

# Health Needs Assessment

---

2020

## Our Place: A Profile of New Wortley

---

**Sarah Tunnickliff, Specialty Registrar in Public Health**

**Tim Taylor, Health and Wellbeing Improvement Manager**

**Head of Service Locality and Primary Care Team**

**Public Health, Leeds City Council**

**Originally published August, 2014**

**Refreshed and Updated January 2020**

**Jon Hindley-Advanced Health Improvement Specialist**

**Sue Mulligan-Health Improvement Officer**

**Public Health Locality and Primary Care Team West North West**

**Asset Mapping information and guidance by  
Becky Briscoe, Public Health Registrar and Tim Taylor Head of Public  
Health (Localities & Primary Care)-July 2018**

## Contents

Executive Summary.....	6
Introduction .....	17
Aim .....	22
Defining New Wortley.....	22
1. Demographics .....	23
a. Population age structure .....	24
b. Ethnicity .....	33
c. Deprivation .....	37
2. Health.....	42
a. Circulatory disease: Prevalence .....	42
b. Circulatory disease: Mortality.....	43
c. Respiratory disease prevalence .....	44
d. Kidney disease.....	48
e. Cancer .....	50
f. Obesity .....	53
g. Sexual health.....	55
h. Mental health.....	61
i. Suicide .....	66
a. Hospital admissions .....	71
3. Lifestyle .....	72
a. Smoking.....	72
b. Teenage Pregnancy .....	73
c. Alcohol .....	75
d. Drugs.....	76
4. Education .....	82
a. Adult education.....	83
5. Community Safety.....	89
a. Recorded crime.....	89

b. Perceptions of crime and safety .....	93
6. Employment.....	107
a. Job Seekers Allowance.....	108
b. Employment Support Allowance/Incapacity Benefits .....	110
7. Asset Based Community Driven Effort.....	120
8. Recommendations.....	125
Appendix 1 Defining the geography of the LSOAs.....	140
Appendix 2 Defining the geography of the MSOA.....	141

## List of Figures for 2014 publication

Figure 1 Population by LSOA, sex and age band (Source: ONS mid-2012 LSOA population estimates) .....	24
Figure 2 Life Expectancy (Source: GP Profiles, 2006-10) .....	32
Figure 3 Ethnicity by LSOA (Source: ONS, 2011).....	33
Figure 4 Deprivation of registered GP practice population (Source: GP Profiles, 2012) .....	37
Figure 5 Deprivation (IMD) NHS Leeds West CCG (Source: GP Profiles, 2012) .....	37
Figure 6 Income deprivation affecting children, NHS Leeds West CCG (Source: GP Profiles, 2012).....	37
Figure 7 Income deprivation affecting older people, NHS Leeds West CCG (Source: GP Profiles, 2012) .....	38
Figure 8 Modelled prevalence of heart disease (all ages) (Source: GP Profiles, 2011) .....	42
Figure 9 Modelled prevalence of hypertension (all ages) (Source: GP Profiles, 2011) .....	42
Figure 10 Modelled prevalence of stroke (all ages) (Source: GP Profiles, 2011).....	43
Figure 11 Mortality from circulatory disease, age <75 (MSOA based) (Source: GP Profiles, 2006-10) .....	43
Figure 12 Modelled prevalence of Chronic Obstructive Pulmonary Disease (all ages) (Source: GP Profiles, 2011) .....	44
Figure 13 Asthma QOF prevalence (all ages) (Source: GP Profiles, 2012/13) .....	45
Figure 14 Chronic kidney disease (18+y): QOF prevalence (Source: GP Profiles, 2012/13) .....	48
Figure 15 All cancer incidence (2005-09) and mortality (2006-10) standardised ratios (MSOA based) (Source: GP Profiles) .....	50
Figure 16 Prevalence of obese adults (Source: GP Profiles, 2006-08) .....	53
Figure 17 Standardised hospital admission ratios (MSOA based) (Source: GP Profiles, 2006/7 – 2010/11) .....	71
Figure 18 Rate per 1,000 resident population of patients accessing HIV care, mapped by Lower Super Output Area for Leeds, 2012. HIV Tests per 1,000 patients by each GP practice (Source: SOPHID data from PHE, 2012) .....	<b>Error! Bookmark not defined.</b>
Figure 19 HIV testing and HIV prevalence (Source: PHE, 2012).....	<b>Error! Bookmark not defined.</b>
Figure 20 Depression (18+y) as recorded on practice register (QOF) (Source: GP Profiles 2012/13).....	64
Figure 21 Dementia prevalence as recorded on practice register (QOF) (all ages) (Source: GP Profiles, 2012/13) .....	64
Figure 22 Smoking prevalence (Source: GP Profiles, 2012/13) .....	72
Figure 23 Under 18 conception rates in Leeds, significance 2009-11 (Source: PHE Ward-Level Teenage Pregnancy Mapping Tool).....	73
Figure 24 Prevalence of adults (16+) who binge drink (Source: GP Profiles, 2007-08) .....	75

Figure 25 Primary and Secondary (state) School Attainment (Source: Leeds Observatory LSOA Profiles, 2010-11)	82
Figure 26 Secondary school persistent absenteeism (Source: Leeds Observatory LSOA Profiles, 2010/11 )	82
Figure 27 Adults aged 25-54 with no or low qualifications.	85
Figure 28 All recorded crime (Source: Leeds Observatory LSOA Profiles, 2010/11)	89
Figure 29 Crime (Source: Leeds Observatory LSOA Profiles, 2010/11 )	89
Figure 30 Crime Counts for Armley Ward (Source: West Yorkshire Police)	90
Figure 31 The Children's view: What changes would you like to see to improve the area?	94
Figure 32 The Parent's view: If you had 3 wishes to improve the area, what would they be?	95
Figure 33 Long-term unemployment (MSOA based) (Source: GP Profiles 2010/11)	107
Figure 34 Job Seekers Allowance claimants (Geography: LSOA Holdforths / Clyde Approach. Source: Leeds Observatory, 2011-2014)	109
Figure 35 Children in families in receipt of IS/JSA or whose income is <60% median income (Source: Leeds Observatory, Armley Ward, 2010. Leeds and England, 2011)	110
Figure 36 Proportion claiming Employment Support Allowance/Incapacity Benefits (Source: Leeds Observatory LSOA Profiles, Q4, 2013)	110
Figure 37 Proportion of Lone Parent Claimants (Working Age Client Group) (Source: Leeds Observatory LSOA Profiles, Q4 2013)	111

## List of Figures for 2020 publication

Figure 1 Age Structure and deprivation compared to Leeds: (Source: Leeds Observatory Armley Ward-health Profile 2019)	24
Figure 1 a Age Structure compared to other LCPs in Leeds: (Source: Leeds Observatory Armley Ward-health Profile 2019)	24
Figure 1 b Age group estimates break down for LSOA E010011294 Armley Grove Place, Hall Place and Abbot place(Source: ONS 2018)	25
Figure1c Broad age estimates for LSOA E010011294 Armley Grove Place, Hall Place and Abbot place (Source: ONS 2018)	26
Figure 1d Age group estimates breakdown for LSOA E01011362 Highfields Crescent, Old Lane, Roseneaths and Old Lane (Source: ONS 2018)	27
Figure 1e Broad age estimates for LSOA E01011362 Highfields Crescent, Old Lane, Roseneaths and Old Lane (Source: ONS 2018)	28
Figure 1f Age group estimates breakdown for LSOA E01011363 Holdforth, Clydes Approach (Source: ONS 2018)	28
Figure 1g Broad age estimates for LSOA E01011363 Holdforth, Clydes Approach (Source: ONS 2018)	29
Figure 1h Practice populations for LSOA E01011363 Holdforth, Clydes Approach (Source Adam Taylor-Senior Analyst- Leeds City Council-Public Health Intelligence)	29
Figure 2a Life expectancy for men and women 2014-2016(source GP profile- LCP practice members-Leeds Observatory)	31
Figure 3a LCP ethnicity change over time-categories (mid 2013 to early 2018) (Source: LCP profile2018)	32
Figure 3bEthnic make up of E01011363 Holdforth, Clydes Approach (Source ONS 2018)	32
Figure 4a Deprivation in Armley LCP profile (source; LCP profile 2018)	33
Figure 11a Circulatory disease mortality (under 75s) (Source: LCP Public Health Profiles 2018)	43
Figure 12a Respiratory disease mortality (under 75's) (Source: LCP Public Health Profiles 2018)	43
Figure 12b Coronary heart disease (all ages) (Source: LCP profiles 2018)	44
Figure 12c Chronic Obstructive Pulmonary Disease (all ages) (Source: LCP profiles 2018)	45
Figure 13a Asthma prevalence in children (Source: LCP profiles 2018)	47

Figure 14 a All cancers (all ages) (Source: LCP profiles 2018)	49
Figure 16 a Obesity -adults (Source: LCP profiles 2018)	52
Figure 16b obese smokers by gender and deprivation (Source: LCP profiles 2018)	54
Figure 16c diabetes (all ages) (Source: LCP PROFILES 2018)	56
Figure 17 HIV rates in Leeds (Source: Sexual Health HNA for Leeds 2018-2019-Kerry Swift-Health Improvement Specialist LCC-Adults & Health-Sexual Health Team)	57
Figure 22a Smoking prevalence in Armley LCP 2018 (Source: Armley LCP profile 2018)	71
Figure 17a Smart Kit-returns and positivity (Source: HNA for Leeds 2018-2019)	58
Figure 17a-1 Sexual Health Pharmacy consultations by patient's postcode of residence, Jan-Dec 2016. Source: Sexual Health HNA LCC PHO 2018-19)	58
Figure 17a-2 Sexual health indicators for the Armley ward. (Source: HNA for Leeds 2018-19)	60
Figure 17b Common mental health issues (all ages) (Source: LCP profiles 2018)	63
Figure 17c Causes of suicide diagram (Source: LCC audit of suicides in Leeds 2014-16)	65
Figure 17 d Findings of suicides in Leeds audit 2014-16 (Source: LCC audit of suicides in Leeds 2014-16)	65
Figure 17e Risk factor odds ratios, coloured by statistical significance (Source: LCC audit of suicides in Leeds 2014-16)	69
Figure 23a under conception rates per 1,000 by ward 2012-2014 (Source: ONS values are confidential)	73
Figure 23a-1 Drug misuse deaths by ward and deprivation 2014-16 (Published April 2019) Source: HM Coroner)	76
Figure 23 a-2 Deaths by individual ward (Source: Drug misuse Deaths Audit 2014-2016 Leeds Observatory)	77
Figure 23-a-3 Early Years Foundation Stage Profile-children achieving a good level of achievement 2017-18 by ward (Source: Dfe and Leeds City Council)	81
Figure 23-a-4 Attendance Figures for the Castleton CC reach area-2016-17 (Source: Dye and Leeds City Council)	84
Figure 23-a-5 Key stage pupils achieving a strong pass in English and Maths GCSES 2017-2018)	
Figure 23-a-6 proportion of LSOAs in Armley Ward by Education, Skills and Training Decile-2019 (Source: DCLG)	85
Figure 27-a-1 Crime rates and crime type for LSOA E01011363-Holdsforth, Clyde Approach. (Source: data.police.uk)	87
Figure 27-a-2 Arnstein's ladder of participation (Source: AJP 1969)	91
Figure 37-a-3 Residents survey 2018-2019. Source: Rachel Marshal LCC Communities Team)	94
Figure 37-a-4 Consultation and engagement results 2019. Source: Rachel Marshal LCC Communities Team)	95
Figure 39 Housing summary of LSOA E01011363 Holdsforth and Clyde approach-2019 (Source: ONS)	105
Figure 37-a-1 Working Age Population for Armley Ward 2018 (Source: ONS)	106
Figure 37-a-2 Working age population award comparison. Source: ONS	107
Figure 5a Claimant count for E01011363 Holdforth, Clydes Approach (Source ONS Claimant count)	108
Figure 5b Children under sixteen living within low income families2016 (Source: H.M Revenue and Customs-Personal tax Credit-Children in low-income families, local measure snapshot	109
Appendix three: Big Asks from the Communities Team Core Group Source: New Wortley Priority Neighbourhood Update Neighbourhood Improvement Board: 23rd January 2020	138
Appendix four Alcohol Harm Model - Matrix for LSOA E01011363 Holdforths, Clyde Approach	143

## Executive Summary

This is a refresh and update of the original comprehensive study By Sarah Tunnicliff, Specialist Register and Head of Service Tim Taylor that was completed in August 2014. The original text and health data has been left in and new up to date added where appropriate and available added so progress can be studied by the reader and commented on.

In addition the Asset Based Community Driven Effort Approach (ABCDE) advocated by Leeds City Council has been added. As described in this short clip by Cormack Russel: 'From what's wrong to what's strong <http://www.youtube.com/watch?v=a5xR4QB1ADw&t=314s> this ties in with the ABCDE work of the Speciality Registrar Becky Briscoe conducted in New Wortley.

Over the years there have been a number of Health Need Assessments (HNAs) from rapid assessments, basic community consultations and the comprehensive document prepared by Sarah Tunnicliff and Tim Taylor you are now looking at.

### How it was in 2014

#### Aim-2014

The aim of this document is to present key data that relate to the Our Place outcomes, to enable partners to agree key priorities.

The outcomes as outlined in the Our Place Development Strategy are:

- **Outcome 1** – Having a safer community where residents can feel confident to report crime and challenge anti-social behaviour, leading to a real and perceived reduction in criminal behaviour and an increased perception of safety in this community.
- **Outcome 2** - More local people participating in meaningful activities including volunteering, training and community activity that are potential routes to work and education.
- **Outcome 3** - Having a healthier local community.

### Update 2020

The aims of this HNA are to:

1. Produce an epidemiological perspective of New Wortley. This will include gathering and presenting data relating to health disease/conditions and the external factors that influence these.
2. Present stakeholder perspectives on the health issues relevant to the area
3. Present perspectives from the local community.
4. Identify assets and needs within the specific target population
5. To devise recommendations which influence effective action plans to collectively improve the area for local residents

## Aim of the Core Team of this Priority Neighbourhood-2020

Many of the aims remain the same. The outcomes have been built on, developed and increased in number. They are outlined in New Wortley Core Team-Plan on a Page outcomes and have been broken up into specific domains;

- **Outcome 1-Children and Young People**
  - To ensure all young people in New Wortley are engaged, have a voice and are not drawn into crime or ASB.
  - **Council Priority: Child Friendly City**
- **Outcome 2-Community Voice**
  - Ensuring residents are central to developing solutions to local issues, helping to build an enterprising and confident community.
  - **Council Priority: Safe, Strong Communities**
- **Outcome 3-Employment, Skills and Welfare**
  - Improve pathways to employment for those furthest away from the job market.
  - **Council Priority: Inclusive Growth**
- **Outcome 4- Health and Wellbeing**
  - **To assist in delivering the 3ps for a healthy life**
    - **People**
    - **Purpose**
    - **Place**
  - To encourage local people to move more and sit less by increasing easy access to free and fun physical activity.
  - **Council Priority: Health and Wellbeing**
- **Outcome 5-Safer, Cleaner, Greener**
  - Improve the physical environment by making it greener.
  - Increase community confidence by partnership working and better crime reporting, specifically local drug activity.
  - **Council Priority: Safe, Strong Communities**

The next step will then be to identify evidence based interventions and to agree a partnership approach to addressing the above outcomes. For further information please see the latest Plan on a Page through Localities Manager Marshall, Rachel [Rachel.Marshall@leeds.gov.uk](mailto:Rachel.Marshall@leeds.gov.uk) or Localities Programme Manager Byrne, Stuart [Stuart.Byrne@leeds.gov.uk](mailto:Stuart.Byrne@leeds.gov.uk) there is an example on request [Jonathan.Hindley@leeds.gov.uk](mailto:Jonathan.Hindley@leeds.gov.uk)

## Defining New Wortley

The New Wortley area is not coterminous with the standard geographical definitions for which routine information are available. Therefore in order to produce this profile we have sourced data that refer to a combination of geographical areas.

## Demographics 2014 and 2020

The population of the New Wortley area is predominantly young, with few older people. The ethnic mix is largely white, with less than 30% of the population from BME groups. Life expectancy for both males and females is lower than the England average. Deprivation levels in the area are some of the highest seen in Leeds and the United Kingdom.

## **Key Areas with recommendations**

### **Health-2014**

The data indicate that the health of the New Wortley population is characterised by high levels of chronic conditions including cardiovascular disease, respiratory disease, chronic kidney disease, cancer, HIV, obesity, and poor mental health. Work is therefore needed to help people manage these conditions better with a view to improving quality of life and improving how this group engage with health services (e.g. early presentation).

### **Health-2019**

Five years on we can see that there have been some improvements over the last few years in New Wortley's overall health, a decline in smoking numbers although still high is a significant one. As the Local Care Partnership (LCP) and Primary Care Network (PCN) become established and economic and human resources are shared for the common good and more central services are brought into the locality it is anticipated that this will have a very favourable and positive impact on health. However for now the area it is still characterised by some high levels of chronic conditions. This is in line with what you would expect in a poorer more deprived neighbourhood where these conditions are strongly linked to deprivation. Child obesity has fluctuated greatly in the area but is currently showing some of the highest levels in the city. Asthma in children is slightly above average rates for the city. Smoking which is very strongly linked to deprivation across Leeds is still high in this area. Within the LCP that New Wortley falls it has some of the highest smoking levels. The good news is that most LCPs in the most deprived areas are showing a much faster decline in smoking than the least deprived. A quarter of these smokers are aged 30-39 and the very high risk category of obese adult smokers are between the age of 40-49 and this figure is not increasing and more or less a constant. Coronary Heart Disease (CHD), COPD are in line with expected levels in deprived communities. CHD is above Leeds levels but encouragingly falling steadily. Alarming the COPD level is significantly above the Leeds rate and rising steadily. Cigarette and tobacco smoking is the leading cause of COPD. Most patients who have COPD smoke or used to smoke. However up to 25% of people with COPD never smoked. Long term exposure to other lung irritants –such as air pollution, chemical fumes or dusts may also contribute to COPD. Diabetes is significantly above the Leeds average and rising slightly more quickly. Armley has a below average figure for mental health issues of a severe clinical nature such as bipolar disorders, paranoid schizophrenia, manic episodes and paranoid personality disorder. However a word of caution and balance on the topic of mental and emotional health as data and anecdotes from social prescription projects indicates a high incidence of low level anxiety and stress within certain cohorts within the community. Life expectancy within this LCP data set is actually quite low and in line with areas such as Harehills, Burmantofts and Richmond Hill.

COPD information needs further investigation to find out if smoking is the main protagonist or if air pollution is a strong contributory factor. Further information is required. Type 2



Diabetes is linked to over consumption of calories, poor diet, a sedentary lifestyle and lack of exercise. Increasing the opportunity to access advice on diet and making physical activity in the area is one method of managing and in some cases reversing the condition. Obesity in children needs careful observation and may require a ward level intervention similar to the one currently engaged in Bramley. Levels have dropped back considerably but there is currently new data being prepared. Encouragingly Leeds has become the first city in the UK to buck the trend of childhood obesity in our most deprived areas

(<https://www.phc.ox.ac.uk/news/leeds-becomes-first-uk-city-to-lower-its-childhood-obesity-rate> and <https://www.theguardian.com/world/2019/may/01/leeds-becomes-first-uk-city-to-lower-its-childhood-obesity-rate> ) A large part of this success has been attributed to the HENRY (Health, Exercise and Nutrition for the Really Young) programmes in local children's centres. Recruitment and retention on these courses in the area should be actively encouraged ( <https://www.henry.org.uk/> ).

#### **Lifestyle-2014**

The data shows that in New Wortley there are high levels of smoking, teenage pregnancy and alcohol misuse. Research evidence suggests that people tend to engage in multiple risk behaviours at the same time. Addressing the health inequalities in this area will be more effective if we can also help people to reduce the number of unhealthy behaviours.

#### **Lifestyle-2019**

The smoking levels, teenage pregnancy rates and alcohol misuse are still running at high levels. Alcohol misuse has slightly fallen. Physical activity levels are relatively low. However a large scale project for priority neighbourhoods is under way and this should be actively embraced (<https://getsetleeds.co.uk/> ). The LCC commissioned service ONE YOU LEEDS has enjoyed some success recruiting into its smoking cessation and other groups through local galas / events and door knocking within the area. This activity should be promoted and continued. We can see how effective event referrals are in this area by the looking at the table below.

<b>LS121</b>	<b>Yes</b>
<b>Row Labels</b>	<b>Count of Orion ID</b>
Community Midwife	
Blank	17
GP	
Blank	44
Health Professional	
Leeds Community Health Care NHS Trust	9
Self Referral	
Event	24
Family	6
Friend	4
GP	22
Healthcare professional prompt/signpost	3
Leaflet	1
Social Media	1
TV	1
Website	26
Word of mouth	3
Walk-in	
MoF	3
Blank	
Blank	3
<b>Grand Total</b>	<b>167</b>

However we can see between October 2017 and March 2019 engaging pregnant community members to set a quit date has been less successful.

Area	Referred to Service*	Attended a Smoking Appointment	Set a Quit Date	Quit at 4 Weeks**
LS11 9	4	3	2	2
LS11 0	10	2	1	1
LS11 8	7	4	3	3
LS11 6	14	6	3	2
LS12 1	9	3	1	0
LS14 1	15	7	2	1
LS9 6	30	7	5	3

In terms of teenage pregnancy, rates are dropping across the city but this is no reason for complacency. This is partly due to the advancement of contraceptive technology such as implants, however these of course do not protect young people from sexually transmitted disease and infection. For further information and recommendations go to <https://observatory.leeds.gov.uk/wp-content/uploads/2019/06/Sexual-Health-Needs-Assessment-18-19-reduced-size.pdf>

## Recommendations

- Promote the activities and groups at the local community centre for general health and wellbeing, especially mental and emotional health.

- Continue to encourage the presence of ONE YOU LEEDs at local community, fun and gala days due to the high take up of local residents in smoking cessation, weight management and physical activity interventions compared to other referral routes.
- Support and promote the increase in physical activity provision in the area through the findings and subsequent plans of GET SET LEEDs, GET SET LEEDs LOCAL and ACTIVE LEEDs within and away from the New Wortley Community Centre.
- Promote Linking Leeds social prescription service and the Mind Well Website for those residents with stressful lifestyles, anxiety, and low mood and in extreme circumstances those who experience suicidal thoughts.

#### Education-2014

The data indicate poor performance and lack of engagement (persistent absenteeism) of children at secondary school. This is in contrast with primary school. Work is needed to tackle this.

#### Education-2019

School attainment is still an issue resulting in a number of NEETS (not in employment, education or training) in the neighbourhood. The transition from primary school to secondary school is problematic for many young people in the area resulting in poor secondary school performance and absenteeism. Anecdotally from school and youth leaders a lack of aspiration pervades within the youth community due to a couple of generations or more in their households never having worked and a fair amount of peer pressure towards crime and socially deviant behaviour is accepted as the norm or *“this is how we do business around here”* attitude. The supposedly easy money and the fake glamour of the illegal drug trade and other associated black market activity is a poisonous pull for immature, vulnerable, poorly educated and misinformed adolescents. LCC youth service have performed some effective and sterling work on transition for children with a number of school interventions, programmes and activities. This work should be continued, actively encouraged and invested in. Another support for these young people transitioning from primary school could be attracting the naturally bright to alternative activities to stimulate a desire for further education and future careers. Offering local sessions for gaming, coding and software architecture at local schools to entice and engage local children into areas they actively enjoy. Attempts to bring coding clubs into the area have as yet proved unsuccessful. However, there is plenty of resource elsewhere and children can be signposted to this. The ideal situation would be to bring the digital clubs in the schools fed by New Wortley. Future opportunities to make this happen should be grasped immediately. In addition any alternative forms of training / apprenticeships that do not involve main stream education for disenfranchised young people which can be brought into the area either at Strawberry Lane or New Wortley Community Centre should be researched and seized upon. As we can see many of these local themes such as alternative (non-mainstream) education, employment and youth crime are strongly linked and interchangeable.

#### Recommendations

- Research into the feasibility and appropriateness in applying some Best Start approaches in New Wortley. This would be to ascertain if this would add any value to the work already being done in the area or duplicate it. These best Start activities concentrate on the first 1001 days of a child's life making sure it is the very best it can be so children reach their full potential and can also contribute to civic life. **These first two years from conception to 2 increase a child's school preparedness and have a marked impact on how they perform in the education system.** The Best Start objectives and wave report recommendations they are based on are shown below are

shown below. We can see they tie in with many of the other work stands of the core group partners and of course the wider determinants of health.

- Provide alternatives avenues to education for youths and adults positioned in the local area. This alternative provision could be informal or formal and help prepare people for the job market. This could also be in the form of informal coding, gaming and software clubs to entice naturally gifted youngsters and older citizens who have had poor experiences of school.

Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2		
<b>Vision:</b> Every baby in Leeds will get the best start in life. <b>Principles:</b> <ul style="list-style-type: none"> <li>• All babies will be nurtured and all care givers will feel confident to give sensitive responsive care</li> <li>• Well prepared parents will make choices with their baby in mind</li> <li>• Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce</li> <li>• Inter-generational cycles of neglect, abuse and violence will be broken</li> </ul> <b>Indicator:</b> Reduce the rate of deaths in babies aged under one year		
Outcomes	Priorities	Indicators
Healthy mothers, healthy babies – at a population and individual level	1. Promote awareness of importance of first 2 years 2. Improve mother and baby nutrition 3. Deliver high quality maternity and neonatal and child health services 4. Reduce unplanned teenage pregnancies and support teenage parents	1. Proportion low birth weight babies 2. Breastfeeding initiation and maintenance rates 3. Proportion pregnant women with BMI >30 4. Proportion of women booking before 12 <sup>th</sup> completed week of pregnancy 5. Teenage pregnancy rate 6. Rate of immunisation with 3 <sup>rd</sup> DTP
Parents experiencing stress are identified early and supported	5. Further develop integrated health-led services 6. Support parents to reduce use of alcohol, drugs and tobacco 7. Support parents to reduce levels of domestic violence 8. Identify and support mothers experiencing poor perinatal mental health 9. Address child poverty 10. Develop agreed frameworks and pathways for support	7. Health visiting caseload 8. Proportion of children receiving an integrated 2½ year check by Early Start teams 9. Proportion of children receiving Early Start core offer 10. Number of early help assessments initiated by Early Start Service 11. Percentage of women smoking at end of pregnancy 12. Number of parents in treatment with children aged under 2 13. Child poverty rate 14. Maternal mental health placeholder
Well prepared parents	11. Promote high quality education on sex and relationships 12. Provide high quality antenatal and postnatal programmes 13. Provide evidence based parenting programmes for parents of under 2s 14. Promote awareness of specific risks such as safe sleeping, cousin marriage and accidents	15. Number of mothers and number of fathers accessing Preparation for Birth and Beyond 16. Number of mothers and number of fathers accessing Baby Steps
Good attachment and bonding	15. Promote positive infant mental health by supporting responsive parenting 16. Identify parents and babies with attachment difficulties early and offer support	17. Number of babies under two years old taken into care 18. Assessment of early attachment placeholder
Development of early language and communication	17. Raise awareness of parents about importance of early communication and interaction 18. Promote early play and reading opportunities	19. Percentage of children reaching a good level of development at end of Reception 20. Percentage of children in lowest % achievement band for LA

*Note: A number of city-wide cross cutting strategies will contribute to the Best Start priority and the new Maternity Strategy will be a component of the Best Start programme.*

### WAVE TOP TEN RECOMMENDATIONS

1. Increase breastfeeding and good antenatal nutrition
2. Promote language development
3. Reduce domestic violence and stress in pregnancy
4. Achieve a major reduction in abuse and neglect
5. Set up an effective and comprehensive perinatal mental health service
6. Assess and identify where help is needed
7. Focus on improving attunement
8. Promote secure attachment
9. Ensure good health-led multi-agency work
10. Ensure early years workforce has requisite skills

#### Community Safety-2014

The data indicate that levels of recorded crime are higher than the Leeds and England averages. This is reflected in the local population's low perceptions of community safety, and their desire to live in a safer, cleaner, greener environment. These are improvements that should be considered for action.

#### Community Safety-2019

It is interesting that in all the HNAs over the last eleven years the desire of local residents to live in a safer, cleaner green environment has remained consistent. In the HNAs conducted over the last seven years the top three themes have also remained consistent. In addition door knocking outreach over the last two years into the community has also revealed the same top three priorities for local people. They are also strongly reflected in The Big Asks from the core group (see appendix three). They are;

- Youth Anti-Social behaviour (Examples are gang activity, quad and motorbike nuisance)
- Drug dealing and illegal drug activity and the resulting concerns over vulnerable citizens.
- Environmental quality

Much has been achieved over the last five years by the council, police and partners but these concerns are still present in New Wortley for local community members.

Public Health have become interested in new Police initiatives concerning the mental health and substance addiction of offenders. They have historically been concerned with ensuring any rehabilitation within and outside prison deals with mental health and drug addiction problems. A pioneering police scheme in Durham has been slashing reoffending rates by offering offenders the chance to avoid prosecution if they join a rehabilitation programme for issues such as mental health problems and substance abuse. Incarceration can exasperate emotional health and addictive problems. This is especially true of younger members of the community drawn into crime as they move from young offenders institute become repeat offenders and eventually move into the adult prison population at HMP Leeds and HMP Wealstun or other northern prisons. The new scheme in Durham is called Checkpoint and offenders spend four months under police supervision and are helped to get support for addiction, homeless, poor communication skills and mental health problems. The University of Cambridge is conducting the survey and the results will be published in

2022. From an economic perspective it costs £480,000 per year but internal estimates suggest for every 1,000 offenders it saves £2m per year. Schemes such as the Durham one also can have a positive impact on suicide rates and those experiencing suicidal thoughts through addiction and plummeting emotional health. For further information please see;

<http://www.pinnacle-investigations.co.uk/durhams-pioneering-police-scheme-slashes-reoffending-rates/> and <https://www.theguardian.com/uk-news/2020/feb/14/durham-pioneering-police-scheme-slashes-reoffending-rates-rehabilitation-programme>

## Youth Crime and Anti-Social Behaviour

Looking back historically at poorer inner city areas to find a future solution to decrease the number of young people engaged in anti-social behaviour is illuminating. We see in nineteenth century industrial England there was nothing new about youth violence and anti-social behaviour it was just on a much larger scale and most of the young men (as it was predominately young men with a few young females involved) were employed as poorly paid industrial work was plentiful. In the cities of Liverpool, Hull, Birmingham and Manchester there were many large gangs. (J.E. Archer, 'men behaving badly? Masculinity and the uses of violence, 1850-1900' in S.D'Cruz, *Everyday Violence in Britain, 1850-1950: Gender and Class*, Pearson Education Ltd, 2000.) Lessons from the past and the evidence this brings coupled with police expertise, intelligence and advice to the discussion can help us think about adapting and evolving these approaches for a modern application (P.J Gooderson, 'Terror on the streets of late Victorian Salford and Manchester: The Scutterling Menace', *Manchester region History review*, X1, 1997 and Michael Macilwee, *The gangs of Liverpool*, Milo Books, 2006.) The Police and local corporations and magistrates were at a loss in Victorian England to solve this massive societal issues, which was always in poorer areas and for larger cities could involve up to fifty plus gangs across the inner city areas (John Muncie, *Youth and Crime*, second edition, Sage Publications Ltd, London, 2004). Intimidation, random violence, illegal gambling, illicit unlicensed liquor sales, nuisance, extortion, vandalism and general civic disruption were the issues faced by the authorities. Coupled with stiffer sentencing (today this would be replaced by a more enlightened evidence based approach of rehabilitation) they undertook the following approaches;

- ✚ They greatly increased the number of activities for boys and then later on for girls. These were predominately organised by local church organisations and later day pastors. These activities predominately involved boxing clubs and organised youth football teams. There was also some of the old public house activities put into church halls such as skittles and shove half penny. The rise of such local activity helped to engage and distract local youth from illegal pursuits and spread quickly across the city due to committed church men and women.
- ✚ They created boys and girls club in the poorer areas. What we would know today as youth centres. Again the main pursuits were boxing and it is appreciated today that there is a certain amount of concern and stigma associated with this activity. However the central point was it brought an extra discipline into the lives of the main perpetrators of local crime who were young men aged from teenage years up to early twenties and kept them away from crime and gave them a sense of belonging and tribalism that the street gangs had previously brought them.
- ✚ Centres and schools were established where young people could be schooled and gain extra skills in a works based apprenticeship, locally based so young people would not have to travel. Putting this advice into a hopefully effective modern context the major learning point was a dramatic increase in activities for young people in the area which steered them away from gang related activity. It should be noted that although this was a dramatic turning point in levels of gang crime it still failed to attract the 'roughest' of the youth of the area. In Victorian Britain during the same period affordable

local cinemas were springing up which was another diversion for young people in impoverished areas. The obvious benefits of increased physical activity should also be noted here.

Today in New Wortley we have many unemployed young men at certain time periods and with the distractions of digital activities such as gaming and social media available to them as a replacement for the local cinemas of the past. However in certain circumstances it seems nothing can compete with the excitement and feeling of power moving around the estates in a gang of up to thirty strong brings, as a recent crime spike demonstrated.

## **Recommendations**

Beyond normal policing activity (<https://www.police.uk/crime-prevention-advice/anti-social-behaviour/>) recommendations for the present would be;

- ✚ Increase schools based transition work which has proved effective by LCC Youth Service
- ✚ Increase and promote physical activity offer for young people within the area in conjunction with Active Leeds, local core group partners, secondary schools, British Cycling and the local Rugby and Boxing Club. Supervised and insured martial arts. Activity would be conducted under the guidance of Active Leeds.
- ✚ Increase provision of youth activity but do this away from the New Wortley Community Centre so that some of the burden of intervention is taken away from them. This could be done through activities on Jailey Field and / or as other youth projects have done invest in steel container converted to family and play provision during the day and youth provision late afternoon and early evening when local youths are most active.
- ✚ Provide locally based training and preparation for employment courses. These could be in the community centre or based elsewhere.
- ✚ For those local residents currently experiencing these issues there is victim support and advice. [https://www.victimsupport.org.uk/crime-info/types-crime/antisocial-behaviour?gclid=EAlaIqObChMIo92A\\_rfd5wIVy7HtCh0RWABGEAAYASAAEgLPnVD\\_BwE](https://www.victimsupport.org.uk/crime-info/types-crime/antisocial-behaviour?gclid=EAlaIqObChMIo92A_rfd5wIVy7HtCh0RWABGEAAYASAAEgLPnVD_BwE)

## **Environmental quality**

Substantial environmental improvements have been made to the local external environment and internally to housing stock by LCC. Graffiti, rubbish and fly tipping removal have greatly improved. The cutting back of foliage obscuring street lighting has been welcomed by local tenants in terms of general safety. However many grassed areas remain harsh in appearance and a lack of play areas for local children remains a problem and a big ask for local community areas. Environmental aesthetics such as areas with flowers, shrubbery and trees have a significant impact on local people's emotional health. 'Place is one of the key pillars of a healthy life, where people can reconnect to the natural environment.

