Health Needs Assessment

Crosby Street, Recreations and Barton Street E0101368

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Leeds CITY COUNCIL

Contents

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Executive Summary

This Health Needs Assessment sought to create a comprehensive understanding of the Crosby Street, Recreations and Bartons priority neighbourhood from a health perspective. The report begins with the presentation of data from the wider determinants of heath as context for considering health related data.

There are a greater number of children and young people living in the area and a larger number of 20-49 year olds. People aged over 60 are a minority. Residents tend to be of a White British ethnicity, although there is a substantial number of people from a Black ethnicity.

Crosby Street, Recreations and Bartons is a highly deprived area with 34% experiencing employment deprivation and 40% 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 noise pollution, 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, Obesity and COPD are more prevalent in this area than a Leeds overall average, but similar to areas of similar levels of disadvantage. The all-cause mortality rate is higher in this area for both males and females. Disease specific mortality rates show a decreasing rate for males for respiratory disease, circulatory disease and cancer, whereas there is an upward trajectory for female morality for respiratory diseases and cancer, whereas the rate for circulatory diseases has remained fairly constant.

Children specific data highlights a particular concern of childhood obesity, with 40% 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.

Leisure services are accessed by less than 10% of the residents, although this data only captures those with a Leeds card. They are typically teenagers. Alcohol services have been used by approximately a quarter of residents on a yearly basis over the past two years.

Key stakeholders working within the Holbeck community supports the social and health intelligence findings. Upstream issues were identified as being the root causes of several health issues, namely deprivation, personal safety issues and low aspirations. Efforts to tackle these three issues were viewed as the catalyst through which lack of physical activity and isolation and loneliness could alleviate metal health issues and the burgeoning obesity issue.

104 residents participated in the community engagement activities. Sharing 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. Five strong themes were identified as issues people disliked about living in the area: street and park drinking; fear of personal safety; the impacts of street sex work ; traffic and public transport and street cleanliness. Issues with street sex work and drugs tend to be underpinned by fear of personal safety and that of loved ones.

Fresh fruit and vegetable access and affordable food was seen as a cause of obesity in the area, alongside the number of take-aways. Mental health and air pollution were also mentioned as health concerns for the area. Upon asking community contributors to vote for the health issue which they feel is most important – addressing the alcohol problems of people in need was the clear priority. This was followed by addressing the issues caused by the Managed Approach; with an equal weighting

given to access to fresh fruit and vegetables. Mental health issues and crime issues were also given equal weighting.

Introduction

The national Indices of Multiple Deprivation data (2019) 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 twelve neighbourhoods in Leeds that are now categorised as being in the most 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 Holbeck, located in the inner south of Leeds. This priority neighbourhood is known as 'Crosby Street, Recreations and Barton Street.' (E0101368). It sits within the Holbeck and Beeston ward. A map of which is located on page 4.

This assessment focuses on the geography of an area, in line with a public health place-based focus. This is to contribute to the overarching aim to improve the area and associated health and social outcomes of the residents. Whilst these findings are used to create understanding of an area and thus inform the strategic plans for the area, the process of meaningful engagement with the community will contribute to the creation of an honest dialog between Public Health and the community.

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 – the collecting and analysing the incidence, 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 collaborate with the community in devising recommendations which influence effective action plans to collectively improve the area for local residents.

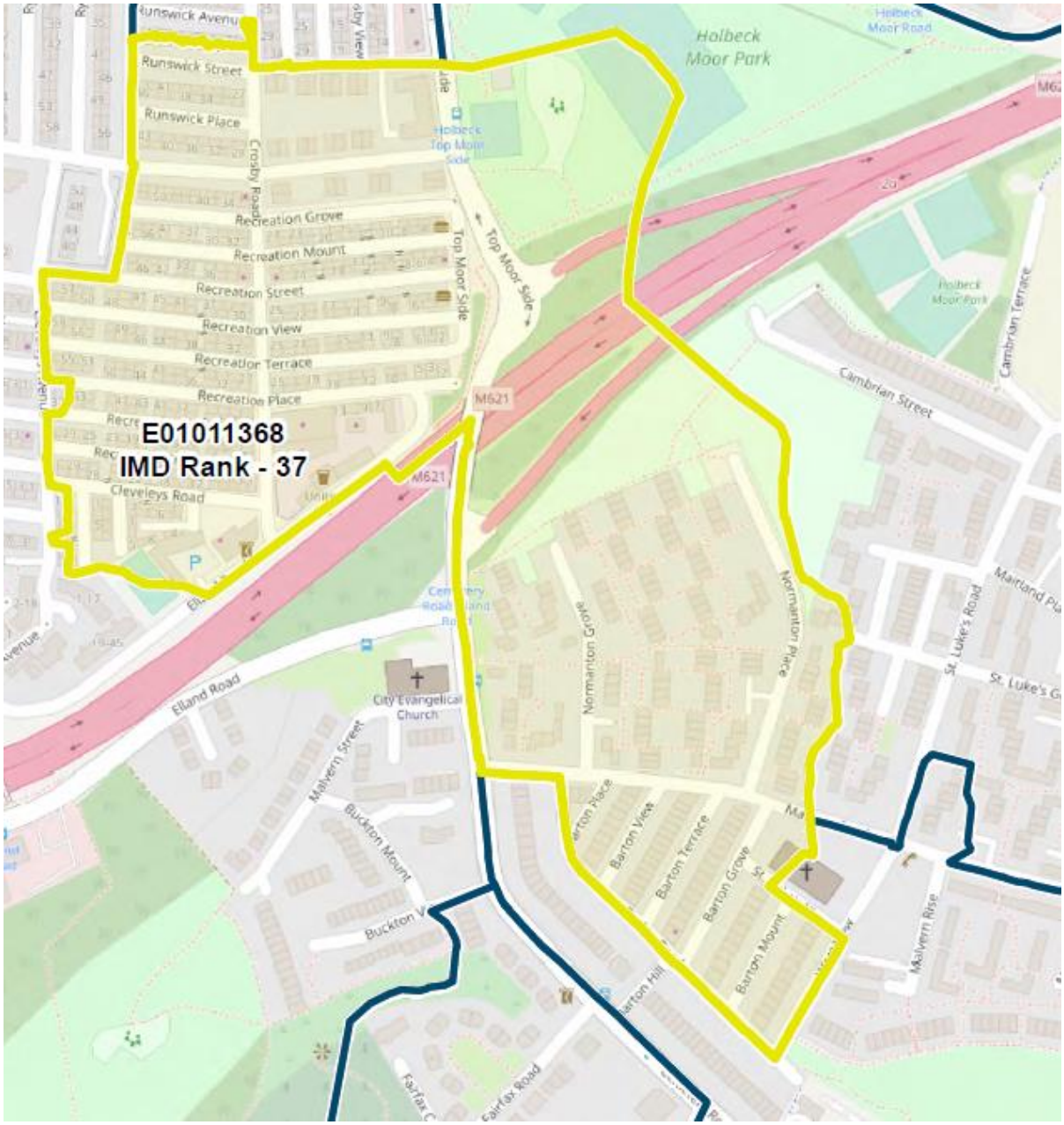
Data can be collected on several footprints – including lower super output areas (LSOA), middle super output areas (MSOA), ward level and Primary care network level. All sizes are valid and can produce useful information. The subject area of this HNA – Crosby Street, Recreation Streets and Barton's (E0101368), is a LSOA so this HNA uses LSOA information where possible.

However, what is more appropriate in the health related data is to increase the footprint of the data to MSOA and thus increase 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: Crosby Street, Recreations and Barton Street (E0101368).

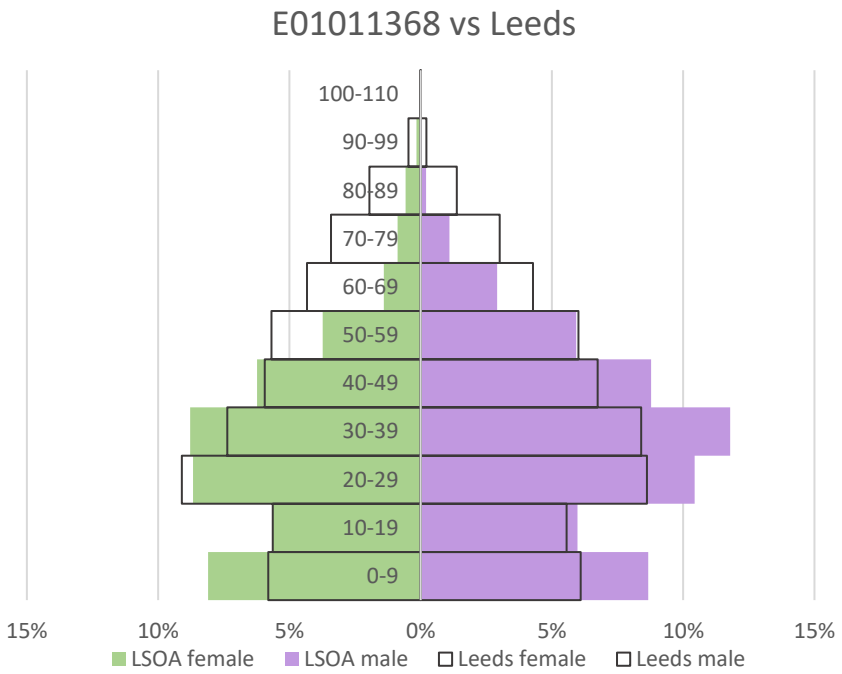


Chapter 1 – Who Lives in the Recreations and What Influences on Health are Present within the Community?

1.1 Resident Demography

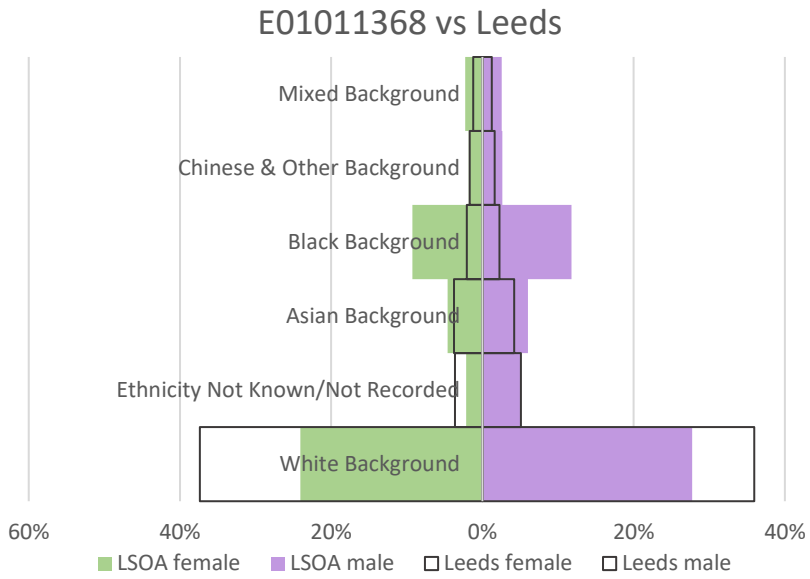
1,555 people in live in the Crosby Street, Recreations and Bartons area of Holbeck; comprising 54.3% of males and 45.7% females. The population pyramid below shows how the age and gender of people living in the Recreations, compares to the city average. There are a larger number of children and young people living in the area and a larger number of 20-49 year olds. There is also a greater number of males living in the area overall, but particularly aged 20-49. There is a decreasing number of older adults living in the area compared to Leeds.

