSOA must be similar to the MOSA it is within; this is to enable inference of health needs in the LSOA from the data for the corresponding MSOA. Checks are made to ensure the MSOA is fair representation of the LSOA.

Chart 4 shows the LSOA population structure for Stratford Street and Beverleys compared to its MSOA and the ethnicity structure for both the LSOA and the MSOA. Stratford Street and Beverleys is quite similar to its MSOA but with slightly more children and fewer young adults. Asian and Black backgrounds are in opposite proportions to the MSOA, however they are about the same when taken together and as both are susceptible to diabetes the overall population of interest is comparable.

Chart 4: Comparing Stratford Street, Beverleys LSOA and corresponding MSOA for population age and gender.

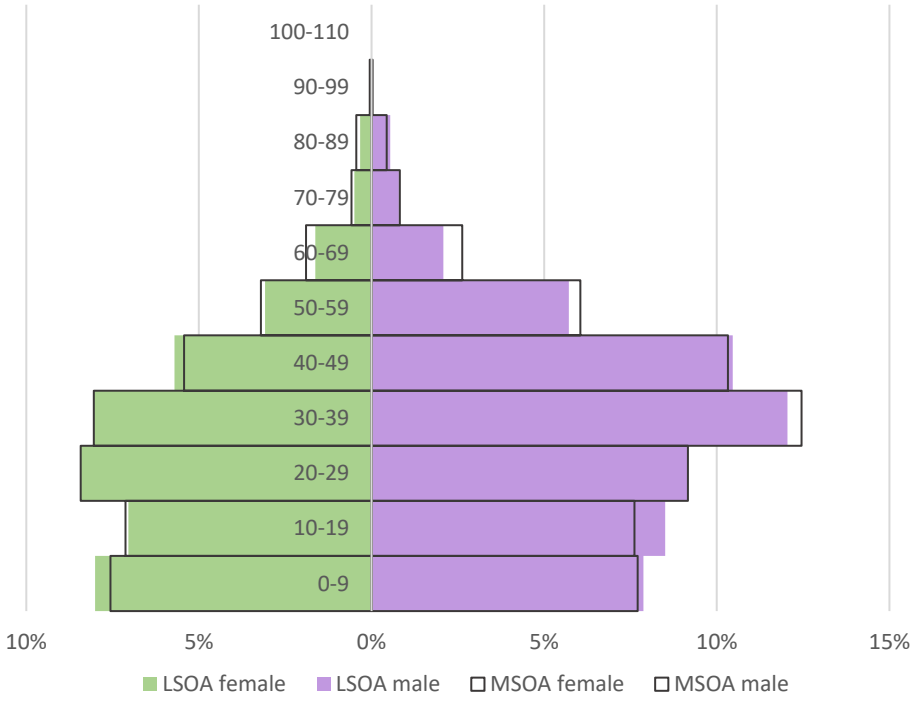
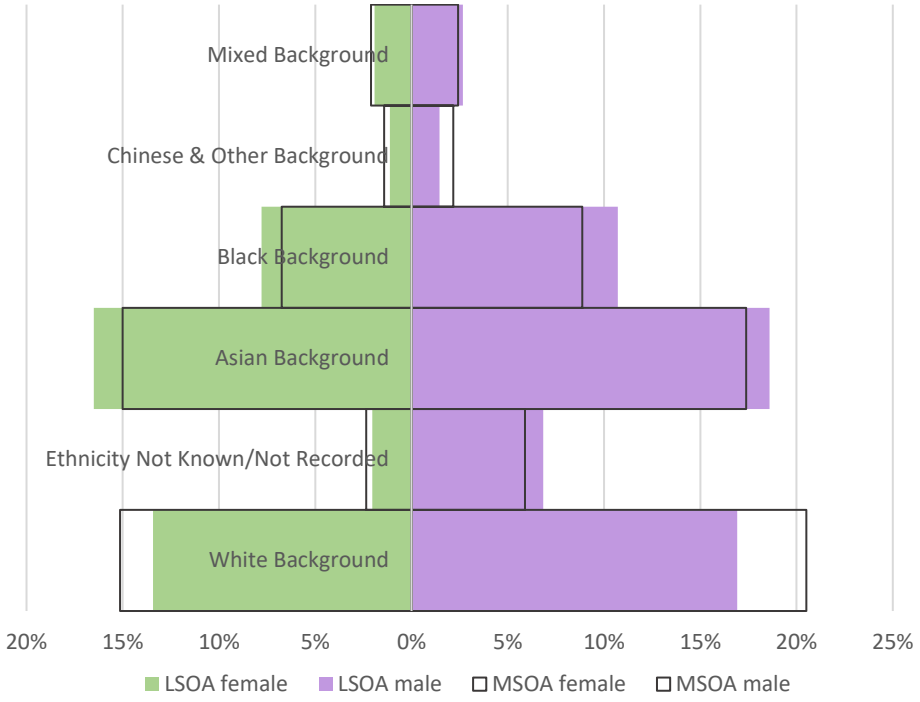


Chart 5: Comparing Stratford Street, Beverleys LSOA and corresponding MSOA for population ethnicity.



As there are four LSOAs inside this MSOA we would expect 25% of patients to be in this LSOA if the condition were equally distributed. For each health condition, age and ethnicity at a LSOA and MSOA level has been visually compared to ensure any comparisons can be made between LSOA and MSOA. Stratford Street, Beverleys is very similar in age and gender population structure. In ethnic make-up, it is very similar, except there is a slighter lower proportion of 'White ethnicity'. Except COPD, all conditions show reasonable proportions (or better) of the MSOA patients living in the LSOA, therefore the MSOA data could be used with confidence. (See appendix for 1 for a breakdown of LSOA representation of patients within the Stratford Street and Beverleys MSOA).

2.1 Common Health Conditions - all ages unless specified

There are several risk factors for **Coronary Heart Disease** (CHD): raised levels of blood cholesterol, raised levels of blood pressure, diabetes and smoking. People who are overweight or obese are more likely to have high blood pressure, high blood fats and diabetes. Thus data regarding obesity and diabetes are gathered both as indictors of CHD and conditions.

There are significantly more people with CHD living in the Stratford Street and Beverleys area of Beeston Hill compared to Leeds overall and more affluent area rates. Comparing Stratford Street and Beverley's MSOA to other deprived MSOA also reveals a higher number of people with CHD. This MSOA ranks as the 5th worst across Leeds out of 107 MSOA's.

This corresponds with the finding that there are significantly higher levels of **Diabetes** in Stratford Street and Beverleys compared to Leeds overall and deprived Leeds.

Diabetes ranks as the 3rd worst in Leeds out of 107 MSOA's. Within the Hunslet and Riverside ward, there are 139 fast food outlets. The average number of fast food outlets across Leeds is 28 per ward.

Adult Obesity levels in Stratford Street and Beverleys MSOA are lower than a deprived Leeds rate, whilst being similar to a Leeds aggregate rate. The MSOA obesity prevalence rate is ranked as 61st in Leeds out of 107 MSOA's, roughly occupying the middle-ground in terms of obesity rates.

Smoking rates for people aged over 16 living in the Stratford Street and Beverleys area are significantly higher in comparison to the Leeds aggregated rates, but similar to the deprived Leeds rates. Smoking is in the first percentile for smoking rates across Leeds ranked as the 8th highest for the number of reported smokers out of 107 MSOA.

Chronic Obstructive Pulmonary Disease (**COPD**) is associated with long-term exposure of harmful chemicals such as cigarette smoke. Smoking is thought to be responsible for 9 out of 10 cases. COPD rates in Stratford Street and Beverleys MSOA are lower than deprived Leeds averages; ranked at 23rd out of 107 MSOA's, they are significantly above Leeds averages.

Cancer rates in Stratford Street and Beverleys are significantly lower than Leeds and lower than the deprived Leeds aggregate. Stratford Street and Beverleys MSOA is ranked as 102 out of 107 MSOA's. Rates of cancer are also low in other deprived areas.

Asthma rates are significantly below the Leeds average and significantly below the deprived Leeds average. This trend is visible in several deprived MSOA areas of Leeds.

Severe Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI. The prevalence rates for SMI among those aged 18 and over, in Stratford Street and Beverleys was similar to the prevalence rates of SMI in other deprived areas. It was significantly above the overall Leeds average, ranked as 18th in the first percentile.

Common Mental Health Illness (CMHI) refers to anxiety disorders, depression, eating disorders and personality disorders. These are referred to as common mental health illnesses due to the volume of people affected by a CMHI. Mixed anxiety & depression is the most common mental disorder in Britain, with 7.8% of people meeting the criteria for diagnosis. 4-10% of people in England will experience depression in their lifetime. The number of people in Stratford Street and Beverleys MSOA with a CMHI is below the rates for Leeds and below the rates for deprived Leeds. CMHI ranks 99th out of 107 MSOA's in Leeds, putting it in the top percentile of Leeds.

Another indicator of mental ill health is **Suicide** rates. LS11 has the second highest concentration of suicides from across the city. The crude rate for LS11 (2014-16) was 13.8 per 100,000. The count (number of suicides) was 17 (2014-16), 11 (2011-13), and 17 (2008-10).

30% of all suicides in Leeds occurred amongst residents in the most deprived 20% of the city between 2014 and 2016. Two out of three suicides were in the most deprived half of the city. This is consistent with previous audits and national trends in suicides. A more detailed account of suicide across the city has been completed by Public Health.

https://observatory.leeds.gov.uk/wp-content/uploads/2019/09/Leeds-Suicide-Audit-2014-2016-Full-Report.pdf

Overall there are high rates of CHD in the area, with corresponding higher rates of diabetes. Conversely, obesity rates for the Beeston Hill MSOA are lower than the deprived Leeds rates and similar to Leeds overall rate. Smoking rates are higher in this area compared to Leeds, whilst COPD rates are ranked lower than deprived Leeds, but significantly higher than Leeds overall. Cancer, asthma, SMI and CMHI rates are lower in Stratford Street and Beverleys MSOA in comparison to Leeds average and deprived Leeds average. Although LS11 as an area has a high concentration of suicides, an indicator of mental illness.

2.2 GP Registration in Stratford Street and Beverleys

Holbeck is part of the Beeston Primary Care Network and Beeston and Middleton Local Care Partnership. The table below reveals the number and percentage of patients by GP practice of registration from the Stratford Street, Beverleys priority neighbourhood.