## **Recommendations**

- Duplicate the environmental investment in Little London as it has a demonstrable impact. This would include play areas and potential growing spaces in the form of raised beds for local residents. Vandalism would be anticipated but tenacity and replacement would eventually see this dissipate. As a last resort growing areas could be enclosed as in Little London.
- Install two green gyms and two children's play areas. Keep them separate.



### Employment-2014

Unemployment and long-term unemployment are prevalent in the New Wortley area. We know broadly that the age group most affected is 25-49. We also know that males are more affected than females. The data show that this is impacting on children with families receiving Job Seekers Allowance living in poverty.

### Employment-2019

Employment is a continuing issue in New Wortley. The age group most affected remains the same. We also know that local projects at New Wortley such as Building Blocks and the Public Health funded employment project run by the New Wortley team are effective. Where local people can be engaged who are young or middle aged, not in education, not in training, a long way from the job market and who have been unemployed for long while local schemes can make a real impact. In the last few years at the behest of a local GP and core group partner all of the local care homes were visited to investigate the local employment opportunities within these establishments. With the help of a local community nurse from a New Wortley practice all the local care homes were visited and the managers there asked if they recruited locally, what qualifications were required, if petty spent criminal convictions were a barrier to employment, what training was given and lastly what the rate of was (if it was above the minimum rate of pay). This was potentially a good employment source. The findings suggested all of the homes recruited locally, paid a decent rate and some offered training which could act as a stepping stone to further career development within the NHS. Most homes were independents but directors of larger national chains were subsequently contacted by LCC Employment managers to encourage advertising of jobs locally and to see what further employment and training issues were available. As main local people are reluctant to travel due to cost and habit this approach seemed ideal. On the back of this work and their own employment preparation projects NWCC organised with local colleges to set up health and social care courses at the local community centre so participants would not have to travel far. Unfortunately as these things take time to gain momentum the course was unattended and subsequently cancelled. The other issue that was discovered when running these courses by the college was that applicants were all at different educational levels. Consequently the proposed project almost needed different separate courses for different levels of educational attainment. A strong recommendation here would be to run the courses anyway, even with only three participant's as this



local community centre have proved that courses can be filled but it just takes a while for word to get around and local people to have the confidence to join.

### **Recommendations**

- Commission local employment projects which have a successful evidence base at accessible centres such as the community centre, Strawberry Lane Centre and local schools to;
  - ✓ Prepare citizens for employment and the general job market.
  - ✓ Help with interview techniques and performance
  - ✓ Job searches
  - ✓ That link resources to the LCC Hub and One Stop Shop
- Persuade local colleges to abandon the minimum attendance number for Health and Social care courses held locally so numbers can gradually increase as they have for other sessions run locally.
- Persuade local colleges to assess students educationally for the above courses and either support students to attain the required standard to be able to participate or run different tiered courses.

### **Further research and intelligence required-2014 and 2020**

- Further intelligence is required as follows:
  - Where the data presented in the profile are not current, and therefore do not reflect the current picture.
  - To produce data for the specific area of New Wortley (rather than relying on standard geographical definitions that do not accurately represent the area).
  - Sexual health
  - Lifestyles, including physical activity and drug misuse.
  - Employment data by age band
  - Adult qualification level
  - Housing data
  - Mental wellbeing

For 2020 and beyond there is still an issue with not all data sets being up to date because of collection and analysis time lags from the multiple sources from where they are collected. In 2020 we have better information on some of the areas asked of in 2014, drug death and misadventure is one of them along with sexual health and some lifestyle data from the commissioned service One You Leeds.

### **Asset Based Community Driven Effort (ABCDE)**

A new edition to this report is ABCDE section which gives some more details about why this is an important new entry to the councils and partner's approaches to priority neighbours. This left shift approach which looks at what is strong in a community and not what's wrong can help steer team efforts from only considering deficits and not researching assets. In the Neighbourhood Improvement Board report for some of the more wicked problems it states that the solution is not immediately identifiable. The New Wortley Community and Wellbeing centre and residents group have said that local people more or less know the solutions to their own local problems. However what they lack is the finance, resources and support to make this happen.

### **Recommendation**

- Finance a small scale, low risk local project decided on by local residents with minimal (if any at All) interference. Study the results and proceed accordingly.

Adhering to the following guidance.

- **Citizen Control.** Have-nots handle the entire job of planning, policy making and managing a programme e.g. neighborhood corporation with no intermediaries between it and the source of funds. (Source: Sherry Arnstein-Ladder of Participation)

## Introduction

This is a brief refresh and update of the original comprehensive Health Needs Assessment originally compiled in 2014 by Public Health specialist registrar Sarah Tunnicliff and Public Health Head of Service Tim Taylor. The original text has been left in place from 2014 and an updated commentary for 2019/2020 added. The purpose of this is to see how far new Wortley and the original goals of the Our Place Project have travelled.

### The Wider Determinates of Health

The wider determinants of health feature in the report as they have such a massive impact on local people's health and because only 10% of someone's health is effected by the NHS and local health services.



The wider social determinants of health include education, socioeconomic status, neighbourhood, employment, environment, parentage, social support networks, access to housing, access to health

care and reducing health disparities. They have a complex interaction and cannot be viewed in isolation.

The Marmot review published in 2010, raised the profile of the wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcome. This is a very important aspect of public health in terms of informing preventative action and reducing inequality (Source: marmot report 2010). A short introduction and guide to the wider social determinants of health can be seen here. <https://www.youtube.com/embed/eF7ZstmCgVs>

The Big Asks from the Neighbourhood Improvement Board are a strong example of why the wider determinants of health matter. (See appendix 3)

### **Background and historical perspective of New Wortley improvement projects.**

The original Our Place Project commissioned COGS (Community Organisations Support and Growth) [http://cogs.uk.net/index.php?page=About\\_us](http://cogs.uk.net/index.php?page=About_us) with the objective to develop a strategic approach to areas of multiple deprivation in the West of Leeds like Bramley and New Wortley. This was a partnership approach between local residents, community activists, third sector organisations, notably new Wortley Community Centre and statutory organisations.

The Our Place project merged into and was subsumed by the Core Team work of Leeds City Council Communities Team which looked at six of the 1% most deprived priority neighbourhoods in Leeds of which New Wortley was one. Over many years a large body of strong and significant partnership community development work had gone before and laid solid foundations for current and future work. As well as the council examples of the partners involved were the New Wortley (NW) Residents Association, New Wortley Community Centre, Castleton School and Children's Centre, St Bart's Church (and occasionally the St Bart's Scout groups involved in local inter-generational work), St Bart's School (and occasionally associated parent's groups), BARCA, West Leeds Healthy Living Network (became Healthy Living Network Leeds and then finally absorbed by BARCA who had originally helped to establish it), Armley Helping Hands, the Youth Service that was at the time based at Strawberry Lane and Thornton Medical Practice. However, it was not until the communities' team became involved that focussed, targeted and coordinated work began. The last few years have seen significant progress on a number of fronts including (as only a small selection of examples);

- A decrease in crime and anti-social behaviour (although as you would expect in a priority neighbourhood there are spikes in the statistics and they can be cyclical in nature and needs constant attention). This is especially true when there was a large and serious youth gang problem in the area.
- Enhancing the built environment within the social housing estate stock. Green works around New Wortley Community and Wellbeing Centre and securing funding for projects such as The Local Centres Project. The Rise High project is a successful example of this where local high rise accommodation was cleaned, repaired and repainted, upgraded, secured using real and virtual concierges and new resident lock and pass systems. This enabled the blocks to be made secure against rough sleepers and drug dealing activity. Free Wi-Fi was provided as well as a new drop in social service at the community centre. A suicide prevention project enabled specially trained workers to access the high rise and talk to vulnerable residents at risk of experiencing suicidal thoughts.

- The ongoing growth and development of multi-disciplinary Health teams within the Armley Local Care Partnership helping to pool resources and share patient records to streamline triage and ease service access.
- Continuing on the theme of health there was also a strong partnership between local GP's and NWCC enabling patients to be referred between the two and the successful establishment of the Positive Communications Group. This group helped local residents, predominately middle aged men with issues around their mental and emotional health.
- NWCC continued to add services and groups during this time period including a Bike Repair Shop, a popular men's walking group run by a local former MP, and arts group, a theatre and music group and a successful café and over fifties luncheon club in partnership with Armley Helping Hands. The Building Blocks employment project was added helping those furthest away from the job market to find work. Youth sessions, martial arts and exercise classes like Zumba sessions were other additions. There was also a successful gardening group and many other groups and sessions as the centre expanded physically after funding to incorporate a wellbeing centre which added a 'previously loved' clothes, book and ornament shop. The new centre joined to the old community complex allowed a small cosy café to be added, a large meeting hall (which could be portioned) and a couple of private smaller meeting spaces for client work.

### **Local Care Partnerships (LCPs) and Primary Care Networks (PCNs)**

LCPs and PCNs are a fairly new arrival in this locality and help pool resources (economic, intellectual and team) to better serve patients in the area by bringing more services locally so residents do not have to travel, avoid duplication so efforts can be concentrated on effective treatment and prevention. Below is a brief NHS explanation on the difference between the two.

### **Primary Care Networks with reference to Local Care Partnerships**

The NHS Long Term Plan<sup>1</sup> describes a model of multidisciplinary integration through expanded primary care teams based on neighbouring GP practices that work together typically covering 30-50,000 people; known as Primary Care Networks (PCNs).

These expanded community multidisciplinary locality-based teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and allied health professionals (AHPs) such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector.

The ambition is to deliver fully integrated community-based health care for the first time since the NHS was created.

In Leeds, we recognise the impact that delivering in this way would have on the way people access and experience care outside of hospital. We have been working with locality based networks of general practice for some time.

---

<sup>1</sup> The NHS Long Term Plan. NHSE. January 2019

There has been a broader strategic context to this work. As a city we are aiming to be the best city for health and wellbeing – an ambition stated in our Health and Wellbeing Strategy and set out in the Leeds Health and Care Plan, that by 2021, Leeds will be a healthy and caring city for all ages, **where people who are the poorest improve their health the fastest.**

Specifically the Leeds Health and Wellbeing Strategy describes how people will receive the best care, at the right time, in the right place from high quality, integrated services that focus around local communities - reflecting the Primary Care Network model in the national Long Term Plan.

To truly deliver the ambition of reducing our city's health inequalities, it is recognised that a broader (than health and care services) perspective has to be considered; that wider determinants play a central role in maintaining individual and community health and wellbeing.

In this context we need to describe and deliver on 2 fronts:

- **Primary Care Networks (PCNs)** formalising the established collaborations between local practices across 18 geographical localities in Leeds delivering integrated community and primary care services. Through the PCNs we are developing models to deliver clinical pharmacy; MSK first contact practitioners; social prescribing; and IAPT.
- **Local Care Partnerships (LCPs)** forming around the PCNs bringing together leaders from statutory health and care services with third sector; housing; employment; planners; elected representatives; and local people to deliver the ambition of the Leeds Health and Wellbeing Strategy.

Note: some data sets are used from the local LCP and PCN where reflective of the area and statistically appropriate.

### **Philosophy of the Partnerships and Centre**

A brief note about the council's core team approach is necessary here which concerns co-production and co-design at the centre of its work rather than purely simple consultation with local residents.

The defining philosophy of NWCC is that if people are allowed to have the resources (empowerment) they know how to solve their own problems. In line with the council's ABCDE approach if the local residents feel it's an asset then it's an asset whatever that might be. This is quite a brave stance as it involves devolving some power, finance and decision making processes. However as the centre team have proved on many occasions it is a powerful and successful. This should be actively encouraged.

## Aim-2014

The aim of this document is to present key data that relate to the Our Place outcomes, to enable partners to agree key priorities.

The outcomes as outlined in the Our Place Development Strategy are:

- **Outcome 1** – Having a safer community where residents can feel confident to report crime and challenge anti-social behaviour, leading to a real and perceived reduction in criminal behaviour and an increased perception of safety in this community.
- **Outcome 2** - More local people participating in meaningful activities including volunteering, training and community activity that are potential routes to work and education.
- **Outcome 3** - Having a healthier local community.

The next step will then be to identify evidence based interventions and to agree a partnership approach to addressing the outcomes.

## Defining New Wortley-2014

For the purpose of Our Place, New Wortley has been defined as the E01011363 LSOA area, plus the following streets:

- Wortley Tower Blocks - Wortley Heights and Wortley towers,
- Gilpins,
- Fearnly Close,
- Grasmers,
- Third Avenue,
- Redshaw Road,
- St Mary's Close,
- Percy Street.

This area is not coterminous with the standard geographical definitions for which routine information are available. Therefore in order to produce this profile we have sourced data that refer to a combination of the following geographical areas:

- Postcodes
- Lower Super Output Areas (LSOA)<sup>2</sup>:
  - E01011363 (Holdforths, Clyde Approach),
  - E01011294 (Armley Grove Place, Hall Lane, Abbot View), and
  - E01011362 (Highfields Crescent/Old Lane/Roseneaths/Gilpins)

Smallest geography

---

<sup>2</sup> LSOA minimum population 1,000; maximum population 3,000. Minimum number of households 400; maximum number of households 1,200.

- Middle Super Output Area (MSOA)<sup>3</sup> E02002400 (Armley, New Wortley)

- Ward: Armley

Largest geography

GP data from the following practices:

- Thornton Medical Centre
- Priors View Medical Centre
- Armley Medical Centre
- Hawthorn Surgery

Crime data are also available for the Inner West Neighbourhood Policing Team area of Leeds. This covers Armley, Bramley and Stanningley.

## 1. Demographics-2014

A health needs assessment (Leeds City Council, 2011) has defined the resident population of New Wortley as 1,812. Please note when this document was originally prepared the latest data available to the authors was 2012 and in some cases used to extrapolate the health picture then. The latest

---

<sup>3</sup> MSA minimum population 5,000; maximum population 15,000. Minimum number of households 2,000; maximum number of households 6,000.

## a. Population age structure

Figure 1 Population by LSOA, sex and age band (Source: ONS mid-2012 LSOA population estimates)

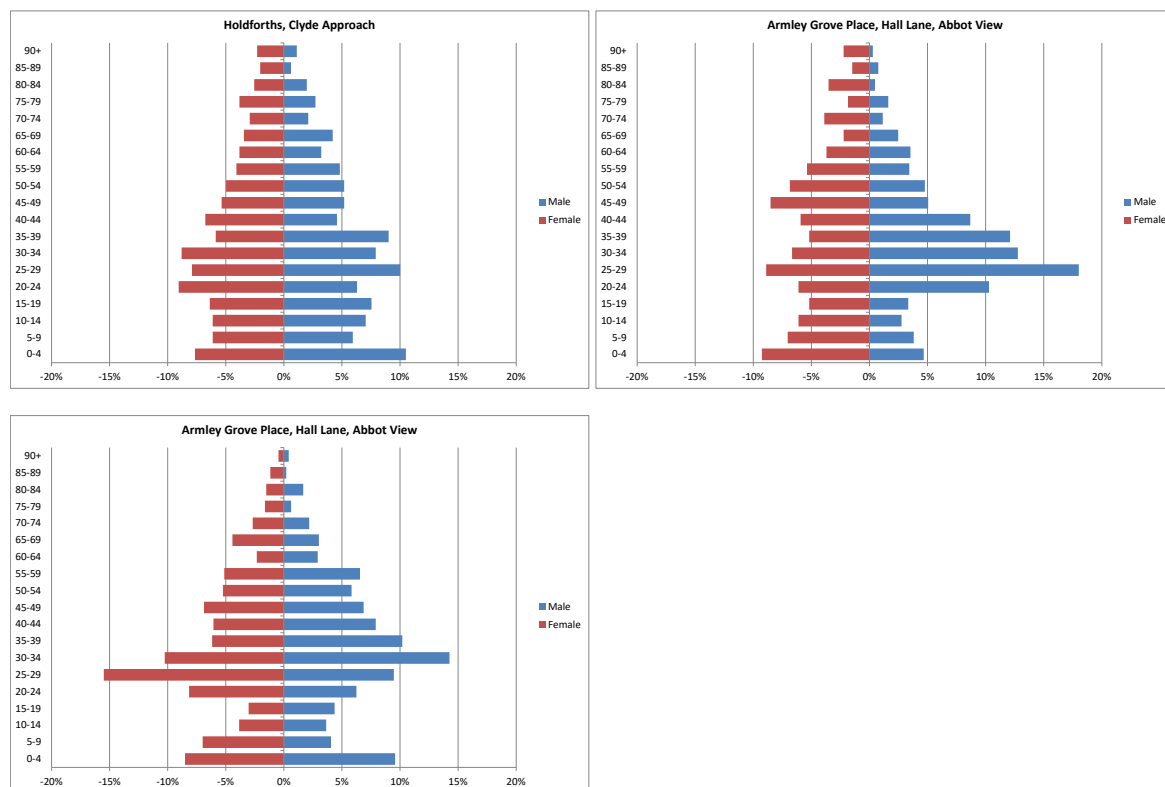


Figure 1 shows that the population of the area is generally young, with few older people. Of note, Armley Grove Place, Hall Lane, Abbot View has a high prevalence of young males aged 20-44, which reflects the presence of the prison population in this area.

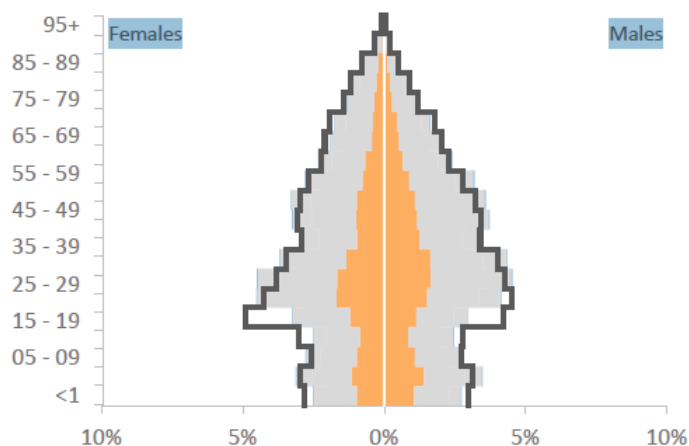
## 1. Age Structure-2018



## Age structure and deprivation compared to Leeds (January 2018)

Generally speaking the most deprived LCPs have younger populations than the least deprived.

### Age structure of this LCP, compared to Leeds



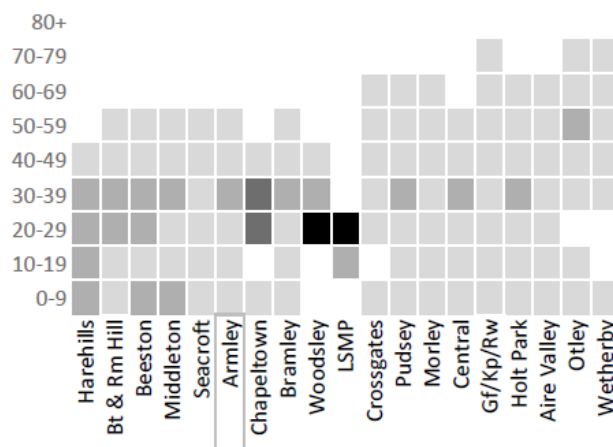
The age and gender proportions of this LCP are shown as shaded areas in colours corresponding to the deprivation fifths of Leeds in the chart below. Leeds is overlaid as a black outline.

Armley LCP age structure is almost identical to that of Leeds, except for slightly fewer young adults. Deprivation levels are high, the majority live in the most deprived parts of the city.

There are no remarkable changes to the age structure since the last HNA.

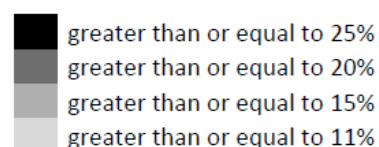
Figure 1a-Age Structure compared to each LCP

### Age structures of each LCP compared



This table shows the agebands contributing the most to each LCP population. The most deprived LCPs have a more concentrated younger population, while less deprived LCPs have increasingly older populations.

The 30-39 year ageband in Armley is the largest in this LCP.



The general profile of the ward of Armley that New Wortley falls under reflects the structure of New Wortley. The age profile is similar to Leeds, but with slightly fewer elderly and many more young adults and children (Source: Leeds Observatory Armley Ward-health Profile 2019)

Figure 1b Age group breakdown 2018 for LSOA E01011294

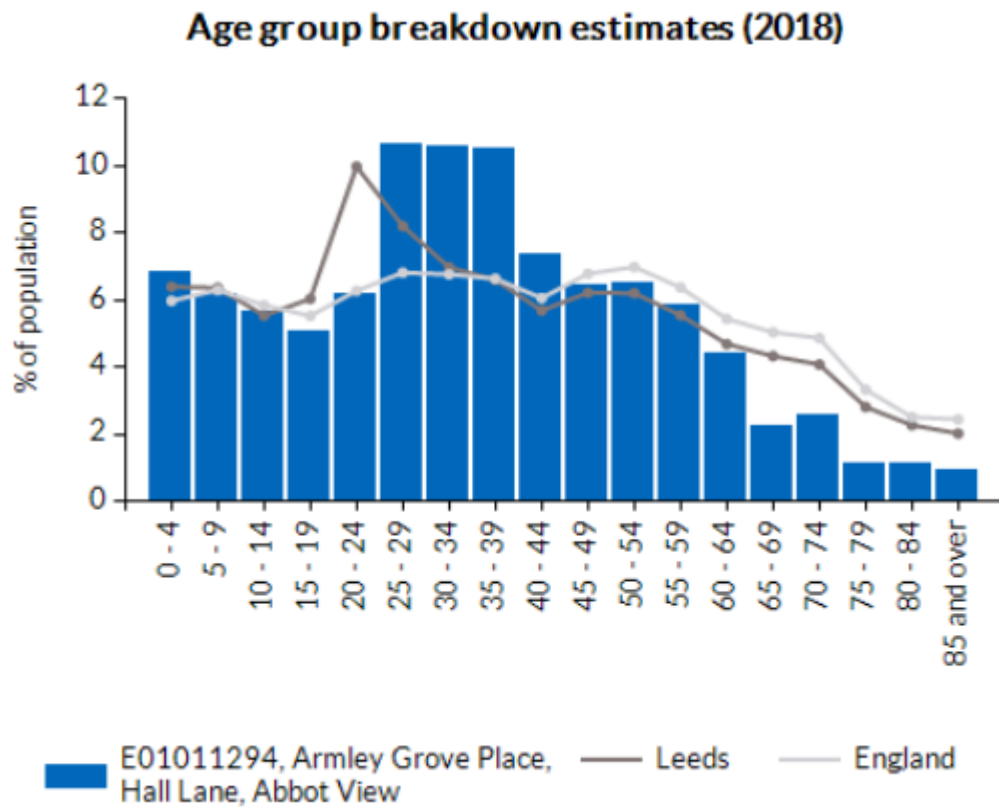
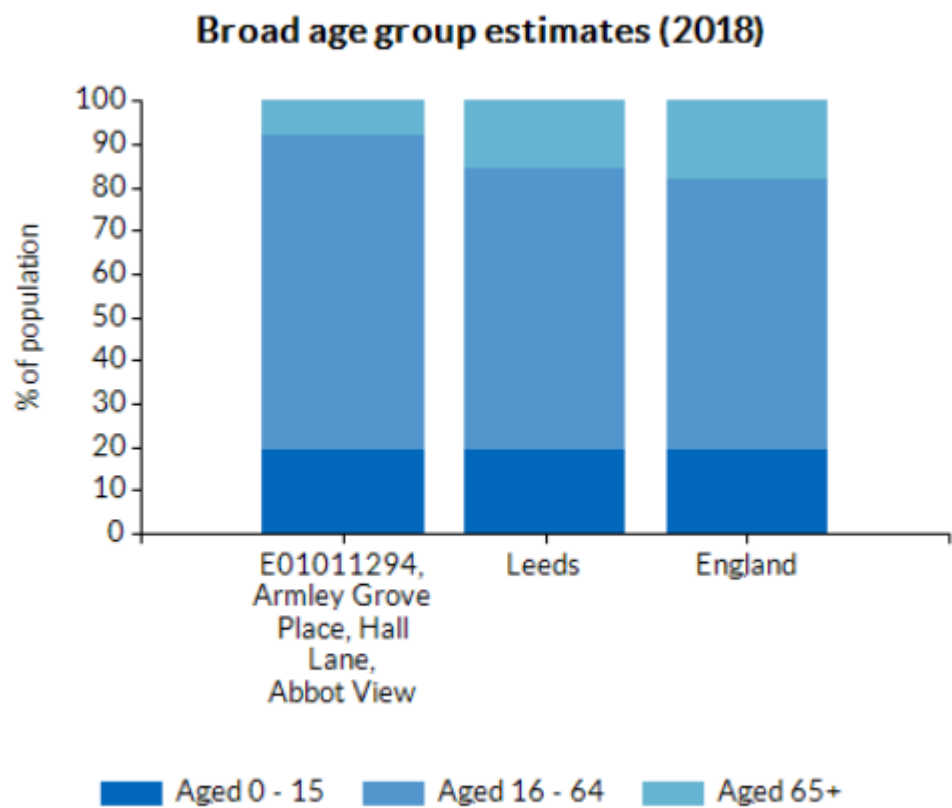


Figure 1c Broad age estimates 2018 for LSOA E01011294

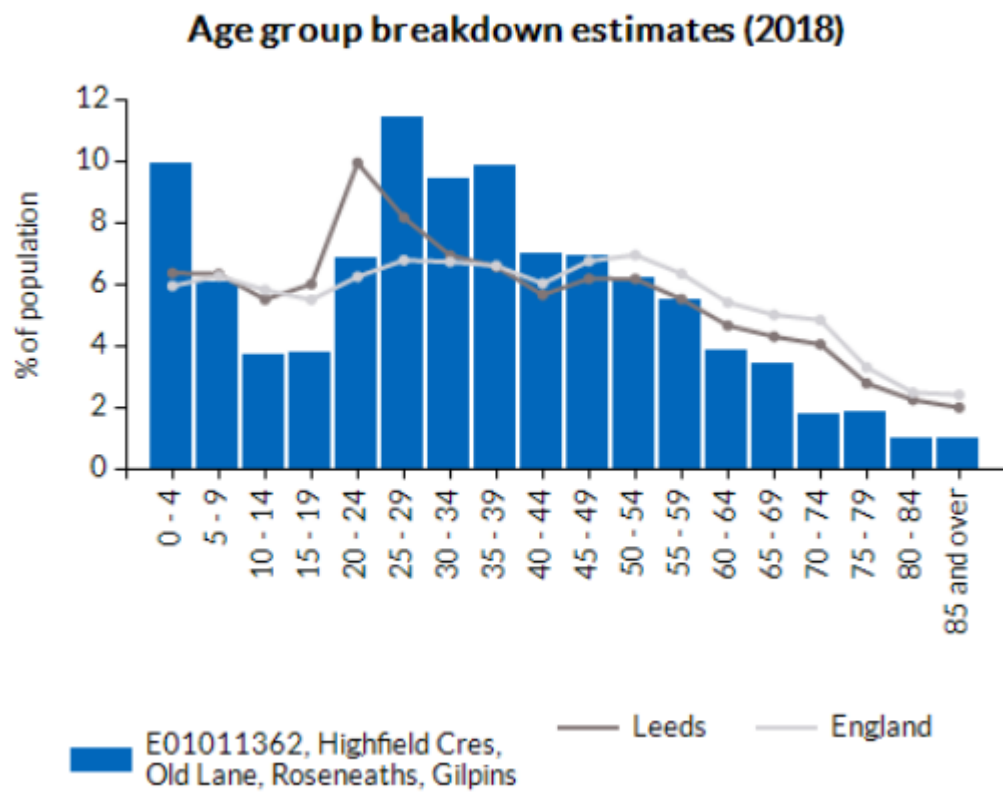
The profile for this LSOA in 2018 was a population of 1,140 with an estimated break down of 62.3% (897) male and 37.7% (543) female.



Source: ONS\*



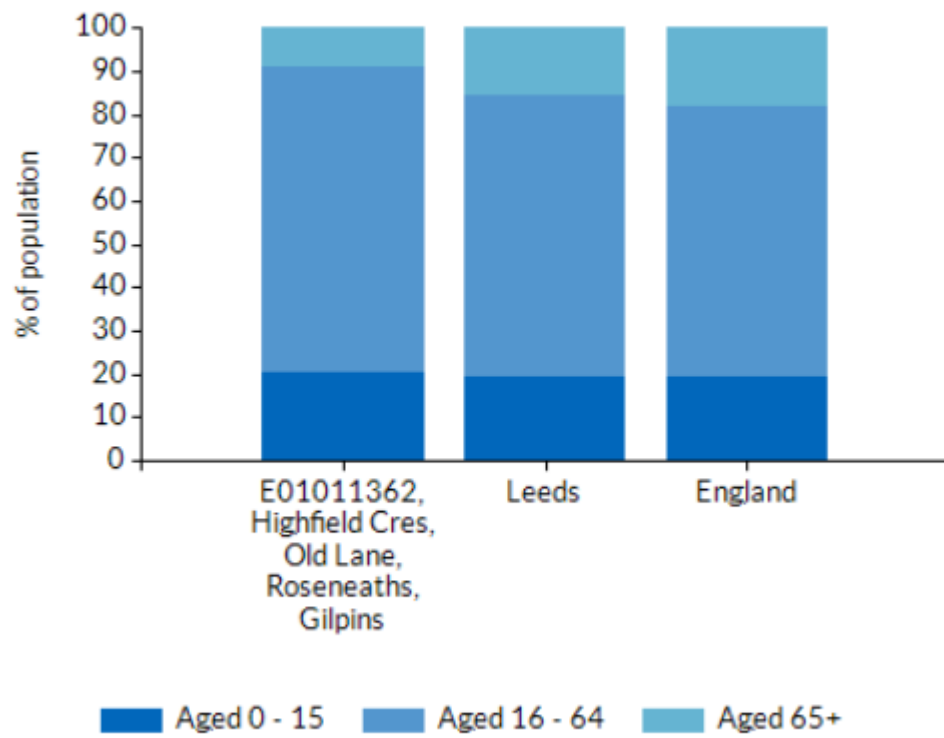
Figure 1d Age breakdown estimates 2018 for LSOA E0101162



The profile for this LSOA in 2018 was a population of 1,951 with an estimated break down of 51.3% (1,000) male and 48.7% (951) female.

Figure 1e Broad age estimates 2018 for LSOA E01011362

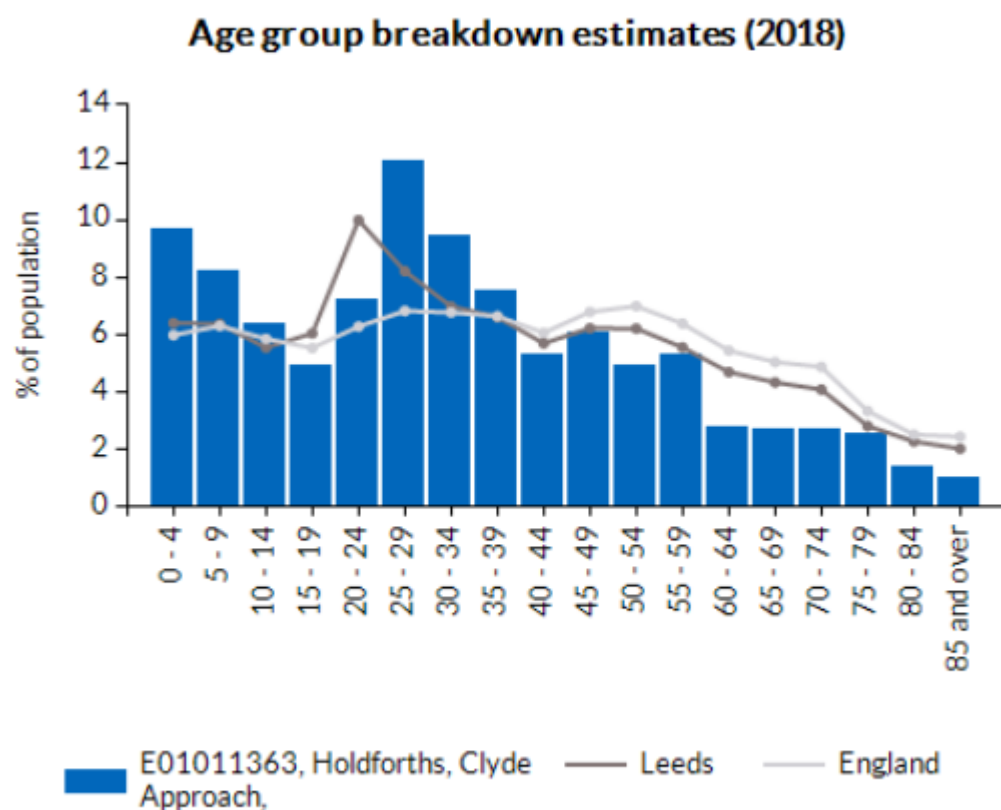
### Broad age group estimates (2018)



Source: ONS\*



Figure 1f Age group breakdown estimates 2018 for LSOA E01011363 Holdsworth, Clydes Approach

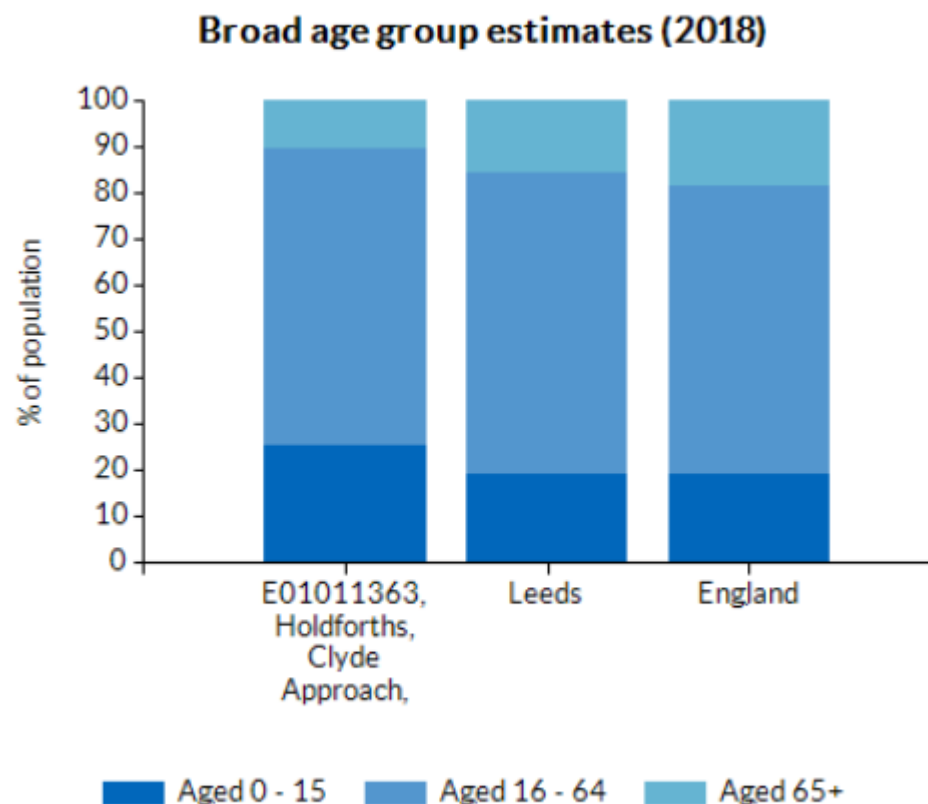


Source: ONS\*



The profile for this LSOA in 2018 was a population of 1,841 with an estimated break down of 49.9% (919) male and 50.1% (922) female.