Chart 1: Population pyramid comparing Crosby Street, Recreations and Bartons 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. Chart 2 shows that whilst the majority of the population are of White British (63.1%) ethnicity compared with Leeds as a whole, the proportions are noticeably different with around a 12% difference for white males and white females respectively. The proportions of people living within Crosby Street, Recreations and Bartons with a recorded Black ethnicity are noticeably larger compared to Leeds as a whole. 11.8% of the population of Crosby Street, Recreations Street and the Bartons are Black males compared to 2.2% in Leeds overall. A similar picture is seen for Black females who comprise 9.2% of the population, compared to a Leeds overall 2.0%. In addition to this, approximately 11.8% of the households do not speak English as the main language.

Chart 2: Population pyramid comparing Recreations and Leeds for gender and ethnicity.



This information sets the context for comparing the Recreations with Leeds overall. Whilst the recreations are broadly representative of Leeds there are some populations differing from this broad picture, namely a reduced number of older people and a greater proportion of people with Black heritage living in the area.

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).

Diagram 1: Dalgren and Whitehead's (1991) model.

1.3 The Recreations and Index of Multiple Deprivation

Every small area, 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 Crosby Street, Recreations and Bartons 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). Crosby St, Recreations and Bartons was ranked as 88th in England and located in England's 10% most deprived decile. From a Leeds perspective, this area was ranked as being the 3rd 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 Crosby Street, Recreations and Bartons England and Leeds.

Domain Name	England ranked score*	Leeds ranked score*
Income	403	9
Income deprivation affecting children	1,078	31
Income deprivation affecting over 60's	3,292	66
Employment	168	1
Education	2,340	75
Health	1,009	17
Crime	169	25
Barriers to housing & services	19, 453	155
Living environment	201	28

*a lower number indicates higher deprivation

The table above shows how Crosby Street, Recreations and Bartons rank on the IMD. Compared to the other 482 LSOA's this priority neighbourhood is worst in Leeds for employment, meaning there

are more people resident in this area experiencing employment deprivation. The area is ranked 9 in Leeds for income, meaning more people experience financial stress compared to other areas of Leeds. A rank of 17th in Leeds indicates poor health of residents generally.

1.4 Employment Deprivation

67.6% of the residents of Crosby Street, Recreations and Bartons are people aged 16-64. Of these, 34% of residents are employment deprived. 11.4% are claiming unemployment related benefits (Jobseekers Allowance and Universal credit). As a whole there are 2.3% of people in Leeds claiming unemployment benefits. Across all age categories, male claimants out number female claimants.

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, 40% of the residents experience income deprivation. Of these, 34% are people aged over 60. Income deprivation affecting children is experienced by 38.6% of the residents with families. According to the 2011 census data, 43.9% 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 Crosby Street, Recreation and Bartons, there was 160 children aged between 0-15 living in low income families; equating to 38.6% 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 28th 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 790 households located within the Crosby Street, Recreations and Bartons. The area within the streets are devoid of trees and grass, although Holbeck Moor, a large green space

is located close, albeit across a very busy road. 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 25, Crosby Street, Recreations and Bartons 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).

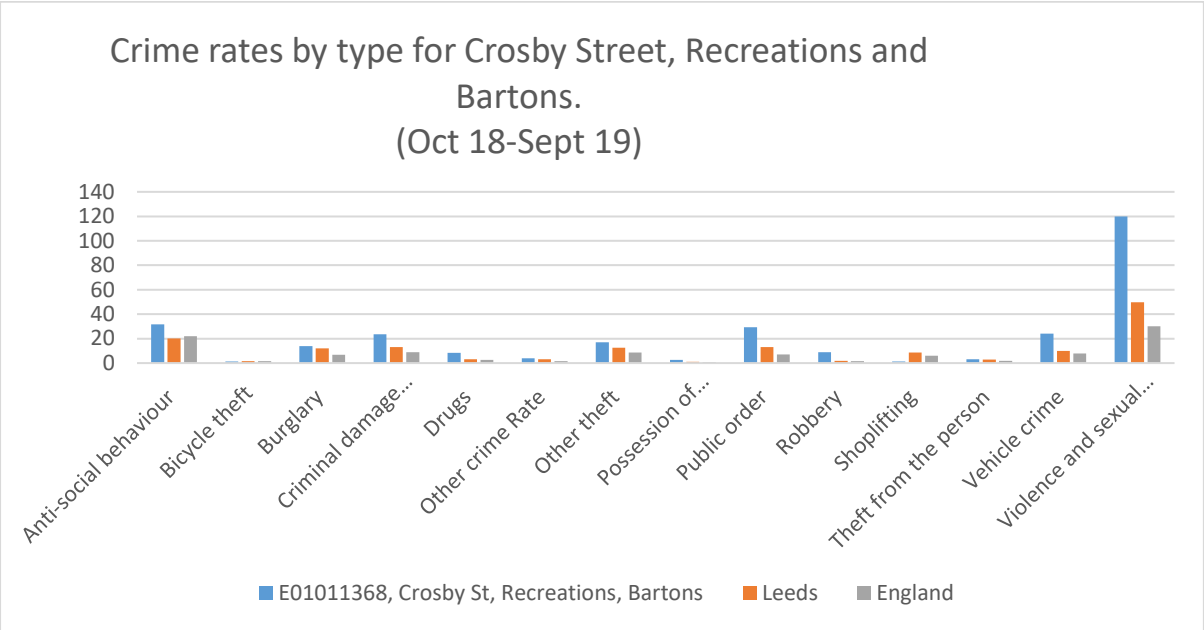
High environmental (i.e. outdoor) noise levels are defined as above 55 dB for day and evening and above 50 dB for night time. During the night, environmental noise starting at L_{night} levels below 40dB can cause negative effects on sleep such as body movements, awakenings, self-reported sleep disturbance, 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 Crosby Street, Recreations and Bartons area is located close the M621 motorway and junction. Inspection of noise pollution indictors reveals 24 hour average noise pollution is between 60.0-64.9 decibels. Night time averages range from 65.0-69.9 for those living closest to the M621 and junction to 55.0-59.5 for those living furthest away from the motorway (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 Crosby Street, Recreations and Bartons, there were 405 reported crimes. During the same time period, the rate of crime in the area was 257.1 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 in the area and occur over two times more compared to Leeds overall.

Chart 3: Crime rates by type for Crosby Street, Recreations and Bartons 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 37% are living in social housing, typically provided by Leeds City Council; 40% of the residents of the Crosby Street, Recreations and Bartons are living in private rented housing; the quality of local housing stock is mixed. 93.7% of the housing fall under the lowest council tax band, giving an indication of the market value of the property in this area. 7% 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, 159 (24.9%) households are fuel poor. 12.4% 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. 66.9% of households do not own a vehicle; although the location of Holbeck is within walking distance of the city centre and thus employment for a person who can walk.

An analysis of the surrounding area of this priority neighbourhood suggests several factors that pose risks to the health of residents of Crosby Street, Recreations and Bartons. Population density, noise pollution, housing quality and crime incidence are all factors contributing to the overarching 'feel' of an area. Risks to health 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 95% attendance rate and secondary school attendance is 94%. This is not an individual score, but reflects a whole school's attendance. These figures closely resemble Leeds and England attendance for both primary schools and secondary schools. There are 14.3% primary school children persistently absent and 16.1% secondary school young people persistently absent. 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 Crosby Street, Recreations and Bartons.

Children in Crosby Street, Recreations and Bartons 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 19 young people. 6.7% of young people were classified at NEET in January 2017 (Leeds Observatory 2020).

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

Indicator	Crosby Street, Recreations and Bartons	Leeds	England
Early Years Foundation Stage (good level of development)	47.2%	65.7%	71.5%
Key Stage 2 (Meeting national expectations)	42.1%	61.0%	65.0%
Key stage 4 (strong pass in maths and English	42.1%	40.9%	43.5%
Attainment 8 score (8 qualifications)	45.5%	44.8%	46.6%

Chapter Summary

The area of Crosby Street, Recreations and Bartons is classified as highly deprived according to the IMD. Income deprivation across the life span is high in the area. 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. Characteristic of such areas are low quality housing, noise pollution and crime. Nearly a quarter of the households within the priority neighbourhood live in cold homes. Education attainment is on par with Leeds overall for the small number of pupil sitting their examinations. 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 adult health-related data to provide the answer.

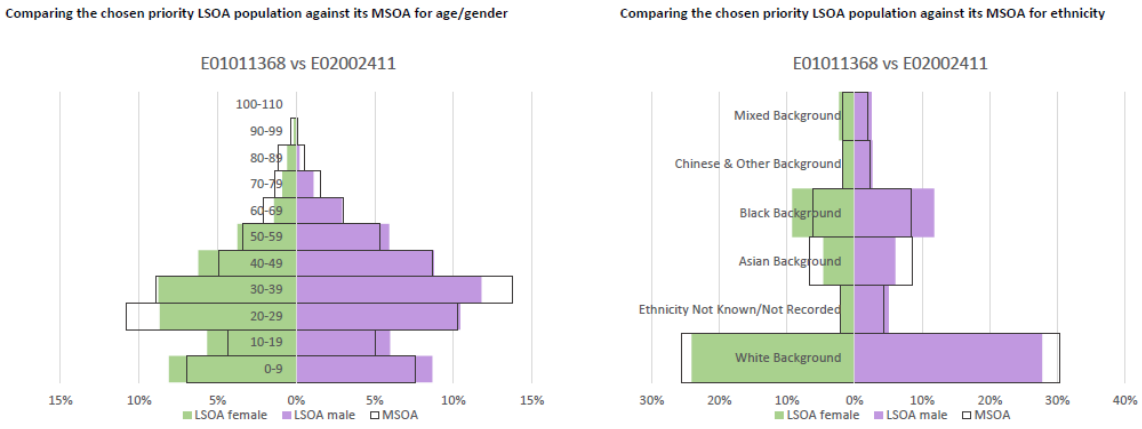
Chapter 2 – Health Related Intelligence

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 a fair representation of the LSOA.

Chart 4 shows the LSOA population structure for Crosby St, Recreations and Bartons compared to its MSOA and the ethnicity structure for both the LSOA and the MSOA. Crosby Street, Recreations and Bartons 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 Crosby Street, Recreations and Bartons LSOA and corresponding MSOA for population age, gender and ethnicity.



As there are five LSOAs inside this MSOA we would expect 20% of patients to be in this LSOA if the condition were equally distributed. For each health condition, age and ethnicity at an LSOA and MSOA level has been visually compared to ensure any comparisons can be made between LSOA and MSOA. 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 Holbeck MSOA).

2.1 Common Health Conditions – All Ages

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 Crosby Street, Recreation and Bartons area of Holbeck compared to Leeds overall and Holbeck rates are similar to a deprived Leeds rate. This MSOA ranks as the 10th worst across Leeds out of 107 MSOA's.

This corresponds with the finding that there are significantly higher levels of **obesity** in Holbeck compared to Leeds overall, however, in comparison to a deprived Leeds average, it's very slightly lower. Obesity ranks as the 38th worst in Leeds out of 107 MSOA's. Within the Beeston and Holbeck ward, there are 31 fast food outlets. The average number of fast food outlets across Leeds is 28 per ward.

This pattern is repeated for **Diabetes**, with the rate of Diabetes in Holbeck MSOA being significantly higher than the rates in Leeds overall, but not significantly different to the deprived Leeds rate. The MSOA diabetes prevalence rate is ranked as being the 10th worst in Leeds out of 107 MSOA's. The levels of diabetes for both Holbeck and deprived Leeds are very high.

Smoking rates for the Holbeck area are significantly lower in comparison to deprived Leeds, but significantly higher than Leeds overall. Smoking rates in Holbeck is ranked as being the 19th 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 Holbeck MSOA are very similar to deprived Leeds averages; ranked at 15th out of 107 MSOA's, they are significantly above Leeds averages.