Table 3: Showing local practice registered patients for the top 5 practices

Practise registered patients	**Count**	**Percentage**
City View Medical Practice	920	38
Leeds City Medical Practise	686	29
Oakley Medical Practice	598	25
Beeston Village Surgery	63	3
Whitfield Practice	25	1
Total population	**2, 399**	**96**

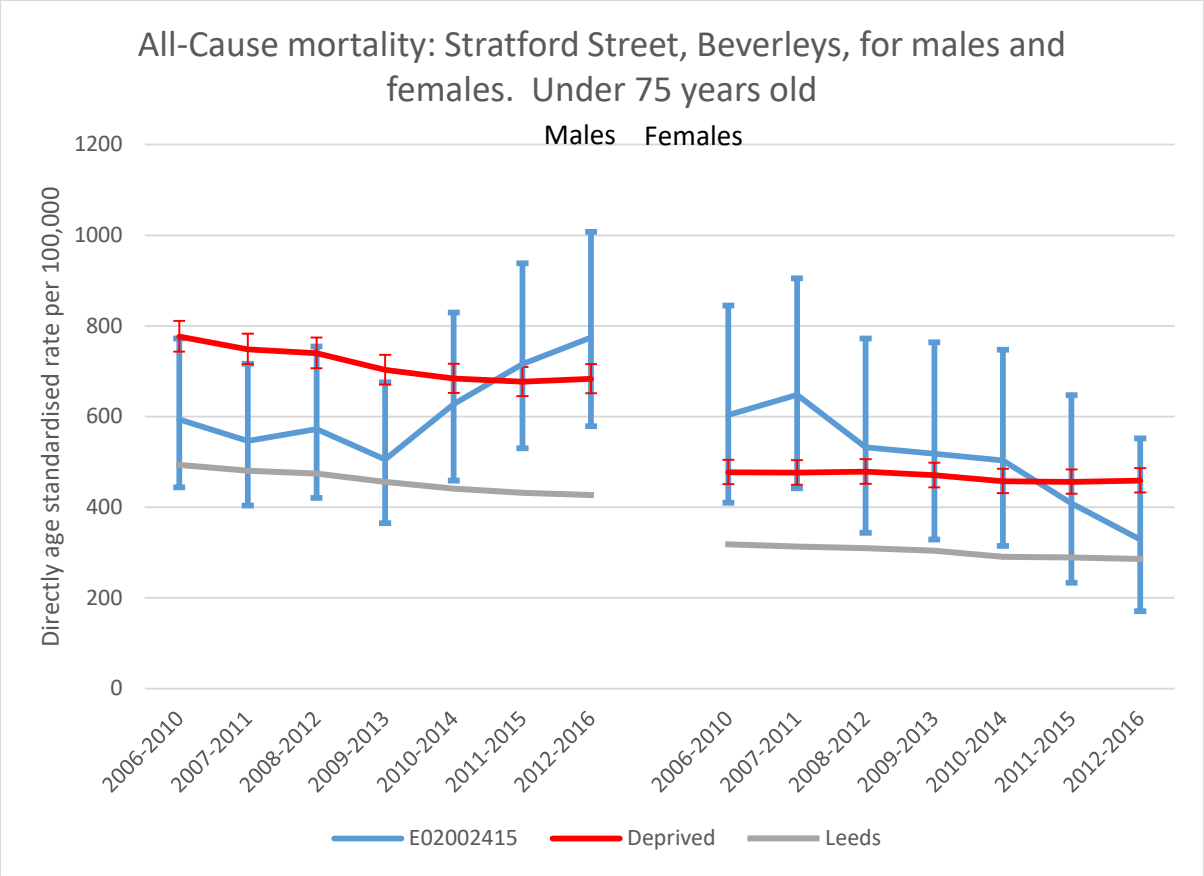
Table 3 shows that 96% of the residents of Stratford Street and Beverleys use their local GP practice and can be reached at five venues; 82% can be reached through the top three practices.

2.3 Mortality Rates

Mortality rates look at the number of people who die, relative to the population structure. They are used to give a general measure of health in the population. Mortality rates are tracked to understand the impact of national and local polices. As with other health data, mortality rates are driven by range of social and economic factors. Nationally, mortality rates have slowed down since 2011. Although some element of slowing down was expected given reductions in CHD, the drivers of this slow-down are still to be researched and debated among academics (Health Foundation 2019).

The graph below shows the **all-cause** mortality trends for males and females. There has been a steady rise in male mortality since the 2009-2013 aggregated data. Overall the rates of all-cause male mortality are worse in the Stratford Street and Beverleys area than the deprived Leeds rate and significantly worse in comparison to Leeds the rate. Conversely, female all-cause mortality is currently on a downward trajectory and has been since 2010. This trajectory takes the all-cause mortality rate for females living in the Stratford Street and Beverleys to below that of other deprived Leeds neighbourhoods and very close to the Leeds rate.

Chart 5: All-Cause Mortality rates for males and females.



Mortality due to **circulatory diseases** in males living in Stratford Street and Beverleys is significantly higher for both the deprived Leeds rate and the overall Leeds rate, with a previous upward trend in the data. However the latest data show a slight levelling off. Female mortality rates have been reducing since 2010-2014 from circulatory diseases. Although they are higher than deprived Leeds, they are not significantly so and higher than the overall Leeds rate. Please refer to appendix 2 for visual representations.

Generally, deaths specifically attributable to **respiratory diseases** in the Stratford Street and Beverleys MSOA are not significantly different from the deprived Leeds rate for both males and females. However, there is an upward trend in male mortality from respiratory diseases. This upward trend takes the male rate of mortality slightly above the deprived Leeds rate, from a position where it was very similar to the overall Leeds rate. The female rate, having previously increased, has levelled off since 2012-2016. The rate is currently higher than the deprived Leeds rate and the overall Leeds rate.

Cancer mortality rates are lower in the MSOA in comparison to Leeds overall average, for both males and significantly lower for females. In comparison to deprived Leeds rates, both male and females rates are significantly lower. Female rates had been consistently reducing until 2011-2015 data, where the latest data shows an increase. In opposition, the male rates had been steadily increasing until 2011-2015, whereby there was a slight decrease in the mortality rate.

The confidence levels of the mortality data are very wide, on account of the small scale and thus, low numbers overall dying.

Summary of Health Related Data

This data is derived from GP records so represents only recorded data held by GP's in the area. 96% of the residents of Stratford Street and Beverleys are registered with a GP practise, allowing opportunities for contacting patients on matters relating to Primary Care. Overall the health conditions of coronary heart disease and diabetes are all higher than Leeds overall and a deprived Leeds comparator. Smoking rates are also higher compared to Leeds overall, but are similar to the deprived Leeds; although COPD rates are lower than the deprived Leeds rate, they are higher than Leeds overall. Cancer, asthma, SMI and CMHI rates are equal or lower than Leeds rates and thus lower than a deprived Leeds rate.

The absolute findings show more deaths occurring in this MSOA for both males and females in comparison to Leeds overall. Digging deeper into the mortality data, the all-cause mortality rate is higher in this area for males and has been steadily rising, whilst female all-cause mortality is steadily decreasing and is below a deprived Leeds average.

Disease specific mortality rates show a decreasing rate for females for respiratory disease and cancer; whereas an upward trajectory for female morality for respiratory diseases has begun to level off in recent years. Male mortality due to circulatory diseases are higher, whereas there is no difference between this area and the deprived Leeds rates. Cancer mortality rates are lower in comparison to Leeds, but in comparison to deprived Leeds, males rates, which were increasing are now showing a recent decrease; female rates show a recent increase.

Asthma and mental health illness rates are lower in comparison to deprived Leeds and Leeds overall.

Chapter 3 – Children Specific Health Data

Giving children the Best Start in life is one of the aims of Leeds City Council. Evidence illustrates the importance of the early years of life and those factors than impair optimal health and those factors that protect and nurture optimal health. This evidence has shaped the approach of LCC in addressing risk factors known to contribute to negative health and social outcomes. Infant and child health data reporting and thus availability is less consistent. Where possible the latest data for Leeds has been used to give readers 'real-time' data from which to discuss issues raised. In most cases an England comparator has been sought, although the data on an England footprint has not always been available from the same time period. A second refers to the data footprint available, here the data is largely available on a Primary Care Network level which covers Stratford Street, Beverleys; although ward level and postcode level data is also presented in this section.

https://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf

3.1 Smoking

Smoking during pregnancy causes many detrimental outcomes in babies, including premature birth, low birth weight and the increased likelihood of a stillborn birth. Supporting pregnant mothers-to-be to stop smoking is crucial in creating the best environment for babies to develop and grow.

One You Leeds is an initiative that includes a smoking cessation support service. Permission is sought by midwives from any presenting pregnant female before a referral is made to One You Leeds. There were 14 referrals made into the service, of which 6 attended the initial session. 3 set a quit date, with 2 ladies maintaining their smoke free status at week 4. The low numbers reduce the robustness of the data.

Table 4 contains relevant infant health indicators at a ward level for 2018. Maternal obesity is associated with negative health outcomes for both the mother and baby and is defined as having a BMI greater than 30. Risk for the mother include; miscarriage, gestational diabetes and pre-eclampsia. Risks to the infant include stillbirth, congenital anomalies and neonatal death (CMACE 2010). A national picture is as yet unavailable; locally collected data suggests in the Hunslet and Riverside ward, 17.8% of women booking in for their first antenatal check are overweight. Further analysis reveals a larger group of women from an African or Pakistani ethnic background.

Although there is a small difference in the proportion of babies born preterm, this conclusion is based on very low numbers and should be viewed cautiously. Figures for low birth weight for term babies show a slight increase in comparison with Leeds average; more noticeable is the lower England rate, although this rate is for 2017 data.

3.2 Breastfeeding

Evidence shows that breastfeeding is the best form of infant nutrition. There are two methods for capturing that data. Breastfeeding initiation rates and breastfeeding duration rates. This data is collected at a ward level. In the Hunslet and Riverside ward, 72.3% of new mums initiate breastfeeding their infant, with 49.6% continuing to do so at the 6 -8 week check-up. In comparison to Leeds, the initiation rate is on par and there is a greater proportion of new mothers continuing to breastfeed at 6-8 weeks. This proportion is also higher than the England rate.

Table 4: A selection of infant and child health indicators

Infant and children's health in Hunslet and Riverside - Births 2018			
Indicator	Hunlset & Riverside ward	Leeds average	England
BMI greater than 30	17.8%	21.3%	Unavailable from PHE
Babies born preterm	17/24 (70%)	490/813 (60%)	Unavailable from PHE
Low Birth Weight for term babies	33/348 (9%)	880/10960 (8.0%)	3.5%
Breastfeeding - Initiation	72.3%	73.7%	74.5%*
Breastfeeding at 6-8 weeks	49.6%	48.7%	40.2%**
Excess weight at reception (aged 4-5), 3 year average 2015/16 – 2017/18	23.1%	21.6%	22.4%
Obesity Levels at reception (aged 4-5), 3 year average 2015/16 – 2017/18	9.1%	9.5%	8.9%

* Data sourced from Public Health England Fingertips. Latest data presented 2016/17

** Data sourced from Public Health England Fingertips. Latest data presented 2017/18

Data on breastfeeding and BMI sourced from Leeds Maternity Health Needs Assessment 2020.

3.3 MMR

The Measles Mumps and Rubella vaccination is given in two doses, the first dose is given to children aged 1 year, with a second dose at 3 years and 4 months or soon after. Ideally all children should receive the vaccination. Within the priority neighbourhood, patients are registered at several practices as mentioned above. The latest published data from NHSE shows uptake across the PCN as 97.4% for the first MMR and 84.7% for the second dose for children reaching their 5th birthday. The national target is 95%.

3.4 Childhood Obesity

There are many health risks associated with childhood obesity, generally, because overweight children tend to grow into overweight or obese adults. Despite the overall reverse in obesity trends in Leeds overall, the MSOA encapsulating the priority neighbourhood of Stratford Street, Beverleys has seen an overall percentage increase.

Children have their weight and height measured during their reception year and their last year of primary school, around the age 10 or 11.

Chart 5 below shows the trend in overweight or obese (defined as excess weight) children entering their reception year. Following a period of rising excess weight in reception aged children, the latest 2 year aggregated data shows a levelling off in the data, with 23% of children in reception being overweight or obese. Overall there an upward trend in excess weight among year 6 children. Chart 6 shows by the final year of primary school, 41% of young children were overweight or obese.

Chart 5: Prevalence of excess weight among children in Reception year.