Figure 1g Broad age estimates 2018 for LSOA E01011363



Source: ONS\*

The age group 25-29 is most prevalent across these LSOAs

Figure 1h Practice Populations for LSOA E01011363 Holdforth, Clydes Approach

October 2018 registered populations. Patients living in the LSOAs, showing the 5 practices with most patients in each LSOA.						
Please refer to % not counts in HNA						
LSOAcodes	E01011347	E01011363	E01011368	E01011372	E01011658	E01033035
LSOA name	Clifton, Nowells	Holdforth, Clyde Approach	Crosby St, Recreation, B...	Stratford Street, Beverley	Boggart Hill	Lincoln Green
total pop	2,471	2,181	1,926	2,399	1,709	2,191
1st	1,210	991	575	920	803	732
2nd	391	649	558	686	298	708
3rd	186	253	553	598	173	289
4th	105	57	66	63	105	103
5th	96	49	33	25	94	89
1st	49%	45%	30%	38%	47%	33%
2nd	16%	30%	29%	29%	17%	32%
3rd	8%	12%	29%	25%	10%	13%
4th	4%	3%	3%	3%	6%	5%
5th	4%	2%	2%	1%	6%	4%
top 5 contribution	80%	92%	93%	96%	86%	88%
1st	Bellbrook Surgery	Thornton Medical Centre	Since merged with City View	Leeds City Medical Practice	Park Edge Practice	Shakespeare Community Prac
2nd	Shafesbury Medical Centre	Priory View	Leeds City Medical Practice	City View Medical Practice	Oakwood Lane Medical Prac	Lincoln Green Medical Prac
3rd	North Leeds Medical Practice	Armley Medical Centre	City View Medical Practice	Oakley Medical Practice	Colton Mill Medical Centre	Bellbrook Surgery
4th	Garden Surgery	The Light - OneMedicare	Oakley Medical Practice	Beeston Village Surgery	Windmill Health Centre	Chapeltown Family Surgery
5th	Shakespeare Community Prac	Burley Park Medical Centre	Beeston Village Surgery	Whitfield Practice	Foundry Lane Surgery	Ashton View

Figure 2 Life Expectancy (Source: GP Profiles, 2006-10)

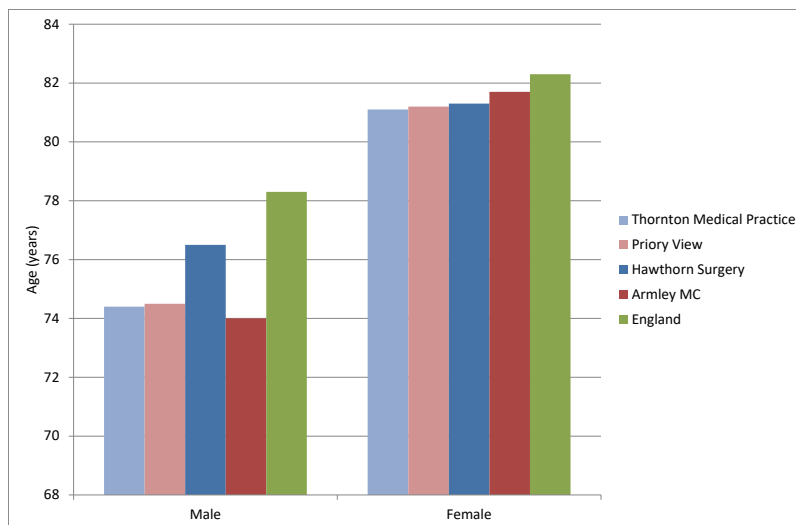
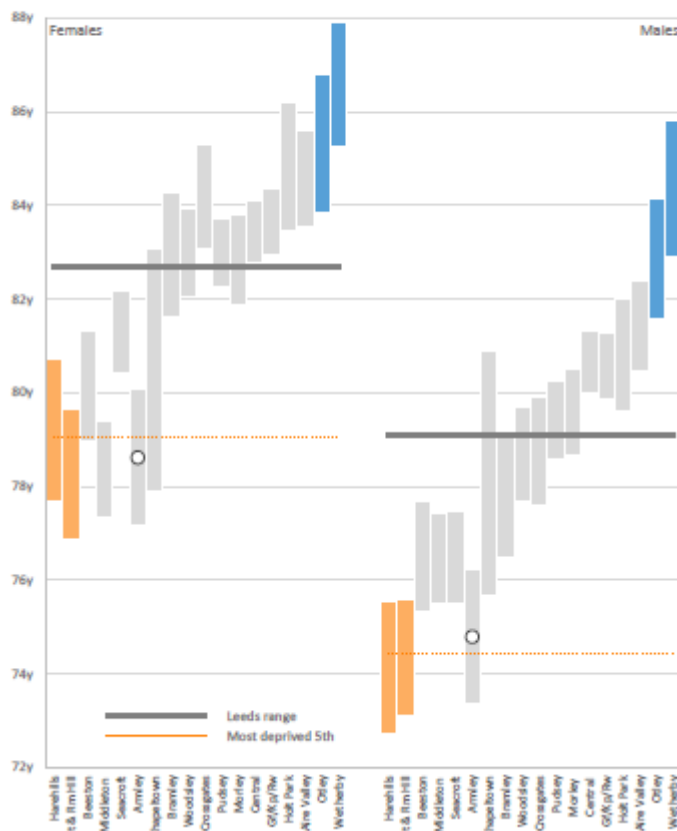


Figure 2a Life expectancy for women and men, 2014-2016

#### Life expectancy for women and men, 2014-2016

For both genders there is a clear relationship between deprivation and life expectancy. Male life expectancy is poorer overall and the difference between the sexes is slightly more pronounced in the most deprived LCPs. There is a difference of 3.8 years between the sexes in this LCP.



Bars in this chart encompass 95% confidence intervals, Leeds and deprived Leeds have very narrow confidence intervals and can be illustrated with a line. Source: ONS deaths extract, GP registered populations.



Deprivation as you would expect has a negative impact for males and females in New Wortley. We can see males as in other deprived parts of the city having a difference of nearly four years within this area. The shocking headline here is that is for the most affluent areas like Wetherby there is a stark ten year difference of life expectancy.

## b. Ethnicity

Figure 3 Ethnicity by LSOA (Source: ONS, 2011)

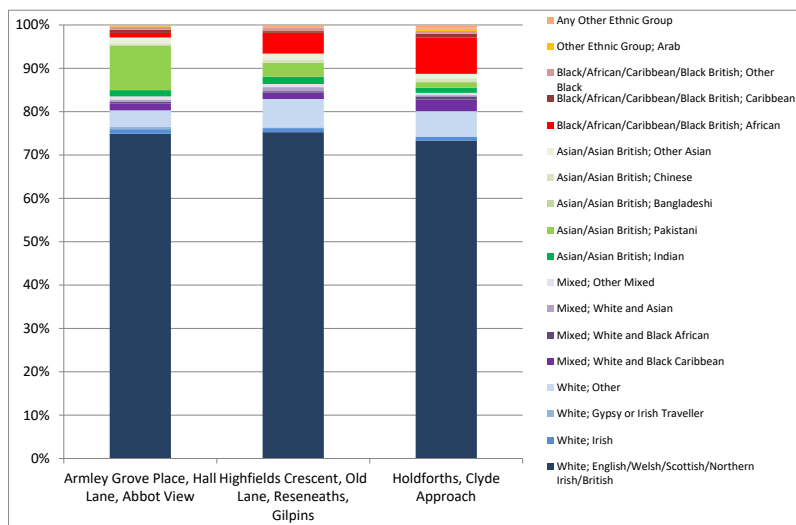
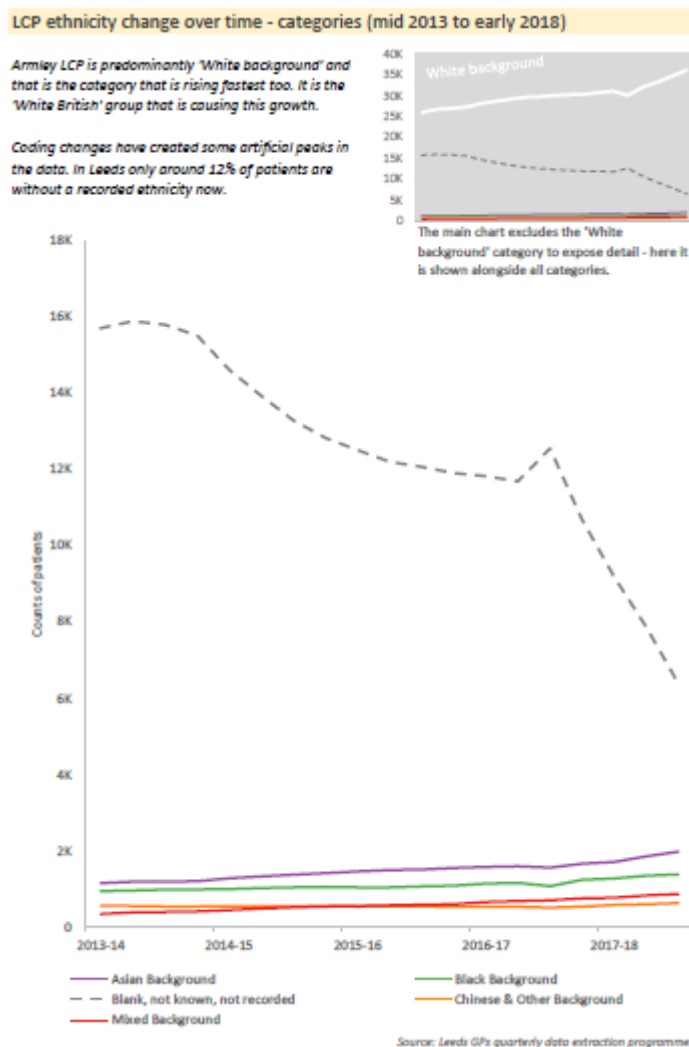


Figure 3 a LCP ethnicity change over time-categories (mid 2013 to early 2018)



The above chart plots the change since the last HNA to 2018 and looks at the change over time in ethnicity. The White British is the largest growing sector. GP practice registrations and recording on system one have improved greatly over the last few years since the last HNA.

White British does account for the highest percentage of residents in this area. However, there is an established Asian community and recently established Eastern European Community. The segment of the community from a minority ethnic background is higher than the averages for the city. Just under 15% of this community have no one in the household with English as their main language.

Despite the perception of New Wortley as a predominantly white working class area, the proportion of the community from a minority ethnic background is higher than the city average, at 26.6% of the population. 14.6% of households also have no-one with English as their main language. This is an important point and a fact the managers of the core team want partners to consider in their work. This fact has a significant impact on how engagement, representation and work is carried within this priority neighbourhood out as a homogenous approach may be inappropriate. A degree of cultural competence will also be required, this in the past has been provided by initiatives like the Migrant Access Project in Armley whose workers were positioned in local medical practices. Linking with East European support and information groups like

'POMOC' (HELP) aimed at the Polish community also allow for partnership working. However it is achieved consideration must be given to this fact highlighted by the core team managers.

### **Community Connectors and the Leeds City Council Migrant Access Project**

**Community Connectors Project** that has been established to support new migrant communities to connect with local services and existing community networks by encouraging participation and independence, that benefits all communities. 16 neighbourhoods in Leeds are now categorised as being in the most deprived nationally. The council has chosen 6 to focus on initially, 5 of these areas have a higher numbers of new communities which are the target of this work.

Community Connectors aim to provide wraparound support to these migrant households, regardless of their immigration status or needs. With their consent, we will try our best to signpost them to the right services if we are unable to meet their needs. Areas of need may include: housing, safety, education, health and well-being, finance and basic needs (food, clothing etc.) (Source: Rachel Marshall LCC Core Team 2019)

Figure 3b-Ethnic makeup of E01011363, Holdsworth, and Clydes Approach (Source: ONS census 2011)

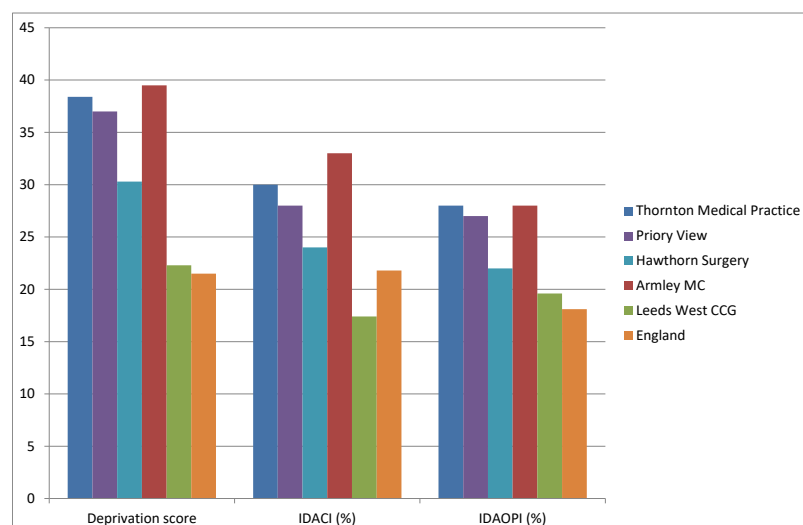
**Ethnic makeup of E01011363, Holdforth's, Clyde Approach,**

Ethnicity	Number	%	Leeds (%)	England (%)
White - British <sup>(1)</sup>	1,184	73.4	81.1	79.8
White - Irish <sup>(1)</sup>	13	0.8	0.9	1
Gypsy <sup>(1)</sup>	2	0.1	0.1	0.1
Other White <sup>(1)</sup>	94	5.8	2.9	4.6
White and Black Caribbean <sup>(1)</sup>	43	2.7	1.2	0.8
White and Black African <sup>(1)</sup>	12	0.7	0.3	0.3
White and Asian <sup>(1)</sup>	5	0.3	0.7	0.6
Other Mixed <sup>(1)</sup>	8	0.5	0.5	0.5
Indian <sup>(1)</sup>	19	1.2	2.1	2.6
Pakistani <sup>(1)</sup>	21	1.3	3	2.1
Bangladeshi <sup>(1)</sup>	3	0.2	0.6	0.8
Chinese <sup>(1)</sup>	11	0.7	0.8	0.7
Other Asian <sup>(1)</sup>	17	1.1	1.2	1.5
Black African <sup>(1)</sup>	135	8.4	2	1.8
Black Caribbean <sup>(1)</sup>	14	0.9	0.9	1.1
Other Black <sup>(1)</sup>	11	0.7	0.6	0.5
Arab <sup>(1)</sup>	8	0.5	0.5	0.4
Any other ethnic groups <sup>(1)</sup>	14	0.9	0.6	0.6

Source: ONS Census 2011

### c. Deprivation

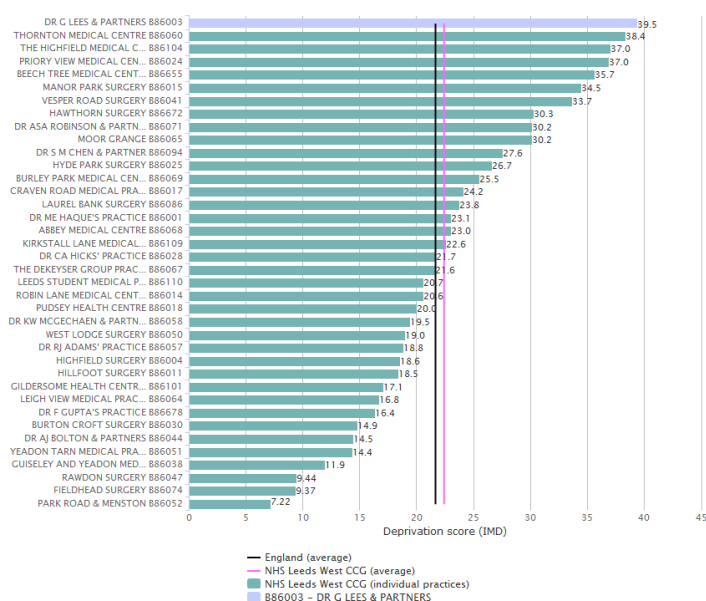
Figure 4 Deprivation of registered GP practice population (Source: GP Profiles, 2012)



IDACI<sup>4</sup> is income deprivation affecting children

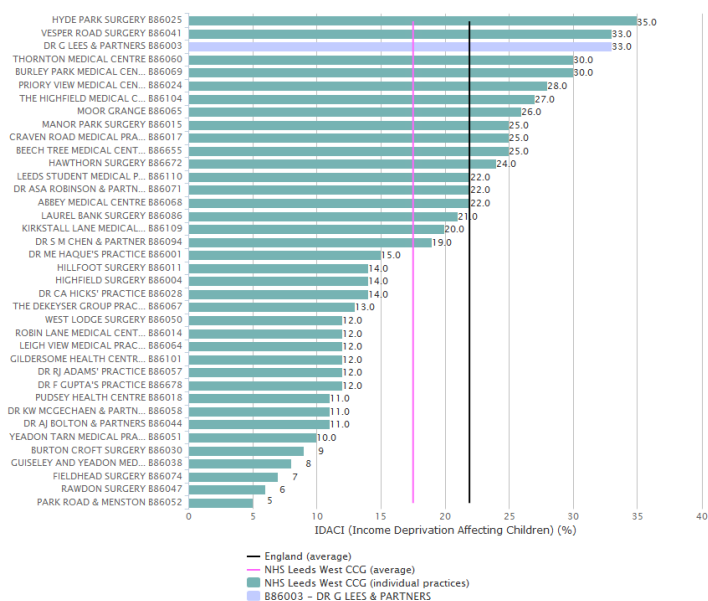
IDAOP1<sup>5</sup> is income deprivation affecting older people

Figure 5 Deprivation (IMD) NHS Leeds West CCG (Source: GP Profiles, 2012)



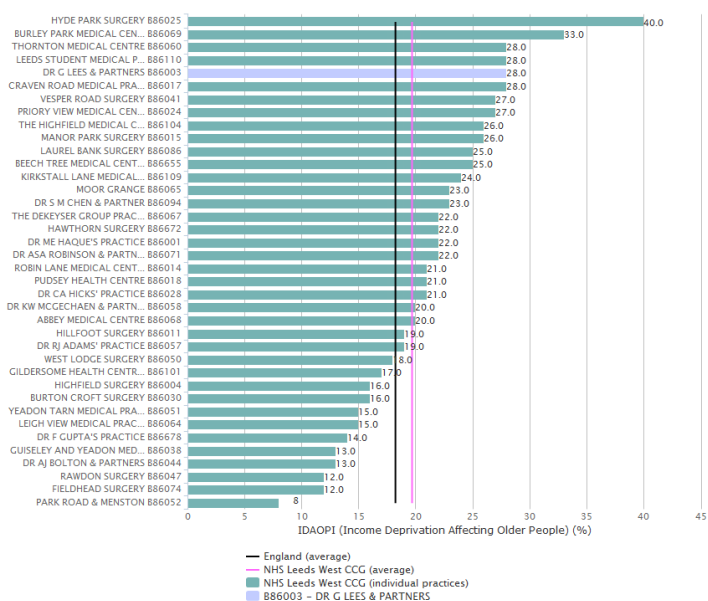
Out of 42 GP practices in NHS Leeds West CCG, patients of Armley Medical Centre have the highest deprivation score, Thornton Medical Centre the second highest, Priory View the 4<sup>th</sup> highest, and Hawthorn Surgery the 8<sup>th</sup> highest.

Figure 6 Income deprivation affecting children, NHS Leeds West CCG (Source: GP Profiles, 2012)



Out of 42 GP practices in NHS Leeds West CCG, patients of Armley Medical Centre ranked third highest for income deprivation affecting children, Thornton Medical Centre the fourth highest, Priory View the 6<sup>th</sup> highest, and Hawthorn Surgery the 12<sup>th</sup> highest.

Figure 7 Income deprivation affecting older people, NHS Leeds West CCG (Source: GP Profiles, 2012)



<sup>4</sup> Proportion of children aged 0–15 years living in income deprived households as a proportion of all children aged 0–15 years.

<sup>5</sup> Adults aged 60 years or over living in pension credit (guarantee) households as a proportion of all those aged 60 years or over.

Out of 42 practices in NHS Leeds West CCG, patients of Thornton Medical Centre ranked third highest for income deprivation affecting older people, Armley Medical Centre the fifth highest, Priory View the 8<sup>th</sup> highest, and Hawthorn Surgery the 17<sup>th</sup> highest.

Figure 4a Deprivation in this LCP population 2018

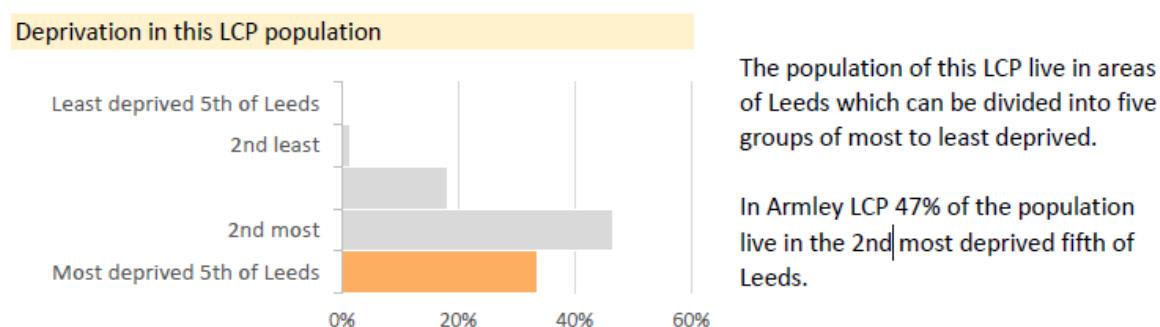


Figure 4 b Leeds Priority Areas by IMD 2015 and 2019 rank

LSOA description	Ward	2015 IMD Rank	2019 IMD Rank	IMD Change
Holdsforth, Clyde Approach	Armley	229	134	-95
Stratford Street, Beverly's	Hunslet & Riverside	22	38	16
Crosby St, Recreations, Bartons	Beeston & Holbeck	37	88	51
Boggart Hill	Killingbeck & Seacroft	167	166	-1
Cliftons, Nowells	Burmantofts & Richmond Hill	126	216	90
Lincoln Green	Burmantofts & Richmond Hill	66	355	289

Leeds Priority Areas by Indices of Multiple Deprivation (IMD) 2015 and 2019 rank

(Orange = most deprived 1% nationally, red = worsened rank, green = improved rank)

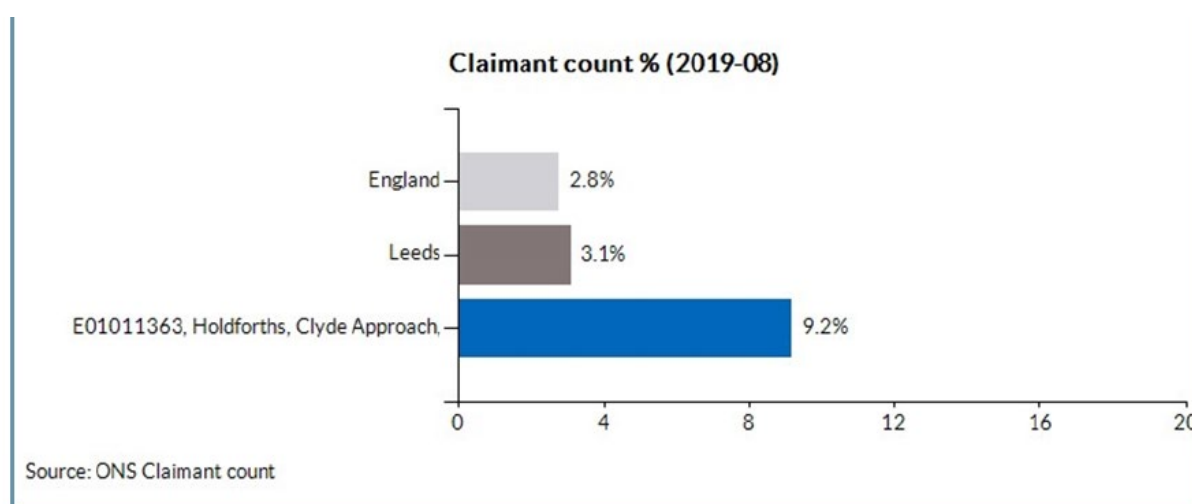
Disturbingly we can see out of the six priority neighbourhoods New Wortley has fell further by 95 points. This is not the worse fall by any means with some of the 1% most deprived areas falling by as much as 713 points. Elements of super-structure influence are the most likely culprit of this fall. These elements are the legacy of an economic down turn, Brexit investment uncertainty and the impact and burden of financial reorganisation of the bedroom tax and move to Universal credit.

Note on IMD:

This is the official measure of relative deprivation in England. Each LSOA is ranked from the most deprived (1) to the least deprived (32,844) based on 39 separate indicators organised across seven distinct domains of deprivation, which are combined and weighted to calculate IMD.

1. **Income:** (22.5%)-measures the proportion of the population experiencing deprivation relating to low income and two supplementary indices; Income deprivation affecting children (0-15) and income deprivation affecting older people (60+).
2. **Employment:** (22.5%) measures the proportion of the working age population in an area involuntarily excluded from the labour market.
3. **Education:** (13.5%) measures the lack of attainment and skills in the local population.
4. **Health:** (13.5%) measures the risk of premature death and the impairment of quality life through poor physical or mental health.
5. **Crime:** (9.3% weighting) measures the risk of personal and material victimisation at local level.
6. **Barriers to Housing & Services:** (9.3%) measures the physical and financial accessibility of housing and local services.
7. **Living Environment:** (9.3%) measures the quality of both the 'indoor' and 'outdoor' local environment.

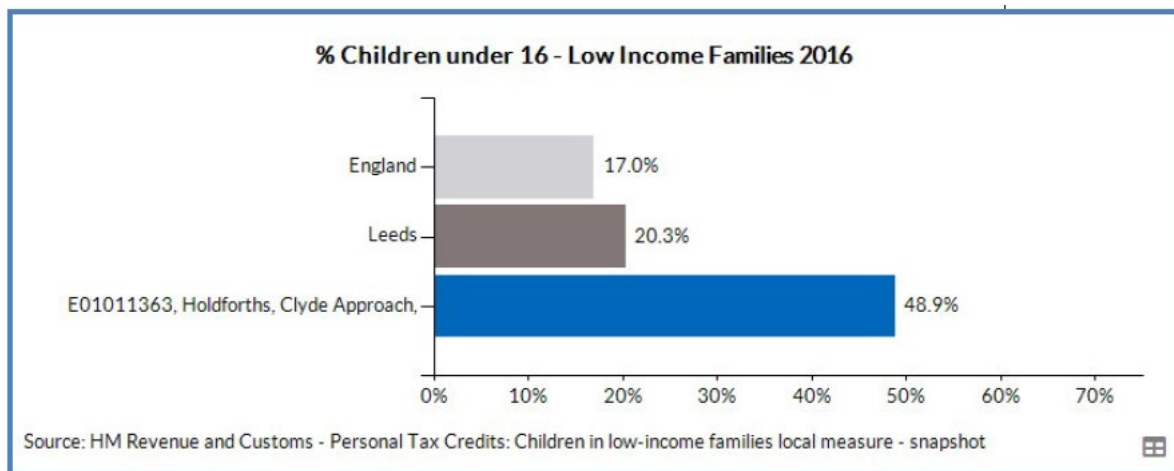
Figure 5a Claimant count for E01011363 Holdsworth, Clyde Approach August 2019





Claimant count is three times the average for Leeds.

Figure 5b percentage of Children under sixteen living within low income families 2016

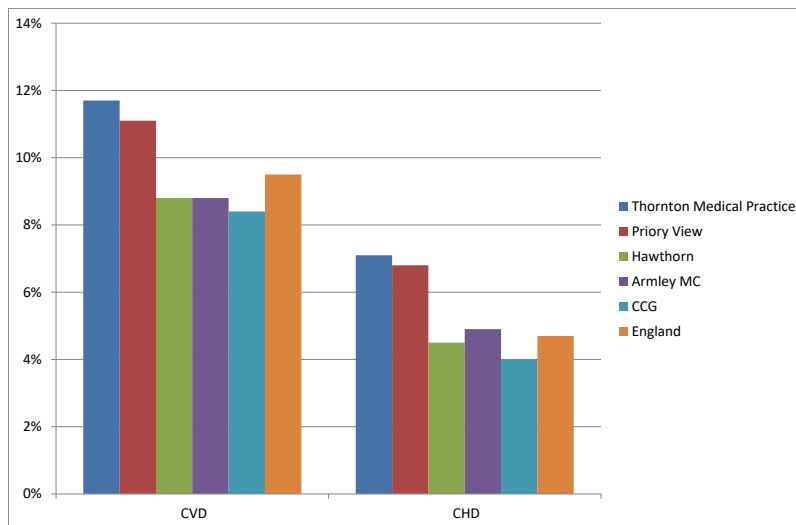


48.9% of under sixteen children are living within low income households and this is two and a half times the Leeds average.

## 8. Health

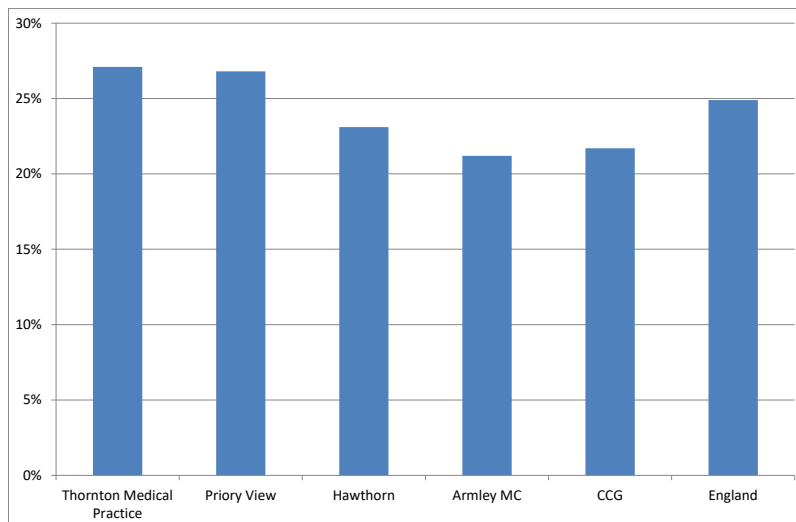
### a. Circulatory disease: Prevalence

Figure 8 Modelled prevalence of heart disease (all ages) (Source: GP Profiles, 2011)



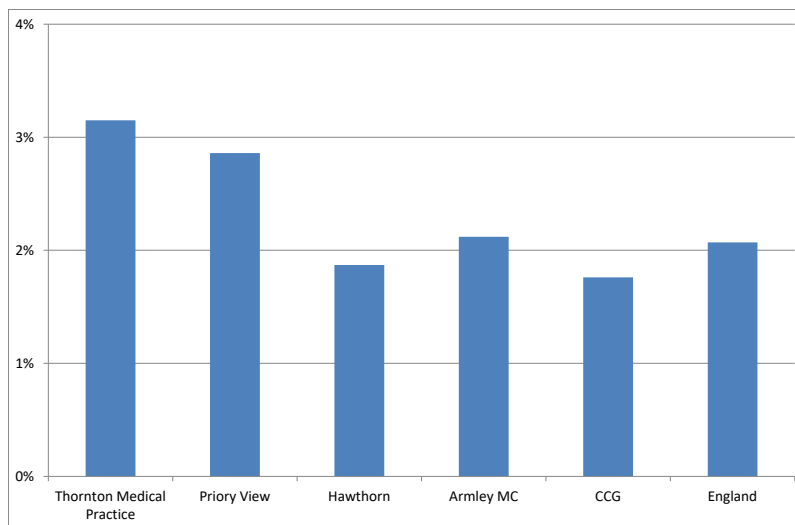
Compared with Leeds West CCG and England, cardiovascular disease (CVD) and coronary heart disease (CHD) is high for Thornton and Priory View patients. Risk factors for CVD include smoking, poor nutrition and obesity, and lack of physical activity.

Figure 9 Modelled prevalence of hypertension (all ages) (Source: GP Profiles, 2011)



Compared with Leeds West CCG and England, hypertension is high for Thornton and Priory View patients. Risk factors for hypertension are a number of comorbidities, including obesity.

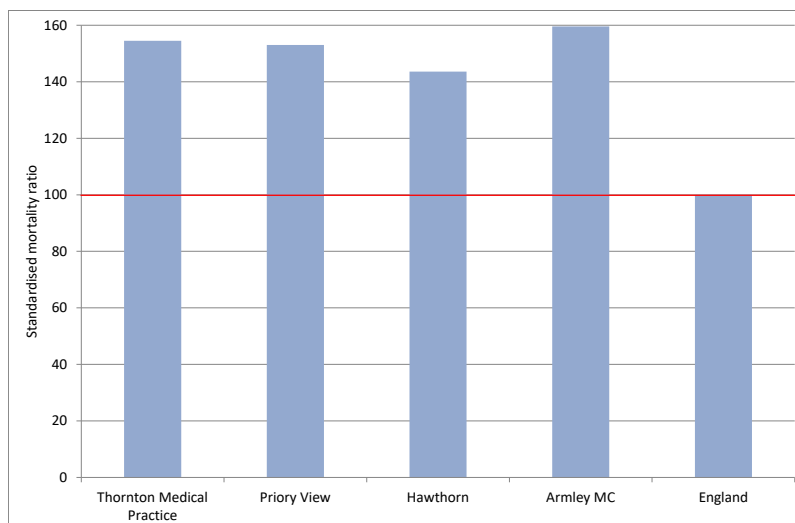
**Figure 10 Modelled prevalence of stroke (all ages) (Source: GP Profiles, 2011)**



Compared with Leeds West CCG and England, the prevalence of stroke is high for Thornton and Priory View patients. High stroke prevalence is an indicator of an unhealthy population suffering the consequences of poorly managed chronic diseases including hypertension. Smoking is also a risk factor for stroke.