Cancer rates in Holbeck are significantly lower than Leeds and lower than the deprived Leeds aggregate. Holbeck MSOA is ranked as 104 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 in Holbeck was similar to the prevalence rates of SMI across Leeds. It was significantly below the deprived Leeds average, ranked as 47th in the second 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 proportion of people in Holbeck MSOA with a CMHI is below the rates for Leeds and below the rates for deprived Leeds. CMHI ranks 64th out of 107 MSOA's in Leeds, putting it in the third 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. Rates of obesity and diabetes are higher than the Leeds average; although the rates are similar to deprived Leeds averages. Smoking rates are lower in this area, whist COPD rates are ranked high. Cancer, asthma, SMI and CMHI rates are lower in Holbeck 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 Crosby Street, Recreations and Bartons

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 Crosby Street, Recreations and Bartons priority neighbourhood.

Table 3: Showing local practice registered patients for the top 4 practices

Practise registered patients	Count	Percentage
City View Medical Practice	1128	59
Leeds City Medical Practise	558	29
Oakley Medical Practice	66	3
Beeston Village Surgery	33	2
Total population	**1, 926**	**93**

Table 3 shows that 93% of the residents of Crosby Street, Recreation and Bartons use their local GP practice and can be reached at four venues. This intelligence provides a medium for contacting patients and being assured the majority of residents will be reached on matters relating to Primary Care.

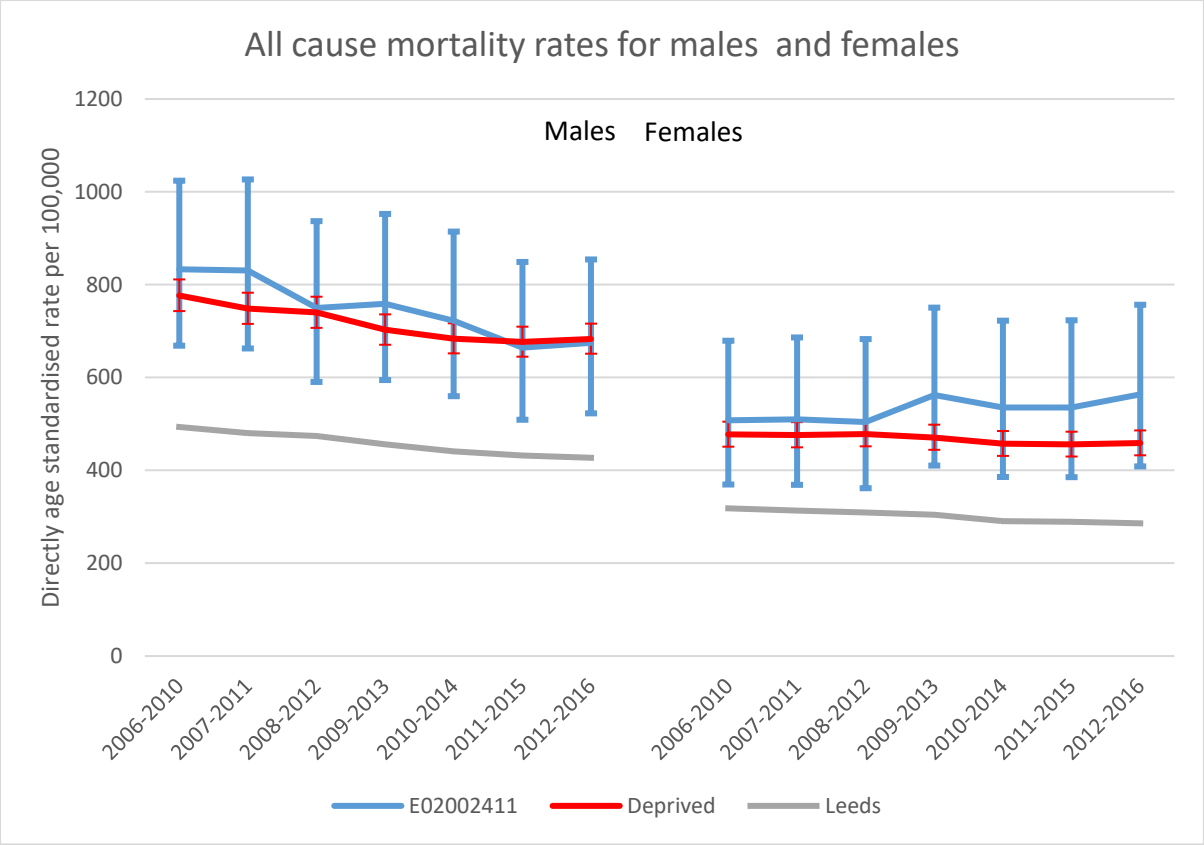
2.3 Mortality Rates

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 a 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. Recently, all-cause mortality for the MSOA representing the priority neighbourhood of Crosby Street, Recreations and Bartons saw a minor increase for males and a more noticeable increase for female rates. Overall the rates of all-cause mortality are significantly worse in comparison to Leeds overall for males and females which has a downward trajectory.

Male rates for this area are very similar to rates found in deprived Leeds. Conversely, female rates for this area are worse in comparison to similarly deprived areas.

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



Generally deaths specifically attributable to **circulatory diseases** in the Holbeck MSOA have decreased across the city for both males and females with a slight levelling off in recent years. This city wide trend is mirrored in deprived Leeds and the Holbeck locality; although overall there are more deaths in males than females but not significantly so. For males the gap between Leeds overall and the Holbeck locality has moved from being significantly above those of Leeds to being close to Leeds itself. This MSOA data also shows a faster falling rate of death than deprived Leeds. Please refer to appendix 2 for visual representations.

Mortality due to **respiratory diseases** is not significantly different in Crosby Street, Recreations and Barton area than in Leeds overall for both males and females. This trend for Leeds has remained constant since 2006. Rates for males in Crosby Street, Recreations and Bartons have dropped since 2010 and are almost similar to Leeds overall rate. This rate is lower than for deprived Leeds which has a slight upward trajectory. In comparison female rates are moving in the opposite direction and are heading upwards for this area and have been since 2011. The rate is also higher than deprived Leeds average, although not significantly so.

Cancer mortality rates are higher in the MSOA in comparison to Leeds overall average, for both males and females. The male rate for cancer mortality is very similar to that of deprived Leeds average, both of which are decreasing, with rates from this area having a more noticeable reducing trajectory. Female mortality rates for cancer are higher in comparison to the deprived Leeds aggregate. Deprived Leeds is showing a downward trend, whist area specific data is fluctuating.

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. 93% of residents of Crosby Street, Recreations and Bartons 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, obesity, diabetes and COPD are all higher than Leeds overall, but are similar when comparing to other deprived Leeds areas. Smoking rates are lower than a deprived Leeds rate, but remain 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. However male mortality is generally decreasing for circulatory diseases, respiratory diseases and all cancers and in addition is lower than the deprived Leeds rate. Whereas, there is an upward trajectory for female mortality rates for both respiratory diseases and cancer which is greater than the deprived Leeds rate; the rate for circulatory diseases has remained fairly constant and is below the deprived Leeds rate.

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 that 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 Holbeck, Beeston and Hunslet, 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. The figures in table 4 below show the numbers of referrals into the service, the number of females who subsequently attended their appointment and the number who set a quit date and remained smoke free at 4 weeks. The data below suggests success once a female has engaged, albeit with very small numbers. However translating a referral into attendance requires further joint working between key stakeholders and further consideration.

Table 4: Referral numbers

Area	Referred to Service	Attended a Smoking Appointment	Set a Quit Date	Quit at 4 Weeks*
LS11 0	10	2	1	1
LS11 8	7	4	3	3
LS11 9	4	3	2	2

*maybe more than one quit date

Table 5 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; 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 that 21% of women presenting for their first antenatal check are overweight. In Beeston and Holbeck ward, 21% of women booking in for their first antenatal check are overweight.

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.

Table 5: A selection of infant and child health indicators

Infant and children's health in inner south Leeds - Births 2018			
Indicator	Beeston & Holbeck ward	Leeds average	England
BMI greater than 30	21%	21.3%	Unavailable from PHE
Babies born preterm	30/41 (73%)	490/813 (60%)	Unavailable from PHE
Low Birth Weight for term babies	46/430 (10.7%)	880/10960 (8.0%)	3.5%
Breastfeeding - Initiation	69.7%	73.7%	74.5%*
Breastfeeding at 6-8 weeks	43.0%	48.7%	40.2%**
Excess weight at reception (aged 4-5), 3 year average 2015/16 – 2017/18	23.5%	21.6%	22.4%
Obesity Levels at reception (aged 4-5), 3 year average 2015/16 – 2017/18	10.9%	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 (Leeds Maternity Health Needs Assessment 2020)

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. In Holbeck and Beeston ward, 69.7% of new mums initiate breastfeeding their infant, with 43% continuing to do so at the 6 -8 week check-up. In comparison to Leeds, the initiation rate is slightly lower, however there is a greater proportion of new mothers continuing to breastfeed at 6-8 weeks.

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 in reversing the obesity trends for Leeds overall. The MSOA encapsulating the priority neighbourhood of Crosby Street, Recreations and Bartons, 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 6 below shows the trend in overweight or obese children entering their reception year. Actual numbers are low but the trend is rising, with 24% of children in reception being overweight or obese. The trend continues in chart 7, which shows an increase to 40% of young children leaving primary school overweight or obese.

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

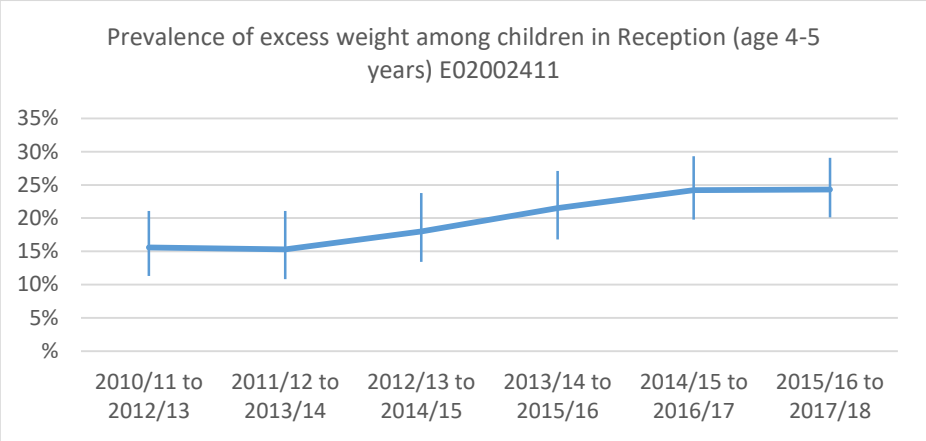
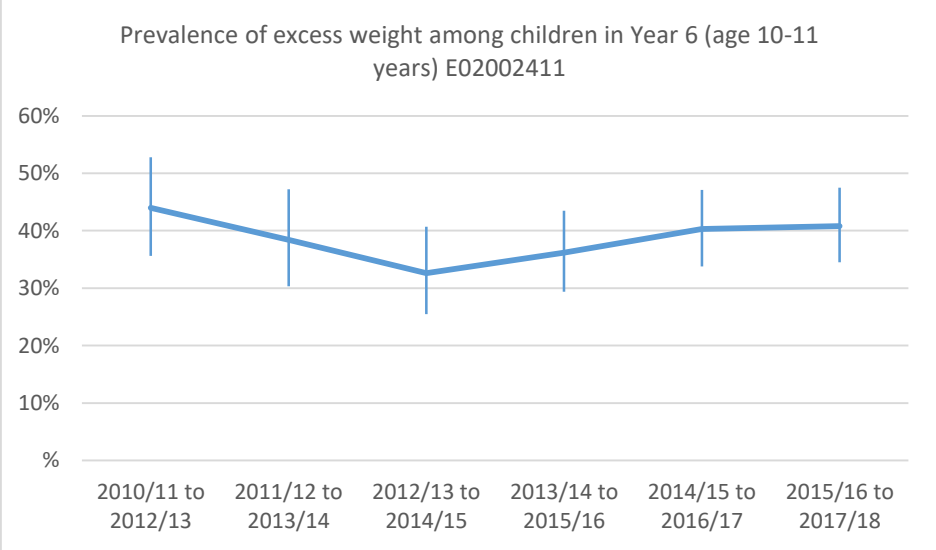


Chart 7: Prevalence of excess weight among children in year 6.