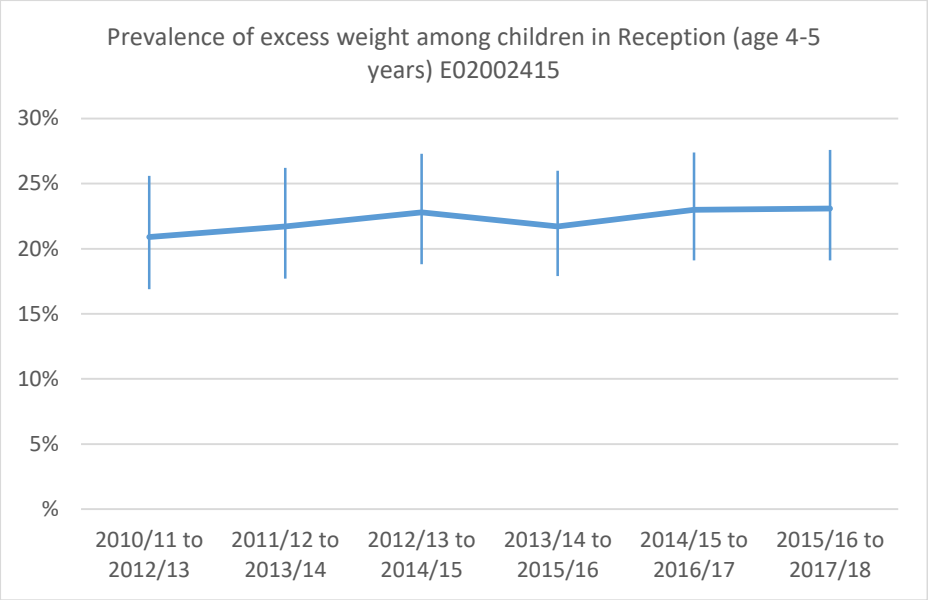
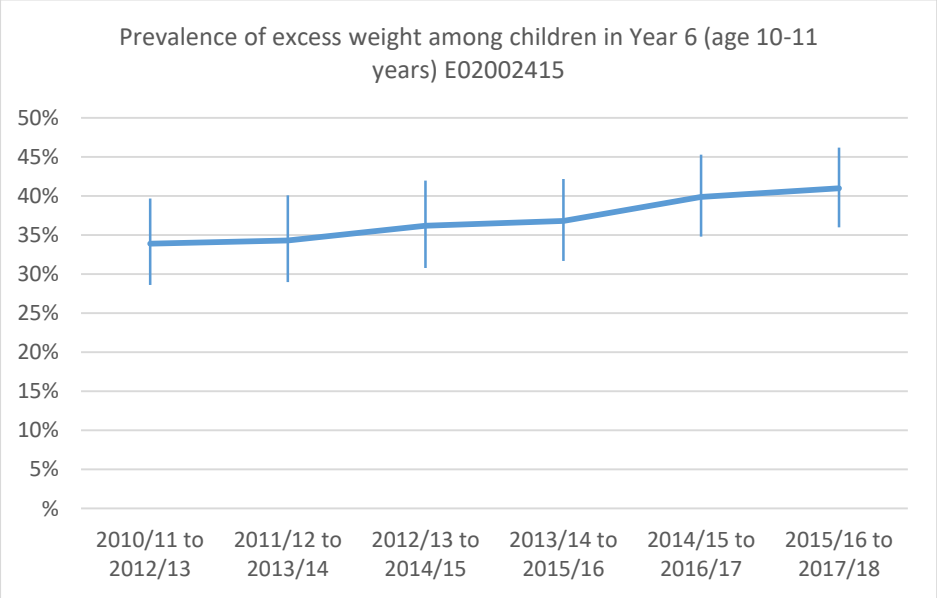


Chart 6: Prevalence of excess weight among children in year 6.



3.5 Safe from Harm

The data presented in the table below is gathered together on a Primary Care Network (PCN) footprint. There are 5 practices within the locality incorporating the GP practices which have registered patients from the Stratford Street, Beverleys neighbourhood and Bramley Health and Well Being Centre. The indicators presented in the table show both the Beeston PCN area per 1000 children and the CCG area average.

A relative high number of children are living in the social care system in the Beeston PCN area, with 14 in every 1000 living in the area being classified as living in the social care system. This compares to the CCG area whereby 6.9 per 1000 children are living in the social care system. The Beeston specific data is however following a downward trend. The number of children in Beeston PCN on a child protection plan is almost double that of the CCG average, with 5.8 per 1000 children and 2.4 respectively. The number of children with a child in need plan in Beeston (23.0) is lower than the CCG average (30.4). The number of A&E attendances in Beeston is similar to the CCG average, whilst the number of paediatric emergency admissions is slighter higher at 5.2 per 1000.

Table 6: Best Start safe from harm indicators

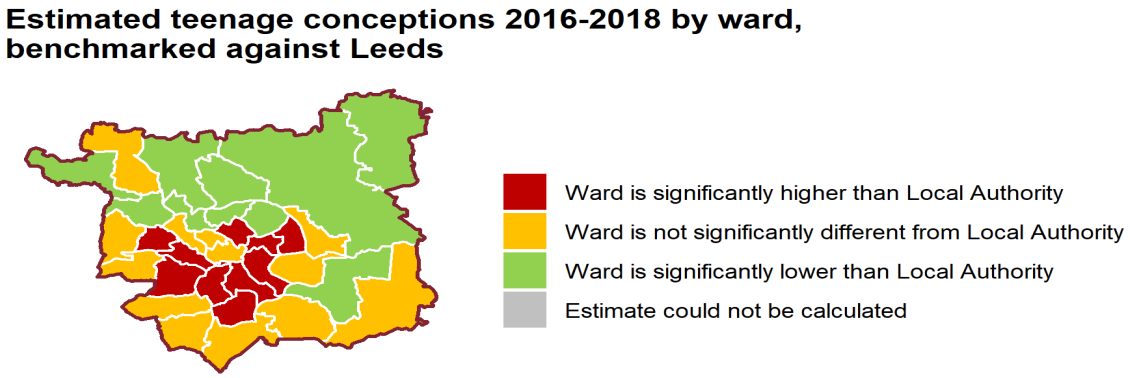
Indictor	Weighted average per 1000 children	Trend data	CCG
Number of children looked after	14.1		6.9
Number of children and young people subject to a child protection plan	5.8		2.4
Number of children and young people with a child in need plan (pre child protection plan stage)	23.0		30.4
Number of A&E attendances	25.5		26.0
Number of paediatric emergency hospital admissions	5.2		3.1

Source: Best Start dashboard, release December 2019

3.6 Teenage Pregnancy

Teenage pregnancy typically occurs in greater numbers in deprived communities. Map 2, produced by Public Health colleagues in PHE, presents data at a ward level, which is then RAG rated against the Leeds rate for teenage conceptions. The map shows the Beeston and Holbeck ward to contain significantly higher teenage conceptions than Leeds rate. The teenage conception rate is also significantly higher than the England rate for teenage conceptions.

Map 2: Beeston and Holbeck ward, RAG rates for teenage conception.



Chapter Summary

The selection of available indictors of children and young people's health illustrated here shows some areas requiring further consideration. Of particular concern is the proportion of children leaving primary school over-weight or obese. This is against a backdrop in the reversal of the number of obese children overall in Leeds, this data is viewed from the perspective of the wider influences lens and illustrates the importance of recognising the influence exerted by social determinants on health outcomes. In addition, work at a local level towards promoting the smoking cessation services would help protect the growing foetus and baby. Compared to Leeds CCG average there is a higher number of children removed from their families and placed in care. From a public health perspective looked after children have experienced at least one adverse childhood experience which likely precipitated the removal. These children are highly vulnerable and are known to experience negative health outcomes.

Chapter 4 – Adult Specific Health and Social Data

4.1 Health Checks

Public Health Commission Leeds GP Confederation to deliver NHS Health Checks to the eligible population of Leeds via primary care. The NHS Health Check is an important step for many people towards improving their health and becoming more aware of what they can do to lead a healthier life. It is free and can help lower people's risk of developing heart disease, stroke, kidney disease, type 2 diabetes and some types of dementia.

The NHS Health Check invites adults aged 40 to 74, for a free health assessment once every five years and aims to identify those at high risk of Cardiovascular disease. During the check the health professional asks some questions about lifestyle and family history, measure height and weight, and take the person's blood pressure and do a blood test. People will then receive personalised advice and support to improve their risk. The service offers weekend and evening appointments as well as a partial digital offer.

Beeston Primary Care network were collectively required to invite 2,293 eligible patients for a NHS Health Check in 2019/2020. Overall this targeted work carried out by primary care encouraged 1,154 (50%) people to attend their NHS Health Check appointment and receive tailored advice on maintaining or improving their health. Across the PCN, individual practice rates of completing NHS Health Checks varies from 37%-60%.

Public Health require a 51% uptake rate across the city and although collectively Beeston Primary Care network are achieving this target, individual practices within may require support to increase uptake and this is available upon request via the Leeds GP Confederation Team.

4.2 Healthy Living Services

One You Leeds offers a range of support services, which together combine to encapsulate healthy living. Access to the support services is free and open to anyone living in Leeds, although targeted outreach is delivered to the most deprived communities of Leeds, including the Stratford Street, Beverleys. Table 5 shows the number of residents from within the Stratford Street and Beverly priority neighbourhood accessing the One You Leeds healthy living support services.

Table 5: Number of residents from within the Stratford Street and Beverleys priority neighbourhood accessing the One You Leeds healthy living support services between October 2017 and March 2019.

Services Booked in *	LS11 6
Support For You	6
Be Smoke Free	106
Manage Your Weight	77
Move More	29
Eat Well	18
Cook Well	32
Total	268

*residents maybe booked to received more than one service at a time.

Whilst the data does not illustrate the number of residents accessing the service, as residents may access more than one element of the service at a time, this data does show which services are most popular and which service is currently under-used. Smoking cessation services are commonly accessed, whereas the 'Support For You' service and the 'Eat Well Service' services are under-used.

4.3 Access Leisure Centre Services

Leeds City Council Leisure Services capture data for anyone using any LCC leisure centre who has used a card (including membership card, Leeds Card, Leeds Card Extra, Breeze card, LLGA card) to access the services. This allows for analysis of 'who' is using the services. However, no data gets captured if someone pays full price without a membership card. The table below shows the age ranges of females and males using leisure services whose residency is registered as being within the Stratford Street and Beverleys priority neighbourhood during 2018-2019. Some residents are travelling across the city to access the leisure centres. The majority of the 0-18 year olds were accessing the leisure centres in pursuit of swimming or gymnastics and accessed multiple centres. Swimming overall is the chosen choice of physical activity for residents in this area with the majority of people with a South Asian ethnicity, with an even split across the genders.

John Charles is accessed most frequently, with 54 people attending during the year, Morley Leisure Centre was accessed by 22 people.

Table 7: Number of residents from Stratford Street and Beverleys accessing leisure centre services using a card 2018-2019.

Leisure Centre	0-18	19-35	36-44	45-60	60+	Total
Armley	Male: 2 Females: 4	Females: 2	Female: 1	Male: 1	Male: 1	11
Fearnville			Male: 1	Female: 1	Male: 1	3
Holt Park	Males: 3					3
John Charles	Males: 17 Females: 14 Unspecified: 2	Males: 5 Females: 4	Males: 3 Female: 1	Male: 3 Female: 1	Males: 2 Females: 2	54
John Smeaton	Male: 1					1
Middleton		Males: 2				2
Morley	Males: 7 Females: 4	Males: 2 Females: 2	Males: 2 Females: 1	Males: 2 Females: 1	Males: 1	22
Scott Hall Road	Males: 1				Males: 1	2
Wetherby	Females: 1					1
Grand Total	56	18	9	9	8	100

4.4 Alcohol

The alcohol matrix was designed to reference alcohol related data and identify areas of high alcohol related harm. LSOA's are risk rated into low, medium, high and very high categories. The matrix is designed to work with postcodes. A random postcode was therefore selected to represent Stratford Street and Beverley's area. LS11 6EP. This random postcode generated a high risk of potential alcohol-related harm and is ranked at being 36rd highest for potential alcohol-related harm out of 482 LSOA's. This tool used indicators to reach such a conclusion and the separate indicators also provide a useful measure. Of particular note for this area is the density of licensed premised selling alcohol and the potential very high risk of alcohol-related admissions to hospital.