#### **b. Circulatory disease: Mortality**

**Figure 11 Mortality from circulatory disease, age <75 (MSOA based) (Source: GP Profiles, 2006-10)**



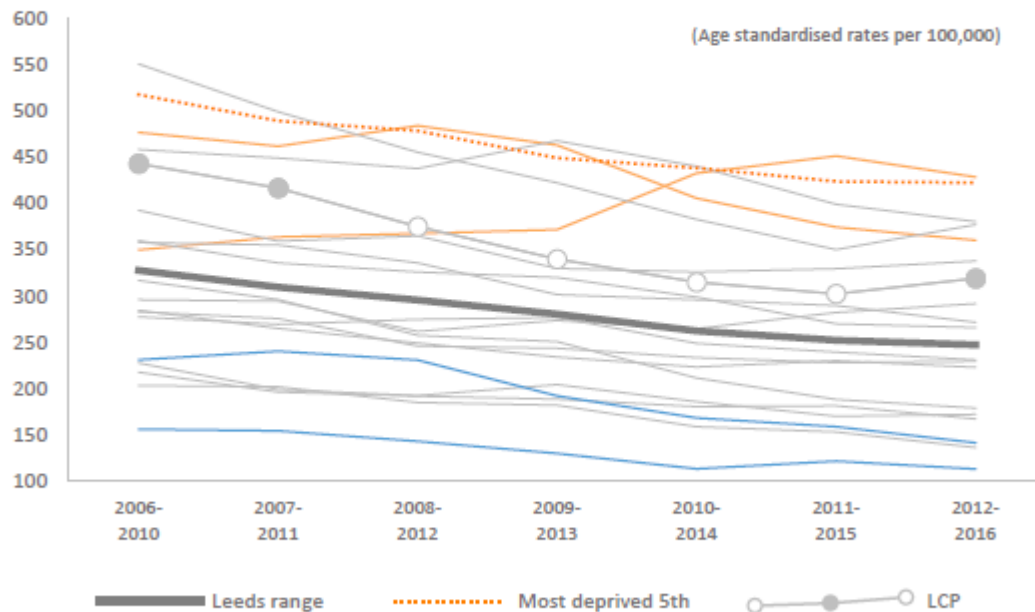
**Figure 11a 2006-2016 Circulatory disease mortality (under 75)**

We can see that overall that rates for this LCP is falling.

### Circulatory disease mortality (under 75s)

*Circulatory mortality rates show an extremely strong link to deprivation. LCPs show some variation in change, some rising and some falling with the most deprived falling slightly faster overall except for the growing Harehills.*

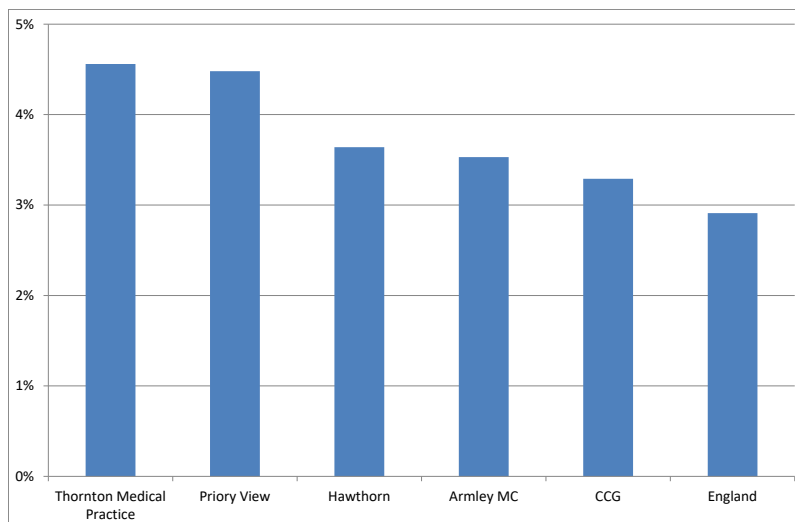
#### Change of mortality rates over time



In a time series we can see that almost all LCPs are falling slowly, with some recent increases especially 'Harehills' LCP.

### c. Respiratory disease prevalence

Figure 12 Modelled prevalence of Chronic Obstructive Pulmonary Disease (all ages) (Source: GP Profiles, 2011)



The JSNA shows that there is a link between chronic obstructive pulmonary disease (COPD) prevalence and deprivation with the highest prevalence in the most deprived areas.

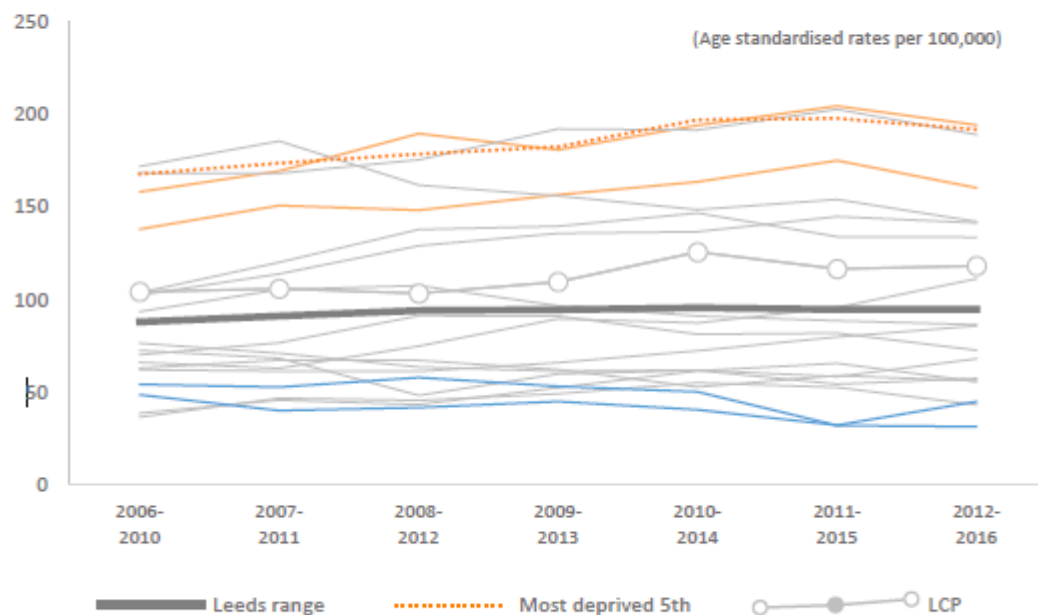
Risk factors for COPD include exposure to tobacco smoke, and exposure to certain types of dust (e.g. locally, Robert's asbestos factory closed 1959).

Figure 12a Respiratory disease mortality (under75) 2006-2016

### Respiratory disease mortality (under 75s)

*Respiratory disease mortality rates show a very strong link to deprivation. There are some stark differences between the most and least deprived LCPs.*

#### Change of mortality rates over time



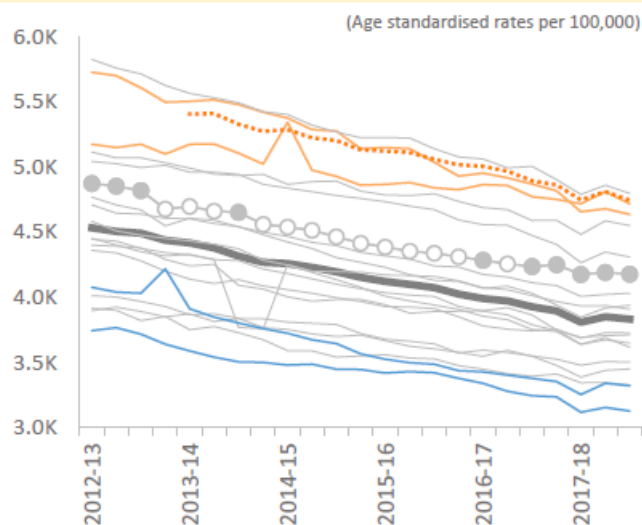
In a time series we can see that almost all LCPs are changing steadily, those with the highest rates are climbing fastest.

Figure 12b Coronary Heart Disease (all ages) (Source: LCP Profiles, 2018)

### CHD (all ages)

*CHD rates in Leeds are all falling steadily and at the same speed, except for Burmantofts and Richmond Hill which is falling much faster than other LCPs. Rates are generally higher in more deprived areas.*

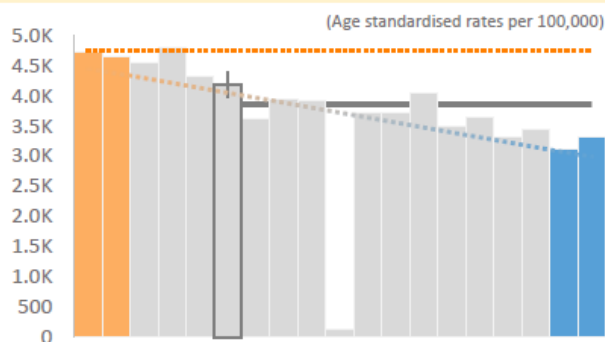
#### Change of rates over time



In a time series we can see that almost all LCPs are falling at an equal rate, except for 'Harehills' LCP which appears to be making a much slower drop.

Most recent data shows this LCP to be significantly above Leeds.

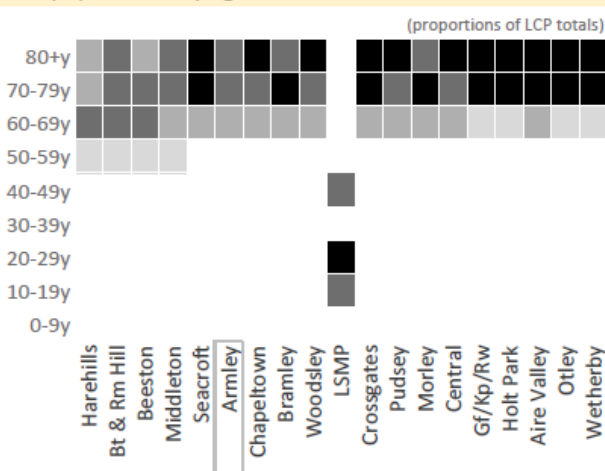
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large decrease from left to right.

### LCP CHD populations by ageband



This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in Armley LCP is the 70-79y ageband with 29.0% of the LCP total.

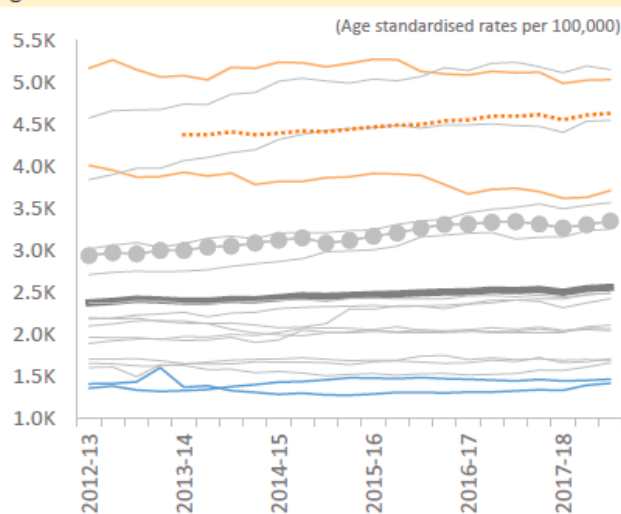
greater than or equal to 30%  
greater than or equal to 25%  
greater than or equal to 20%  
greater than or equal to 15%

Figure 12 c COPD (all ages) (Source: GP Profiles, 2018)

### COPD (all ages)

*COPD rates in Leeds are very strongly linked to deprivation with large differences from most to least deprived. Many of the most deprived LCPs have rates which are increasing steadily, but interestingly the two most deprived LCPs are the only in the city to have falling rates.*

#### Change of rates over time

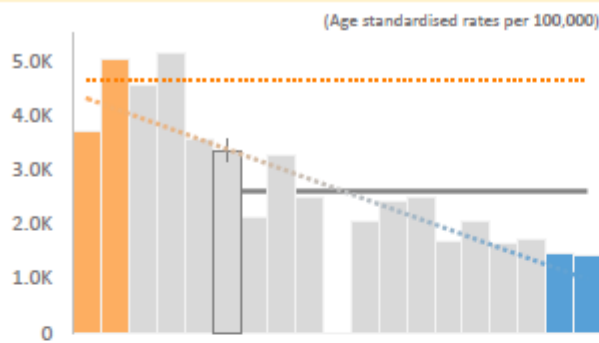


In a time series we can see in general the most deprived LCPs are rising at a faster rate than others, except for 'Burmantofts and Richmond Hill' and 'Harehills' which are notably falling in recent years.

Most recent data shows this LCP to be significantly above Leeds.

Leeds range  
Most deprived 5th  
This LCP

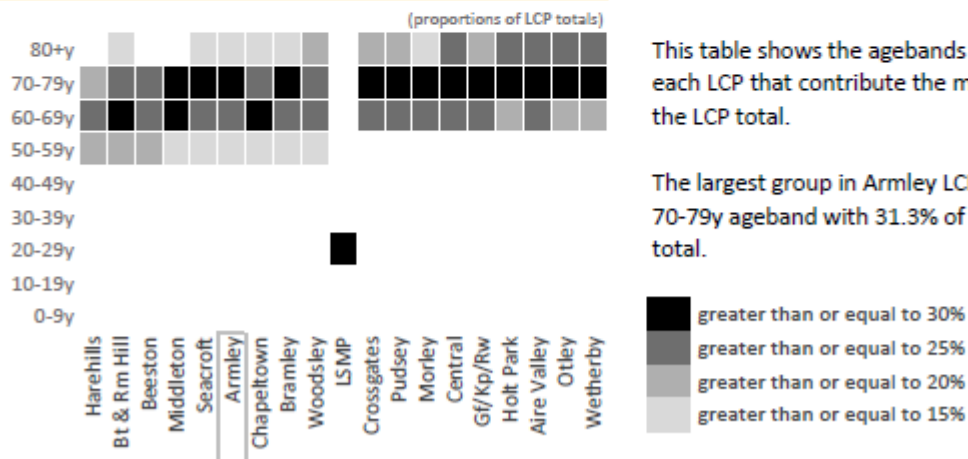
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a very strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large fall from left to right.

### LCP COPD populations by ageband



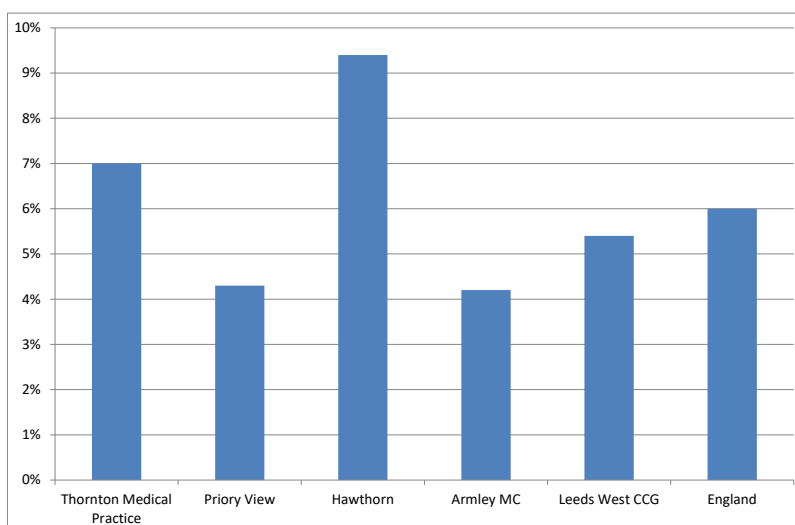
This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in Armley LCP is the 70-79y ageband with 31.3% of the LCP total.

*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*

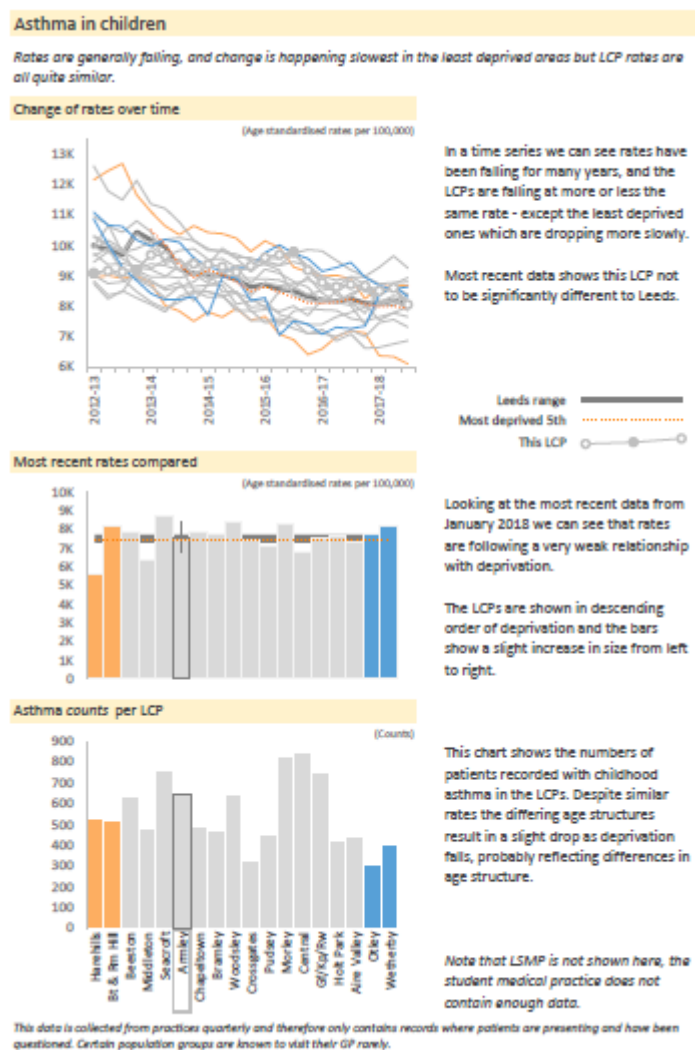
Source for above Leeds City Council & CCG Health & Care Hub Public Health Intelligence, June 2018

Figure 13 Asthma QOF prevalence (all ages) (Source: GP Profiles, 2012/13)



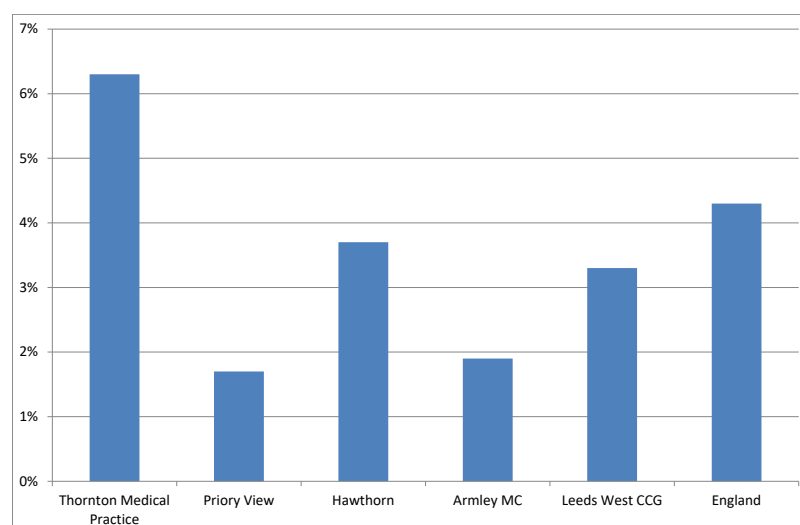
Risk factors for the development of asthma include exposure to tobacco smoke (including smoking in pregnancy), and irritants in the workplace such as chemicals and dust. Environmental pollution can also make symptoms worse.

Figure 13- a- Asthma prevalence in Children (Source: LCP Profiles-2018)



## d. Kidney disease

Figure 14 Chronic kidney disease (18+y): QOF prevalence (Source: GP Profiles, 2012/13)





Chronic kidney disease (CKD) is particularly high in Thornton Medical Practice patients compared with Leeds West CCG and England. CKD has a poor prognosis. It is a marker of poorly controlled chronic disease, including hypertension and diabetes.

## 2020 (January)

Chronic kidney disease (CKD) is now not normally used in a HNA as a health indicator for other serious health issues as we have other data which can illustrate this in a straightforward manner. However, it is interesting to see where we are with (CKD) in 2019. Consulting with a senior data intelligence analyst they are unsure who uses this data and how accurately it is recorded. However it is still a marker for inadequate management of chronic illness such as diabetes.

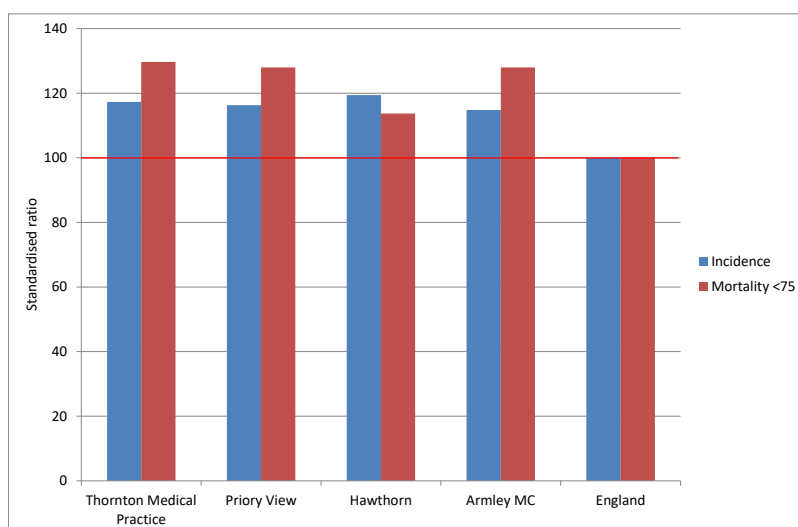
Prevalence of Chronic kidney disease January 2020 (Source: practice profiles, LCC Public Health Intelligence 2020-01).

audit	auditdate	geography	geography_type	gender	age_range	prevalence_count	population_count	prevalence_percentage	dsr	lower95CI	upper95CI
CKD	202001	E02002412	MSOA	Persons	All Ages	288	7533	3.82	5040.46	4461.5032	5672.3214
CKD	202001	E02002414	MSOA	Persons	All Ages	188	7739	2.43	4947.64	4226.9923	5750.7416
CKD	202001	E02002411	MSOA	Persons	All Ages	188	9569	1.96	4854.65	4145.8171	5644.5889
CKD	202001	E02002423	MSOA	Persons	All Ages	214	6291	3.4	4595.05	3992.4633	5262.0161
CKD	202001	E02002430	MSOA	Persons	All Ages	226	8679	2.6	4587.48	3991.8107	5244.9842
CKD	202001	E02002421	MSOA	Persons	All Ages	193	7016	2.75	4580.87	3938.2482	5296.0061
CKD	202001	E02002407	MSOA	Persons	All Ages	209	6978	3	4539.89	3932.7748	5212.6789
CKD	202001	E02002400	MSOA	Persons	All Ages	192	9480	2.03	4511.2	3878.3454	5215.6485
CKD	202001	E02002387	MSOA	Persons	All Ages	196	6460	3.03	4426.55	3823.6019	5096.9797
CKD	202001	E02002376	MSOA	Persons	All Ages	183	9190	1.99	4388.75	3750.972	5100.5552
CKD	202001	E02002388	MSOA	Persons	All Ages	225	8633	2.61	4219.36	3672.784	4822.7958

The above data is for the latest MSA CKD data from Jan 2020, E02002400 IS 8<sup>TH</sup> highest in Leeds by age standardised rate (Source: Adam Taylor-Senior Data Analyst Practice Profiles-Public Health Intelligence Unit).

### e. Cancer

Figure 15 All cancer incidence (2005-09) and mortality (2006-10) standardised ratios (MSOA based) (Source: GP Profiles)



Compared with England, patients registered with the four practices shown in Figure 15 have higher cancer incidence and mortality than expected.

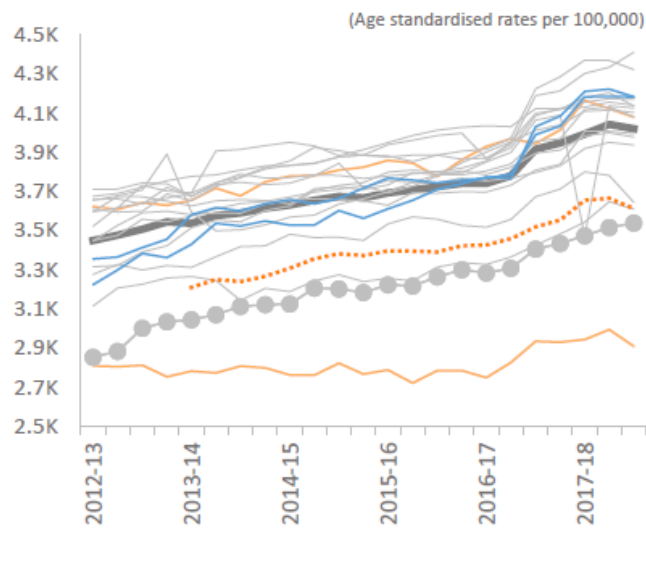
It was reported that in the New Wortley area, cancer screening rates are low, and a high proportion of cases present late, including a large number presenting to A&E.

Figure 14a all cancers-prevalence (Source: LCP profiles 2018)

## Cancer (all ages)

*Cancer rates in Leeds are linked to deprivation but not in the usual way: the least deprived LCPs have some of the highest rates. This is thought to be due to late diagnosis leading to higher mortality rates in more deprived areas.*

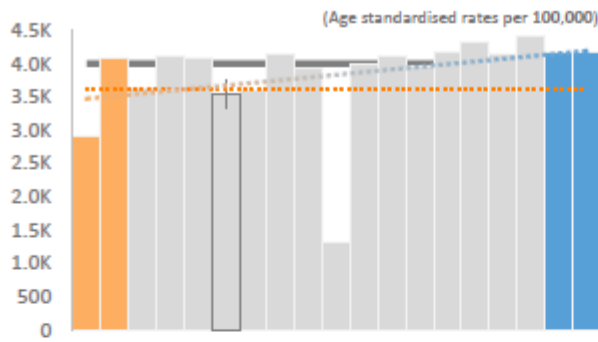
### Change of rates over time



In a time series we can see in general all LCPs are growing at about the same rate - except for Harehills LCP which until recently has been static.

Most recent data shows this LCP to be significantly below Leeds.

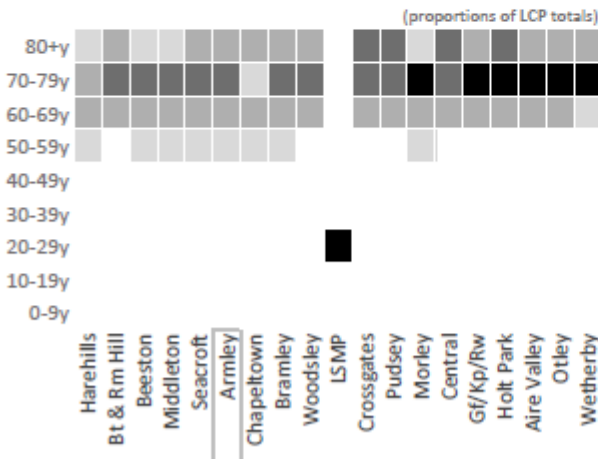
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a very weak inverse relationship with deprivation.

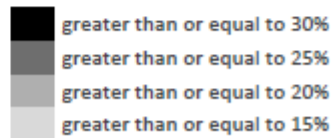
The LCPs are shown in descending order of deprivation and the bars show a slight increase in size from left to right.

### LCP Cancer populations by ageband



This table shows the agebands within each LCP that contribute the most to the LCP total.

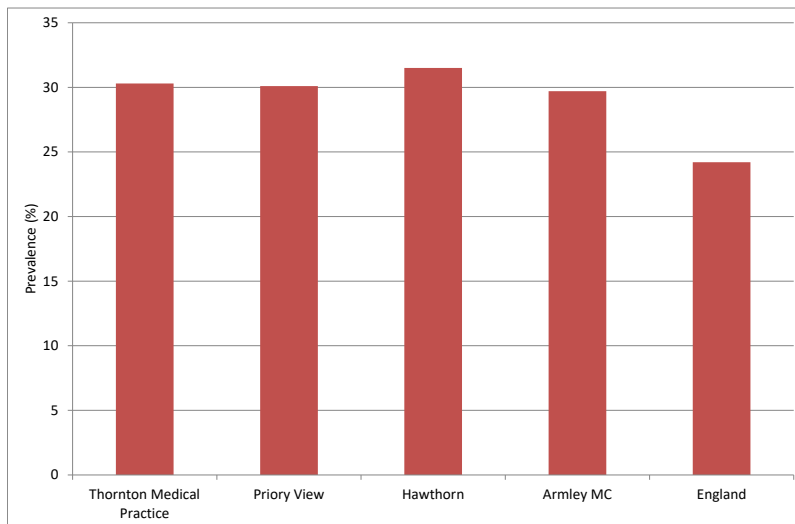
The largest group in Armley LCP is the 70-79y ageband with 28.9% of the LCP total.



*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*

## f. Obesity

Figure 16 Prevalence of obese adults (Source: GP Profiles, 2006-08)



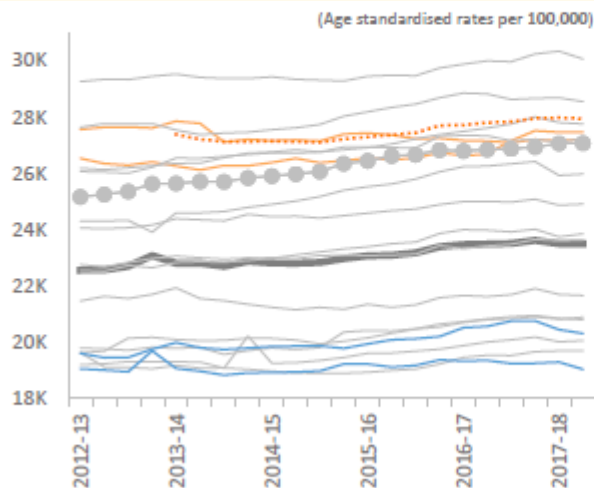
Risk factors for obesity include consumption of high amounts of fat and sugars, and lack of physical activity. Obesity is a risk factor for other chronic serious health conditions including cancer, hypertension, and type 2 diabetes.

Figure 16 –a- Obesity adults (Source: LCP Profiles, 218)

### Obesity (adults)

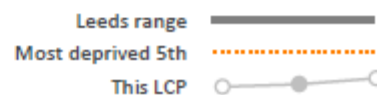
*Rates are generally climbing, although some areas are showing a levelling off and perhaps a decline in recent quarters.*

#### Change of rates over time

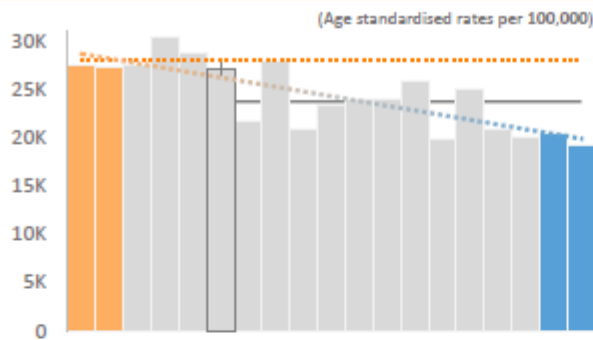


In a time series we can see there doesn't seem to be a relationship between rate of change and levels of deprivation for this indicator. All LCPs are slowly rising, except for Burmantofts and Richmond Hill LCP which is showing a slow but steady fall.

Most recent data shows this LCP to be significantly above Leeds.



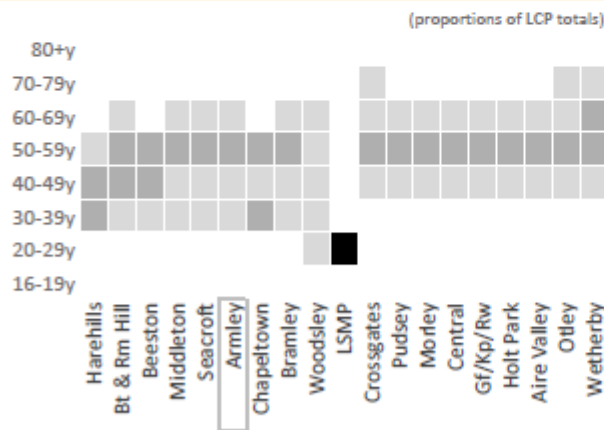
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

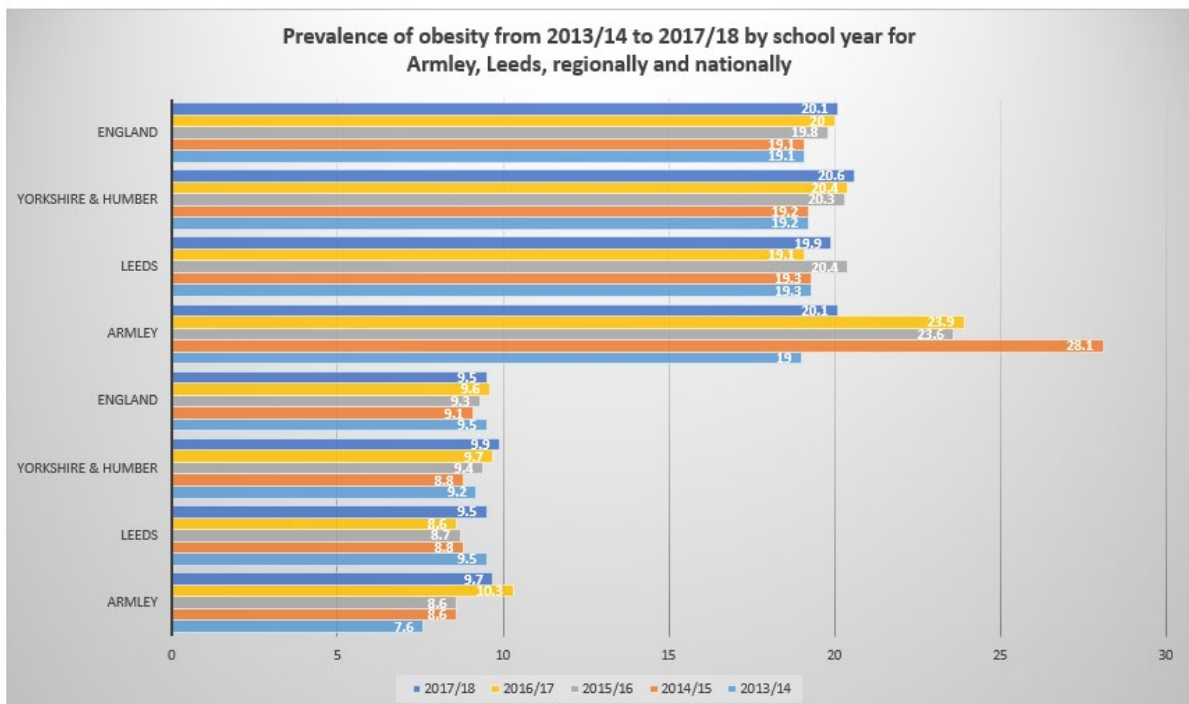
### LCP Obesity populations by ageband



This table shows the agebands within each LCP that contribute the most to the LCP total.