3.5 Safe from Harm

The data presented in the table below is gathered together on a Primary Care Network (PCN) footprint. There are 6 practices within the locality incorporating the GP practices which have registered patients from the Crosby Street, Recreations and Bartons 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

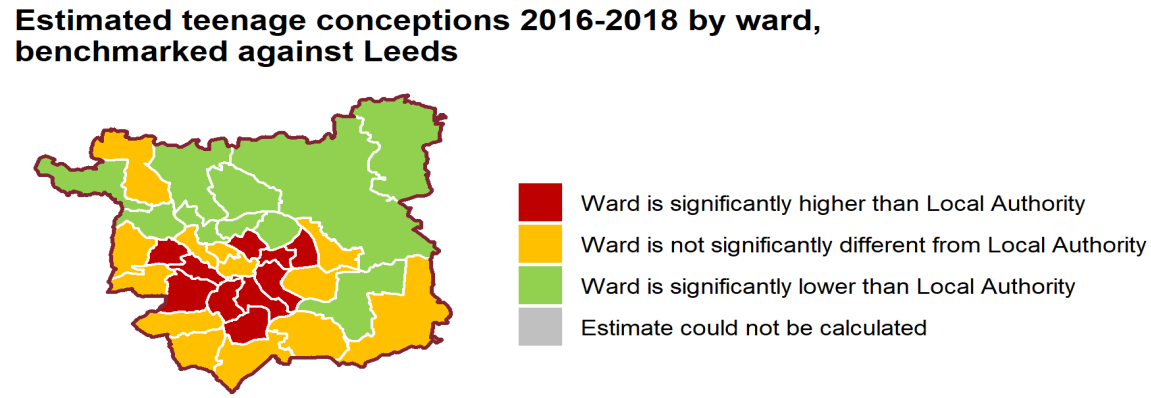
Source: Best Start dashboard, release December 2019

3.6 Teenage Pregnancy

Teenage pregnancy typically occurs in greater numbers in deprived communities. Individual risk factors associated with experiencing a pregnancy under the age of 18 include: poverty, persistent school absence, slower than expected academic progress, being a child in social care and alcohol. In line with the evidence of adverse childhood experiences, a child experiencing one of more of these factors is at higher risk of an unwanted pregnancy. There is established evidence highlighting the clear association between these risk factors and poor sexual health outcomes. The consequences of poor sexual health outcomes will exacerbate deprivation and inequalities. The map on page 23, 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 for the ward is also significantly higher than the England rate for teenage conceptions.

Sexual health services for young people in the area are limited. Cohen's in Holbeck offer the enhanced pharmacy scheme, offering free emergency hormonal contraception. There is currently limited provision of the C-card scheme, whereby, upon registration, young people can access free condoms. Currently, the nurse at Cockburn John Charles Academy is trained up to deliver the C Card scheme and young people can access the sexual health clinic at Beeston Hill Medical Centre.

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. Finally, teenage pregnancy is the area of is a concern, not least because of the potential risk factors facing young females, but also due to the limited access to preventative, local sexual health services in the area.

Chapter 4 – Adult Specific Health and Social Data

Data relating to adult facing commissioned services inform decisions on targeting populations or identifying service users' gaps.

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 Crosby Street, Recreations and Bartons. Table 7 shows the number of residents from within the Crosby Street, Recreations and Bartons priority neighbourhood accessing the One You Leeds healthy living support services.

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 Eat Well and Cook Well services are under-used.

Table 7: Number of residents from within the Crosby Street, Recreations and Bartons priority neighbourhood accessing the One You Leeds healthy living support services between October 2017 and March 2019.

Services Booked in *	LS11 0	LS11 8	LS11 9	Total
Support For You	2	8	3	13
Be Smoke Free	57	96	47	200
Manage Your Weight	26	53	17	96
Move More	13	11	4	28
Eat Well	4	12	4	20
Cook Well	11	15	9	35
Total	113	195	84	392

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

4.3 Access Leisure Centre Services

Leeds City Council Leisure Services capture data for anyone using any LCC leisure centres 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 the leisure services whose residency is registered as being within the Crosby Street, Recreations and Bartons priority neighbourhood.

Table 8: Number of residents from Crosby Street, Recreations and Bartons accessing leisure centre services using a card during 2018-2019.

Leisure Centre	0-18	19-35	36-44	45-60	60+	Total
Armley	Male: 2 Female: 3	Female: 3	Female: 2	Male: 2 Female: 2	Male: 1 Female: 1	16
Fearnville	Female: 1					1
Holt Park			Male: 1			1
John Charles	Male: 6 Female: 6 Unspecified: 1	Male: 3 Female: 3	Female: 2	Male: 1 Female: 2	Male: 2 Female: 2	29
John Smeaton	Female: 1	Female: 1				2
Kirkstall	Female: 1	Female: 1		Female: 1		3
Middleton	Female: 1	Male: 2				3
Morley	Male: 3 Female: 9	Male: 1 Female: 2	Male: 1 Female: 2	Male: 1 Female: 1	Male: 1	21
Pudsey		Male: 1	Female: 2			3
Rothwell		Female: 1		Female: 1		2
Scott Hall Road	Male: 1		Female: 1			2
Grand Total	35	18	11	10	8	82

Over a three year period, there is similarity in the numbers and gender of people accessing the leisure services. White British was the dominant ethnicity, with a scattering of other ethnic groups represented in the data, but not considerably so. The ethnicities were scattered throughout the age ranges. The most popular services were the swimming sessions (45 people accessing) and the bodyline gym services (32 accessing); noticeable across the age ranges. John Charles is the most popular choice of leisure centres from people with in this area, followed by Morley, although a minority of people do tend to travel to other leisure centres. This was largely a swimming pursuit.

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 Crosby Street, Recreations and Bartons area, LS11 0AT. This random postcode generated a risk of potential alcohol-related harm and is ranked at being 23rd 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 potential very high risk of alcohol-related admissions to hospital and the very high risk of alcohol-related violent crime. Alcohol related total crime is ranked as being high potential risk. Clients accessing the support services of Forward Leeds is ranked as being high.

Intelligence gathered and shared by Forward Leeds; a Public Health commissioned service providing substance misuse support, reveals several patterns. There were 406 referrals made 2016/2017 and 386 referrals 2017/2018. This is approximately 25% of the residents. Referrals from the postcode areas of LS11 0, LS11 9 and LS11 8 are 69.3% male, 30.7% female. The most common age to seek help is 35-44 for both males and females. Opiate addiction is most common referral, making up 48.4% of all referrals for 2017/2018. This is followed by referrals for alcohol misuse, with 30.3% 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 Crosby Street, Recreations and Bartons priority neighbourhood. Typically, smoking cessation and managing weight 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 gym or pool for their physical activity. 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 violent crime. A successful indicator however is the high number of people accessing support for their alcohol use.

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 (Leeds City Council, West Yorkshire Police, Joseph Priestly College, Ingram Road Primary School) and the voluntary sector (Holbeck Together, Better Together) were interviewed to provide information on 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 Holbeck:

Networks in the area are improving

Community anchor organisations – Holbeck Together/Slung Low

Room for physical improvements – more open space for improvements - linked with Leeds United

Neighbourhood Plan

Support Hub at Recreation View

Diversity – rich cultural mix of people across the area

Major Challenges facing the community:

Safety

Organised Crime

Impacts of street sex work and drugs

Deprivation

Lifestyle Choices – particularly food access

Housing – placement of people

Education – low aspirations, language barriers

Mental Health

Access to GP

HOLBECK

Health and Wellbeing Issues:

Deprivation

Mental Health

On street sex work and associated issues

GP Access

Organised crime

Physical Heath – lack of physical activity

Lack of social connections

What would improve Health and Wellbeing in the area?

Location of services/better knowledge of services

Greenspace

Access to free health and fun based activities

There was a real sense amongst all stakeholders that networks in the area worked well and organisations linked well to support residents. Holbeck Together was seen by many as a major asset as they are well connected into the community and have recently opened up their service offer to the wider community in Holbeck. Slung Low and the Leeds City Council Hub at Recreation View were also seen as valuable assets in the community where people can gain advice and support.

Despite these support mechanisms being in place a number of challenges were identified by stakeholders as affecting the residents of Holbeck. The main issues identified were those regarding safety in the area and the main topic discussed with regard to this was organised crime.

Organisations working in the area highlighted many issues surrounding organised crime activities and linked this with families feeling unsafe going out due to activities in the area. Drug dealing, alcohol misuse and more general anti-social behaviour were all highlighted by agencies working in the area and some linked this with decisions that are made about the area. One officer stated that:

> *"due to some of the issues in the area…[the private sector}…. housing is low demand and therefore cheap rents mean that historically vulnerable people have been placed there who have chaotic lifestyles with drug, alcohol and anti-social behaviour issues. This has a knock on effect for the community who then feel less safe when outside their home."*

Further issues with housing came up later in the interviews in direct relation to organised crime when it was stated that

> *"well known families in the area are linked to organised crime and properties in the area have the tenancies taken over so the property can be used for drug dealing and other criminal activity. "*

It was felt that some action was being taken on this, supporting the tenancies of vulnerable individuals and taking actions, such as full and partial 'house closures' and injunctions against those involved. Criminal individuals moved from property to property.

Many of those interviewed felt that the issues with mental health in the area arise from the points made above. Issues of isolation, loneliness, depression and stress all relate to people feeling unsafe and sometimes unable to go out. It was felt that the root of some of these issues needs to be tackled in order to make any difference to issues such as mental health. Linked to this are also physical health problems and the fact that people remain indoors rather than going out and this especially applies in relation to children. Holbeck Moor was felt to be a great, but unused, asset by many of those interviewed. Safety issues along with street cleansing, dog fouling, needles and broken glass mean it is seen as unsuitable for family use.

Deprivation and poverty were raised as issues especially by those working in supporting roles for the residents, such as Holbeck Together, Health for All and the Community Hub. The use of foodbanks and access to good affordable food was highlighted and this went alongside a conversation about fast food outlets in the area and people's ability to make healthier choices. Many organisations felt there was a need for locally based education on cooking. For instance;

> "*needs to be education on cooking skills to allow people to make the most of the foods they can get locally and to support them using the foodbanks effectively."*

Wider education needs were also highlighted with many stakeholders saying that people in the area have low aspirations. It was felt that support was needed to encourage people into education and

support them with accessing relevant training and job preparation support. The idea that residents have low aspirations is also reflected in the work done during the community consultations with residents having an attitude of 'why bother? It was interesting to see the same point made from both sides but the use of language being very different with stakeholders seeing this as low aspirations but residents feeling that they are directly affected by living where they do and therefore *"there is no point trying at school or trying to get a job."*

When asked what would improve health and wellbeing in the area the overarching themes were:

- **Greenspace**
  One of the over-riding themes of the discussions was people's safety and them not wanting to spend time outdoors. Safe greenspaces in the area were seen as a good way to *"get people to come out, socialise and take part in activities that would be advantageous to both their mental and physical health."*
- **Access to free health and fun based activities**
  It was recognised that deprivation is a major issue in the area and if people are to engage then activities need to be fun and free to encourage them to take part. This was seen as particularly important for the children in the area. Reference was made to making more use of Holbeck Moor with organised activities that people would feel safe taking part in. There was also a feeling that if more organised activities took place then *"additional people might come and use the facilities while there were lots of people around."*
- **Location of services/better knowledge of services**
  Many of those interviewed felt that residents needed more support to access services and the best way to do this was for services to be based in the neighbourhood. The Hub on Recreation View was seen as important by many due to *"its location"* and the anchor services, such as Holbeck Together, were also seen *"as crucial."* It was also felt that residents needed a better knowledge of what other services are available to them and how to access them.