Intelligence gathered and shared by Forward Leeds; a Public Health commissioned service providing substance misuse support, reveals several patterns. There were 141 referrals made in 2016/2017 and 132 referrals made in 2017/2018. This represents approximately 9% of the area population. Referrals from the postcode areas of LS11 6 are 74% male, 26% female. The most common age to seek help is 35-44 for both males and females, accounting for 43% of all referrals. Opiate addiction is the most common referral, making up 57% of all referrals for 2017/2018. This is followed by referrals for alcohol misuse, with 24% of referrals. This is a similar pattern for the preceding year.

4.5 Domestic Violence

Domestic violence is a pervasive public health issue, shrouded in shame and hidden from view. Statistics currently collect reports of domestic violence for over 16's only. Intelligence relating to domestic violence is known to omit a hidden group of women who do not report the violence they have endured. Statistics collected by Leeds Domestic Violence Service shows the LS11 area to be within the highest 10% of referrals for community-based support or refuges

Chapter Summary

Healthy living services and leisure services are being accessed by residents of the Stratford Street and Beverleys priority neighbourhood. Typically, smoking cessation and cooking sessions are the most popular. There is a range of ages accessing the leisure centre, although that is dominated by the younger age groups; people are generally choosing the pool or the gym for their physical activity. Referrals into substance misuse services reveals a clear target population: generally male, aged 33-44 with an opiate addiction. Referrals into the service from the area are reaching a considerable number of people. The statistics we have reporting domestic violence indicates an issue in this area; of some concern is the potential linkage with the alcohol matrix indicators relating to hospital admissions; and the density of off-licenced premises.

Chapter 5 – Stakeholder Views

As part of the Health Needs Assessment process it was important to gain an insight into the views of those who work in the area as well as those who live there. Representatives from both statutory organisations and the voluntary sector were interviewed to provide information. The statutory organisations who took part included Leeds City Council representative from Housing, Communities Team and Customer Services, Joseph Priestley College and West Yorkshire Police and the voluntary sector was represented by workers from Better Together and Beeston Action for Families. Each interview centred round the following questions:

1. What are the best things about the community?
2. What are the major challenges facing the community?
3. What do you think are the biggest issues affecting the health and wellbeing of the community?
4. Is there anything you would like to see that you think would improve the health and wellbeing of service users/residents in the area?

Best things about Beeston Hill:

Community spirit – community come together in times of need

Anchor organisations are strong in the area – Hamara/ASHA/Health for All

Green space in the area – work on pocket parks has encouraged community engagement

Good range of services in the area – may not be the public perception but there is a lot available

Diversity – rich cultural mix of people across the area

Major Challenges facing the community:

Organised crime/drugs/knife crime/CSE

Lack of pride in the area – litter/fly tipping/food waste left out

Poverty/Deprivation

Demographic - difficult to meet the needs of all who live in the area

Infrastructure – lack of facilities in the area making it difficult to offer additional activities

Limited Youth activities

Older model of community development – community still feel like things should be done for them

Health and Wellbeing Issues:

Deprivation/food poverty/gambling

Mental Health – loneliness & isolation

Physical health – obesity/inactivity/number of takeaways

Organised crime

Hate crime

Lack of youth activities – links to CSE/knife crime/drugs/ASB

Physical Heath – lack of physical activity

Domestic violence

Alcohol misuse

What would improve Health and Wellbeing in the area?

New ideas for use of green space

Best street initiative – how to instill pride in the area

More youth activity/family activities

Make best use of community spaces – increase range of services available in local venues

Employment advice

Access to free health and fun based activities

What are the best things about the Community?

The overriding opinion of the stakeholders that were interviewed was that there was a strong sense of community spirit in the Beeston Hill area meaning they will always come together in times of adversity. One stakeholder described the community as:

'close knit and rooted' and *'vocal, passionate and willing to speak up'*

The anchor organisations in the area feed into this sense of community with Asha, Hamara and St Luke's all seen as trusted organisations who offer safe spaces for the community. Through these safe spaces community development work takes place in a variety of forms and it was stated that the community respond well to traditional community development approaches *'where things are done for them'* rather than a more proactive approach where they take ownership themselves.

There was evidence during the interview conversations that this was slowly changing and an example of how this approach has worked in the area is the Trentham Park project. In one interview the way the community engaged with the Trentham Park project was discussed and it was described as *'something that has not been seen before in this area.'* The work in the park *'led to community participation, leadership and more funding coming in for the area to improve.'* More examples of working in this way may lead to greater participation and in turn more ownership by the community which all stakeholders saw as a positive move.

Diversity in the community was seen by all stakeholders as an advantage for the area. It was stated that the *'wide range of communities in the area adds a richness to the community.'* It also comes with some challenges for organisations working in the area and for the community themselves. The community is now much wider with the South Asian population sitting alongside other population groups including African, Kurdish and Eastern European.

What are the major challenges facing the community?

As mentioned above community participation was seen as a challenge by stakeholders despite some recent examples of good work such as Trentham Park. Issues were raised during the discussions in relation to the ownership by the community of certain issues, in particular littering, dog fouling, fly tipping and leaving food waste out. More community engagement was seen as a solution to this but a big change would be needed to encourage residents to get more involved. An example of how this could happen was highlighted by the idea of a *'best street initiative'* aiming to bring pride to the area and to tackle some of the issues highlighted.

As shown the diversity of the population can make it difficult to engage. It was stated that it is difficult to *'meet the needs of such a wide range of cultures'* with language barriers being a major hurdle for some, especially when it comes to meeting education needs in the area. There are differences between cultures in other respects too which contributes to a lack of learning and low aspirations. This was highlighted in particular in the South Asian community with the example of *'Bangladeshi women wanting to better themselves and learn while Pakistani women do not see the same need to learn. Their aspirations are based on home and family with children tending to follow in the footsteps of their parents. Women stay at home and men go into family businesses.'*

The diverse population also brought up wider discussions on religious beliefs. Some aspects of the way the community operates can be attributed to religious beliefs. Hamara are currently trying to look at exactly what different religious beliefs state to see if any of the principles can be utilised to encourage community engagement.

Aside from culture and language, which caused issues with conveying messages and getting people involved, the two main challenges highlighted in the area were:

1. Deprivation and poverty
2. Crime and safety:

Deprivation and poverty: The issues linked to deprivation and poverty were covered by all the stakeholders interviewed. The use of foodbanks was seen as a major indicator of levels of poverty in the area. There has been a rise in the numbers of families using foodbanks on a regular basis as a means of food access and the need for Healthy Holiday clubs over the summer also backed up this viewpoint.

The number of takeaways in the area was seen as being linked to this issue as families struggle to provide healthy meals at an affordable price and so the use of cheap fast food outlets was a convenient option that makes financial sense to many. This element of life in Beeston Hill has the unfortunate link with obesity issues which were raised by some of the stakeholders interviewed. It was felt that people's food choices were directly related to obesity levels, especially in young people, and there needed to be work done to educate families on affordable healthy meal options. This would need an element of cooking skills work to be linked in so people felt confident with their food choices and how to prepare them.

Crime and poverty: In the first instance this topic came up linked to the takeaways in the area as food purchased through these outlets is used to engage with some of the youngsters with the aim of enlisting them in illegal activities.

The offer of food to engage the youngsters plays on the fact they are often hungry and so will agree to be involved in order to get 'free' food. It was shown through the interviews that stakeholders see this link between organised crime and deprivation and recognise that one way to avoid young people getting involved is to engage them and their families with activities to highlight the dangers but also to support them to access different services so food access and hunger are not issues to be exploited.

Organised crime activities in the area also have a knock on effect with obesity rates and mental health rates in the area. Drugs, knife crime and CSE were all seen as big factors linked to deprivation in the area and in turn these issues are seen as leading to many other safety concerns in the area.

Anti-social behaviour is an issue particularly in Cross Flatts Park and this was attributed by many interviewed to drug and crime issues in the area. It was felt there is a lack of activities for young people to engage with and to *'keep them off the street.'* One stakeholder suggested that *'more activities were needed, particularly ones that looked at prevention'* rather than just being *'targeted'* approaches to remove children from drug and crime activities once they are already involved.

A link was made by those interviewed between some of the above activities and loneliness, isolation and other low level mental issues such as depression, stress and anxiety.

Loneliness and isolation were seen as issues as it was felt that residents wanted to *'meet new people but were feeling isolated in their own homes through a fear of going out'.* Groups within the area offered a solution to this as they gave people a safe space to meet and make *'social connections'* which in turn helped them feel more engaged with the community around them.

These issues were seen as being on *'every level'* and support was needed, not only for young people, but for *'parents and carers who feel there is a backlash within the community as many don't recognise mental health issues as a medical problem.'*

As part of the conversation on mental health there were a few other areas covered; hate crime, domestic violence and alcohol abuse. These 3 issues were raised during the interviews but no real detail was given on any. It was felt that they all linked with mental health and also the wider issues discussed around crime and safety and deprivation and poverty, but they are all issues that are *'not openly discussed within the community and are very rarely reported.'*

Along with food access issues causing obesity amongst the population of Beeston Hill it was also felt that crime and safety played a bit part. Peoples' fears about going out lead to many staying in their homes for long periods and time and being reluctant to let children play outside through fear of anti-social behaviour problems. This leads to limited physical activity opportunities for those living in the area despite Cross Flatts Park being on the doorstep.

What would improve health and wellbeing in the area?

- New ideas for use of green space
  Needs new ideas to get people into Cross Flatts Park - look at how people can use it better (could have farmers market once a month – bring in new people)
- Best street initiative
  This could help bring pride to the area and encourage engagement from the residents living in the streets involved
- More youth activity/family activities
  More activity was the main suggestion for keeping young people off the streets and engaged in something positive that could raise aspirations and improve quality of life
- Make best use of community spaces – increase the range of services available in local venues
  By offering wider services in schools, hubs, children's centres and community venues it was hoped that more people would access them and benefit from them
- Employment advice
  People need more information on the choices and opportunities available to them. By offering this it may encourage uptake of learning and increase the skills and confidence of those living in the area
- Access to free health and fun based activities
  With deprivation being such a prevalent issue the need for free activities that engage the community was seen as crucial

When asked to identify three priority areas for work in Beeston Hill the most common responses were:

1. Mental Health
2. Parenting/family work
3. Financial inclusion

All three of these areas came across very strongly in the interviews undertaken and were linked with many issues in the area, particularly organised crime and safety. If action was taken in relation to these three areas it was viewed that it would have knock on effects to many of the issues raised most often with stakeholders in the area.

Chapter 6 – Community Views.

6.1 Methodology

Involving the community to ensure their voices, thoughts and opinions are captured in identifying health priorities and ensuring those same voices are part of the solution-focused work, forms an element of Leeds City Council's commitment to an asset based approach to public health.