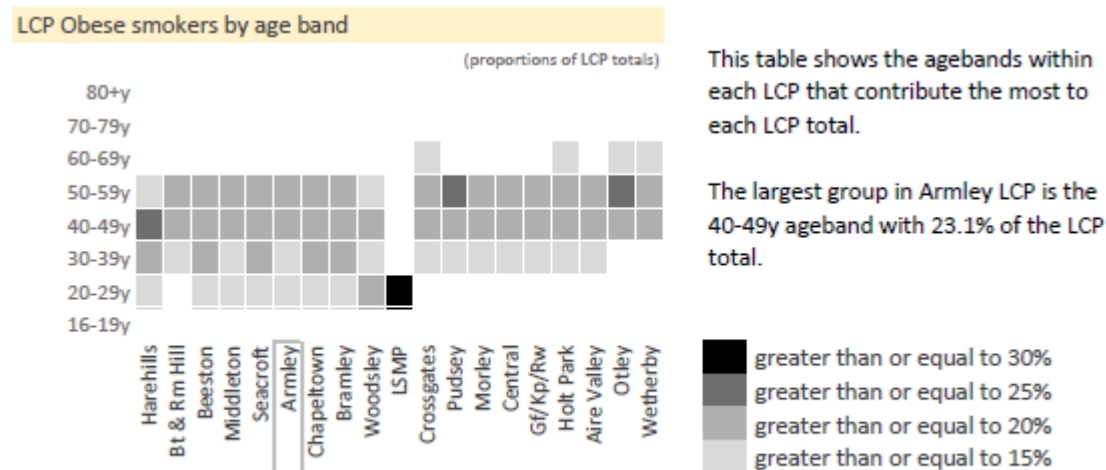
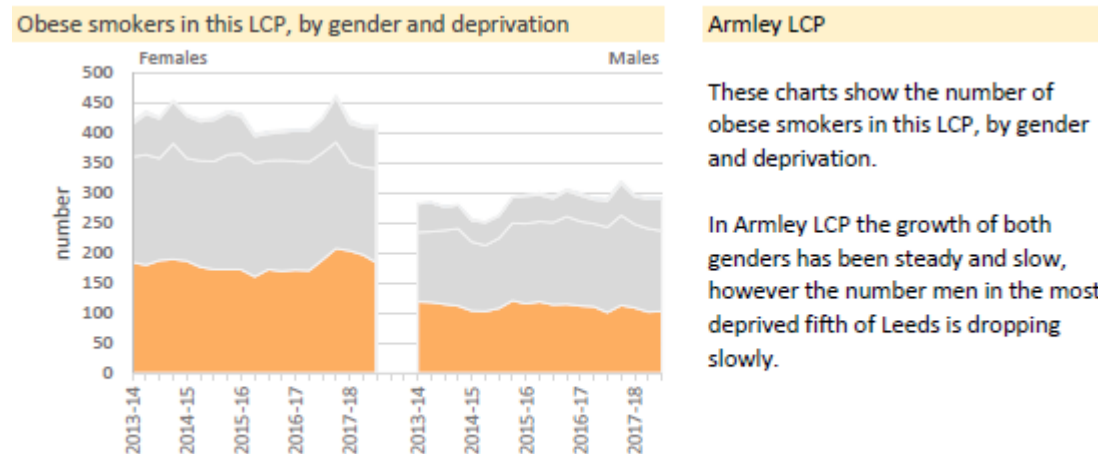
The largest group in Armley LCP is the 50-59y ageband with 22.4% of the LCP total.

*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*



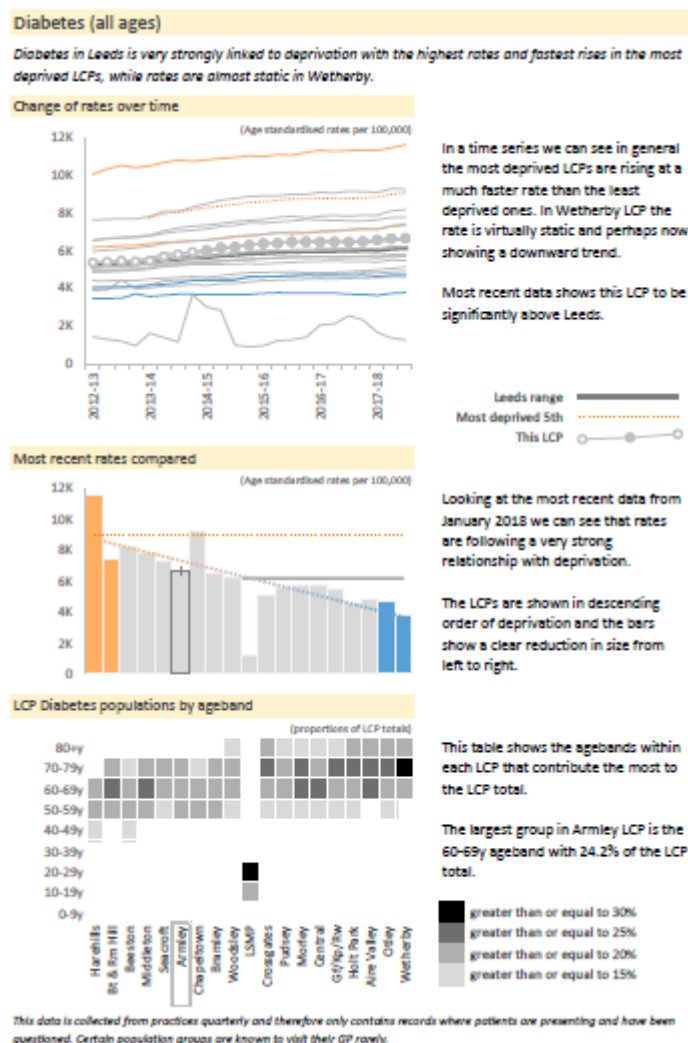
We can see in 2014/15 there was a massive spike in childhood obesity. Thankfully it has dropped down quite considerably. New data is currently being prepared by Public Health Intelligence for 2018/19 so it will be interesting to see what the levels have been over the last two years.

Figure 16b obese smokers by gender and deprivation in this LCP (Source LCP profiles 2018)



*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*

Figure 16 c Diabetes (all ages) (Source: LCP profiles 2018)



Increasing opportunities for physical activity and simply moving more-sitting less should be a priority for this community so provision for all ages and abilities is paramount. Removing barriers to activity should also be examined. When local people are concerned about feeding their families, employment and perhaps emotional and mental health problems then physical activity takes a low priority. Enabling local people to move more undertaking an enjoyable activity from a menu of local provision should be possible as the new project Get Set Leeds takes place. This work is already taking place within the work of Get-Set-Leeds consultation. For more information look please go to; <https://getsetleeds.co.uk/>

A local needs assessment was commissioned by Leeds City Council and carried out by Social Marketing Gateway (SMG) and within the report talked about a well-established evidence based model which states that local people need three vital ingredients to become more active;

- **CAPABILITY**-Having the necessary skills, knowledge and capacity to become more active. This is within both physical and physiological domains.
- **OPPOURTUNITY**-Having easy access to safe, free, affordable and welcoming exercise sessions, classes and attractive green spaces suitable for physical activity of many types.



- **MOTIVATION**-To ability to relate to physical activity and recognise that it is an important and enjoyable thing for them to do.

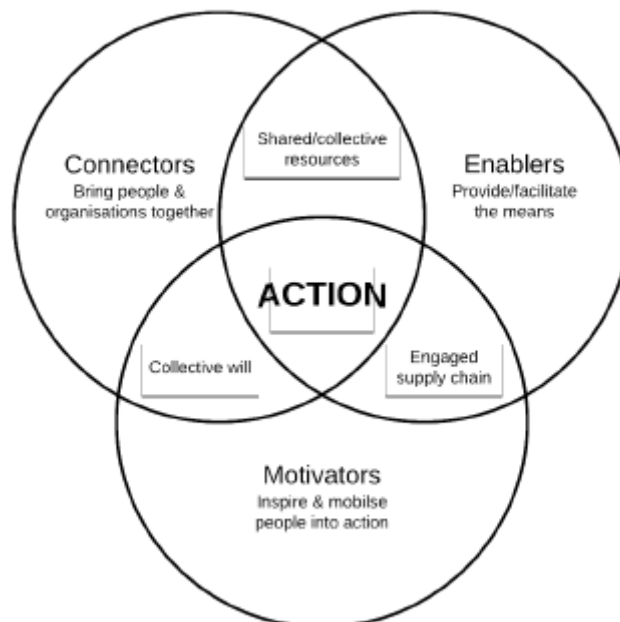
Source: SMG report and Grenny, J. et al. (2013) Influencer, The New Science of Leading Change (Second Edition). McGraw Hill Education.

For access to the community sports consultation entitled '**Leeds Local Physical Activity Needs Insight**'- Final executive Summary (May 2019 Source: Social Marketing Gateway). Please contact

[Rachel.Marshall@leeds.gov.uk](mailto:Rachel.Marshall@leeds.gov.uk) from LCC Communities Team or [Jonathan.Hindley@leeds.gov.uk](mailto:Jonathan.Hindley@leeds.gov.uk) from LCC Public Health.

There is some excellent and well researched advice for helping local new Wortley residents to move more, get out and about and so increase their overall levels of physical activity contained in the SMG report.

There is a section on connecting this increased levels of physical activity ambition and local assets.



The above diagram shows the main components of increasing physical activity in the area and is described as;

#### **Mobilising/empowering local assets**

Local assets can influence local action towards getting People more active in different ways. They can act as:

- **Enablers** – provide or facilitate the means to be Active
- **Motivators**/Activators – inspire and mobilise people Into action
- **Connectors** – bring people and organisations Together – help improve 'opportunity

## g. Sexual health

### i. HIV

There were approximately 1,040 Leeds residents accessing treatment for HIV in 2012. This figure does not include the undiagnosed HIV population of the city.

High risk groups remain as men who have sex with men, and black African communities. There is also evidence of emerging rates in migrated eastern European populations.

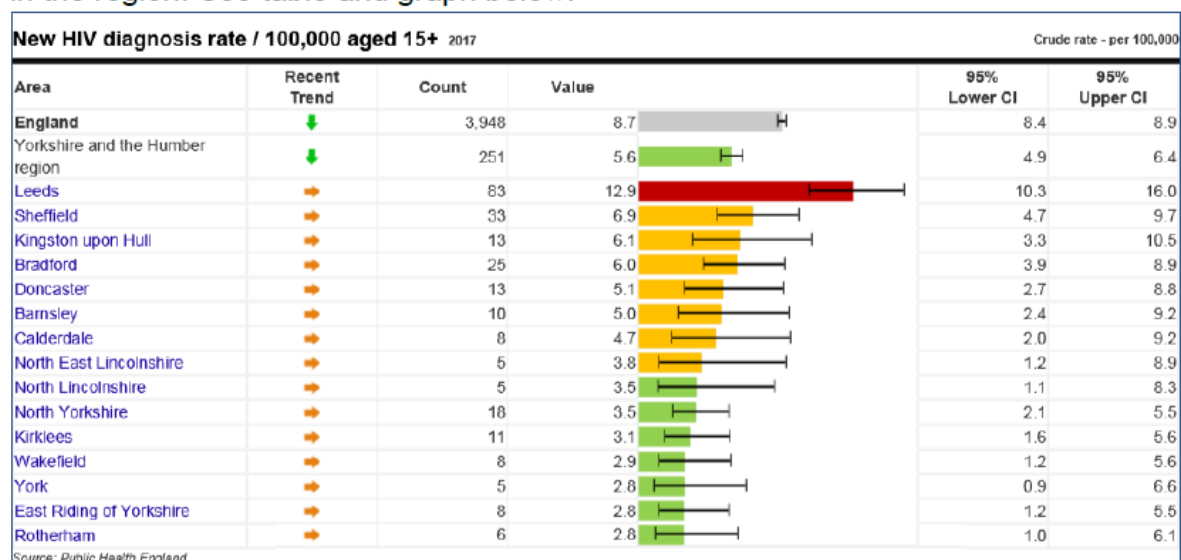
Data show that in the New Wortley area, there are practices in “higher” HIV prevalence areas with “low” HIV testing rates.

The suggested approach to tackle this is to encourage GP practices in New Wortley to do more HIV testing at new patient registration and when clinically indicated.

Figure 17a HIV rates for the city of Leeds 2017 (Source: Sexual Health Needs Assessment for Leeds 2018-19 Kerry Swift Health Improvement Practitioner-Leeds City Council Adults & Health Directorate).

### HIV new diagnoses

The 2017 new diagnosis rate (for those aged 15+, in all settings in the city) was 12.9 per 100,000, which is significantly higher than the national rate and the highest rate in the region. See table and graph below:



Our most vulnerable young people in our deprived neighbourhoods are the most at risk from sexually transmitted diseases. Chlamydia levels are high within the city. Increased education, confidence and decreased deprivation improve the sexual health knowledge of the cities young and help them make informed decisions.

## Preventx Chlamydia/Gonorrhoea Screening Smartkits

Preventx postal kits for chlamydia & gonorrhoea self-screening are available through a variety of settings in Leeds. These kits provide all equipment needed to complete a self test at home (urine sample or vaginal swab), which is then returned by post for screening. Negative results are generally relayed via text, positive results are passed to Leeds Sexual Health Service, who will contact the individual by phone or letter to arrange treatment.

The kits are available to be posted home via the Freetest.me website, by texting for a test or by picking up a test from community based settings, i.e. 3 in 1 sites or enhanced sexual health pharmacies (see Chapter 4). Online or text ordering of tests is only available to 16-24 year olds. Under 16s are able to get a self-test from a 3 in 1 site only, but are expected to complete the test onsite, after a consultation to discuss relationships and sexual health. Online ordering is by far the most popular method of accessing the kits and continues to increase rapidly - see graph below:

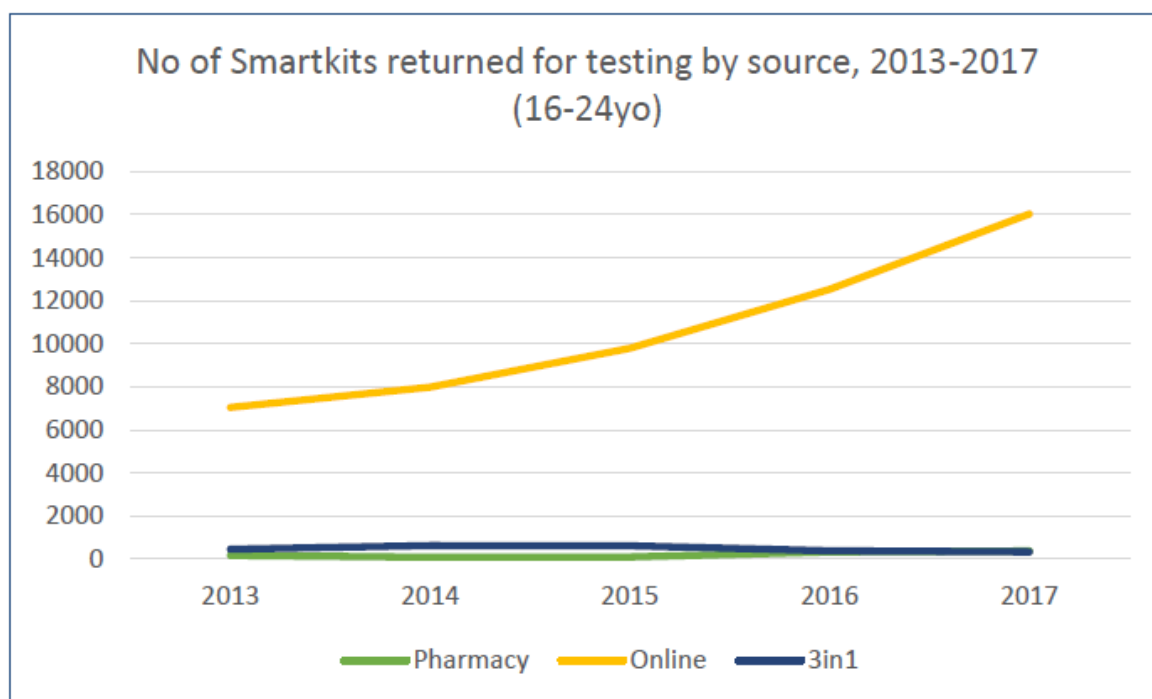
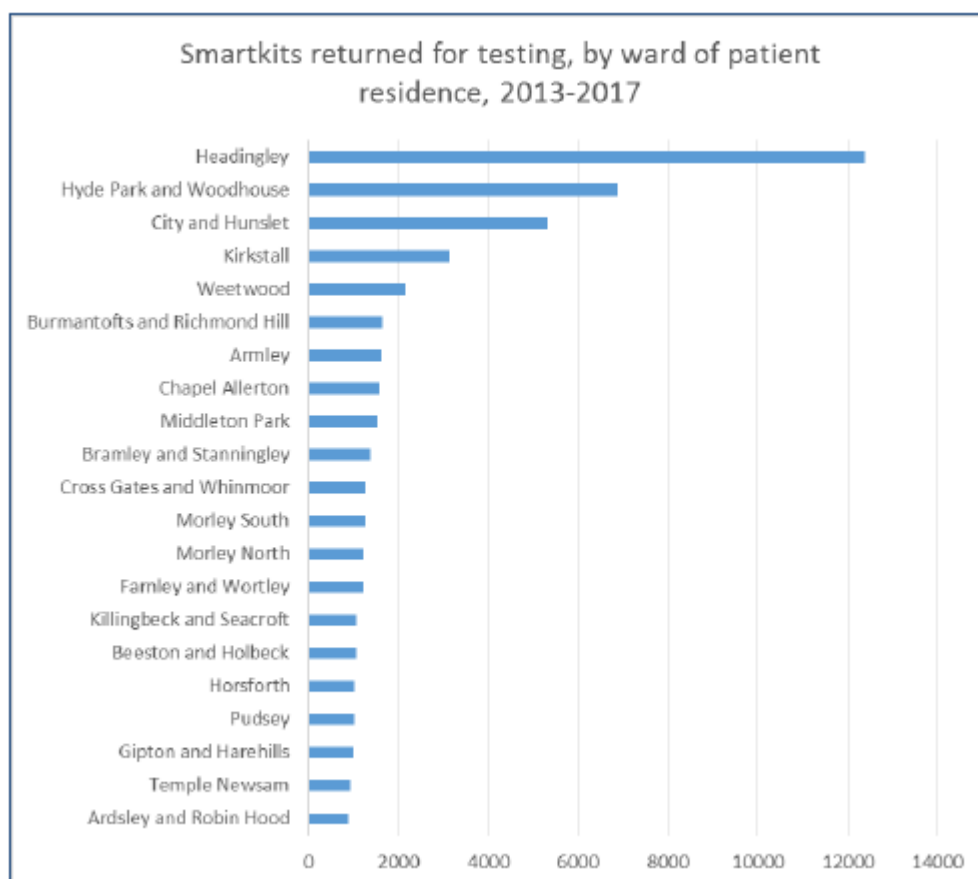


Figure 17a above-number of smart kits for testing by source 2013-2017 (16-24 year olds). Source: Sexual health HNA LCC PHO).

In 2017, 16,524 Smartkits were screened for young people aged under 25, with a 9.7% positivity rate. 34% of all screens were to those living in predominantly student populated areas (Headingley and Hyde Park & Woodhouse). When looking at activity from 2013-2017, young people from these wards have been the most active in using the postal screening service (see graph below):



However, these wards did not have the highest positivity. The National Chlamydia Screening Programme (NCSP) (Towards achieving the chlamydia detection rate, PHE, 2014) recommends that local authorities commission services that achieve a positivity rate of 5–12%. Many wards in the city exceed this.

Wards with over 12% positivity, 2017, shown below:

Ward	No of tests returned	No of positives	Positivity
Burmantofts	490	70	14.3%
Bramley & Stanningley	396	56	14.2%
Ardsley & Robin Hood	259	35	13.5%
Morley South	350	45	12.9%
Killingbeck & Seacroft	331	41	12.5%
Weetwood	553	68	12.3%
Otley and Yeadon	203	25	12.3%
Garforth & Swillington	189	23	12.2%

(Headingley positivity 2017: 9%, Hyde Park & Woodhouse positivity 2017: 7.5%)

Figure 17a-1-Sexual Health Pharmacy consultations by patient's postcode of residence, Jan-Dec 2016.

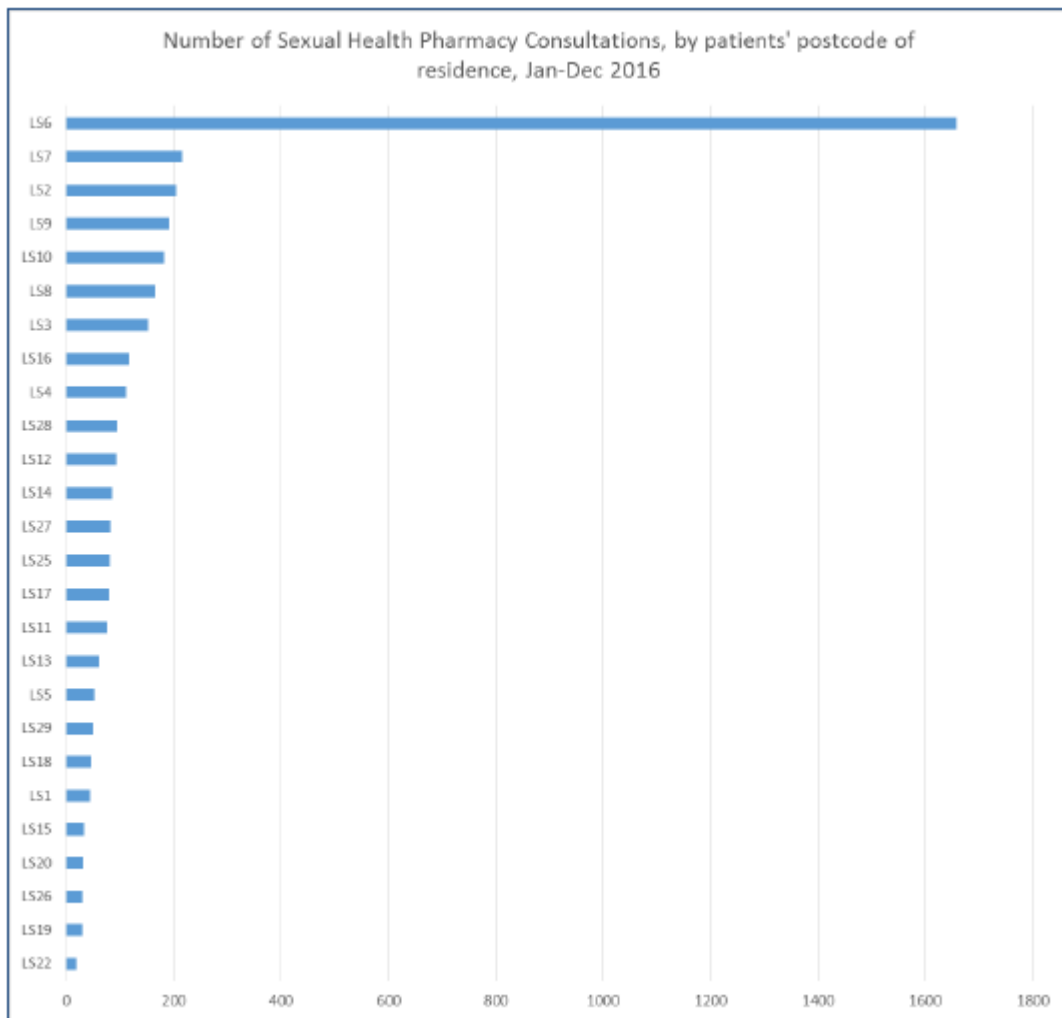
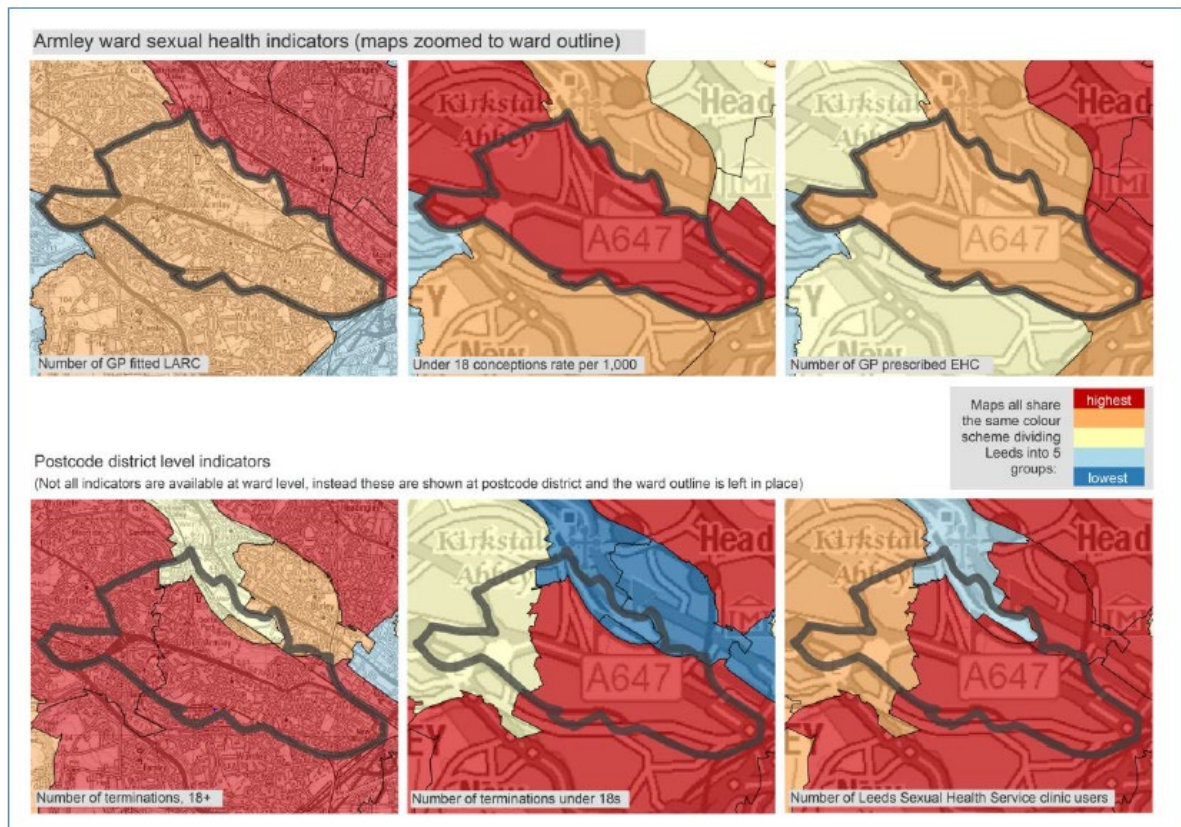


Figure 17a-2 Sexual health indicators for the Armley ward- 2018-19 (Source: LCC Sexual health HNA 2018-19 Leeds observatory)



We can see by looking at the above the **highest** rates are for;

- **Under 18 conceptions.** This is of concern because ideally from a medical perspective in terms of physiology and emotional health, after 23 years of age is a more preferable because parents tend to be more prepared, have a greater chance of being economically stable with increased life experience. It is important to note that this is not saying that young parents are not good parents just that leaving conception until after 23 years of age statistically has better outcomes for the family. A characteristic of inner city areas is the younger populations and this is one of the contributing factors rather than young families moving in for cheaper accommodation.
- **Number of abortions 18+** this is concerning because it may suggest poorly prepared residents with insufficient family planning and sexual health awareness. There can be medical complications and implications for further reproduction post termination.
- **Number of abortions for under -18s** this is also extremely worrying as may suggest low levels of education in sexual health and ignorance around accessing safe and appropriate contraception. With all terminations there is a significant mental and emotional health effect which may impact on the young person's health in the future.
- **Number of Leeds Sexual Health Service Clinic users.** This is very concerning as Chlamydia, gonorrhoea and syphilis are rising in the city. Risk taking behaviour amongst young people is linked to deprivation.

Under 18 conceptions are generally falling across the city but there is no room for complacency. The use of C-card schemes are also falling this may be related to the falling conception rates but more likely linked to funding cuts.

The 3 in 1 scheme is delivered by a range of organisations and services across the city, in community venues. Staff who work with 13-24 year old young people access standardised

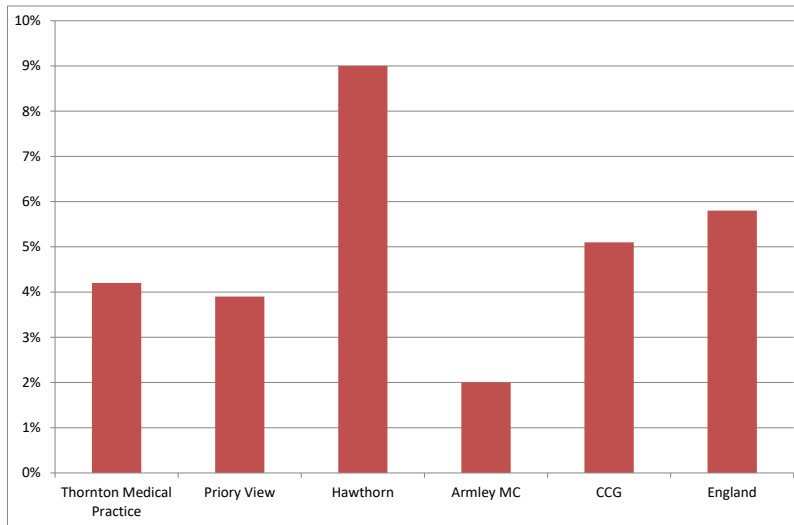
training to allow them to set up a confidential drop in service to enhance their offer of support to service users. Young people accessing a 3 in 1 site can join the C-Card scheme, where they are given a condom demonstration and consultation around their relationships and sexual health, then provided with a membership card which allows them to collect condoms, lubricants and oral sex dams from any of the 3 in 1 venues in the city. 3 in 1 sites can also provide onsite pregnancy tests as well as self-screening, postal return kits for both chlamydia and gonorrhoea.

Women are still more likely to choose a short acting or user-dependent (and less effective) method of contraception such as the pill, rather than a more effective LARC (long acting reversible contraception) method, such as an implant. However implants are gaining in popularity.



## h. Mental health

Figure 17 Depression (18+y) as recorded on practice register (QOF) (Source: GP Profiles 2012/13)



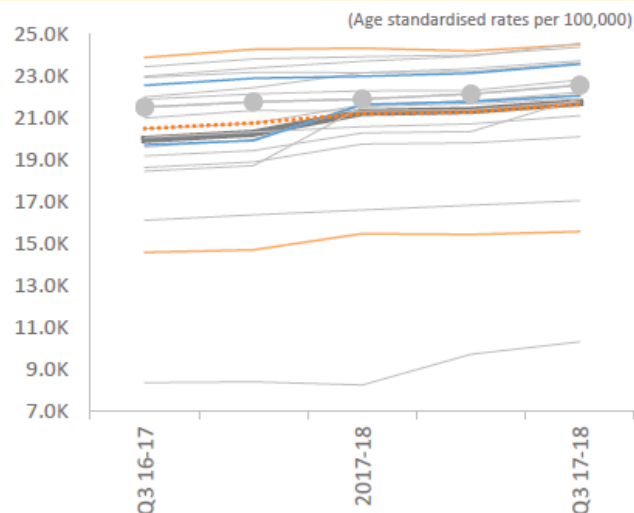
It was reported that we would expect records of depression to have increased since 2012/13 due to a change in government policy about the way depression is recorded. It was reported that previously there was a disincentive to record depression on QOF, with “low mood” being recorded instead.

Figure 17b Common mental health issues (all ages) (Source LCP Profiles-Leeds Health Observatory 2018)

### Common mental health issues (all ages)

*The Leeds rate is slowly rising, but the time series is too short to draw many other conclusions.*

#### Change of rates over time



Due to changes in processes, this is a short time series but we can see that most LCPs are rising slowly.

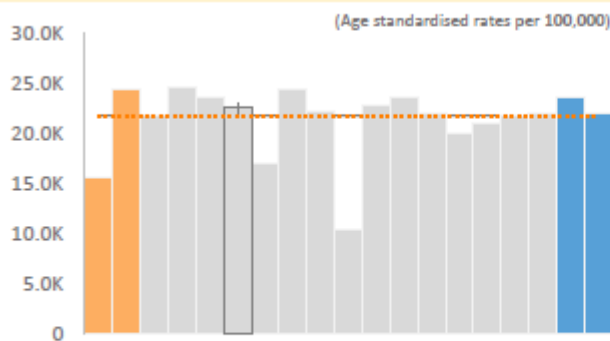
Most recent data shows this LCP to be significantly above Leeds.

Mental and emotional health rankings on the Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) as used by the social prescription project PEP (Patient Empowerment Project) before it merged to become Linking Leeds have been



historically consistently for the New Wortley Area. Other projects such as the men's health work conducted by the third sector organisation Barca and the Rise High project have recorded similar low scores. We can see by the data it is significantly above the Leeds average.