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 Crosby Street, Recreations and Bartons 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 Holbeck community to contribute their thoughts, opinions and experiences to the Health Needs Assessment included attending existing groups and attending places where people are known to gather, for example school gates. Existing community groups were contacted and permission sought to attend and run the community engagement on 'Health needs in the community'. An online survey was also employed as an alternative method. The survey was managed online by a local activist group and completed by 10 people. The direct face-to-face method was a more productive method of encouraging engagement and many more people were engaged using this approach.

Various groups were attended ranging across age groups and demography groups. Groups included 'Holbeck Together' Thursday morning breakfast, which sees a majority of older residents gathered together, Health For All's parent and toddlers group - 'Happy global families'.

Venues known as places where people would gather where also attended; people were sensitively approached and asked to contribute to the health needs assessment. Holbeck's Christmas fair, attended by a variety of residents and Ingram Road Primary School both helpfully give permission for an opportunity to engage attendees in conversation.

In total 104 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 9: Community contributors to the Holbeck Health Needs Assessment.

Age Group	**Female**	**Male**
Under 17	3	1
18-25	4	4
26-45	65	1
46-60 +	18	8
Total	**90**	**14**

There is a greater contribution of females than males particularly within the age group of 26-45, which skews the findings towards female contributions. A limitation of these findings is the smaller number of male contributors and younger 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 1st = 3 dots, 2nd = 2 dots and their 3rd = 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?

Overwhelmingly, the most common response referred to the community spirit and the people of Holbeck itself. A number of community assets were identified: 'Holbeck Together', 'Kidz klub' 'Shine, Rise Space'. One person also mentioned its proximity to town. There was a general feeling the GP's in the area were good too, although getting an appointment was difficult. Some groups found it difficult to propose anything was good about living in the area. There was no pattern in terms of age of people viewing the area negatively, when spoken, this comment was consistent across the age groups.

What do residents dislike about living in the area?

Several strong themes were common amongst all the groups and across all age groups.

These concerned the number of people visibly drinking alcohol near the park or on the streets and using drugs; there was a high perception of fear for personal safety in the area and impact of street sex work on the community. These issues were highly interwoven and were often spoken about with reference to all three issues, however for ease of reporting, readership and for considering solutions with people, the themes were broken down as below. Many scenario's and personal experiences were shared illustrating this and examples of these are in the table below. The managed approach was viewed as the catalyst through which issues of personal safety, violence and street drinking originate.

Table 10: Themes and comments from community contributors of Holbeck concerning what they dislike about the area

Theme	Community Contributors comments
Street drinking and drug taking	'People drinking alcohol and taking drugs outside, near St. Matthews and at the park. Its intimidating and the men leer at you in front of the kids and proposition you'; There are a lot of people here with alcohol and /or drug problems. Some people then get into their cars and drive drunk and crazy'.
Personal safety fear	'There is no safe outdoor spaces for young people'; 'Don't feel safe running or walking around Holbeck'; Kids can't play out on their own – it's not safe'; 'most women around here have been propositioned'; 'I get a taxis to visit my mum round the corner on a night time because it's not safe to walk it'.
Street sex work	'Managed area – spreads out into the Recreations – people being propositioned on the way to work- feeling that the specified hours mean nothing and it can be 'anytime and anyplace'; most people summarised this theme with the words 'Managed approach'. Can't let the kids play outside because of the managed approach. It's not safe, being propositioned, followed and shouted at. There's also used condoms and needles lying about'.

Equally strong in weighting were issues concerning traffic and issues concerning street cleaning.

Traffic and public transport as a theme has multiple angles. One angle concerned the lack of bus route linking Holbeck to other parts of the city. For instance, in order to go to the supermarkets along Dewsbury Road, residents of Holbeck advised they have two options – walk through Beeston Hill or get 2 buses. The first bus to take you into town, the second bus to take you along Dewsbury Road. The bus was deemed necessary when you are pushing a buggy and trying to carry all the groceries you may want. There were two reasons given for not wishing to walk through Beeston Hill, the first concerns personal safety, the second the practical reason of carrying heavy loads up a long and steep hill.

An alternative angle for this theme concerned inconsiderate parking generally and causing obstructions but this was particularly highlighted as an issue on match days and lead to concerns for emergency vehicle access should it be required.

Finally, several people highlighted speeding cars as issue down the Recreations and Domestic Street.

Street cleanliness was highlighted as a dislike for living in the area. Aside from the sex and drug litter previously highlighted, dog fouling was a strong concern both in parks and along pavements. Groups also mentioned food being left out for pets and also fly tipping.

What issues do people face that you think affect health?

There were six, overarching themes that cut across all age groups; personal safety, food, mental health, alcohol and drug misuse, young people, space and air pollution.

Personal safety dominated as a theme across all groups, generally in reference to the street sex work, but not exclusively. Among females the prevailing story is one of intimidation from men kerb crawling and propositioning those walking along a street. Many stories were shared of experiences of this highly inappropriate behaviour which included school girls, dressed in school uniform being followed "down the road". Many personal safety stories were reiterated from the previous question regarding the issues they disliked about living in the area. Most adult females wouldn't leave the house alone after dark for personal safety issues. This extended to their children playing outside because it was deemed unsafe, for both girls and boys.

> *"Can't let the kids play outside because of the managed approach. It's not safe, being propositioned, followed and shouted at".*

General safety issues were also divulged with regard to street and park drinkers, acting in an intimidating manner which resulted in low confidence in using facilities such as the park. This leads to *"people staying at home and some feeling isolated because of this"* (female contributor).

A related concern, but digressing from personal safety was the issue of the impact observing kerb crawlers and sex workers has on young minds. *"It normalises buying sex and I don't what my kids to see that".* This lady went on to say *"I want to see our kids growing up knowing what healthy is – positive role modelling, not what we have".*

Food as a theme was highlighted as a concern from three perspectives. Firstly, it was spoken about in terms of access to fresh fruit and vegetables and access to a supermarket. Although the existence of other food outlets was acknowledged - Happy Shopper and Venus, these were seen as either very expensive or bespoke and catering to a particular community.

> *"No local supermarket – shops in the area cater for specific population and others are not made to feel welcome in the stores".*

"We have small shops but they mainly sell bread and alcohol".

"There's only one shop selling fruit and vegetables. Venus is bespoke".

Secondly, some people followed up this statement with the observation that there are a high number of take-away outlets in the area.

This limited availability of fresh fruit and vegetables, coupled with the high number of take-aways in the area led a minority of people to discuss obesity levels in the area.

"Obesity – it runs in families. There is a lack of understanding about food and how to make it. We need sessions that teach people how to make food from scratch".

The remaining issues are less multi-faceted, lending themselves more favourably to a tabulated presentation.

Table 11: Themes and comments from community contributors of Holbeck concerning the health issues people face in the area.

Theme	Community Contributor comments
Mental health	As a theme, this was rarely extended upon. When asked for expansion, people referred to social isolation and loneliness as causes of mental health issues. A minority of people referred to childhood trauma impacting on adult mental health
Alcohol and drug misuse	As an issue this topic has been revealed several times throughout the group questions schedule. Street and park drinkers shouting at passers-by. Several references to needles on the streets. There is a perception that there are people who require support in reducing the amount of alcohol they drink, or drug harm reduction.
Air pollution	This topic was raised several times, with some people commenting you could actually smell the difference or taste the pollution in the air. Asthma was attributed to air pollution.

Which health issues would residents suggest needed prioritising for action?

This question was posed in 3 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. Finally the third format was a survey.

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

Table 12: The top 10* health priorities as decided by community contributors.

Health Priority	Score
Street sex work	29
Help for people with drugs and alcohol misuse issues	27
Access to fresh fruit and vegetables	23
Mental health issues, particularly isolation	19

Crime, particularly knife crime, gangs and anti-social behaviour	19
Public Transport	12
Street Cleansing	9
Air pollution	9
Obesity	8
Dangerous crossing Domestic Street	7
No supermarket	5
Not safe for kids to play outside	4
Sports centre inaccessible	4

*two health issues were voted joint second and joint third in importance, so it appears that there are 13 health issues.

There were consistent messages regarding what residents liked and disliked about living in the Holbeck 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.

The final piece of the puzzle is to invite members of the community to generate possible solutions to these identified health issues. Community contributors from the Holbeck Christmas fair were presented with all of the health priorities. Solutions are simultaneously generated and voted upon in that a solution will be offered and written up; should another person agree with the solution, that person can add their weight behind the suggestion with one vote.

Table 13: Solutions generated to address the health issues.

Health priority	Solution	Number of supporting votes
Managed approach	Remove it	2
	More work to support the sex workers to leave – help with housing, food and drug addiction	2
Help for people with drugs and Alcohol misuse issues	Counselling services	2
Personal safety	Make it safe to walk around	3
	Have a PCSO presence in the park so kids can play	4
	More community based projects for younger kids	3
Crime (gangs and anti-social behaviour)	Somewhere for the older kids to hang out safely	3
Access to fresh fruit and vegetables	A fruit and vegetable van that comes round the streets	3
Obesity	Cook and eat sessions for families	3
	Work with local primary school to do taster sessions and cooking with kids	3
	A supermarket	3
Public Transport	Cheaper buses	2
Sports centre inaccessible	Sports sessions locally or transport to John Charles	3

Mental health	Well-being cafes, with multi-services and GP under one roof	2
Unemployment	More help to get people into work – a job club	3

Table 13 illustrates the solutions suggested by community contributors and the amount of votes each suggestion received. Issues relating to Community Safety received 14 votes in total and included making it safe to walk around and having a PCSO presence in the park. Issues relating to food; access and education received 12 votes in total, highlighting it as a dominate issue in the community with several suggested ideas for tackling it.

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. Over 100 people participated in conversations covering what they liked and disliked about the community; the health issues prevalent in the community; what the health priorities are and what solutions could address these health priorities.

Overwhelming, local residents referred to the community spirit of Holbeck and the friendly nature of neighbours. A number of community assets were also identified with high regard. 'Holbeck Together', 'Kidz klub' 'Shine, Rise Space'.

Five strong themes were identified as issues people disliked about living in the area: street and park drinking; fear of personal safety; impacts of street sex work; traffic and public transport and street cleanliness. Issues with the street sex work and the prevalence of drugs tend to be underpinned by fear of personal safety and that of loved ones.

These issues were again reiterated during conversations concerning health issues. Furthermore, fear of compromised safety influenced taking children to visit and play at the park located in Holbeck Moor. This fear was compounded by men drinking alcohol at the park and acting aggressively and antagonising towards mothers and their children.

Fresh fruit and vegetable access and affordable food was seen as a cause of obesity in the area, alongside the number of take-aways. Mental ill health and air pollution were also mentioned as health concerns for the area. Upon asking community contributors to vote for the health issue which they feel is most important – addressing the alcohol problems of people in need was the clear priority. This was followed by addressing the issues caused by street sex work; with an equal weighting given to access to fresh fruit and vegetables. Mental health issues and crime issues were also given equal weighting.