As a research method, Community Participatory methods (CPM) have been chosen for a variety of reasons. The communities of some of our priority neighbourhoods have English as a second language. This means that surveys can be off putting to them, perhaps limiting the number of responses. In addition the CPM tools are highly visible, meaning they are easy to understand. The methods are highly portable and can be taken by the researcher, without the need of specialised equipment or symbols of authority. Armed with flipchart paper, post-it notes and the sticky dot, the researcher is able to reach out to people at bus stops, community venues and on the street.

The methods and ethos of this qualitative approach recognises the contribution that local residents can make to creating solutions to the problems they have raised. This method advocates returning to residents with the opportunity to create solutions. In short this method is not simply extractive, but aims to move people into the centre of decision-making processes.

The aim of the research is to elicit the views of residents of the priority neighbourhood of Stratford Street, Beverleys in regard to their general health and wellbeing.

Responses gained will answer the questions:

1. What do residents like about living in the area?
2. Are there any barriers to accessing services and facilities in the area?
3. What disadvantages are there to living in the area?
4. What are the perceived health issues?
5. Which health issues would residents suggest needed prioritising for action?
6. What solutions to the disadvantages have the greatest appeal to the residents of the area?
7. What would that action comprise?
8. Which suggested solution would have the most resident support?

6.2 Community Contributors

Facilitating the opportunity for people from the Stratford Street and Beverleys community to contribute their thoughts, opinions and experiences to the Health Needs Assessment included attending existing groups, attending places where people are known to gather and a survey delivered to two schools in the area – Greenmount Primary school and St. Francis of Assisi Primary School.

Children were encouraged to take the survey home and complete with parents. In the majority of cases evidence of this happening is seen through the responses, for example a common response was liking 'living close to shops'. The survey focused on what residents liked and disliked about living in the area and asked children what activities they would like to participate in. 234 surveys were returned. Table 7 shows the breakdown of the children's ages. Greenmount Primary school returned 188 surveys, St Francis of Assisi returned 46 surveys.

Table 7: Age breakdown of returned surveys

Age of children	Number of returned surveys
6 years old	12
7 years old	52
8 years old	57
9 years old	36
10 years old	34
11 year old	39
Total	**234**

Existing community groups were contacted and permission sought to attend and run the community engagement on 'Health needs in the community'. The direct face-to-face method was a productive method of encouraging engagement and many people were engaged using this approach.

Various groups were attended and these included 'Recycled Teenagers', which sees a majority of older residents gathered together and Health for All's parent and toddler group 'Global Happy Families'.

67 people contributed their thoughts, opinions and experiences to the Health Needs Assessment. The table below gives an indication of the total number of community contributors and their gender.

Table 8: Community contributors to the Stratford Street and Beverleys Health Needs Assessment.

Age Group	Female	Male
Under 17	0	0
18-25	0	0
26-45	25	0
46-60 +	32	10
Total	**57**	**10**

In total 301 people shared their views on what they liked and disliked about living in the area. 234 of these were children attending nearby primary schools. A further 67 people shared their views on the health issues within the area. However, there is a greater contribution of female contributors, particularly aged 46-60, which skews the findings towards a female perspective. A limitation of these findings is lack of male contributors and young people.

6.3 Methods

Warm up group brainstorm	1. Community contributors asked to consider what they like about living in the area and what they dislike about living in the area. These responses will provide an alternative view to how the community feel about assets in the community.
Group Brainstorm	2. What are the perceived health issues of people living in the area?

Community contributors were asked to propose what they consider the health issues of the neighbourhood and surrounding area. To answer this, people will need to agree what health is and what behaviours are 'healthy'. This is to ensure the facilitator is confident there are no inaccurate perceptions of what constitutes healthy and unhealthy actions.

Once a list has been generated, participants will be asked to vote for those health issues they believe to be most prevalent and which health issue they believe should be prioritised to improve the health and wellbeing of the community. This action can be council, primary care or third sector orientated.

Method:

Voting with sticky dots	List of health issues is populated down left hand side of flip chart paper. Residents given 6 sticky dots to vote for their top 3 health issues or the issues they feel should be prioritised With 1 = 3 dots, 2 = 2 dots and their 3 = 1 dot.

Following the generation of a list of health issues in the area and which ones should receive action, the next stage would consider what that action might look like. Here solutions to the health issues are suggested in a similar manner than previously. Group brainstorming.

6.4 Findings

What do residents like about living in the area?

Responses gained from the community conversations, overwhelmingly made reference to the amenities in the area. A number of community assets were identified: Post Office, local shops and the Mosque along with community venues such as Hamara and Asha. Activities that are held at some of the community venues were also cited as a benefit to the area, in particular health and exercise groups which were highly rated. Children reported being close to Trentham Park and Cross Flatts Park as something they liked about their area.

Another popular response centred on community, family and friends. Beeston Hill was described as having a 'good sense of community' and as being a 'close knit community'. One respondent stated an advantage of living in the area was "The community, the people. Everyone is friendly, we are a close knitted community. We build bridges between groups." This was echoed by children who liked being close to family and friends and valued their kind neighbours.

What do residents dislike about living in the area?

Several strong themes arose from the community conversations and amongst all the groups and across all participating age groups.

The most common themes concerned issues around safety, drugs and anti-social behaviour. Anti-social behaviour was highlighted on eighteen separate occasions making it the biggest concern of people living in Beeston Hill. For ease of reporting, readership and for considering solutions with people, all the themes talked about are broken down below. Many scenario's and personal experiences were shared illustrating all the issues and examples of these are in the table below. Children also reported issues that concerned them relating to safety and anti-social behaviour which are included below.

Table 8: Themes and comments from community contributors of Stratford Street and Beverleys concerning what they dislike about the area

Theme	Community Contributors comments
Safety	'People do not feel safe to come out later in the day. Lots of new faces in the area' 'There is a park within easy walking distance which provides somewhere for children to play out but they cannot go there on their own as there are issues with bullying from older children' 'Illegal activities in shops – people are aware but nothing seems to happen' 'Knife crime, seen as an issue from the press and some see it as present in the area' 'Knife crime and gangs of teenagers are other big issues in the area. Teenage gangs fight over turf. This creates fear in the community' 'I don't like it because it's not safe outside so am only allowed to play in the garden. Also I hear people arguing at night lots of times. Also there should be bigger gates so nobody comes into your garden and me and my mum are scared' (aged 11).
Anti-social behaviour (ASB)	'ASB in the area means that people do not like to go out and this leads to isolation' 'Men urinate in public, in the alley next to the shops. Not a good example to set' 'Racial abuse in some areas, the political situation adds to this' (Brexit, Boris Johnson) 'ASB can be a big issue as some areas of Beeston Hill have people who move in for a short time and are disruptive' 'People drinking outside their homes and getting drunk and being loud. It's intimidating for people walking past, some people have to change their walking route. If you ring the police, their response time is slow' 'I don't like my neighbours because they are always noisy and at night Police are sometimes at my neighbourhood and I can't get to sleep and broken glass everywhere' (aged 10). 'I hate when drunk people shout like the mornings' (aged 10).
Drugs	'Issues with drugs being readily available. It's hard to keep children safe, they are even available at the school gates' 'Drug issues linked to County lines, grooming for this takes place in the area. Takes advantage of poverty in the area' 'Poverty and crime are both big issues in the area and these are closely linked to drug activity'

Issues concerning **street cleaning**, including dog fouling, littering, fly tipping and food waste, also dominated conversations. Amongst the comments shared was the perception that while some issues were created by those living in the area (dog fouling and food waste being left out); fly tipping was seen as being created by people from outside the area. Although there is a number to ring to report this residents seemed wary to do this stating they cannot "use the phone to report it."

'The streets are dirty with rubbish and litter on the streets.'

Leaving out food waste was seen as something that has developed over time. Of those commenting, it was noted this practise has developed over time as "[they]… had lived in the area for a long time and it wasn't always an issue." The main fear linked to the practice of leaving food out was attracting pests and this was backed up by some residents stating that they had "rats coming into their houses through drainpipes."

Other issues discussed were reports of broken bin lids after bins had been emptied or refuse collectors breaking bins. There is a perception that other areas have been allocated more funding to clean the streets, no priority for poorer areas and this is one of the causes for people having no pride in the area.

Children in both primary schools also reported issues regarding the cleanliness of streets with particular reference to litter, dog poo or 'dirty streets'. This issue was raised by the children of Greenmount Primary School 66 times (44%) and was the dominate 'dislike' of living in the area. The dominate dislike of the children of St. Francis of Assisi was the noisy neighbourhood, with 30% citing this feature as something they disliked about the area in which they live.

What issues do people face that you think affects health?

Health conditions such as heart disease, diabetes, high blood pressure, cholesterol, arthritis and vitamin D deficiency were all discussed as the most prevalent illnesses affecting people in the area. These were reported by the older age groups exclusively. There were also five themes identified from across the conversations: language barriers, mental health, housing and physical activity; the dominant theme was that of GP access.

Conversations regarding access to GP appointments were lengthy in many of the groups attended and within some conversations this progressed onto how issues are dealt with when the GP is seen, language barriers during appointments and issues with referrals to local hospitals.

There were a number of comments in relation to different GP practices in the area outlining how people perceived their appointment time with the GP.

> "GP's do not take issues seriously and this leads to repeat visits for the same thing, which isn't a very efficient use of time."

> "GP's fobbed other issues off as mental health".

This was the conclusion some older people expressed regarding GP appointments, rather than the GP seeing the frustration that causes people to present when they are stressed about other aspects of their lives.

Difficulties in obtaining GP appointments lead some members of the group to seek advice through the Pharmacists in the area, which were highly valued. However the advice and expertise of the pharmacist was viewed less favourably with others being more wary and while they realised that Pharmacists are trained to answer queries some were "not comfortable going and would always look to see a GP."

Language barriers and interpretation within GP appointments were a frustration for some of the residents consulted. Often external interpreters are used within appointments rather than family members. This was felt to be "unnecessary as husbands, siblings and children are trusted to interpret and because of different dialects there is more confidence that issues would be better

understood with a family member interpreting rather than a stranger". The feeling is that professionals do not always interpret accurately and this leads to more wasted time in appointments.

Mental health issues were seen by most residents as being related to other problems in the area such as the anti-social behaviour which results in people fearful about leaving the home and thus being isolated in their homes; poverty and the associated struggles causing stress and anxiety and a lack of activities for people led to isolation which in turn caused problems for many. Men and young people were seen as being at particular risk from this.

Limited physical activity opportunities across the age spectrum were highlighted by the community contributors. Children were unable to play in the park for dog fouling or play in the street for safety issues.

In addition to these main issues a few others were discussed throughout the consultations. Many residents spoke of a need for 'better knowledge of what services are available.' There was recognition of the level of poverty in the area and the lack of employment opportunities. The remaining issues are less multi-faceted, lending themselves more favourably to a tabulated presentation.

Table 9: Themes and comments from community contributors of Stratford Street and Beverleys concerning the health issues people face in the area.

Theme	Community Contributor comments
Drugs	This was talked about with particular reference to young people and came up more widely in the section of the consultation around dislikes in the area. However there were conversations regarding young people and drugs and the 'need for more activities in the area.' Some felt that more support was needed for young people with drug issues
Food access and obesity	Reference was made in some of the question sessions to the number of fast food outlets in the area and the link this may have to obesity levels. The discussions were not in depth and they were linked to a frustration that the amenities and access to fresh food was good in the area but fast food is often cheaper.
Air pollution	This topic was raised within one particular group discussion, with all attendees agreeing it was an issue. Malvern Road was cited as a problem street as it is used as a cut through to Cemetery Road. 'Traffic backs up with engines running and causes problems for those with existing health conditions.'

Which health issues would residents suggest needed prioritising for action?