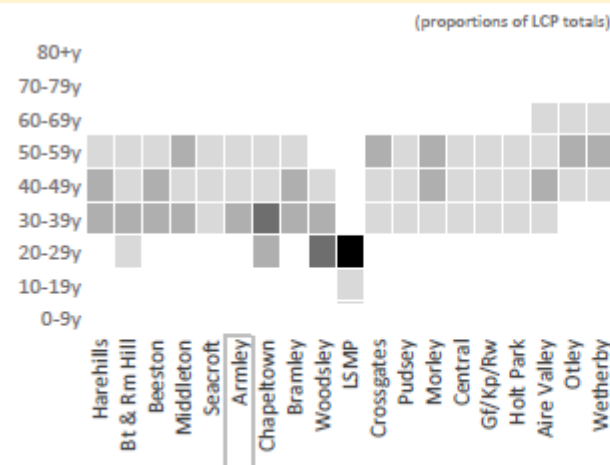
#### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are not varying in a manner related to deprivation.

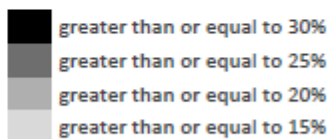
The LCPs are shown in descending order of deprivation and the bars are not really varying consistently.

#### LCP Common mental health populations by ageband



This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in Armley LCP is the 30-39y ageband with 20.8% of the LCP total.



*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*

There are currently of resources for local people to help them address any mental or emotional health problems which can be accessed through their local GP or they can self-refer.

The first one is the new city wide social prescription service which works with a large volume of citizens with underlying stress and anxiety issues. They can be contacted through;

<https://www.commlinks.co.uk/?service=linking-leeds> or telephoning 0113 336 7612

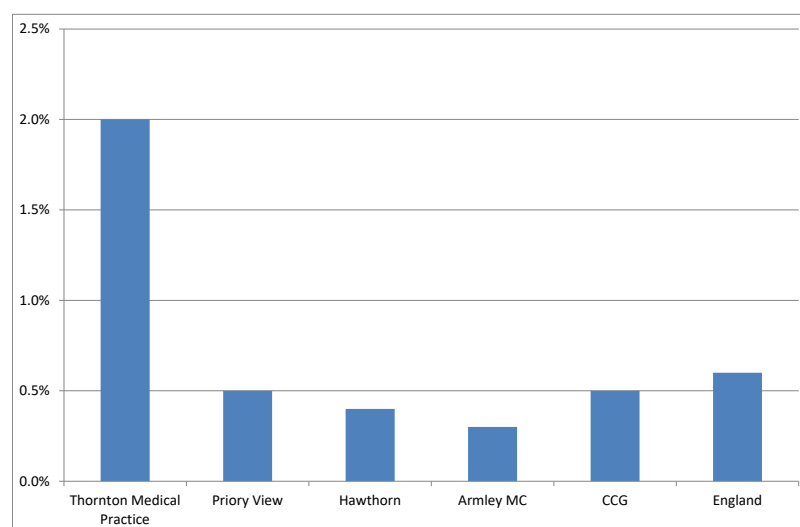
There is also an extremely comprehensive on line resource called Mind Well. Which has something for everyone irrespective of age, background, ethnicity, gender, sexual persuasion, relationship status and language spoken.

<https://www.mindwell-leeds.org.uk/> this really is the 'go to' site for all mental health services.

And for young people in this community up to and under up to 25 years old go to:

<https://www.mindmate.org.uk/>

Figure 18 Dementia prevalence as recorded on practice register (QOF) (all ages) (Source: GP Profiles, 2012/13)



It was reported that dementia is particularly high for Thornton Medical Centre because there are seven nursing homes linked to this practice.

### i. Suicide

Leeds City Council Public Health team have conducted an audit of suicides in Leeds (2008-10). The results show that the highest number of recorded deaths was in the LS12 area (this includes New Wortley). Key risk factors identified include:

- Unemployment or long term sick (see Figure 33, Figure 34, Figure 36)
- Single, divorced or separated (see Figure 37)
- Known to have a drug or alcohol problem (see Figure 24).

Suicide in this priority continues to be a tragic blight on this priority neighbourhood. The latest published suicide audit is for 2014-2016. Whilst there is a national focus on preventing suicides, we know that local action led by local partnerships is key in saving lives. This requires a strong evidence base and an effective suicide prevention plan that is owned and supported by local partners. To do this well we undertake an audit of suicides every three years. The audit process itself is very time consuming, however we know that undertaking one is worth the effort. We continue to see the benefits this process gives us and value the in-depth findings it uncovers for our population. No other information on suicide gives us such detailed understanding of the factors relating to these deaths, and those who are most at risk in communities across our city. These headlines help us as a partnership to understand our specific roles and responsibilities whilst challenging myths and assumptions often made in good faith. This report helps inform the Leeds Suicide Prevention Plan. (Source: Leeds City Council Audits of Suicides in Leeds 2014-16). The diagram below shows the many and complex factors involved.

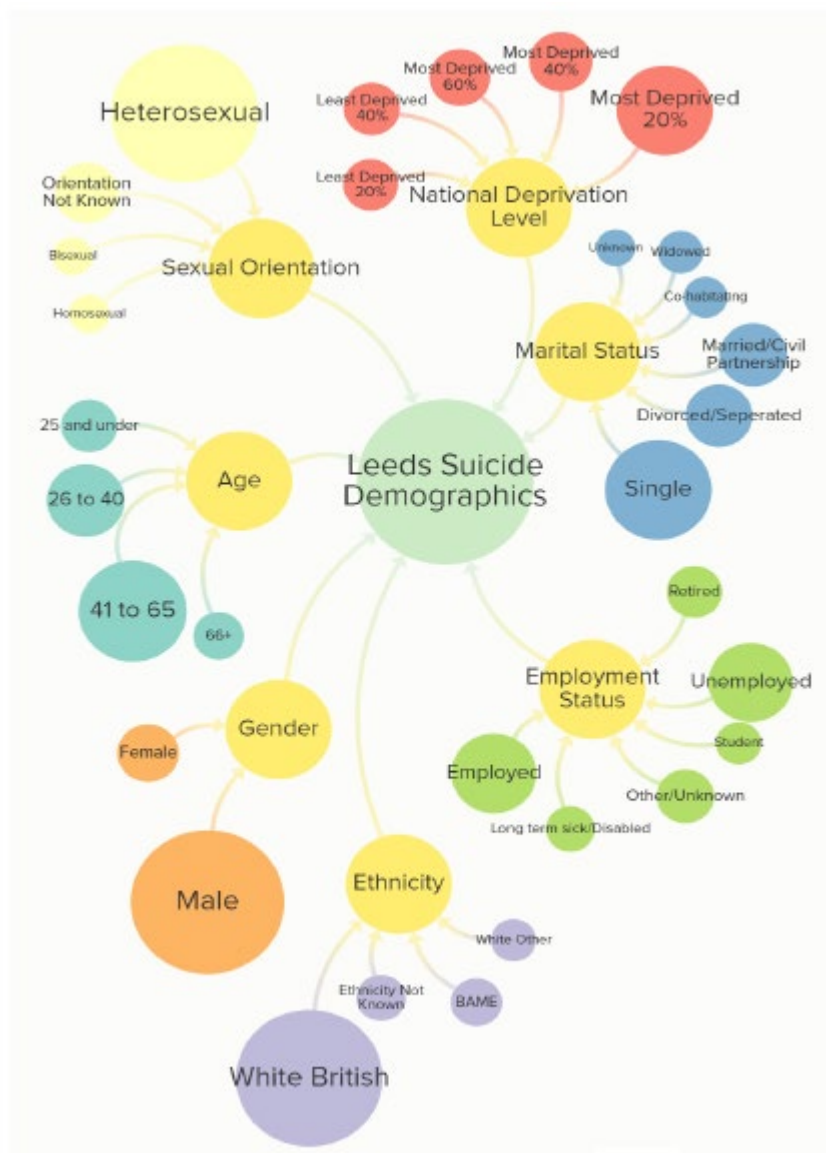
Figure 17c Causes of suicide diagram (Source LCC audit of suicides in Leeds 2014-16)



30% of all suicides in Leeds occurred amongst residents in the most deprived 20% of the city. 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.

Of the 31 postcode areas where suicides were recorded in Leeds, half of all individuals lived in just seven: LS6, LS8, LS9, LS11 **LS12**, LS15, and LS28. An additional seven postcode areas capture 80% of all suicides: LS13, LS14, LS16, LS17, LS19, LS25, and LS27. Source: LCC Audit of Suicides in Leeds 2014-16).

Figure 17 d Findings of the LCC audit of suicides 2014-16



The above diagram shows not much change from 2010 to 2016 in the common characteristics of those who take their own life. These are;

- White British
- Male
- Middle-aged
- Heterosexual
- Single
- Living in Leeds's 20% most deprived neighbourhoods

The largest age bracket for suicides is between the ages of 40-49. Men are at the biggest risk of suicide. Adverse childhood experiences can leave local residents with high levels of anxiety, low levels of confidence and crucially a lack of resilience, 'self-soothing' abilities and techniques for coping and problem solving when they experience adverse life experiences. If this is coupled with isolation and loneliness it can exasperate the situation and the resident's plummet into clinical depression and experiences suicidal thoughts.

Please note the following advice below taken directly from the audit which should be taken into account when looking at the locality picture.

The audit is retrospective and looks back on the years 2014 to 2016; this means these deaths occurred three to five years prior to the publication of this research. This time lag is unavoidable as in order to access the Coroner's records, the evidence needs to have already been assembled and the inquest completed by the Coroner. This process can be lengthy, particularly if the case is complex (for example, a death within a prison). The time lag means that we cannot guarantee that the audit findings are perfectly applicable to the current situation in Leeds. This is why the data from the audit is supplemented by both real time surveillance and national statistics provided by the ONS to provide a more detailed picture of suicides in Leeds.

Many initiatives encompassing; Men's groups at the local community centre, insight work at local popular public houses, the community health educator programme, men's coffee morning run by local third sector organisations, a men's walking group run by a retired MP, a former social prescription project (Patient Empowerment Project), the work of the local Armley Hub, a local older citizen's charity and the social housing project targeting vulnerable men 'Rise High' have all made huge contributions to engaging with local men experiencing suicidal thoughts. Many of these projects continue to run or may soon be reinstated. However a huge burden of this works sometimes falls on the community centre and it would be a positive move to increase funding and partnership work in these areas. In addition due to the complex needs of the people presenting themselves at the community centre some faster response professional psychiatric assistance and triaging to help community centre workers would be invaluable.

Recommendations from the 2014-2016 audit for locality working are below;

This audit has identified that those at the highest risk of suicide within Leeds are:

- Aged 40 to 65
- Male
- Born locally and predominantly living in deprived areas of Leeds
- Living alone
- Single/ separated/ divorced
- Experiencing worklessness
- Experiencing relationship problems
- Have a history of self-harm or previous suicide attempt(s)
- History of a mental health diagnosis
- Have a history of drug/ alcohol misuse

Consequently in a locality setting these would be the category of men we would be most interested in engaging with. Establishing who and where they are and engaging in helpful conversations about co-designing groups that would give them a sense of self-worth, meaning, purpose and ultimately steer them away from suicidal thoughts.

Two of the most pertinent recommendations from the audit are shown below;

## Recommendation 1

Engage partners from a wide range of organisations, ensuring key suicide prevention work is undertaken by skilled people who have access to the groups identified as most at risk. Support partners to embed effective actions within their own action plans across the city that link to the Leeds Strategic Suicide Prevention Plan.

## Recommendation 2

Target interventions towards those identified as most at risk. Every agency working to prevent suicide should consider how their work promotes resilience and good mental health, whilst reflecting the needs of the local population.

Further detailed recommendations can be found on the audit which can be accessed through Leeds observatory.

To help workers establish risk there is an odd lots table from the audit investigation. Expand document to see detail or refer to suicide audit document located on Leeds Health Observatory.

Figure 17e: Risk factor odds ratios, coloured by statistical significance

Odds Ratios																
	Domestic Violence	Relationship Problems	Physical Illness/Disability	Drug and alcohol misuse	Worklessness	Homelessness	Previous history of suicide attempt	Other	Financial Difficulties	Homelessness	Domestic Violence	Adverse Childhood Experiences	History of self-harm	History of suicide	Family History of suicide	Assessed as at risk
Mental Health History		1.03	0.92	1.49	2.19	2.34	5.90	0.75	0.98	1.05	2.09	5.15	4.82	1.30	17.44	0.41
Relationship Problems	1.03		0.68	2.80	2.61	7.84	1.64	0.41	3.00	1.30	1.18	2.17	6.95	12.14	2.12	3.09
Physical Illness/Disability	0.92	0.68		6.78	1.33	0.61	1.38	1.30	0.88	0.81	1.87	1.02	0.65	0.78	1.89	0.94
Drug and alcohol misuse	1.49	2.80	0.78		1.30	2.77	4.55	0.11	4.48	1.30	0.75	12.64	3.79	2.64	1.06	2.38
Worklessness	2.19	2.61	1.33	2.77		2.62	2.14	0.57	2.60	2.68	0.88	2.99	2.06	2.86	1.85	12.30
Homelessness	2.34	7.84	0.61	2.77	2.62		2.11	0.41	2.01	2.35	0.78	2.44	3.09	3.34	1.58	4.60
Previous history of suicide attempt	5.90	1.64	1.38	4.55	2.14	2.11		0.68	2.57	1.79	0.97	11.82	12.44	4.10	3.95	1.51
Other	0.75	0.41	1.30	0.11	0.57	0.41	0.68		0.75	0.66	1.25	0.60	0.67	0.70	0.74	0.89
Financial Difficulties	0.98	3.00	0.88	4.48	2.60	2.01	2.57	0.75		1.17	0.80	2.20	2.50	3.00	0.71	2.85
Homelessness	1.05	1.30	0.81	1.30	2.61	2.33	1.79	0.68	1.17		1.02	3.41	3.56	6.15	1.35	0.00
Domestic Violence	2.09	1.18	1.87	0.75	0.88	0.78	0.97	1.29	0.80	1.05		1.05	1.15	0.92	1.40	0.60
Adverse Childhood Experiences	5.15	2.17	1.02	12.64	2.99	2.44	11.82	0.60	2.20	3.41	1.05		3.60	3.72	2.93	0.82
History of self-harm	4.82	6.95	0.65	3.79	2.64	3.09	12.44	0.67	2.50	3.56	1.13	3.60		3.27	1.35	0.80
History of suicide	1.30	12.14	0.78	2.64	2.66	3.34	4.10	0.70	3.00	6.95	0.92	3.72	3.27		2.91	0.54
Family History of suicide	17.44	2.12	1.39	1.06	1.85	1.58	3.95	0.74	0.71	1.35	1.48	2.93	1.35	2.31		1.03
Assessed as at risk	5.58	0.89	1.38	0.84	1.60	0.71	2.27	0.90	1.09	1.45	3.02	1.42	0.66	1.86	1.86	0.00
Family History of suicide	9.25	2.63	2.61	1.07	2.34	6.91	1.58	1.12	0.92	1.19	1.79	1.26	1.91	1.28	1.17	12.67
Homelessness		3.09	0.94	2.38	12.30	5.57	5.76	0.89	5.42	3.05	0.90	13.46	0.80	1.44	4.24	0.00
Gambling	6.41		0.51	6.00	4.60	1.91	1.55		2.85		0.60	0.82	0.91	0.94	1.03	0.00

Significance  
p > .05   p < .05   p < .01   p < .001

There is additional help and information on locality working contained within this link from the NICE institute <http://stpsupport.nice.org.uk/mental-wellbeing-suicide-prevention-community-engagement/index.html>

### a. Hospital admissions

Figure 19 Standardised hospital admission ratios (MSOA based) (Source: GP Profiles, 2006/7 – 2010/11)

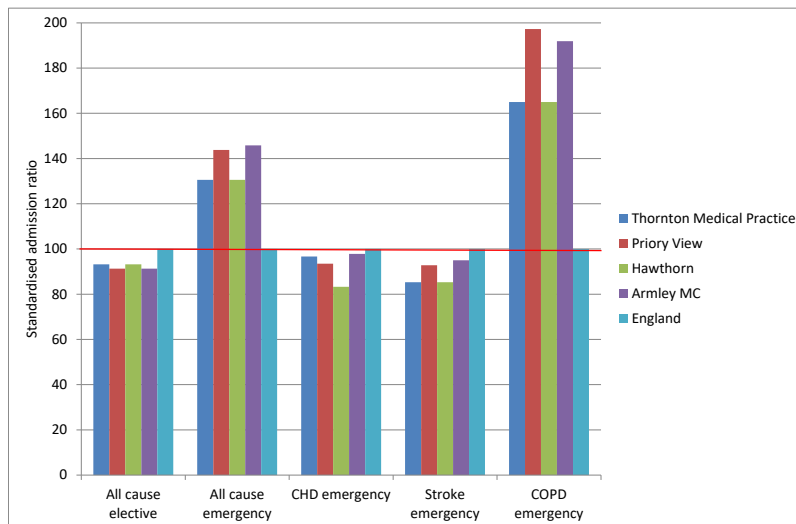


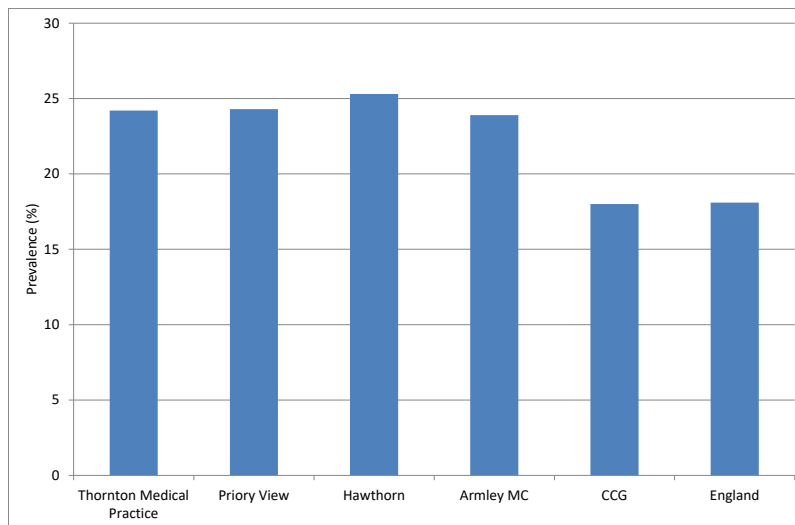
Figure 17 shows that there is a high incidence of all cause emergency admissions and COPD emergency admissions (based on data from 2006/07 to 2010/11). However it was anecdotally reported that more recent data may not show such a high level of COPD emergency. These have been reduced by proactive management, including respiratory teams working in the community, and anticipatory prescribing of antibiotics.

In 2018 we see COPD (see figure 12c) is still significantly higher in this LCP than the rest of Leeds. This is generally within older members of this community as you would expect.

## 9. Lifestyle

### a. Smoking

Figure 20 Smoking prevalence (Source: GP Profiles, 2012/13)



Prevalence derived from GP patient survey as the percentage of all respondents to the question "Which of the following best describes your smoking habits?" who answered "Occasional smoker" or "Regular smoker".

Smoking rates in this LCP 2018

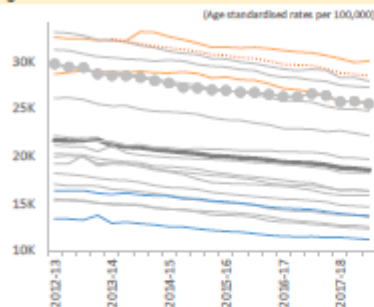
Figure 22a Smoking prevalence in Armley LCP 2018 (Source: Armley LCP profile 2018)



## Smoking (16+)

Rates are generally falling, and change is happening fastest in most deprived areas. Smoking is most common in younger age bands in the most deprived areas.

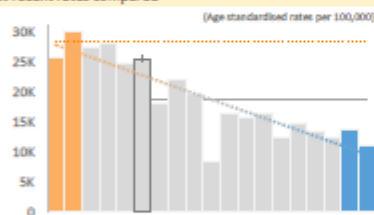
### Change of rates over time



In a time series we can see rates have been falling for many years, and in general the most deprived LCPs are falling at a slightly faster rate than the least deprived ones.

Most recent data shows this LCP to be significantly above Leeds.

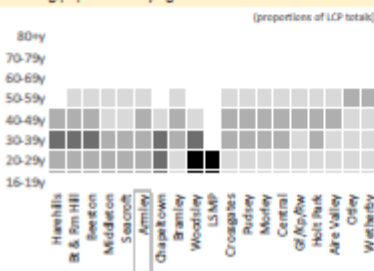
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

### LCP Smoking populations by ageband



This table shows the agebands within each LCP that contribute the most to the LCP total.

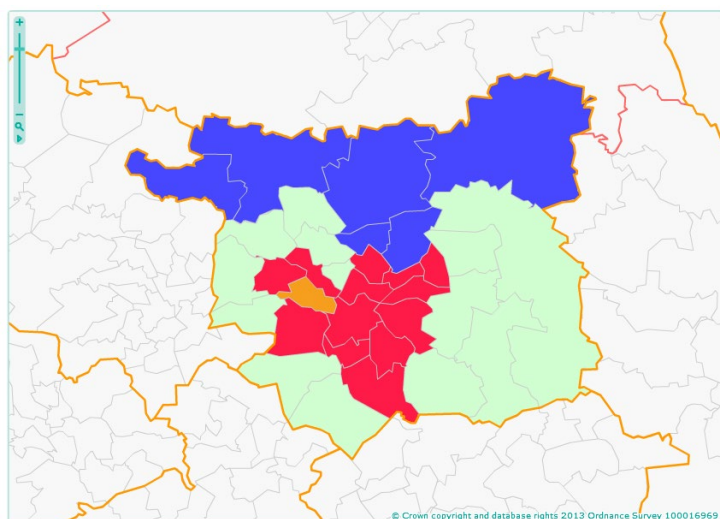
The largest group in Armley LCP is the 30-39y ageband with 24.4% of the LCP total.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Although smoking rates have been falling significantly in deprived areas this LCP is still significantly above the Leeds average.

## b. Teenage Pregnancy

Figure 21 Under 18 conception rates in Leeds, significance 2009-11 (Source: PHE Ward-Level Teenage Pregnancy Mapping Tool)

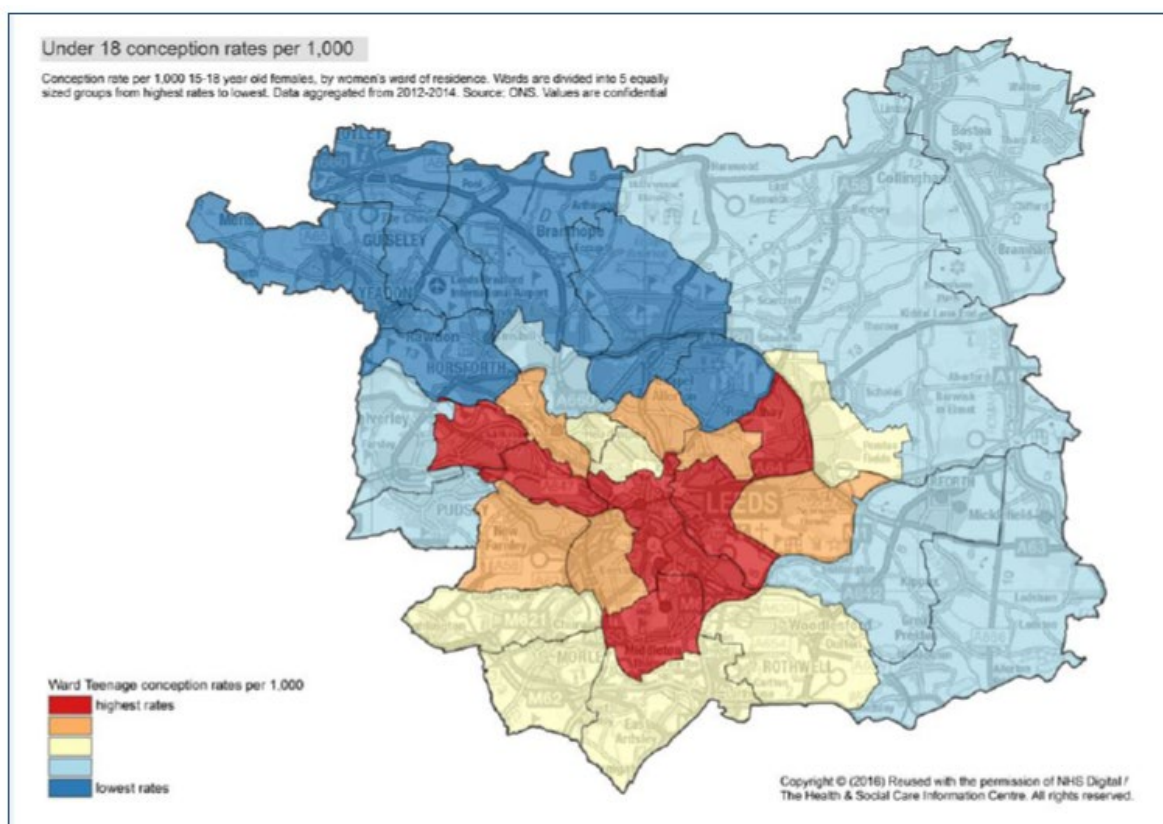


For 2009-11, under 18 conception rates were estimated to be significantly higher in Armley Ward, compared with England.

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

Figure 23a under conception rates per 1,000 by ward 2012-2014 (Source: ONS values are confidential)



(source: Conception rate per 1000 15-18 year old females, by woman's ward of residence. Data aggregated from 2012-2014, ONS).

We can still see some of the highest under 18 conception rates in the Armley ward. Educational achievement is already low within this neighbourhood and teenage pregnancies can compound the problem with young parents struggling to raise a family and return to school to complete their education. This leads to unprepared parents which can pass this educational disadvantage handicap to their children exasperating the cycle of under achievement and unfulfilled lives. However there are specialist units with LCC Children and Families team which can help and support young parents to complete their education whilst they are bringing up a family.

#### Recommendation:

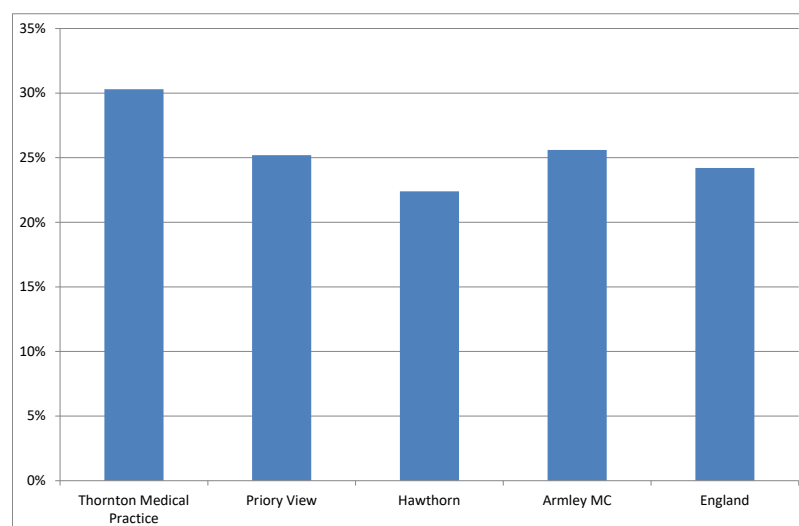
For help and assistance please see; <https://www.leeds.gov.uk/youthinformationHub/teen-parent>

Teenage Pregnancy and Parenting Team; Phone or Text: 07891270473 or Email [earlyhelptp@leeds.gov.uk](mailto:earlyhelptp@leeds.gov.uk)

This team emphasises the importance of staying in the school system for the young parent and helps them overcoming the many challenges and barriers in achieving this essential goal.

### c. Alcohol

Figure 22 Prevalence of adults (16+) who binge drink (Source: GP Profiles, 2007-08)



Modelled estimate based on Health Survey for England data.

Men are defined as having indulged in binge drinking if they consumed 8 or more units of alcohol on the heaviest drinking day in the previous seven days; for women the cut-off was 6 or more units of alcohol.

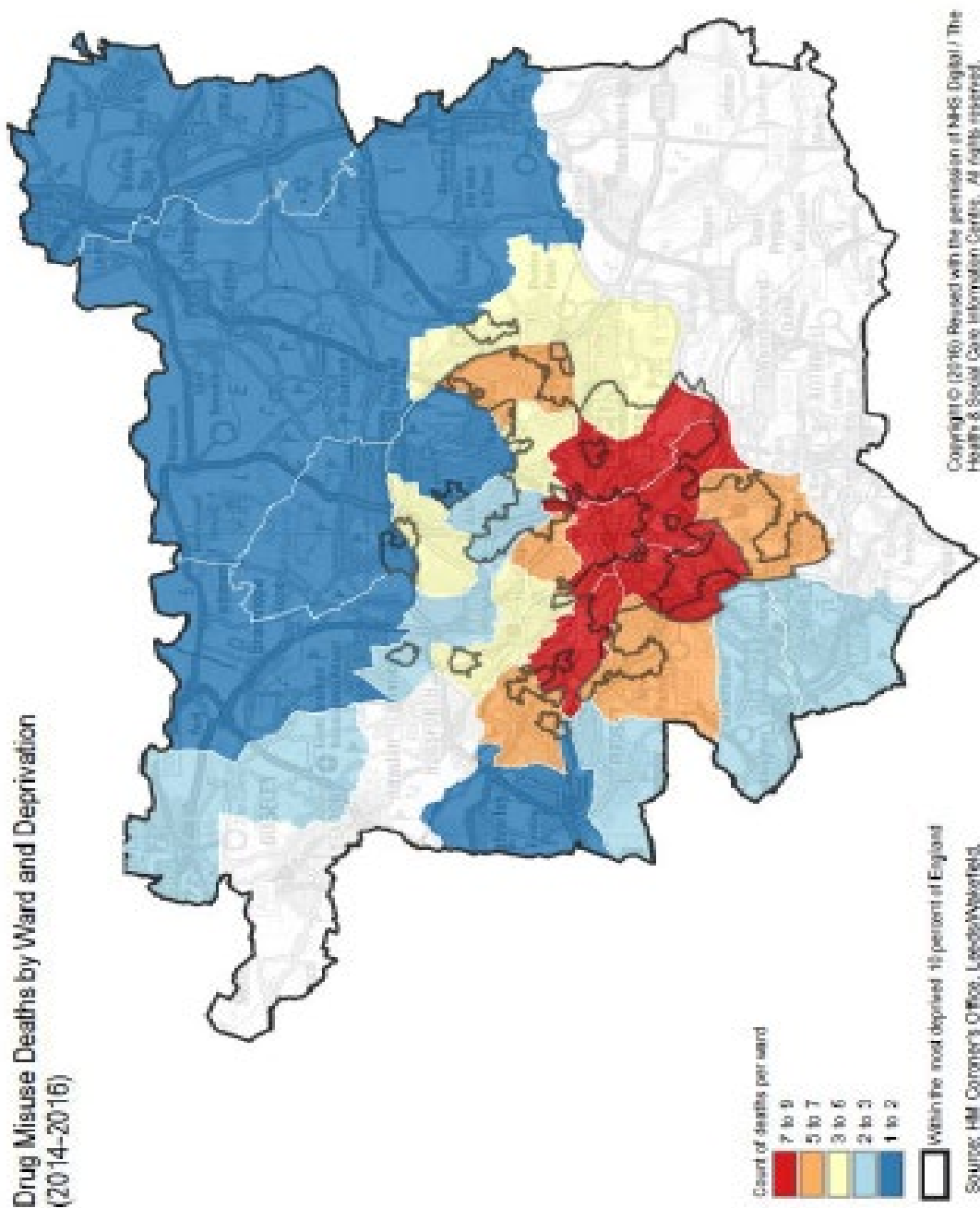
It was reported that alcohol misuse is a big issue in the New Wortley area. This has a knock-on effect to the community including alcohol related illness, crime, and community perceptions of a safe neighbourhood.

More training in brief interventions was suggested as one way to try to tackle the problem, and locating alcohol services in an accessible place such as a community centre.

We can see by looking at the Alcohol Harm Model-Matrix-2020 (appendix four page 143) that this LSOA has an extremely high rating. The table details what factors raise the harm level in this area .e.g. access to alcohol and alcohol related accident and emergency admissions.

### **Drug misuse deaths in New Wortley**

Figure 23a-1 Drug misuse deaths by ward and deprivation 2014-16 (Published April 2019) Source: HM Coroners Leeds).



Drug use, substance abuse and solvent misuse are serious issues in New Wortley. Aside from the obvious, serious health issues and drug related harm the associated dealing and black market activity in illegal substances has blighted this neighbourhood for a number of years. We can see from the map above the strong correlation between drug misuse deaths and our priority neighbourhoods. The local Policing team have made serious and significant inroads into decreasing the trade in class A and illegal drug related activity. However it is a pernicious wicked problem in our most deprived areas and is ever present.

## Findings of the Drug Misuse Death Audit

Substance misuse deaths occur more often in areas of high deprivation, with almost half (44%) of those who died having lived in the most deprived quintile of Leeds

The areas with the highest number of drug misuse deaths were to the southwest and southeast of the city centre, with City and Hunslet, [Armley](#), Beeston and Holbeck, and Burmantofts and Richmond Hill the areas with the highest numbers of drug misuse deaths – accounting for almost a third of all drug misuse deaths across the three years of the audit. (Source: HM Coroner's Office Leeds 2019)

### Characteristics of the Casualties of Drug Misuse Death

- **Isolated-**
  - 63% of those who dies, died alone. With males more likely to have lived alone than females.
- **Alone-**
  - 95% were separated, single, divorced or widowed.
  - 42% died alone.
- **Place of Death-**
  - 63% died at home.
- **Primary Care Access-**
  - 23% saw a GP one week before their death.
  - 43% saw a GP one month before their death.
- **Accident & Emergency Access-**
  - 1 in 5 deceased had visited this service in the last 12 months.
- **Specialist Drug & Alcohol Service**
  - Only 14% had been in contact with a service one month before their death.
  - However 51% of cases had been in contact with a service at some point of their lives.

Figure 23 a-2 Deaths by individual ward (Source: Drug misuse Deaths Audit 2014-2016 Leeds Observatory).