Health Needs Assessment – Summary

This Health Needs Assessment aimed to create a health story of the priority neighbourhood, Crosby Street, Recreations and Bartons. 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. Although proportions of young people attaining good levels of GCSE's are equivalent to Leeds and England, for those families living in the area, this is not translating into secure employment as adults. 34% of the adult population living in the area are employment deprived and 40% are income deprived. Families with young children are disproportionally burdened with income deprivation. As an area, Crosby

Street, Recreations and Bartons 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 female mortality given its current rising trajectory. Coronary Heart Disease, Diabetes and Adult Obesity are more prevalent in this area compared to more affluent parts of Leeds and Leeds overall. 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. Upstream issues were identified as being the root causes of several health issues, namely deprivation, personal safety issues and low aspirations. Efforts to tackle these three issues were viewed as the catalyst through which lack of physical activity and isolation and loneliness could alleviate metal health issues and the burgeoning obesity issue.

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. Personal safety was a dominate theme across all groups and ages. People generally felt Holbeck was an unsafe area to walk or play. Community contributors attributed this to three interwoven factors: Drug taking and dealing, street drinking and the impact of street sex work. The actions of kerb crawlers in residential streets, and their presence caused high levels of fear and stress among residents resulting in self-imposed isolation and limited socialising; for fear of being propositioned, or having a young family member being propositioned when going out to visit friends and family or play. The street and park drinking habits and the resulting aggressive and intimidating language used by the drinkers, prohibited the use of the park. This fear could contain an element of perception, however given the higher rates of violent and sexual crimes reported, it likely it is a keenly-felt perception.

A related health issue was the lack of safe spaces to play and socialise for families with young children and teenagers. Alongside this was the health concern of limited fresh food choices. 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, namely isolation. Such contributing factors could include stress, fear perception, self-isolation and money worries.

These interwoven factors received the highest weighting in priority votes with more votes being allocated to those individuals requiring support to exist substance misuse issues, tackling issues related to the impacts of street sex working and improving access to fresh fruit and vegetables.

Having identified priorities for action, people are asked to create ideas that can help tackle the issue. These solutions are a direct result from the many and varied conversations with residents of Holbeck and present a starting point for action for the voluntary sector, council and NHS.

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

There is a strong commitment from Leeds City Council to address the health and social issues affecting deprived communities. Over the past two years a partnership arrangement bringing together various departments from within the council and colleagues from the voluntary sector have committed to addressing the challenges and issues faced by residents of this neighbourhood. This model of working has successfully delivered numerous diverse initiatives in the area. However as the health needs assessment shows there remains challenges and issues to tackle.

The recommendations draw together the findings from across all chapters of this report; 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.

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. These recommendations represent the asset-based principles and approach advocated by Leeds City Council; extending the potential of these recommendations will strengthen any solution proposed to tackle the challenges and issues raised.

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 solutions in this report.
4. Maintain a meaningful dialogue with the community.

The impact of the Managed Approach is keenly-felt by the community of Holbeck. Personal safety fears dominate the narrative and create or contribute to additional public health issues – mental health issues of isolation; children unable to use a great community asset - Holbeck Moor- for fear of being followed or propositioned and street drinking. The solution generated by the community – removal - requires further conversations. Alongside colleagues distributing this report, these recommendations sit within the remit of Public Health, Communities Team, specifically the core group meetings and Active Leeds.

5. This report is read in conjunction with other reports on the Managed Approach to add additional views of residents. Recipients to include: Head of Safer Leeds, Communities Team, Holbeck Councillors and residents.
6. Ensure sex workers are knowledgeable of supportive service, including those to enable exit.
7. Explore options for targeting street drinkers in outreach work, both park drinkers and sex workers.
8. Explore options for increasing a police presence in the surrounding streets and specifically Holbeck Moor and St Matthews.
9. Consider ways of making Holbeck Moor belong to the people of Holbeck to enable feelings of safety and encourage use for recreational and sporting purposes.

Food; with its aspects of access and education was also highlighted as a concern for residents. These recommendations sit within the remit of the Public Health, working in partnership with the Communities team and school.

10. Engage with the local supermarket to address perception of limited food choice provision.
11. Organise and deliver local cook and eat sessions at St Matthews church with a view to fostering community ownership.
12. Work with local primary school to deliver taster sessions with the children.

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. This recommendation sits with the Your Space Team, Touchstone and Public Health. Physical activity has benefits beyond strength and stamina and evidence shows the positive impact on emotional and mental wellbeing.

13. Raise the profile of Your Space across the community and check this has been achieved by asking the community periodically.
14. Work with partners, including Active Leeds to encourage and support residents of all ages to move more and to try new activities to increase their physical activity levels.

Poverty is rampant is this area of Leeds, training, skill uplift and employment are the only legal means to address this for adults. So, although only 3 people suggested a job shop in Leeds, this idea could have traction and should be explored further; this idea has worked in the East of Leeds. As a pertinent issue for this area, several third sector organisations may be able to assist with this recommendation. Equally, the Communities and Partnership Team will be able to contribute to tackling this challenge.

15. Explore the possibility of a job shop, inviting key partners from services and local voluntary sector partners to an initial meeting to discuss.

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. The Best Start city strategy is lead by Public Health in partnership with Children's Services.

16. Coordinate action to address maternal obesity
17. Work with key stakeholders to address the referral process and rates into One You Leeds Smoking cessation service.
18. Coordinate action to support increasing breastfeeding duration to 6-8 week check
19. Raise awareness of the fall in second dose for MMR immunisation.
20. 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.

21. 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 public transport, air pollution and a busy domestic street could be found within active travel planning for the area and links with the issue of no sports centre access.

21. Support a sustainable and affordable approach to increasing physical activity within the area .
22. Link with Leeds Get Set – Local to create physical activity opportunities for all member so the Holbeck community - children, young people, families and adults.

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 Holbeck MSOA

Health Condition	Proportion of patients with health condition within the Holbeck MSOA
Severe Mental Health	23%
Common Mental Health	21%
coronary heart disease	18%
Obesity	19%
Cancer	17%
Diabetes	19%
COPD	23%
Smoking	23%
Asthma	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.

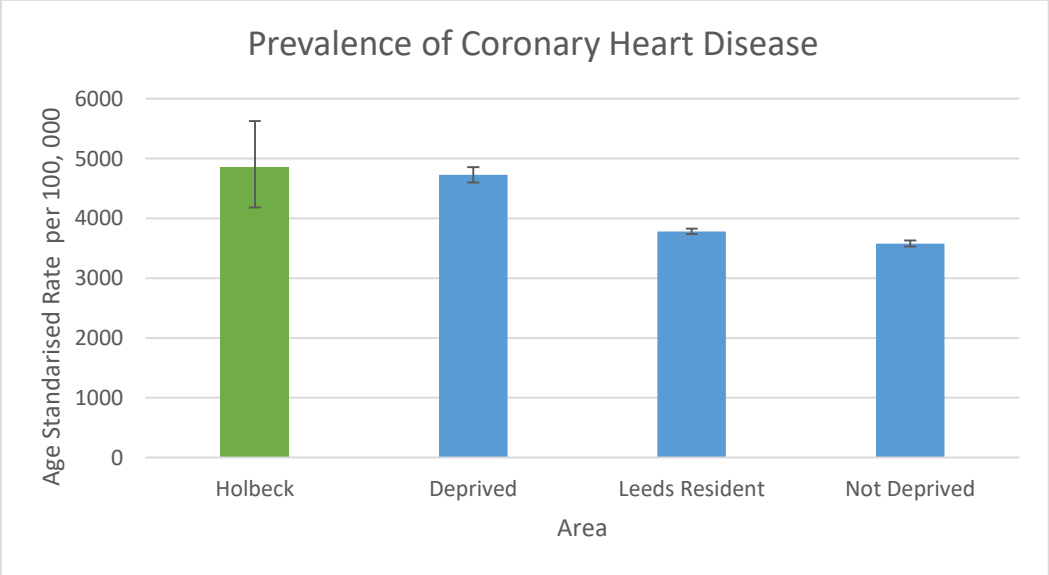


Chart 2: Prevalence of severe mental illness.

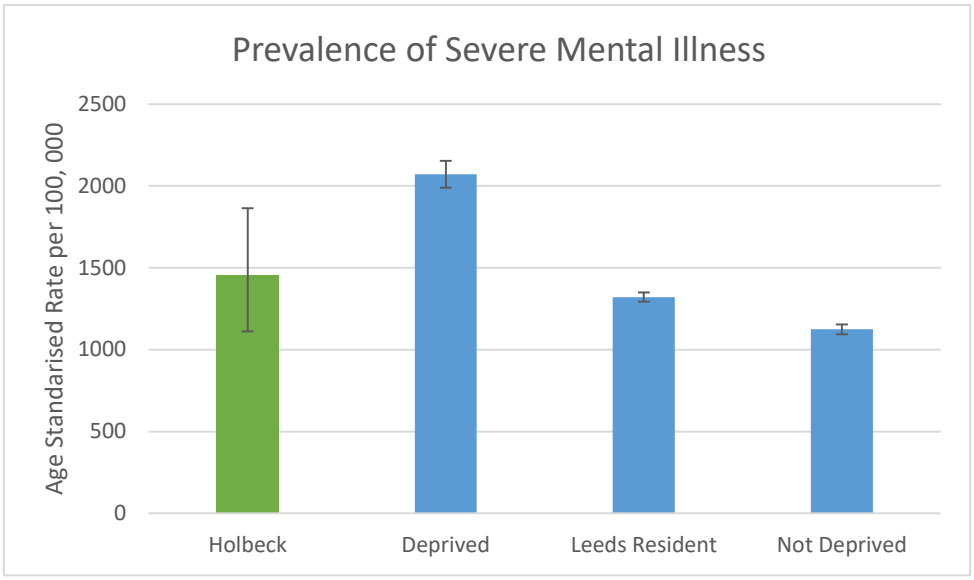


Chart 3: Prevalence of Obesity.

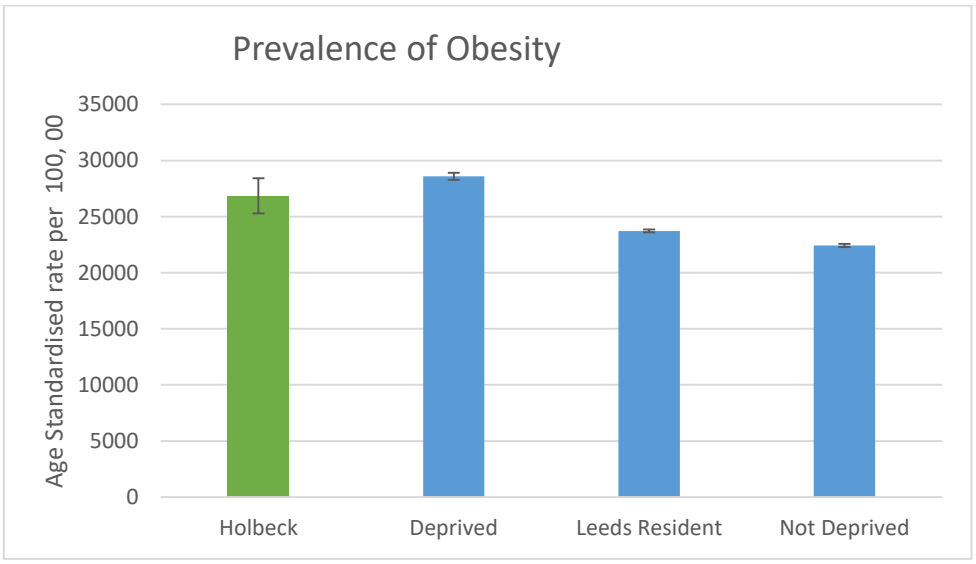


Chart 4: Prevalence of Chronic Obstructive Pulmonary Disorder.