This question was posed in 2 formats. The first format followed the health issues format and invited community contributors to consider which health issue was most important. The second format gave the group the community generated list of health issues and invited the community contributors to vote. This particular method was used when a shorter time period was available.

The table below shows the top 10 health priorities as decided by community contributors.

Table 10: The top 10* health priorities as decided by community contributors.

Health Priority	Score
Drugs	19
Fear of crime, including gangs and knife crime	14
Mental Health, including isolation	14
GP Access	13
Education	13
Anti-Social behaviour	12
Air pollution	11
Street Cleansing	7
Exercise	5
Dog Fouling	4
Poverty	4

There were consistent messages regarding what residents liked and disliked about living in the Stratford Street and Beverleys area and what they thought were the prevailing health issues faced by the community. The health priorities task provides focus and weighting to the health issues. Illegal drugs availability and usage and fear of crime were the clear priorities required to improve the health of residents in the area. Mental health issues, when discussed typically referenced isolation or stress and was seen to be a high priority for health issues. Education was raised as a solution to address anti-social behaviour among young people and obesity (healthy eating choices and food preparation).

The final piece of the puzzle is to invite members of the community to generate possible solutions to these identified health issues. However the emergency crisis of Covid 19 and the resulting lockdown of the country meant that this part of the HNA was not completed. The individual and community impact of Covid 19, has been so profound that continuing with the HNA would invalidate the findings of this report. Engaging the community in what they think their community needs to enable recovery would be a recommended independent piece of work.

Chapter Summary

The approach taken to ensure a meaningful conversation with the community regarding their views on living in the Holbeck area and their perception of health issues, has proven successful in engaging diverse communities. 301 people participated in conversations covering what they liked and disliked about the community; with 67 people discussing the health issues prevalent in the community and the health priorities.

A number of community assets were identified across the community, including the parks, local shops, Hamara and Asha. There was community-wide agreement that issues relating to anti-social behaviour detracted from the community. This was voiced by primary school children and adults and related to noise, street drinking and intimidation. Other dominant themes were personal safety and illegal drug availability. Children in particular voiced the opinion that they disliked the dirty streets in the area; this echoed with other community members.

GP access was a cross-cutting theme and included language difficulties. Additional cross-cutting themes were: mental health issues, housing issues and lack of physical activity opportunities. Mental health issues were seen as being the result of stress (associated with poverty) and isolation (associated with anti-social behaviour). Food poverty was also included as a health concern. The struggle to provide affordable healthy meals, coupled with the number of cheap fast food outlets in the area and rising obesity levels. Other health issues reflected the sample composition with reference to heart disease and diabetes.

Although drugs and young peoples perceived usage came up less frequently in discussions, this topic was voted as the top health priority. This was followed by addressing crime in the area, although the topics were interwoven. GP access was apportioned the third highest health priority in the area.

Other issues were raised and community contributors made the links between the numerous take-away outlets and the rise of adult obesity in the area. Contributors also highlighted the lack of activities to engage young people, their impoverished lives and illegal drug activity.

Health Needs Assessment – Summary

This Health Needs Assessment aimed to create a health story of the priority neighbourhood, Stratford Street, Beverleys. In doing so the Health Needs Assessment has presented a range of health oriented intelligence from a variety of sources. The area is classified as one of the most deprived areas of Leeds, with residents living with multiple layers of disadvantage. 31% of the adult population living in the area are employment deprived and 45% are income deprived. Families with young children are disproportionally burdened with income deprivation. Children from the area are starting school behind their peers from others areas and remain that way through primary school. Although proportions of young people attaining a strong pass in English and maths is higher than Leeds; the proportion of young people securing 8 qualifications are below Leeds average. As an area, Stratford Street and Beverleys is densely populated with high rates of violent and sexual crime reported, noise pollution and poor quality homes. The area also received the 10% highest referrals from domestic violence services.

These factors are known to contribute to poorer health in people living in areas of disadvantage and the health intelligence illuminates which health conditions are considerably worse in this area compared to Leeds overall. Indeed, all-cause mortality data demonstrates the higher rate of deaths occurring among the residents in this area compared to Leeds overall, this is particularly concerning for male mortality given its current rising trajectory. Coronary Heart Disease, diabetes and smoking are more prevalent in this area compared to more affluent parts of Leeds and Leeds overall. Although adult obesity is similar to a Leeds average, 41% children of the area are completing primary school overweight or obese. This is unsurprising given excess weight in childhood is steadily rising in the area with 40% of 10-11 year olds leaving primary school overweight. A surprising reveal is the low rates of mental health, one explanation for this centres on data source. This could be an under reported health condition. Indeed given the volume of community contributors and stakeholders reporting this as a health issue in the area, the GP level data is treated with caution.

Key stakeholders working within the Holbeck community supports the social and health intelligence findings. Mayor challenges facing the community include deprivation; personal safety issues; a lack of pride in the area and drug and crime issues. Furthermore, the diversity of the area, whilst adding cultural richness, hinders efforts to include the whole community. Stakeholders identified the upstream influences of health issues as crime, anti-social behaviour and deprivation; producing concerns relating to food poverty, obesity and mental health. Domestic violence and alcohol abuse

were also raised as health issues. Efforts to tackle these issues centred on increasing the variety and number of local activities for young people and families; including the use of green space, activities to address loneliness and stress; activities specifically aimed at young people and activities to encourage learning and skill development.

Advocating a starting point identified during meaningful conversations with the community add further weight and clear priorities for action, both from a social perspective and health perspective. Anti-social behaviour and the resultant feelings of fear and intimidation was a dominate theme across all groups and ages, as was the dirty streets. In addition, crime and young people's drug availability and use impacted on the communities feelings of personal safety in the area. Many expressed feelings of isolation or prohibiting children from playing outside for fear of harm.

A related issue was the lack of activities, in particular for young people and families. Alongside this concern was the number of fast food outlets providing cheap food for families struggling financially. Both issues were seen as important health concerns, contributing to the obesity health priority in the area.

Underpinned by several of the upstream issues identified by community contributors was the issue of poor mental health, which seen as being the result of stress (associated with poverty) and isolation (associated with anti-social behaviour). Accessing a GP dominated several conversations and included language difficulties. Pharmacists were viewed suspiciously.

Tackling the drug availability and crime in the area was given the highest community-raised health priority, closely followed by addressing poor mental health and improving GP access.

Conclusion

This health needs assessment sought to bring together a range of data and intelligence from a place-based perspective. Epidemiological, stakeholder views and community views have been presented; within those, community assets and needs identified. The views from the community and stakeholders represent a current pulse of what health needs and associated social needs are seen currently. Whereas the poverty-related data provides the wider determinants of health; aspects of life which are incontrollable to the average person. This area is disproportionally burdened with multi-layers of incontrollable health influences. The GP records demonstrate the progress made towards reducing early mortality and the distance yet to travel.

Recommendations

Although some departments, agencies and teams may take a lead with a recommendation; all the recommendations require a multi-disciplinary partnership approach to tacking the issues prevalent and highlighted by both community contributors and the data. The vast majority of the recommendations will be discussed at the Stratford Street and Beverleys core group meeting and will contribute to the ongoing health and social improvement plans.

Continuing to listen to communities fosters a sense of inclusion and will contribute to tackling apathy towards engaging in further community conversations – however action is required to demonstrate the decision-makers willingness to consider proposals seriously.

1. Continue using participatory methods to usefully and meaningfully engage with the community and generate solutions to issues.
2. Discuss the health issues raised by the community and consider if feasible.
3. Take action on solutions, involve the community and feedback to the community, decisions made regarding the recommendations in this report.
4. Maintain a meaningful dialogue with the community.

From the interwoven issues rising from the impact of anti-social behaviour, crime and feelings of personal safety, came the community suggestion of providing a variety of activities.

5. Continue working with Get Set Leeds-local to target work with groups to provide sustainable and affordable physical activity options targeting groups within the community, specifically young people, families and older people.
6. Explore options for increasing the number of people using Cross Flatts Park.
7. Explore options of increasing a police presence in the area, with local PSCO's dropping into community venues.
8. Working with partners, organise regular playing streets initiatives in the area and encourage children and their families to play outside their homes.

Health service barriers were important to people living in the area.

9. Raise the issue of GP access at the Beeston Primary Care Network.
10. Work with local pharmacists to dispel myths regarding local pharmacy service.

Poverty is a significant concern in the area and highlighted as a driver for several health issues, including obesity. Being hungry, is associated with crime, according to residents. With many unemployed in this area of Leeds, training, skill uplift and employment are the only legal means to address this for adults.

11. Explore the possibility of a job shop, inviting key partners from services and local voluntary sector partners to an initial meeting to discuss.
12. Work in partnership with Leeds College to raise profile and accessibility.
13. Consider additional resource and ease of referral pathways for energy solutions, e.g. Green doctors to assist with fuel poverty.
14. Apply for funding to run youth-orientated activities involving food preparation and eating.
15. Raise the issue of the number of fast food outlets in the area and consider the merits of addressing the abundance of cheap fast food.

Addressing poor mental health was a concern for both stakeholders and the community. However there are services in existence. A local service is the 'Your Space' initiative which works to address isolation and loneliness.

16. Raise the profile of Your Space across the community and check this has been achieved by asking the community periodically.

Child specific related recommendations can be discussed at the Best Start Zone for the inner south area, whereby action plans can be agreed with partners and community representatives.

17. Coordinate action to address maternal obesity
18. Work with key stakeholders to address the referral process and rates into One You Leeds Smoking cessation service.
19. Raise awareness of the fall in second dose for MMR immunisation.
20. Support efforts to improve school readiness in the area.
21. Coordinate action to address the increase of excess weight in children starting primary school and finishing primary school.

Adult specific related recommendations can be discussed at priority neighbourhood meetings, whereby action plans can be agreed with partners. This essential meeting would also form the platform for discussing the planning and regeneration aspects of the HNA.

22. A systematic approach to objecting to alcohol licence applications with support from local councillors, voluntary sector partners and the community.

A solution to addressing the collective health concerns of air pollution and busy 'rat-runs' through the area could be found within active travel planning for the area.

23. Explore options from the active transport planning team to address these concerns.

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Appendix 1

Table 1 shows the LSOA representation of patients within the Beeston Hill MSOA

Health Condition	Proportion of patients with health condition with the Beeston Hill MSOA
Diabetes	29%
Asthma	26%
Obesity	26%
Coronary Heart Disease	25%
Common Mental Health	25%
Severe Mental Health	23%
Smoking	22%
Cancer	205
COPD	18%

Health related intelligence

The following series of charts present health related data collected from GP records using data from the CRB LSOA corresponding MSOA. This has been labelled 'Holbeck'. Each chart shows the prevalence or the number of people presenting with that particular health condition in Holbeck. To give context to the data, this is compared with a Leeds average prevalence, and two alternative comparisons; communities deemed to be not deprived and communities deemed deprived. The definition of deprived is those LSOA/MSOA's falling in the 10th decile of the IMD 2019.

Chart 1: Prevalence of Coronary Heart Disease.