Ward	Total
Adel and Wharfedale	1
Alwoodley	1
Armley	8
Beeston and Holbeck	7
Bramley and Stanningley	5
Burmantofts and Richmond Hill	7
Calverley and Farsley	1
Chapel Allerton	2
City and Hunslet	9
Cross Gates and Whinmoor	4
Farnley and Wortley	6
Gipton and Harehills	4
Harewood	1
Headingley	3
Hyde Park and Woodhouse	5
Killingbeck and Seacroft	6
Kirkstall	4
Middleton Park	6
Moortown	3
Morley North	2
Morley South	2
No Fixed Abode	1
Otley and Yeadon	2
Pudsey	2
Roundhay	1
Temple Newsam	3
Weetwood	2
Wetherby	1
<b>Total</b>	<b>99</b>

Table 10: Number of deaths by ward

Figure 23a-3 Risk factors in Drug Misuse Deaths (numbers and percentages) (Source: Drug Misuse Deaths Audit 2014-16 Leeds Health Observatory)

<b>Risk factors</b>	<b>Total</b>	<b>%</b>	<b>Total unknown</b>	<b>%</b>
Worklessness	79	80	0	0
Receiving benefits	71	72	7	7
Divorce/ relationship breakdown/ problems	49	49	4	4
Homelessness	16	16	0	0
Been in prison	32	32	2	2
Previous convictions	34	34	0	0
Physical illness/ disability	63	64	1	1
Mental health	73	74	3	3
Domestic violence	8	8	0	0
Child abuse	11	11	0	0
Previously in care	12	12	0	0
Children removed from home	23	23	0	0
Victim of sexual abuse	8	8	1	1
Sex work	2	2	2	2
Family or friend history	33	33	19	19

We can clearly see partner less, isolated, workless males are the greatest area for concern. Those who are in this category and have been to prison have an increased risk. Any activities for men through social prescription, local third sector organisations or the community centre which allow rapid social contact can help local residents access local drug and alcohol services.

Socially isolated males are an incredibly difficult section of society to engage with. Drug and alcohol use can make it difficult for them to comprehend the benefits of engaging with services in terms of harm reduction and then friendship groups.

Citizens in treatment for the postcode LS12 in March 2020

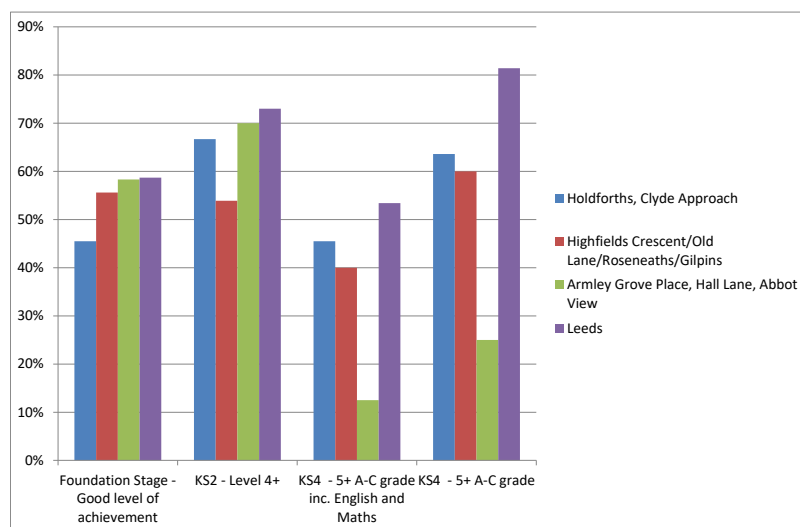


Primary Substance	Number in Treatment
Alcohol	76
Amphetamines (Excluding Ecstasy)	2
Cannabis	15
Cocaine (Excluding Crack)	11
Crack	8
Hallucinogens	2
Heroin	184
Methadone	2
Novel Psychoactive Substances	2
Other Drugs	2
Other Opiates	16
Grand Total	320

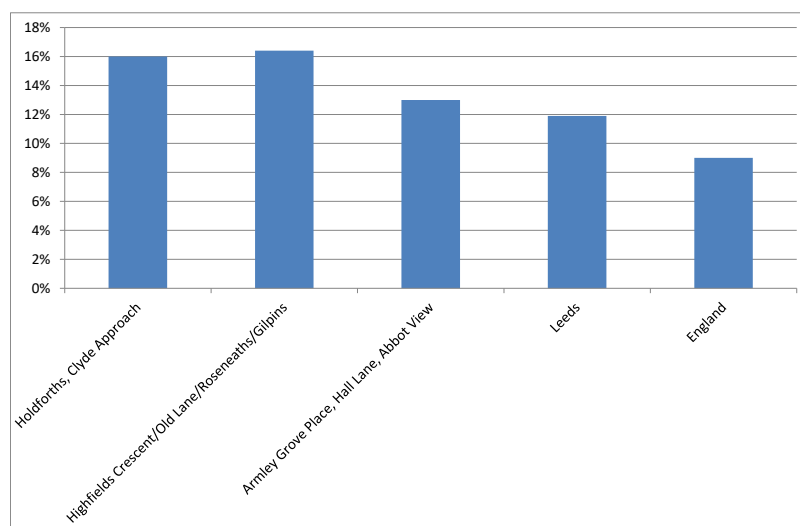
Substance Grouping	Number in Treatment
Alcohol and Non Opiate	16
Alcohol Only	68
Non Opiate Only	29
Opiate	207
Grand Total	320

## 10. Education

**Figure 23 Primary and Secondary (state) School Attainment (Source: Leeds Observatory LSOA Profiles, 2010-11)**



**Figure 24 Secondary school persistent absenteeism (Source: Leeds Observatory LSOA Profiles, 2010/11 )**

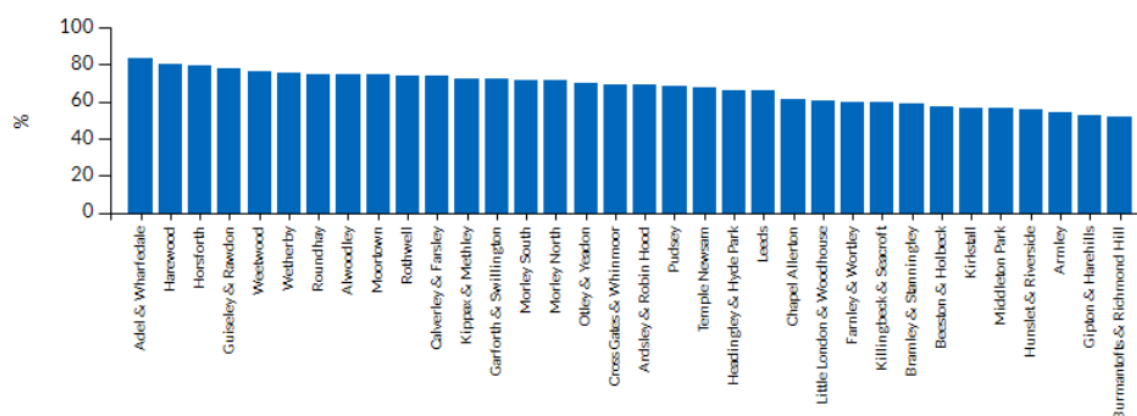


A persistent absentee is a pupil that misses 15% or more sessions during the school year, regardless of whether the absence is authorised or not.

**Figure 23-a-3 Early Years Foundation Stage Profile-children achieving a good level of achievement 2017-18 by ward (Source: Dfe and Leeds City Council)**

Worryingly we can see from below Armley is third from the bottom out of all city wards for children's achievement. This sadly creates a pattern for future poor performance and a lack of desire for future education, training and development. These development milestones can have a negative impact on the type of employment the citizen achieves and whether they feel they have reached their full potential. Poorly paid jobs can have a derogative effect on earning, economic life in the community and reap poor mental and emotional health exasperated by incidences of poor mental health.

**Early Years Foundation Stage Profile - children achieving a good level of development 2017-2018 - ward comparison**



Source: DfE and Leeds City Council

Attendance and absence figures 2016-2017	Castleton CC	Leeds	England
Primary attendance	96.2%	96.0%	96.0%
Secondary attendance	94.3%	94.3%	94.6%
Primary persistent absence	7.5%	8.4%	8.3%
Secondary persistent absence	13.5%	15.0%	13.5%

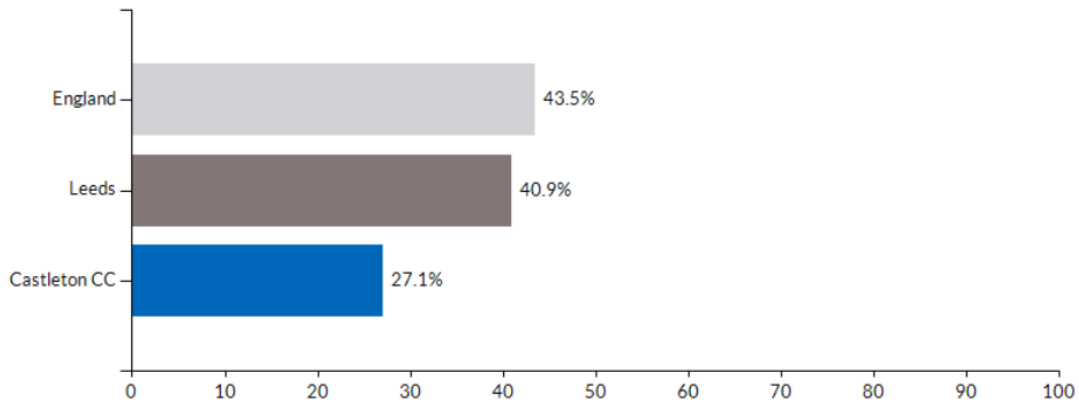
Source: DfE and Leeds City Council



Figure 23-a-4 Attendance Figures for the Castleton CC reach area-2016-2017 (Source: Dye and Leeds City Council) See table above.

Figure 23-a-5 key Stage 4-pupils achieving a strong pass in English and Maths GCSEs 2017-2018) see table below.

Key Stage 4 - pupils achieving a strong pass in English and Maths GCSEs 2017-2018



Source: DfE and Leeds City Council



Achieving a good standard of education is a passport to higher quality and more fulfilling employment opportunities. Where aspiration is historically low in deprived neighbourhoods and where parents of local children and young people have had toxic experiences at school the cycle of stunted aspiration continues.

The most effective evidence based method of lifting children out of poverty is to concentrate and invest heavily in the first 1001 days of a child's life. This naturally leads to better educational outcomes. This is proven to help them develop their full potential and contribute to civic life. LCC have a city wide Best Start Strategy to help achieve this. The Best Start City Wide Strategy Plan available from the authors on request. [Jonathan.Hindley@leeds.gov.uk](mailto:Jonathan.Hindley@leeds.gov.uk)

The Wave Top Ten **recommendations** which inform the City Wide Best Start Strategy

### **WAVE TOP TEN RECOMMENDATIONS**

1. Increase breastfeeding and good antenatal nutrition
2. Promote language development
3. Reduce domestic violence and stress in pregnancy
4. Achieve a major reduction in abuse and neglect
5. Set up an effective and comprehensive perinatal mental health service
6. Assess and identify where help is needed
7. Focus on improving attunement
8. Promote secure attachment
9. Ensure good health-led multi-agency work
10. Ensure early years workforce has requisite skills

### **Cluster performance for catchment area 2019 (Sources: Cluster data July 2019)**

Children and Young People's Plan Key Indicator Dashboard - Cluster level July 2019

	Children Looked After <sup>1 2 3</sup>		Child Protection Plans <sup>1 2 3</sup>		Number of Children and Young People with a Child in Need (CIN) Plan <sup>1 2 3</sup>		Prevalence of children at age 11 who are a healthy weight <sup>2</sup>	Early Years Foundation Stage: % GLD <sup>4 5</sup>	Reaching the expected standard in RWM at the end of KS2 <sup>4</sup>	Average Progress 8 Score <sup>4</sup>	Level 3 Quals at age 19 <sup>6</sup>	Primary Attendance <sup>4</sup>	Secondary Attendance <sup>4</sup>
Time Period	As at 31/07/2019		As at 31/07/2019		As at 31/07/2019		2017/18 AY	2017/18 AY	2017/18 AY	2017/18 AY	2017/18 AY	2017/18 AY	2017/18 AY
Leeds	1306		511		3046		64.5%	65.7%	61%	-0.02	51.9%	95.9%	94.2%
Cluster	No.	RPTT	No.	RPTT	No.	RPTT	%	%	%	Average Score (Provisional) <sup>7</sup>	%	%	%
ACES	67	125.0	18	33.6	177	330.2	55.6%	51.5%	59%	-0.67	32.1%	96.1%	91.2%

### **a. Adult education**

**Figure 25 Adults aged 25-54 with no or low qualifications.**

LSOA	Regional Rank	National Rank
Holdforth's, Clyde Approach	9	10
Armley Grove Place, Hall Lane, Abbot View	8	9
Highfields Crescent/Old Lane/Roseneaths/Gilpins	7	9

The data in Figure 25 is from the Index of Multiple Deprivation, 2010 Education, Skills and Training Deprivation Domain. The rank relates to the proportion of adults aged 25-64 with no or low qualifications

Each LSOA is ranked across the 32,482 LSOAs in England (national rank) or the 476 LSOAs in Leeds (regional rank), with a rank of 10 for the most deprived LSOA in England on Adult Skills and a rank of 1 for the least deprived LSOA.

The ACORN profile for the Armley, New Wortley MSOA highlights inequalities in the educational attainment of adults. Figure 26 gives an index which is a guide as to how different the ACORN type is to England. An index of 100 means an item is present in the same proportion as it is in England. An

index of 200 means there are double the proportion of people in that Type as there would be in England. Below 100 means less than expected proportions.

**Figure 26: Characteristics of ACORN Types: Adult Education**

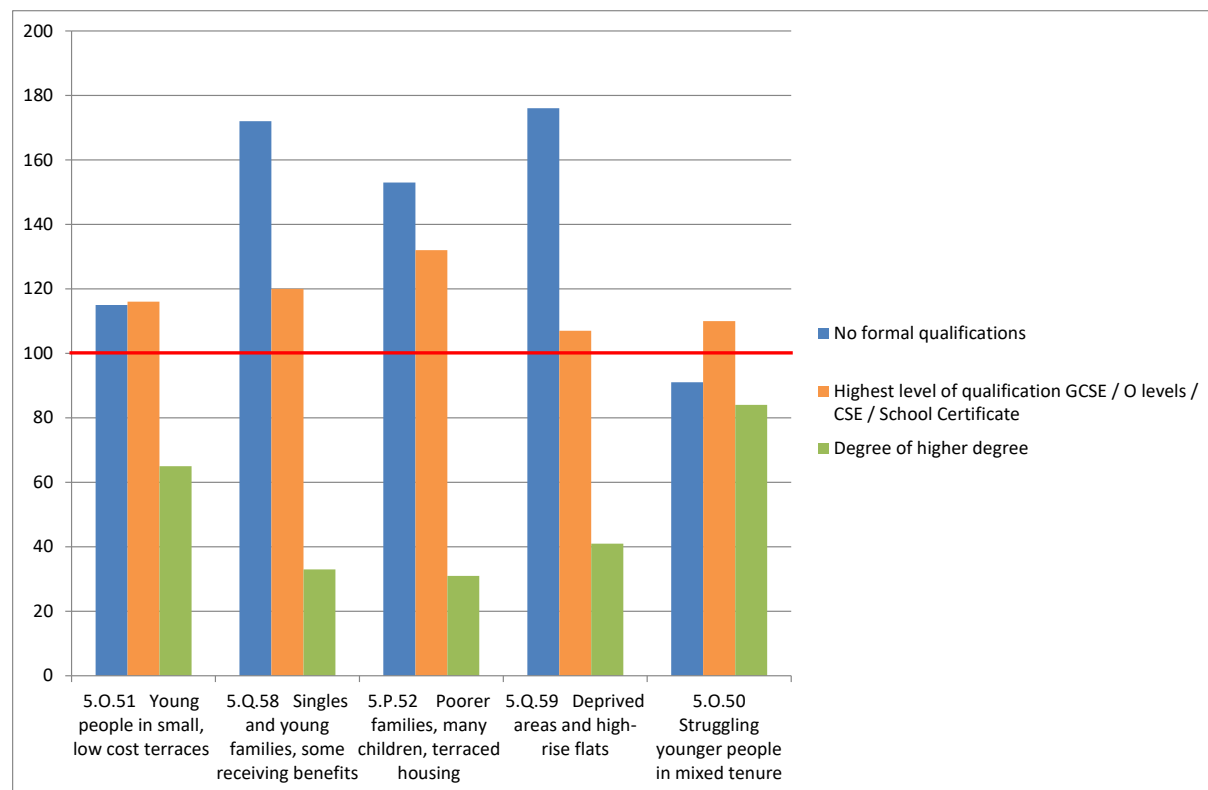
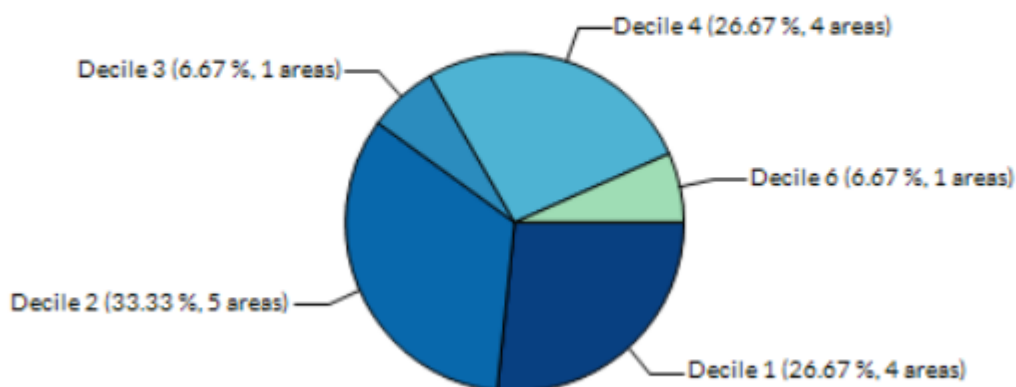


Figure 26 shows that the educational attainment of adults in the Armley, New Wortley area is lower than the England average. For example:

- Type 5.O.51 is slightly more likely than average to have no formal qualifications (index 115) or GCSE / O levels / CSE / School Certificate (index 116), and almost half as likely to have a degree or higher degree (index 65).
- Type 5.Q.58 has almost double the likelihood of having no formal qualifications (index 172). They also have a very low index for degree or higher degree (index 33).

**Figure 23-a-6 Proportion of LSOAs in Armley by Education, Skills and Training Decile-2019 (Source: DCLG)**

## Proportion of LSOAs in Armley by Education, Skills and Training Decile - 2019



2019

We can see that for this priority neighbourhood low educational attainment continues to be a major issue in 2019. Lack of meaningful qualifications in this area are directly linked to deprivation and inequality as you would expect and follows an established city pattern in poorer inner city areas. Transition for local children in this area can be a particularly difficult time. School children who are achieving and engaged at primary school can become disengaged and absent when they move to secondary education. The youth service have undertaken some strong and sterling work in the local area with schools to help ease this sometime problematic transition. The recommendation is that along with other compatible measures such as a concentration and focus on early years this youth service transition work continues. It is essential that on moving to high school achievement levels and engagement are not disrupted. Some of the negative influences on local school children are peer pressure, local low level and more serious crime activity, illegal substances and complex family circumstances where parents are struggling with addictions and poor mental and emotional health.

# Proportion of LSOAs in Armley by Education, Skills and Training Decile - 2019 | Data

Education, Skills and Training Decile 2019 	
<b>Armley</b>	
E01011281, Raynville Cres, Houghleys, Victoria Parks	2
E01011283, Wyther Parks	1
E01011284, Aviaries, Arleys, Salisburys	2
E01011286, Hill Top, Town End	4
E01011287, Spring Valleys	4
E01011292, Carr Crofts, Cedars, Wesley Road	1
E01011293, Mistress Lane, Nancroft Lane, Brooklyns, Models	2
E01011294, Armley Grove Place, Hall Lane, Abbot View	1
E01011295, Outgang Lane, Raynviles, Musgraves	2
E01011363, Holdforths, Clyde Approach,	1
E01032499, Armley Granges, Gotts Park, Hill End	6
E01032500, Armley Ridge Road, Edinburghs	2



## 11. Community Safety

### a. Recorded crime

Figure 27 All recorded crime (Source: Leeds Observatory LSOA Profiles, 2010/11)

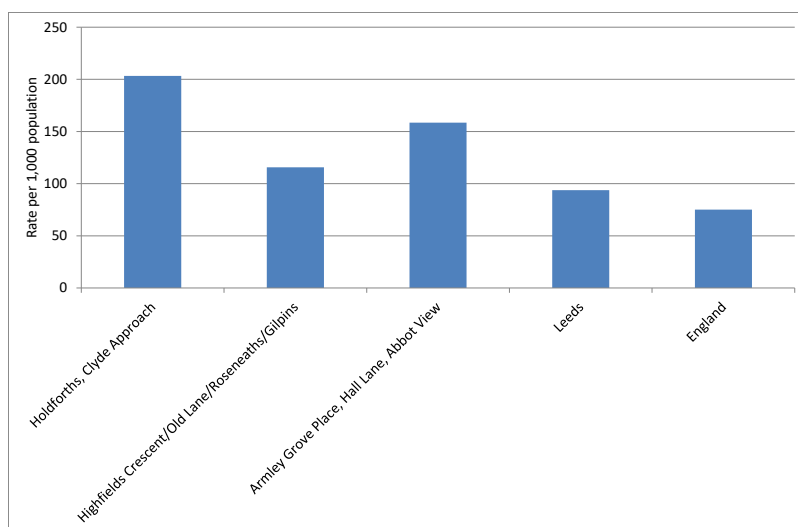
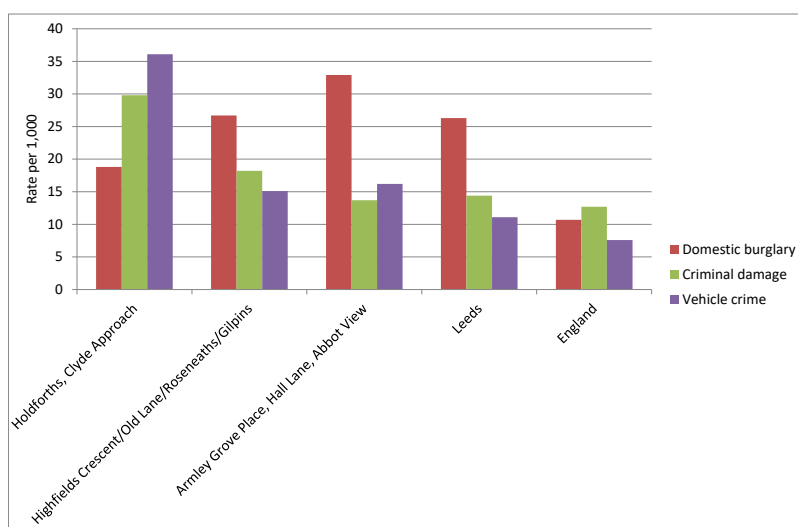
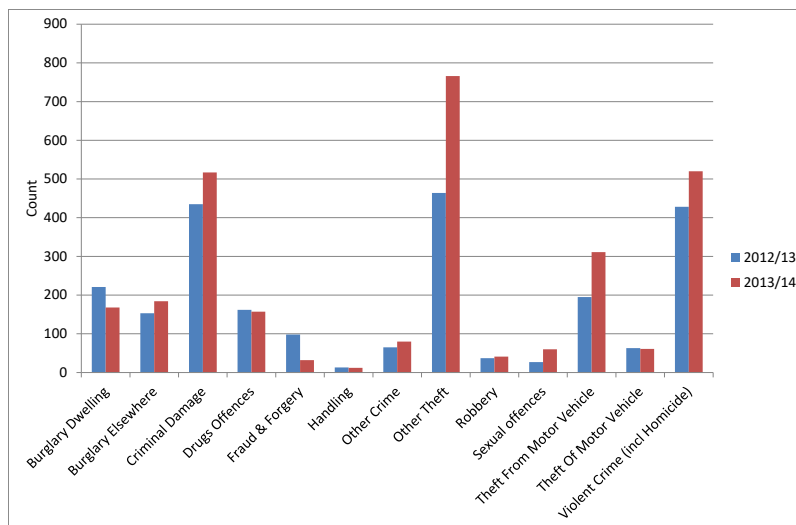


Figure 28 Crime (Source: Leeds Observatory LSOA Profiles, 2010/11 )



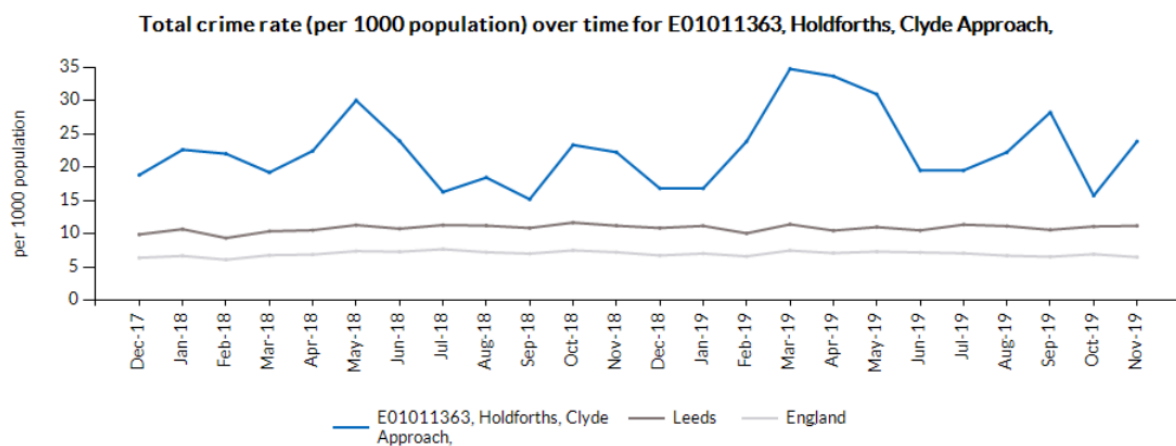
Calculated as a rate per 1,000 population, except domestic burglary rates which are calculated as a rate per 1,000 households.

Figure 29 Crime Counts for Armley Ward (Source: West Yorkshire Police)

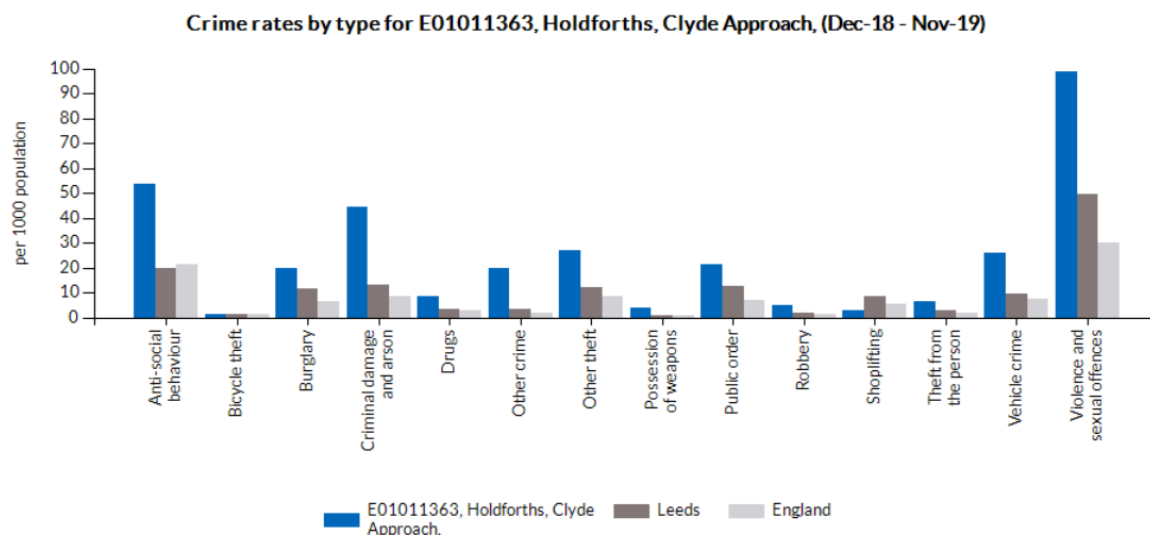


## 2019-Crime for LSOA E01011363-Holdsworth, Clyde Approach

Figure 27-a-1 Crime rates and crime type for LSOA E01011363-Holdsworth, Clyde Approach. (Source: data.police.uk)



Source: data.police.uk \*



From November 2018 to December 2019 there were 527 recorded crime cases and the crime rate for the same period per 1,000 of population.

The crime figures above are very disturbing in any instance but when compared to Leeds and UK figures more so. Specifically in the following categories the rates are alarmingly high;

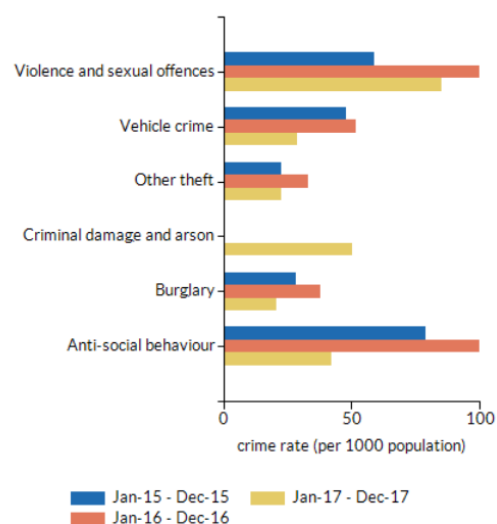
- Violence and sexual offences
- Anti-social behaviour
- Criminal damage and arson

Crime counts and rates by type for E01011363, Holdforths, Clyde Approach, (Dec-18 - Nov-19)

	count	rate (per 1000 population)
Anti-social behaviour (ASB) <a href="#">i</a>	99	53.77
Bicycle theft <a href="#">i</a>	3	1.63
Burglary <a href="#">i</a>	37	20.1
Criminal damage and arson <a href="#">i</a>	82	44.54
Drugs <a href="#">i</a>	16	8.69
Other crime <a href="#">i</a>	37	20.1
Other theft <a href="#">i</a>	50	27.16
Possession of weapons <a href="#">i</a>	7	3.8
Public order <a href="#">i</a>	39	21.18
Robbery <a href="#">i</a>	9	4.89
Shoplifting <a href="#">i</a>	5	2.72
Theft from the person <a href="#">i</a>	12	6.52
Vehicle crime <a href="#">i</a>	48	26.07
Violence and sexual offences <a href="#">i</a>	182	98.86
<b>All crime (excluding ASB) <a href="#">i</a></b>	<b>527</b>	<b>286.26</b>

Source: data.police.uk \*

Annual crime rate comparison for selected crime types for E01011363, Holdforths, Clyde Approach,



## Domestic Violence

Lower Super Output Area figures are difficult to access because of their level of sensitivity and preparation process. In addition LSOA figures can be found but cannot be published because they are too identifiable. However what we do have the Leeds City Council –Leeds Domestic Violence Service for the LS12 postcode are;

### 2017/18:

Refuge:	11	
Community based support	233	
<b>TOTAL</b>	<b>244</b>	(equates to 7.7% of total referrals)

### 2018/19:

Refuge	10	
Community based support	171	
<b>TOTAL</b>	<b>181</b>	(equates to 6.8% of total referrals)

### 2019/20 (Q1 and Q2):

Refuge	3	
Community based support	130	
<b>TOTAL</b>	<b>133</b>	(equates to 9.6% of total referrals)

And looking at offences from the last HNA (2014) to the present HNA (2019) at ward level where this LSOA falls into;

### Domestic Abuse Incidents for Armley Ward with an LS12 postcode 2014 - 2019

Year	Count	Crime	Non-Crime
2014	759	295	464
2015	753	368	385
2017	945	688	257
2018	1015	729	286
2019	979	722	257

We can see there has been a significant increase in the last three years with a peak in 2018 in the table above.

In the below table we can see the ward of Armley is high compared to others;

Domestic Incidents reported to West Yorkshire Police							
Reporting Period	Feb-19 to Jan-20						
Primary safeguarding domestic incidents recorded by Police. Ward assigned at source (subject to location information provided). Source data extract provided by West Yorkshire Police (monthly data extract). Reporting one month in arrears due to data sharing processes.							
	Violence	Verbal Dispute	Other	Criminal Damage	Theft	Total	% Change
East	54%	25%	9%	5%	3%	5782	-9%
Alwoodley	56%	28%	8%	3%	1%	392	3%
Burmantofts & Richmond Hill	54%	26%	8%	5%	3%	1316	-5%
Chapel Allerton	57%	21%	9%	6%	4%	655	-15%
Gipton & Harehills	52%	26%	10%	5%	3%	1280	-12%
Harewood	60%	21%	9%	3%	4%	112	-22%
Killingbeck & Seacroft	52%	26%	9%	6%	3%	1128	-15%
Moortown	56%	24%	7%	6%	3%	347	11%
Roundhay	56%	23%	10%	4%	3%	356	-9%
Wetherby	60%	23%	7%	2%	3%	196	11%
South	56%	24%	9%	6%	3%	6988	-10%
Ardsley & Robin Hood	58%	20%	11%	7%	2%	358	-11%
Beeston & Holbeck	55%	27%	8%	4%	3%	1108	-5%
Cross Gates & Whinmoor	54%	24%	10%	9%	2%	683	-16%
Garforth & Swillington	64%	20%	8%	3%	4%	266	-7%
Hunslet & Riverside	56%	25%	8%	5%	3%	1113	-11%
Kippax & Methley	56%	25%	7%	6%	3%	357	-9%
Middleton Park	55%	25%	8%	7%	3%	1182	-18%
Morley North	57%	22%	11%	3%	4%	436	-8%
Morley South	54%	24%	9%	6%	5%	557	-3%
Rothwell	54%	25%	10%	5%	3%	359	-26%
Temple Newsam	58%	22%	9%	5%	3%	569	11%
West	54%	26%	8%	5%	3%	6913	-6%
Adel & Wharfedale	55%	28%	9%	3%	3%	200	-11%
Armley	54%	26%	9%	6%	2%	1130	-9%
Bramley & Stanningley	53%	26%	8%	7%	3%	919	6%
Calverley & Farsley	60%	22%	7%	4%	3%	348	-8%
Farnley & Wortley	54%	25%	7%	7%	5%	840	-3%
Guiseley & Rawdon	56%	25%	6%	3%	5%	305	19%
Headingley & Hyde Park	53%	26%	8%	5%	4%	404	-16%
Horsforth	58%	28%	5%	5%	3%	222	-14%
Kirkstall	51%	28%	7%	6%	3%	549	-18%
Little London & Woodhouse	51%	31%	8%	4%	3%	699	-6%
Otley & Yeadon	54%	24%	10%	5%	3%	387	6%
Pudsey	53%	26%	9%	6%	5%	543	-8%
Weetwood	53%	24%	10%	5%	3%	367	-13%

- More data is required but we can see domestic violence is a serious issue within our deprived communities. We can see from 2017 to 2019 an average of 212 residents have been offered community based support and an average of ten citizens from the area have sort refuge. Over the last year Prevention & Recovery Service from behind-closed-doors have had no referrals from New Wortley post codes.([www.behind-closed-doors.org.uk](http://www.behind-closed-doors.org.uk))
- No safeguarding concerns from Leeds Minds- apart from one suspected physical abuse at LS12 postcode but this was not confirmed & not raised with local authorities.