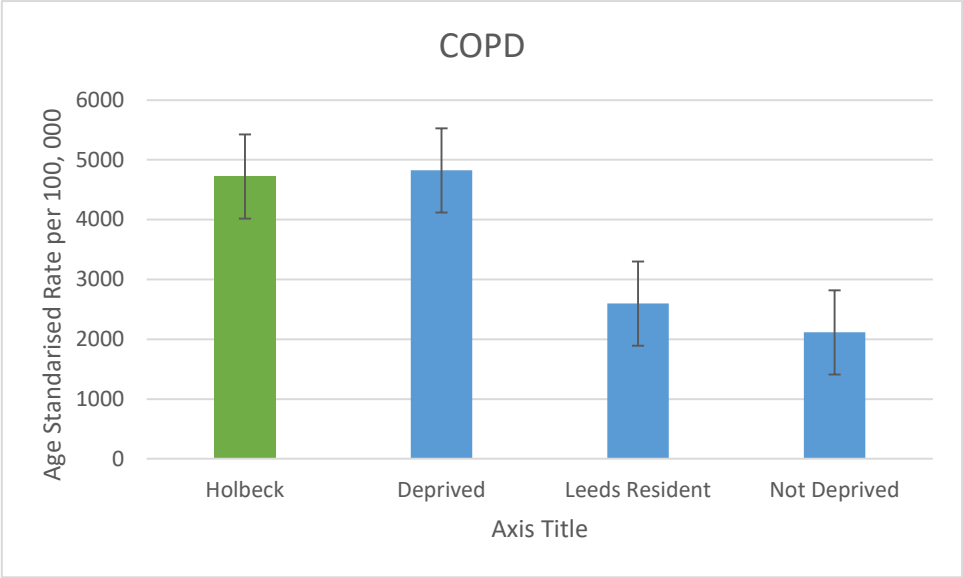


Chart 5: Prevalence of Cancer.

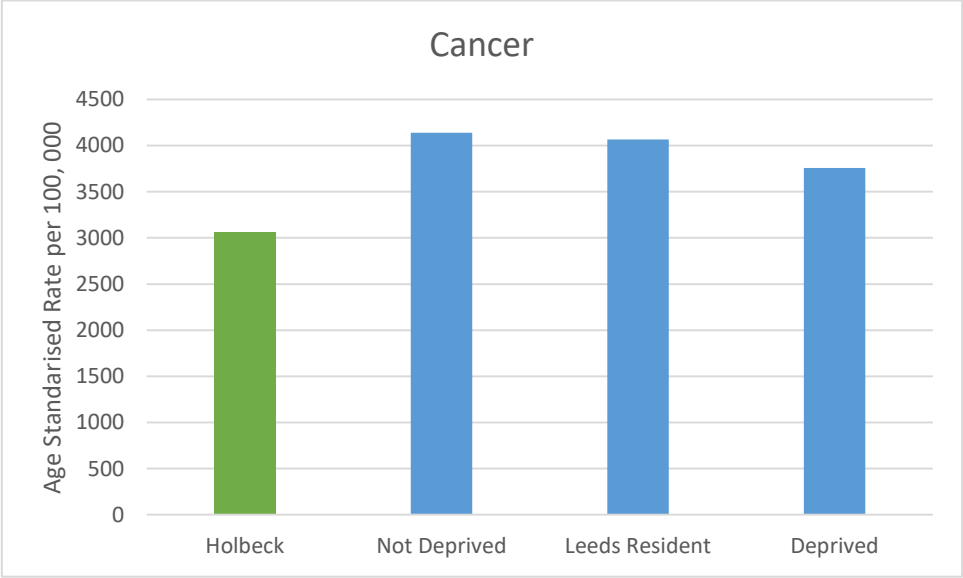


Chart 6: Prevalence of asthma.

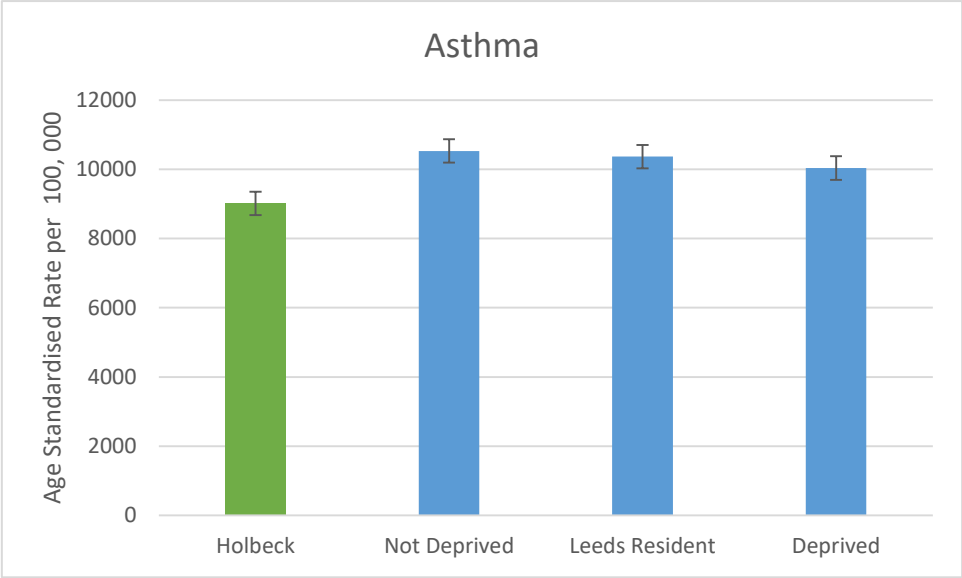


Chart 7: Prevalence of smoking.

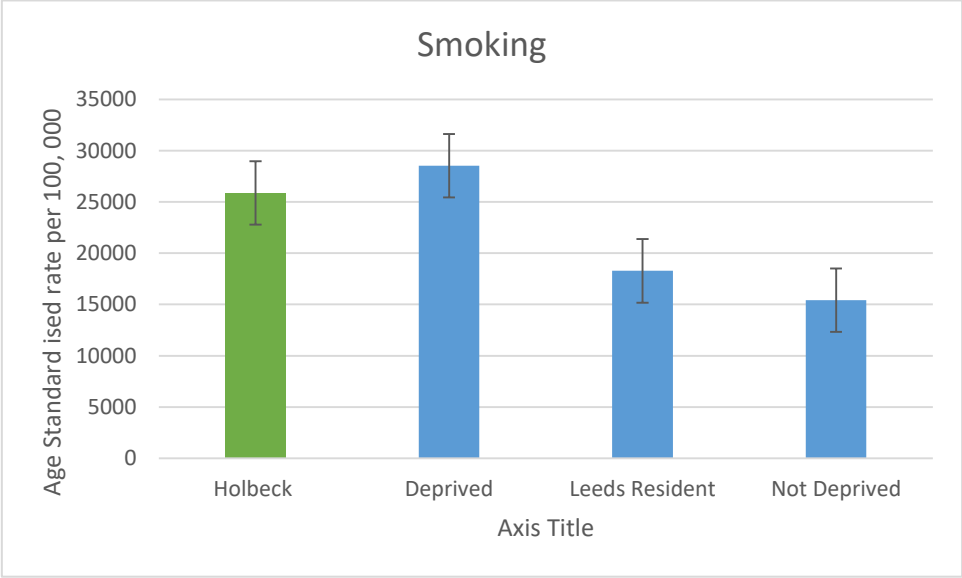
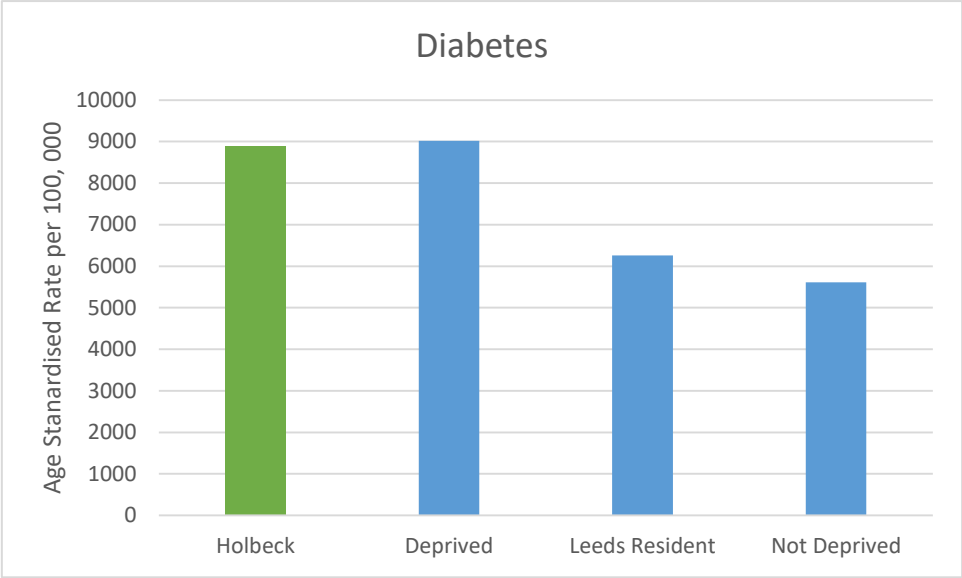


Chart 8: Prevalence of diabetes.



Appendix 2 – Mortality Data

Chart 9: Mortality Data from Circulatory Diseases

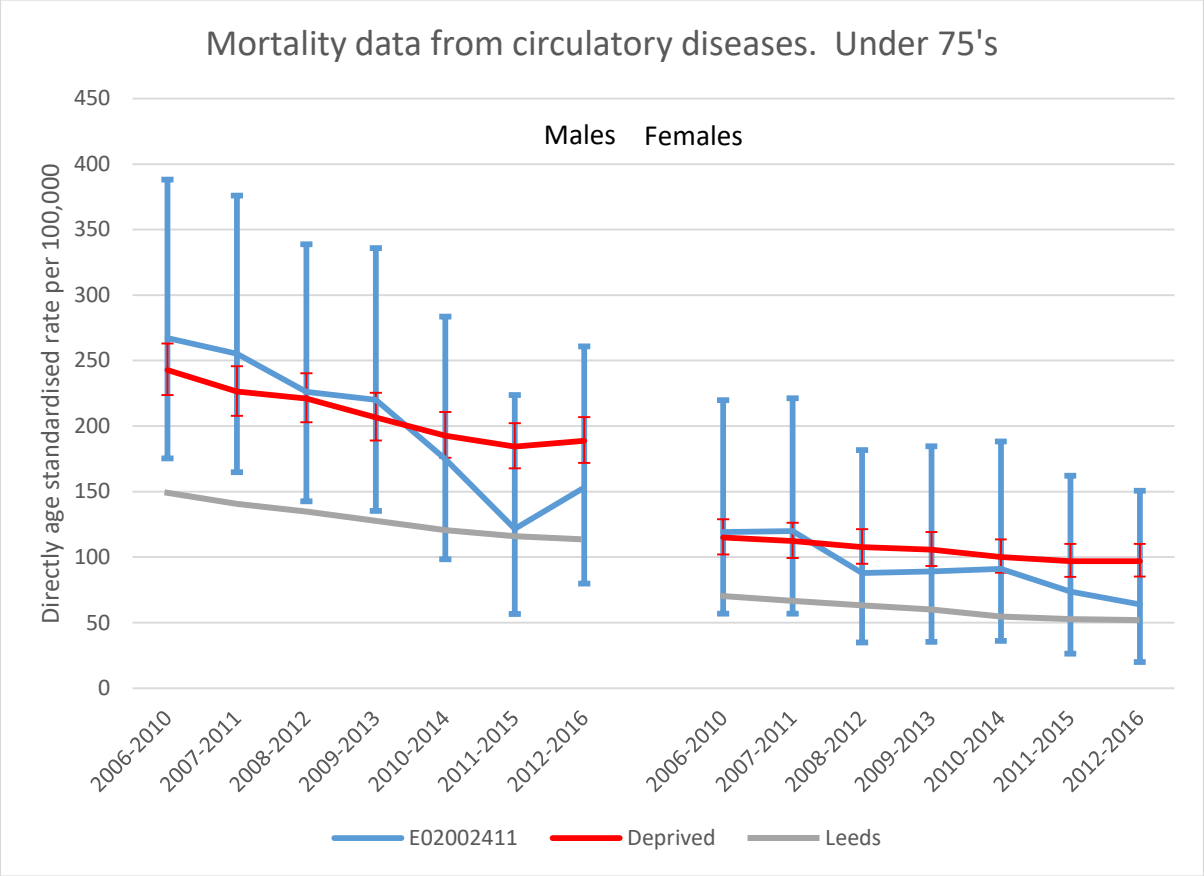


Chart 10: Mortality data from Respiratory diseases.