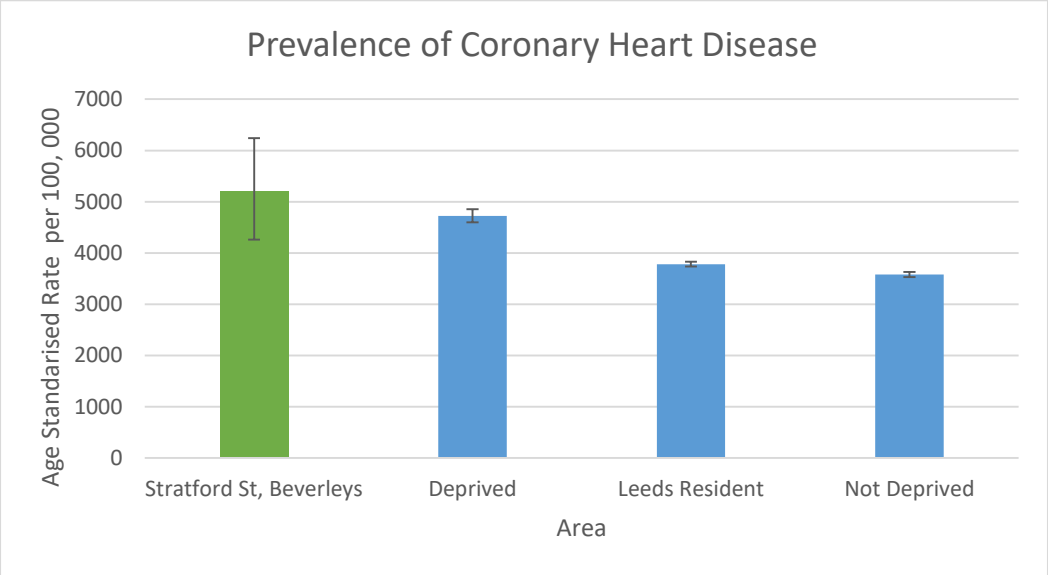


Chart 2: Prevalence of diabetes.

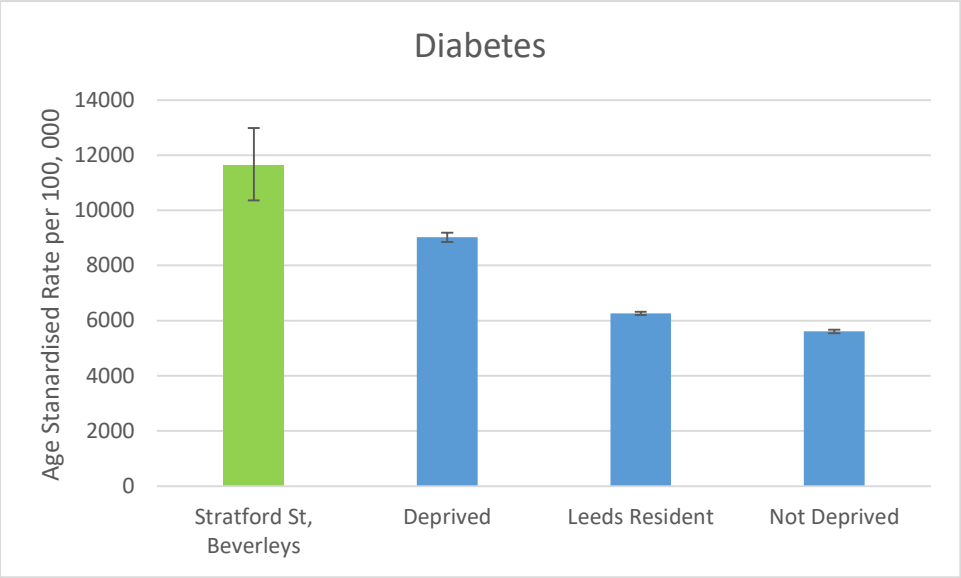


Chart 3: Prevalence of Obesity.

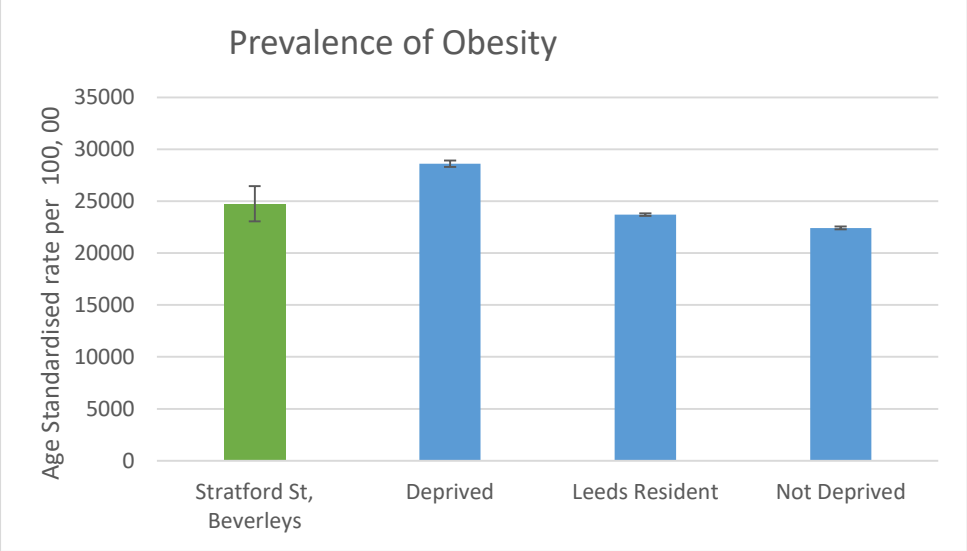


Chart 4: Prevalence of smoking.

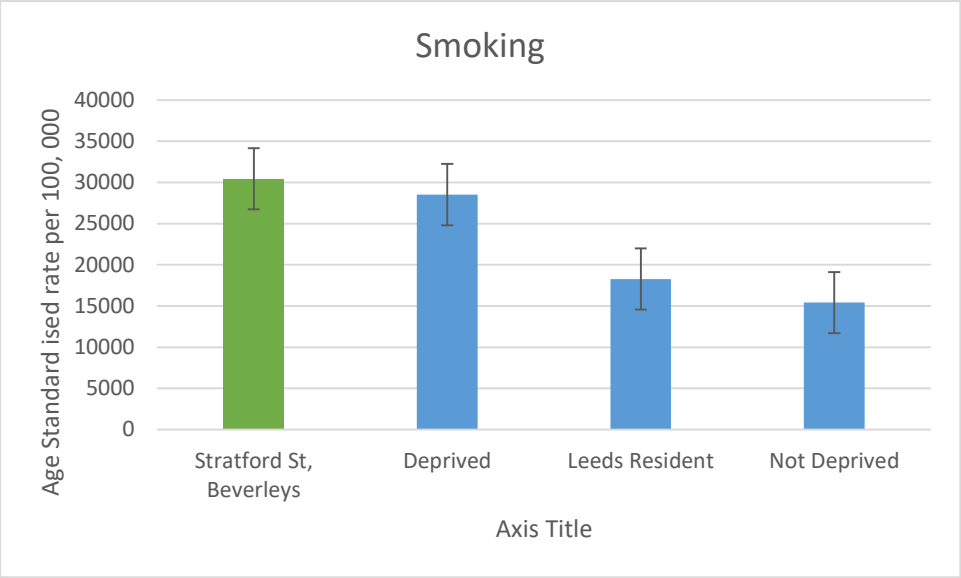


Chart 5: Prevalence of Chronic Obstructive Pulmonary Disorder.

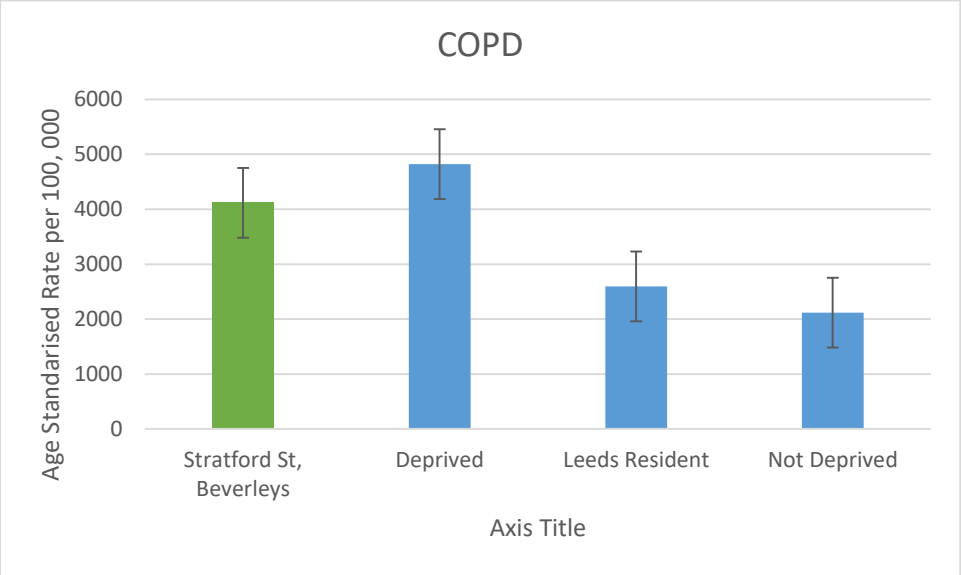


Chart 6: Prevalence of Cancer.

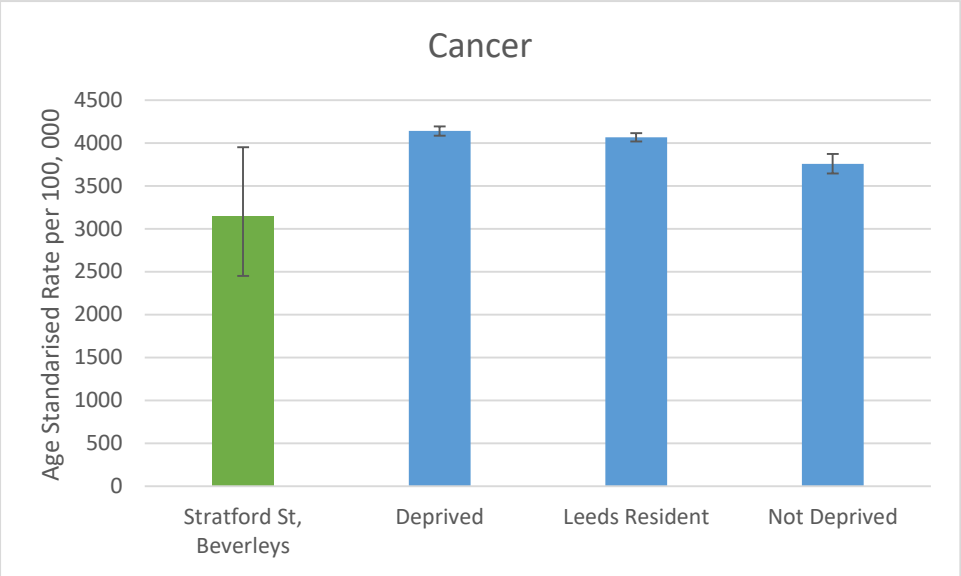


Chart 7: Prevalence of asthma.