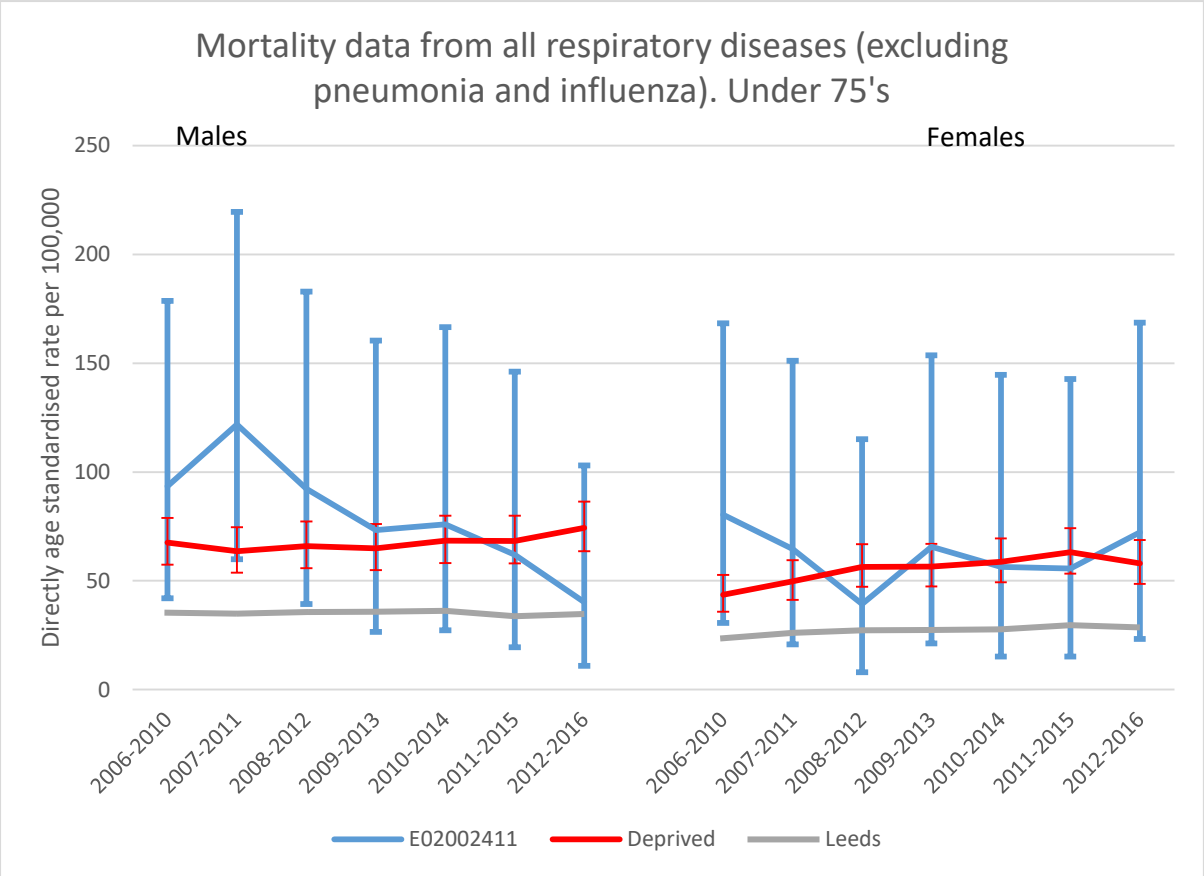
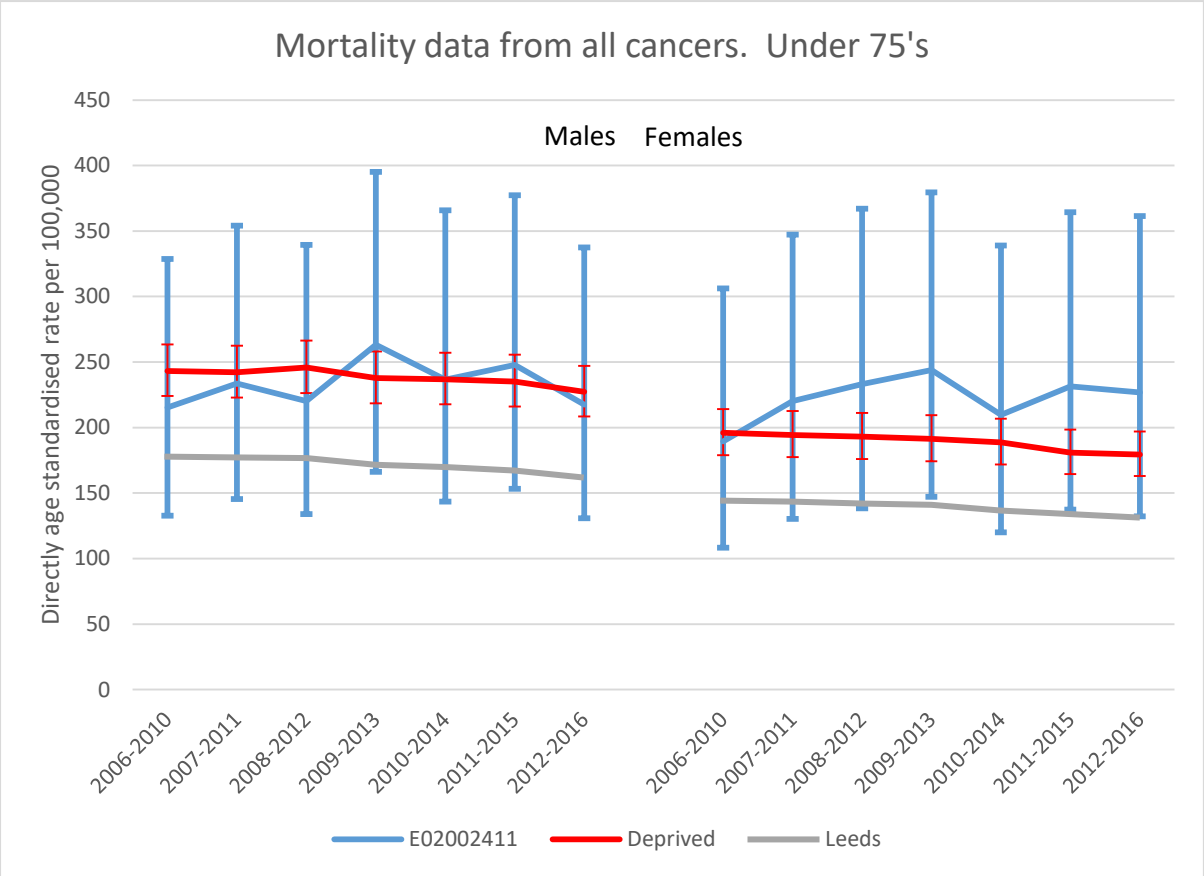
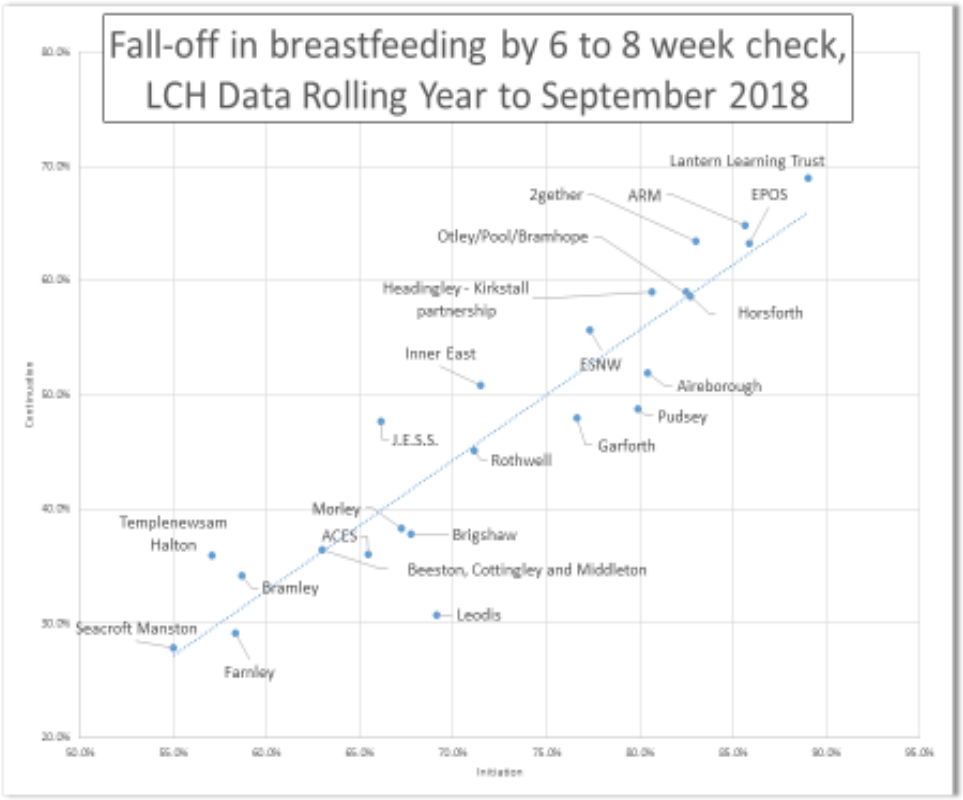


Chart 11: Mortality data from all cancers.



Appendix 3 – Children Specific Health Intelligence

Chart 11 – Breastfeeding metrics, city wide



Appendix 4 – Data relating to the dedicated teams to address issues arising from Street sex work

This information is derived from the 4 weekly public reports for the Managed Approach that inform on the various dedicated team activities related to the area.

The condom finds are recorded by the dedicated cleansing team, who have a rapid response to reported incidents from members of the public or other services.

The dedicated line is monitored by the police team working in the area and is used by members of the public and services to report issues directly.

The male purchaser enforcement action shows the work of that team to directly target individuals seeking sex-workers in the area using relevant legislative powers.

	CONDOMS					
4 Weekly Report date	In Area	Residential (outside area)	Non Residential (outside area)	TOTAL	Calls to dedicated line	Male Purchaser Enforcement Action
27.02.19 - 26.03.19	361	36	324	721	44	10
27.03.19 - 23.04.19	363	32	269	664	48	4
24.04.19 - 21.05.19	390	23	401	814	70	7
22.05.19 - 18.06.19	320	22	545	887	98	11
19.06.19 - 16.07.19	385	35	324	744	106	5
17.07.19 - 13.08.19	567	21	392	980	57	5
14.08.19 - 10.09.19	499	45	363	907	68	5
11.09.19 - 08.10.19	521	62	382	965	54	3
09.10.19 - 05.11.19	578	42	339	959	54	4
06.11.19 - 03.12.19	578	62	333	973	29	0
04.12.19 - 31.12.19	486	50	431	967	39	0
01.01.20 - 28.01.20	364	45	383	792	55	3
29.01.20 - 25.02.20	356	32	404	792	49	3

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