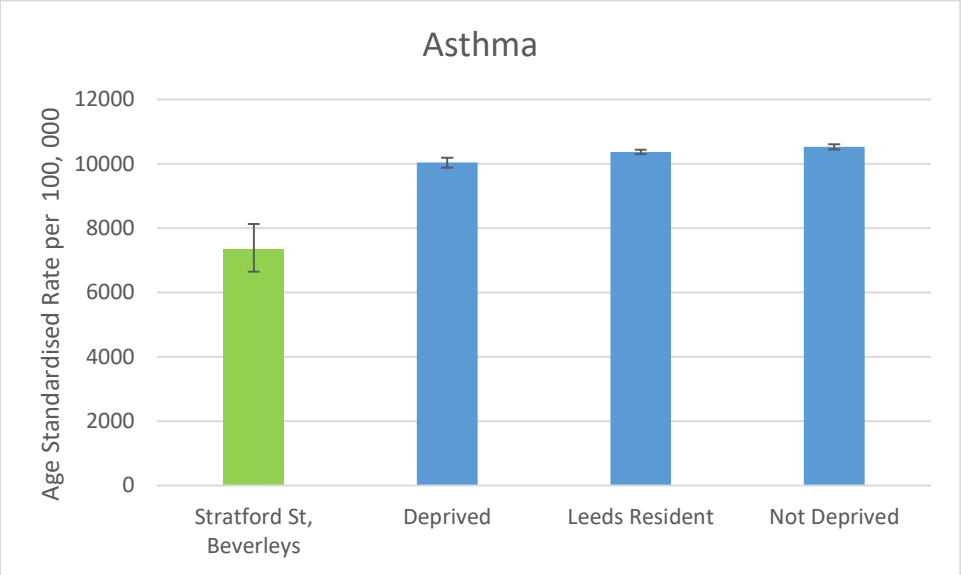


Chart 8: Prevalence of severe mental illness.

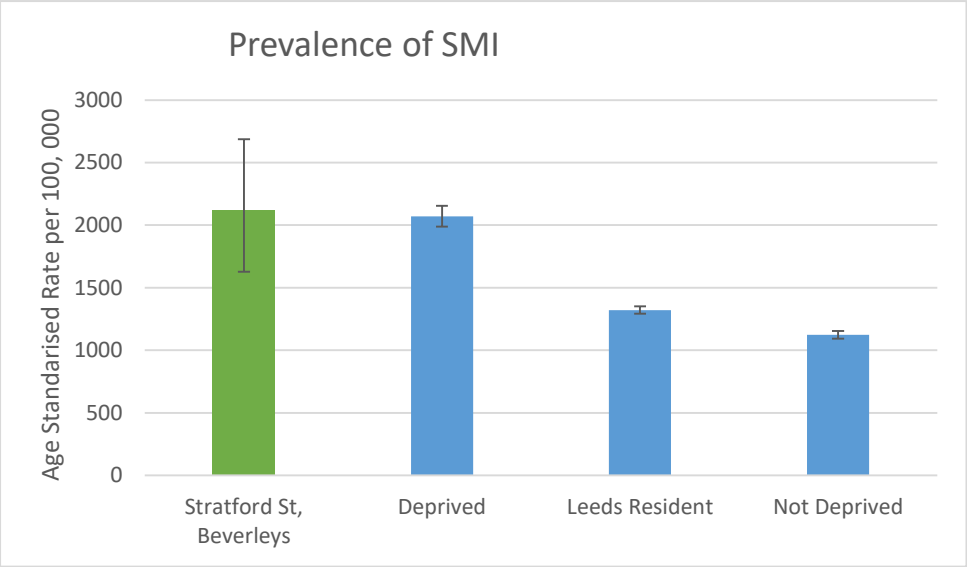
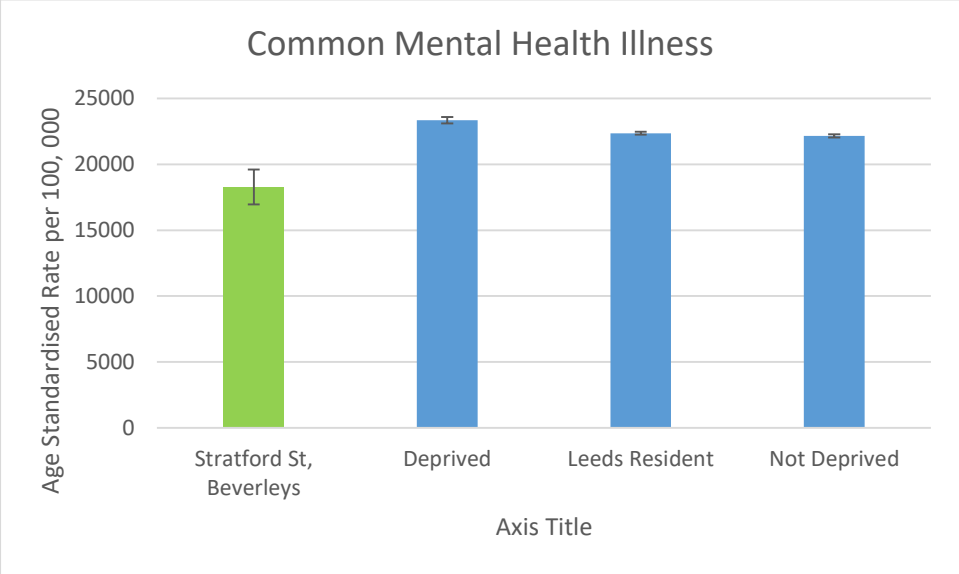


Chart 9: Common Mental Health Illness



Appendix 2 – Mortality Data

Chart 9: Mortality data from Circulatory Diseases

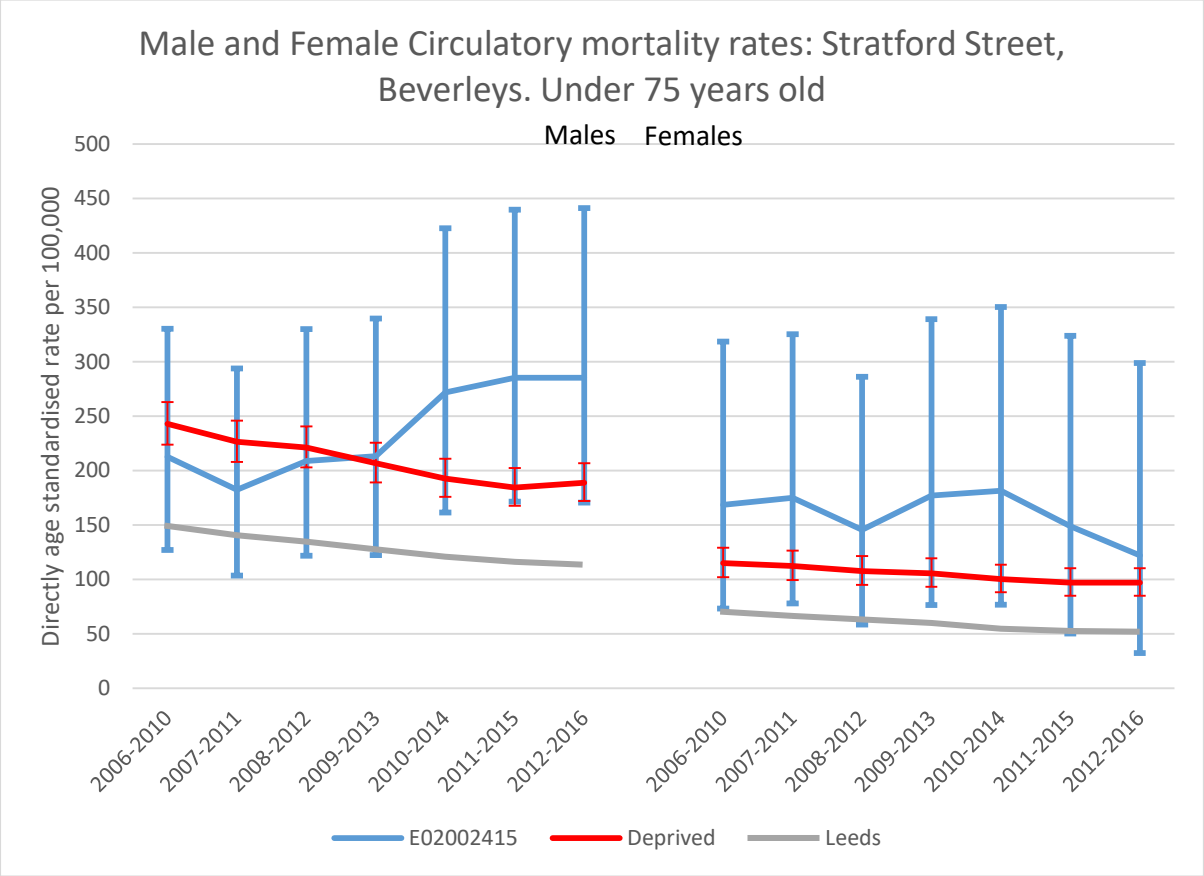


Chart 10: Mortality data from Respiratory Diseases

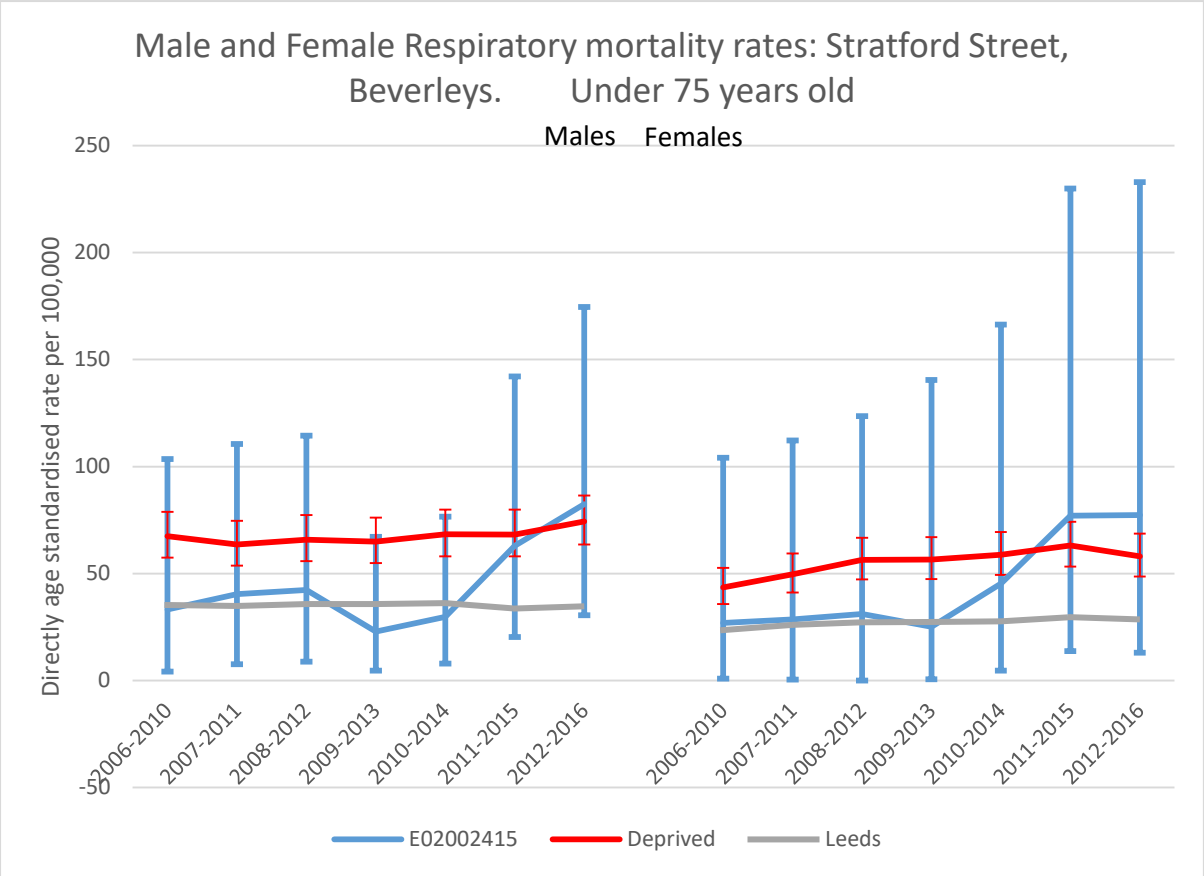


Chart 11: Mortality data from Cancer