#### b. Perceptions of crime and safety

The West Yorkshire Police and Crime Commissioner Public Perception Survey highlights poor performing areas for the Inner West area of Leeds (covering Armley, Bramley and Stanningley

Neighbourhood Policing Teams). These results were obtained from the Leeds Observatory. They show for March 2014, compared with the rest of Leeds, residents reported the following negative results:

Indicator	Perception of Inner West residents compared with the rest of Leeds
Satisfied with the local area as a place to live	Less
People get along together	Less
People using or dealing drugs	More
Violent crime	More
Hate crime	More
Property crime	More
Drunk and rowdy behaviour	More
Vandalism	More
Young people being disruptive	More
Noisy neighbours	More
Rubbish and litter	More
Satisfaction with level of visible patrols	Less
Confidence in the police	Less

Castleton Primary School has conducted a survey of their children and parents, with results for each collated separately. Four questions were asked:

- What do you like about living in this area?
- What changes would you like to see to improve the area?
- How could we make things better for the children and the elderly?
- If you had 3 wishes to improve the area, what would they be?

The results highlighted a wish for a safer community (including more police, no drugs and gangs) and a greener, cleaner environment (including more parks and less litter).

**Figure 30 The Children's view: What changes would you like to see to improve the area?**

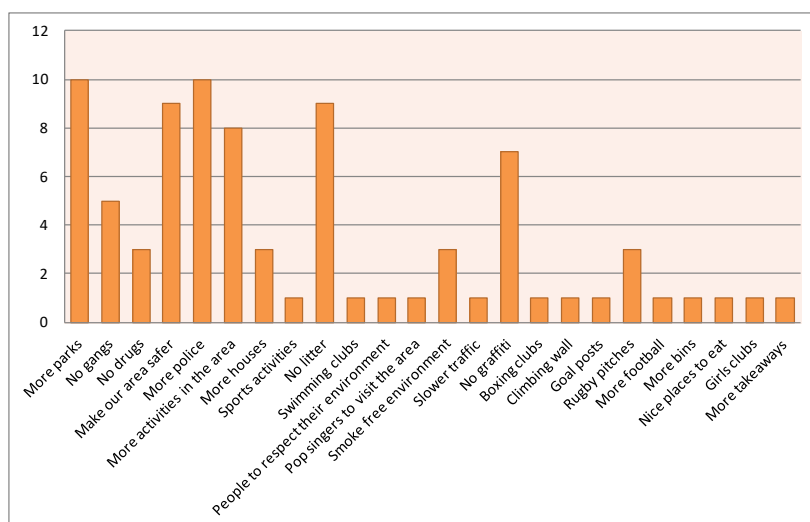
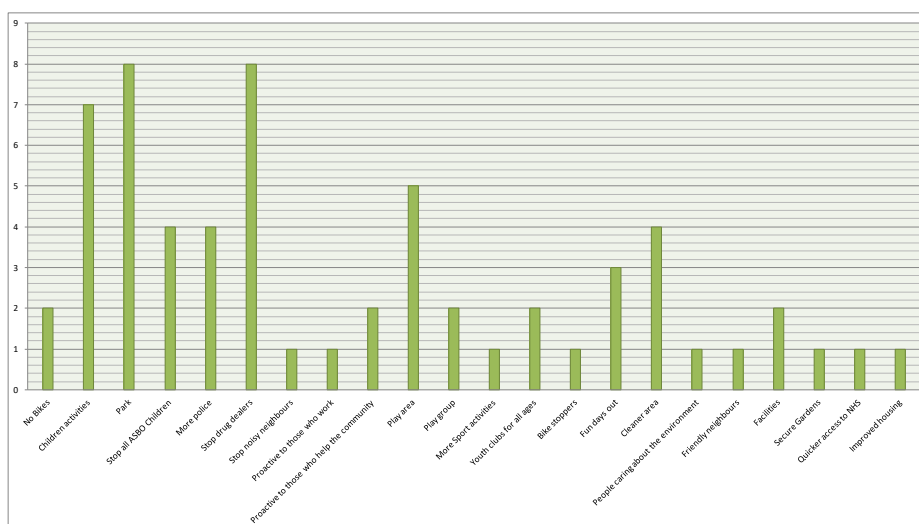


Figure 31 The Parent's view: If you had 3 wishes to improve the area, what would they be?



The New Wortley HNA (2011) also highlighted litter, graffiti, fly tipping and waste as a problem. Leeds Neighbourhood Index 2010, Environment Domain, identifies New Wortley as an area showing significant concentrations of fly tipping and graffiti with the highest number of clearance and removal jobs attended.

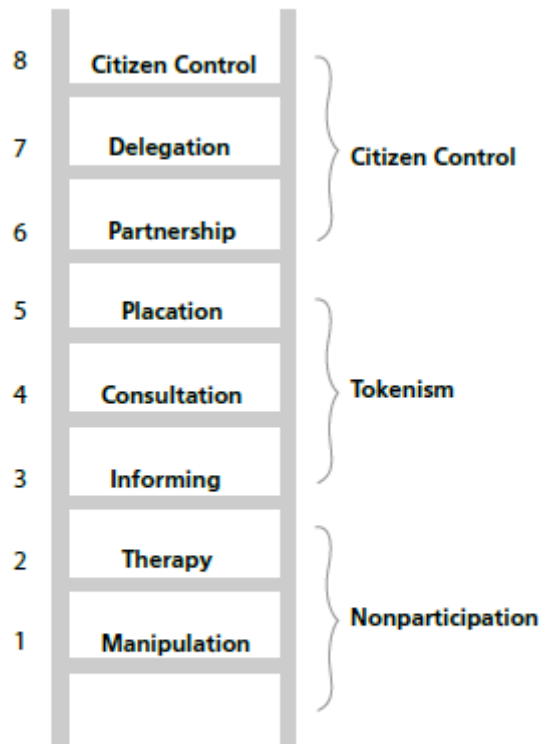
## 2019

### Community Consultations and 3 wishes to improve the area.

Since this HNA was first compiled in 2014 there have been a number of consultations. These surveys, questionnaires, interviews and focus groups have been conducted on a regular basis even before this HNA and even since the very first HNAs that were written in 2009 and 2011 by local third sector organisations and Leeds City Council.

In 2019 it is reported that an overwhelming number of residents, professionals, service providers, third sector organisations and community groups feel that they have been in their words “*over consulted to death*” and felt enough intelligence had been gathered and they would like to see some

form of action on issues raised. The figure below shows why this can lead to disengagement with the local community. Figure 27-a-2 Arnstein's Ladder of Participation.



**Arnstein's Ladder (1969)**  
Degrees of Citizen Participation

The core group and especially the New Wortley Community and Wellbeing Centre have had considerable success with focussing purely on the very top of Arnstein's ladder (points; 6,7 & 8). However this has been on a small scale and a limited way in terms of group construction, control and various initiatives around the neighbourhood and in the local community centre. This has been due to a lack of funding and investment to aid this process and pass these resources over to local community members. The points of concentration are;

- Citizen Control -the Gold Standard .e.g. "Have-Nots" control the whole process, from planning, making and managing a neighbourhood programme with no intermediaries' in-between. This of course has strong synergy with LCCs Asset Based Approach.
- Delegation
- Partnership

In 1969 Sherry Arnstein wrote deliberately provocatively about citizen involvement in planning processes in the United States. He described a "ladder of citizen participation" detailing resident involvement ranging from high to low. (Source: Sherry R. Arnstein's "A Ladder of Citizen Participation," Journal of American Planning Association, Vol. 35, No. 4, July 1969, pp. 216-224).

(Sherry Arnstein was the former Executive Director of the American Association of Colleges of Osteopathic Medicine.)



From the same periodical there is this accompanying explanation from Arnstein.

The ladder is a guide to seeing who has power when important decisions are being made. It has survived for so long because people continue to confront processes that refuse to consider anything beyond the bottom rungs.

Here is how David Wilcox describes the 8 rungs of the ladder at [www.partnerships.org.uk/part/arn.htm](http://www.partnerships.org.uk/part/arn.htm) :

**1 Manipulation and 2 Therapy.** Both are non-participative. The aim is to cure or educate the participants. The proposed plan is best and the job of participation is to achieve public support through public relations.

**3 Informing.** A most important first step to legitimate participation. But too frequently the emphasis is on a one way flow of information. No channel for feedback.

**4 Consultation.** Again a legitimate step attitude surveys, neighborhood meetings and public enquiries. But Arnstein still feels this is just a window dressing ritual.

**5 Placation.** For example, co-option of hand-picked 'worthies' onto committees. It allows citizens to give advice or plan ad infinitum but retains for power holders the right to judge the legitimacy or feasibility of the advice.

**6 Partnership.** Power is in fact redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared e.g. through joint committees.

**7 Delegation.** Citizens holding a clear majority of seats on committees with delegated powers to make decisions. Public now has the power to assure accountability of the programme to them.

**8 Citizen Control.** Have-nots handle the entire job of planning, policy making and managing a programme e.g. neighborhood corporation with no intermediaries between it and the source of funds.

Some of the resident issues raised from previous consultations in 2009, 2011 and 2014 have been successfully dealt with. One of these issues is the large amount of fly tipping and graffiti in the local vicinity which has been successfully dealt with by LCC cleaning and street sanitation acting swiftly to remove these eye sores. Police and Police Community Support Officer Patrols have significantly reduced the volume of illegal drug exchanges on the estate but the Police have commented that it needs constant attention. There was a huge crime and anti- social behaviour spike in 2016 which was pronounced enough to attract media attention. This was successfully dealt with by the Police and partners using disruptive and diversionary strategies. There has been an overall drop of 68% in anti-social behaviour. However it continues to be a problem generated by a few local well known families and requires constant attention by the authorities.

#### **Door-Knocking and Door Step consultations in New Wortley**

However there has been some success when day time and early evening walk arounds have taken place over the last couple of years with partners either offering professional services to residents (One You Leeds-Free Healthy Living Service) or asking local people where is the best place to have police patrols is and at what times. This was an effective and less intrusive mechanic as many residents willingly volunteered useful intelligence. These activities were organised by the core group. The three top anecdotal complaints from these sessions were;

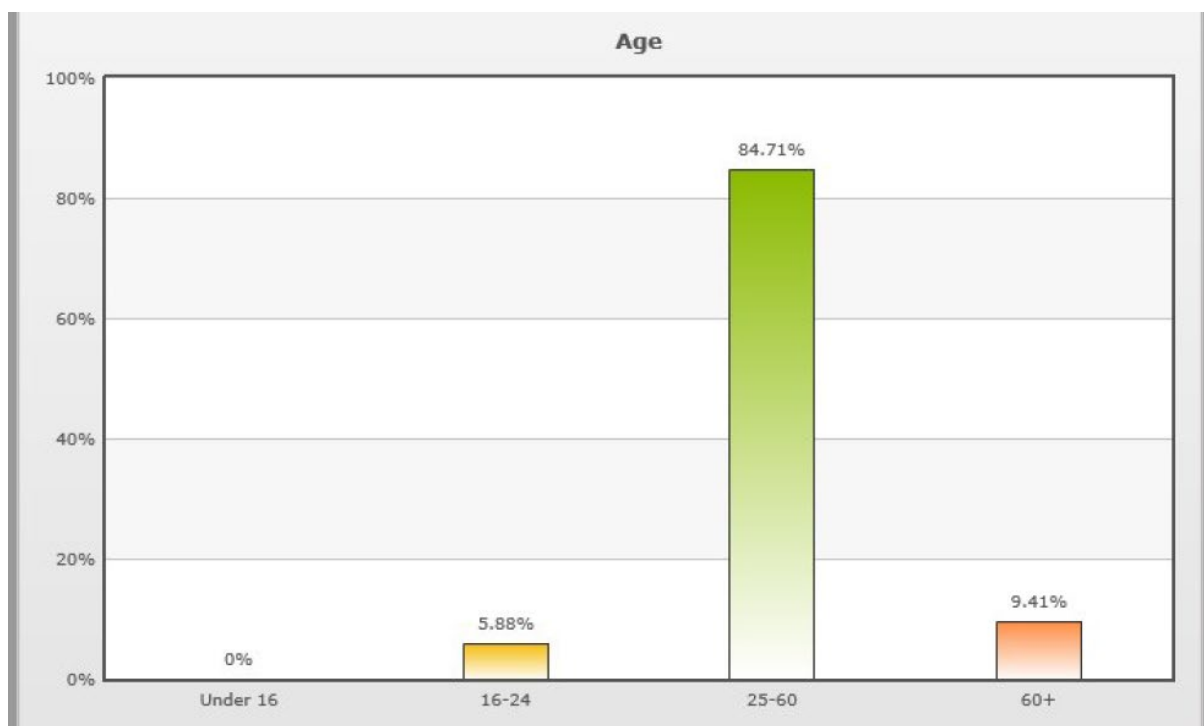
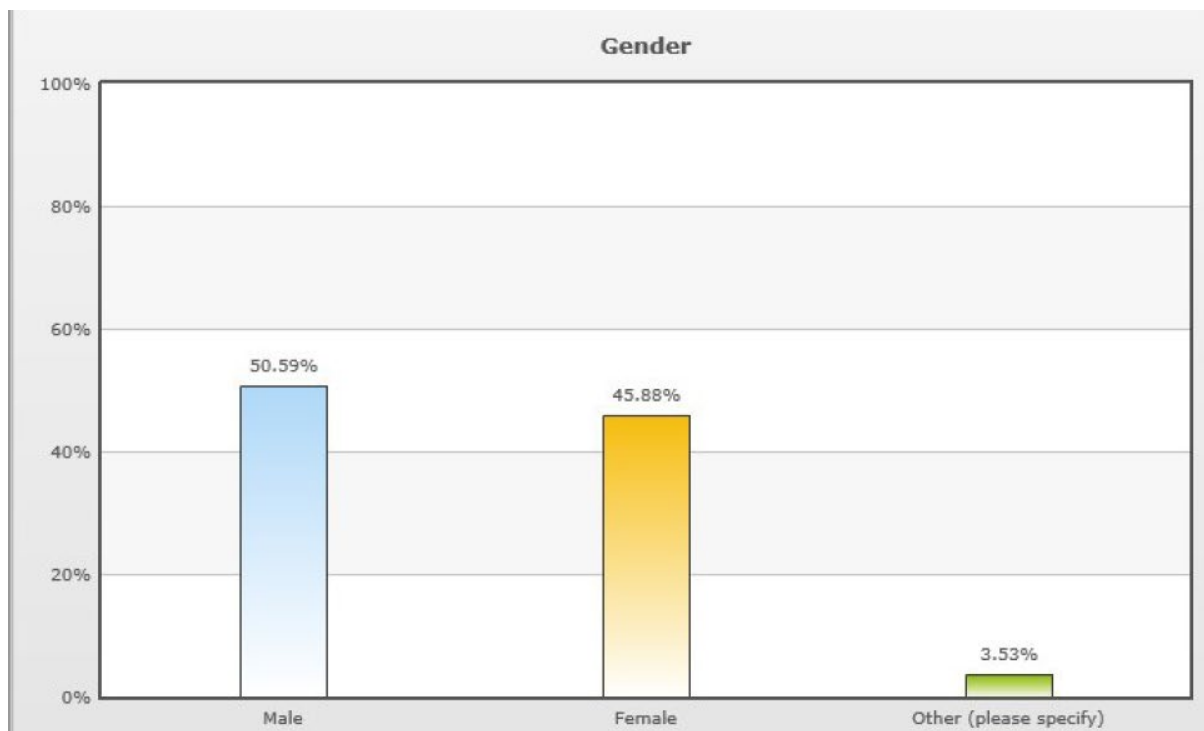


[illegible]

The following survey was recently conducted by the Communities Team in 2019.

- Figure 37-a-3 residents survey 2019. Source: Rachel Marshal LCC Communities Team)**

## Demographics of participants



Information was collected from LS12 postcodes and where respondents gave their last three postcode digits there were from;

Postcode example from community team survey.

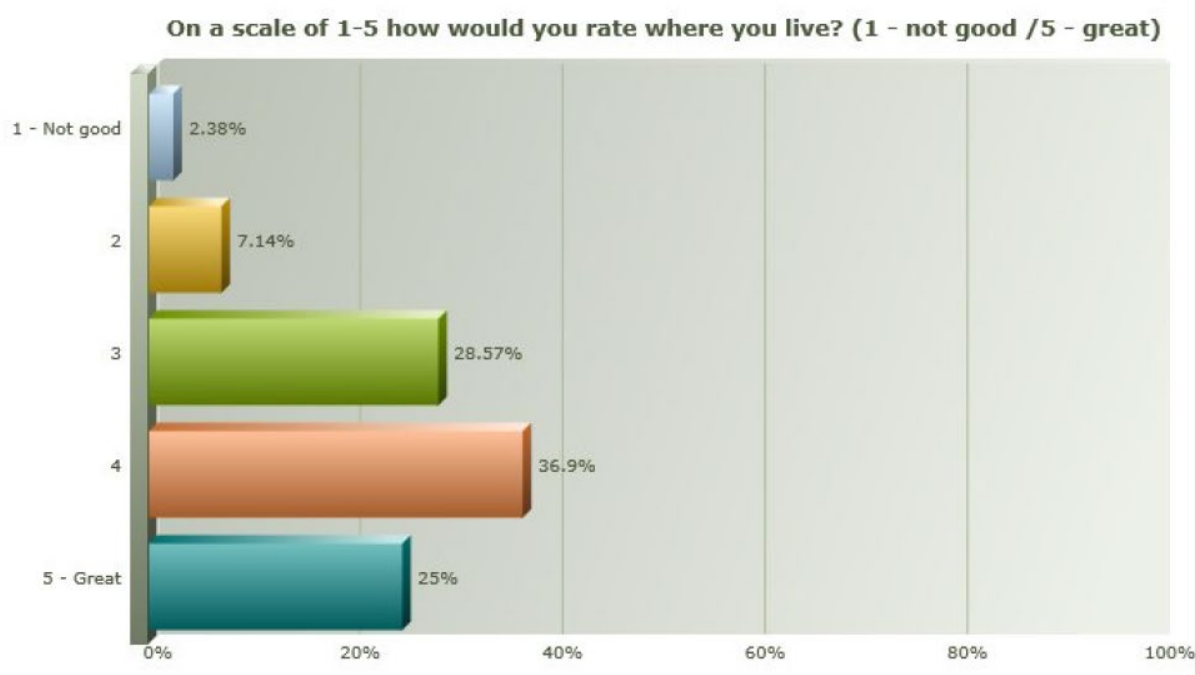
1XR	1XP	IXN	1XW	1XR	1XQ	1XH	AXJ	1XX	1XG	1XY
1YW	1YD	1YQ	4YJ	1JF	1YJ	1YA	2UD	2UP		

There were many respondents who just entered LS12.

All tenure was assigned council with two council sheltered categories.

### Consultation and Engagement Results from the Communities Team Survey 2019

Figure 37-a-4 consultation and engagement results 2019. Source: Rachel Marshal LCC Communities Team –Priority Neighbourhood-WNW)



We can see from these results nearly 30% feel the living here is average to slightly above average. Nearly 40% thought it was good and 25% thought it was great. It is of course difficult to compare surveys like for like with a degree of statistical accuracy. However, looking back at past surveys and resident comments. This surveys appears much more positive than expected in the light of the spectrum of social, economic, environmental and health issues and barriers local people experience in 2019 Leeds.

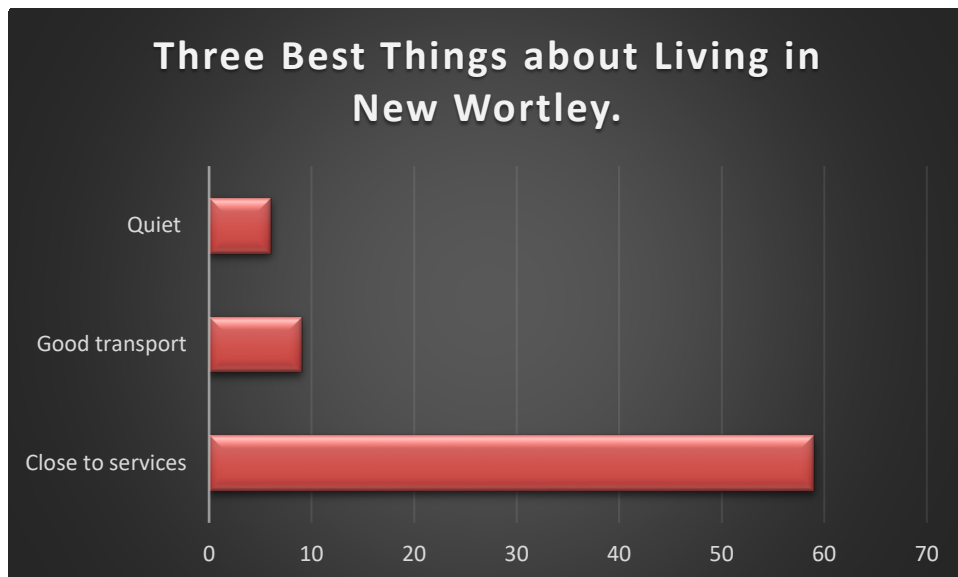
### Thematic analysis of responses 2019

What do you think are the three best things about where you live?

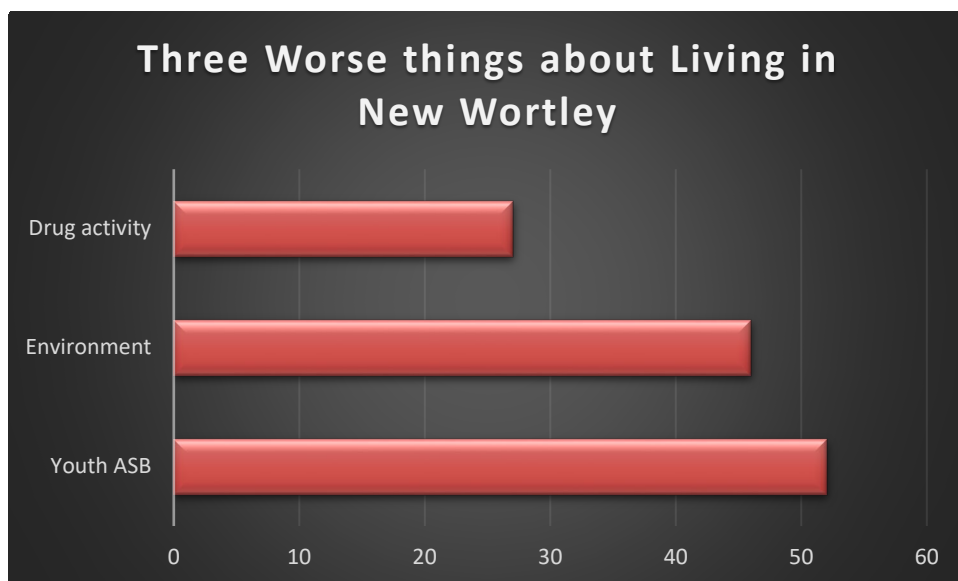
Thematic analysis looks at themes and clusters them into larger more significant themes to show prevalence and dominance. For example closeness to shops, closeness to GPs and closeness to good schools would make up a larger 'super –theme' of closeness to services.

We can see in the graph below that the overwhelming reason these local council tenants in this specific survey liked living in the area was proximity to local services such as shops, doctors, good schools, the

city centre, pharmacy, the community centre and bus routes. This was followed with far less numbers by good transport and then quiet. This was based on frequency of response. Other minor themes were accommodation size, green space, grew up here, near family, felt safe and view. Proximity and closeness to shops and services was mentioned time after time.



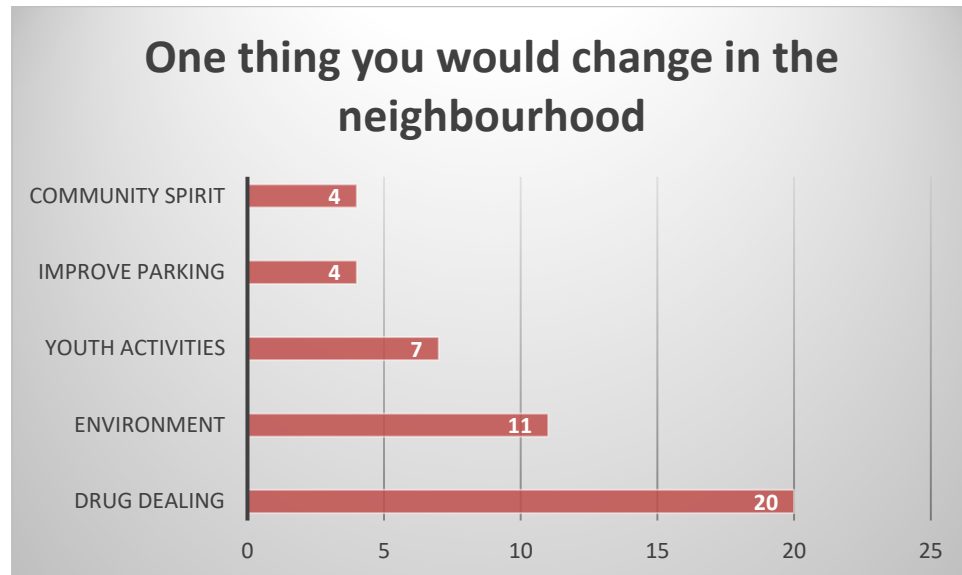
**The Three Worse things about Living in New Wortley**



- Youth anti-social behaviour was the most prevalent theme, the sub themes that made up the larger theme were labels such as 'kids on motorbikes', 'kids wearing hoodies dealing on motorbikes'.
- Environmental concerns mostly revolved around the external environment such as litter, untidy grass, rubbish building up. Litter was a strong theme in the survey and others. In this theme there was also a few comments around the living environment in communal areas such as urine in stairwells and vandalism which does overlap into anti-social behaviour and crime categories.
- Drug activity was also prominent in the survey often characterised by just that one word 'Drugs'

It is clear that much progress has been made in these top three concerns since 2014 but they still remain a blight on the area of New Wortley and are regularly picked up as negatives by local residents.

Below we can see some of these topics continued when the residents were asked what one thing you would change in your neighbourhood.



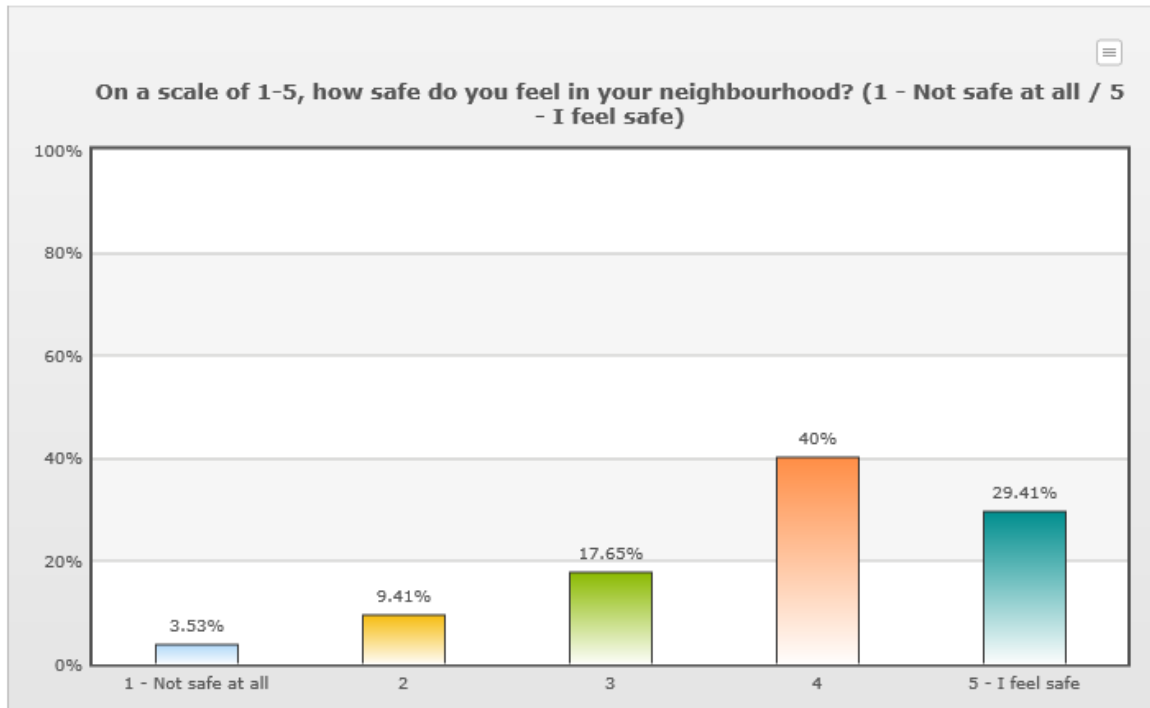
We can see from the above chart that stopping drug dealing in the area was the most popular topic. Within this main theme also fell youth ASB, motor cycles and drugs, crime and drugs and general drug dealing activity. Within the environment theme the following sub themes were incorporated;

- Litter
- Improvement of green spaces (.e.g. better use of grassed areas and more places to sit)

Within youth activities residents mentioned lack of activities for young people and a lack of play areas for children.

Continuing from the theme of how residents feel about the area they live in the following results were collected from the communities team survey (Source; Rachel marshal 2018-2019). The below chart details how safe residents feel.





We can see by the feeling expressed on the chart that many resident do feel safe within New Wortley.

Below is some general information about the employment status of the residents who undertook the survey.

For over sixteens;

- 54.12% employed
- 45.88% unemployed

If you accessing employment support do you currently know where to go?

- 94.29% said yes they know where to go.
- 5.71% said no they did not know where to go.

For the question *“where do you currently access employment support”*? There was a low number of respondents (22) to be statistically significant. However top three responses were;

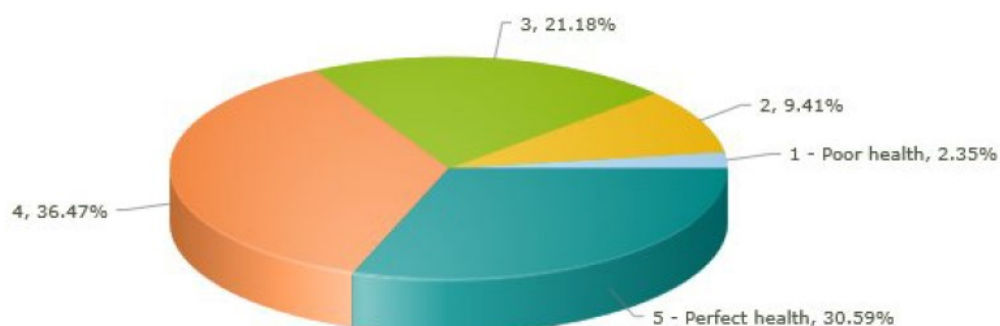
- Job centre
- Community Centre
- Internet / agency

### Local perspectives on Health and Wellbeing

For attitudes to local Health & Wellbeing the residents responded in the following way.



**How do you feel about your health and wellbeing (1 = poor health – 5 = perfect health)?**



We can see that the vast majority of residents feel their health and wellbeing is good from the pie chart above.

#### **Local perspectives on access to help and support**

For how to access support in the local area;

- 98.80% said yes they knew how to access support.
- 1.20% said no they did not know where to access report.

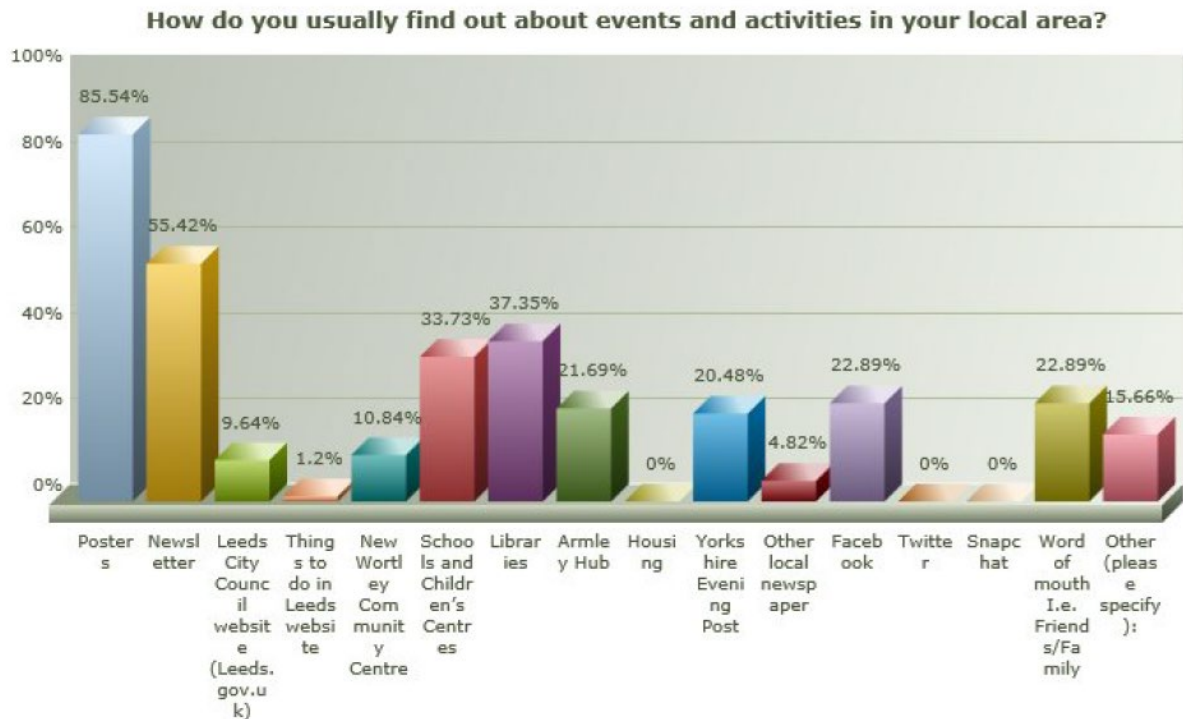
N.B: Armley Hub and the New Wortley Community and Wellbeing Centre were the suggested examples of where you might go for help in this example in this questionnaire.

The question was asked what was missing in terms of support in the area. The top three responses were;

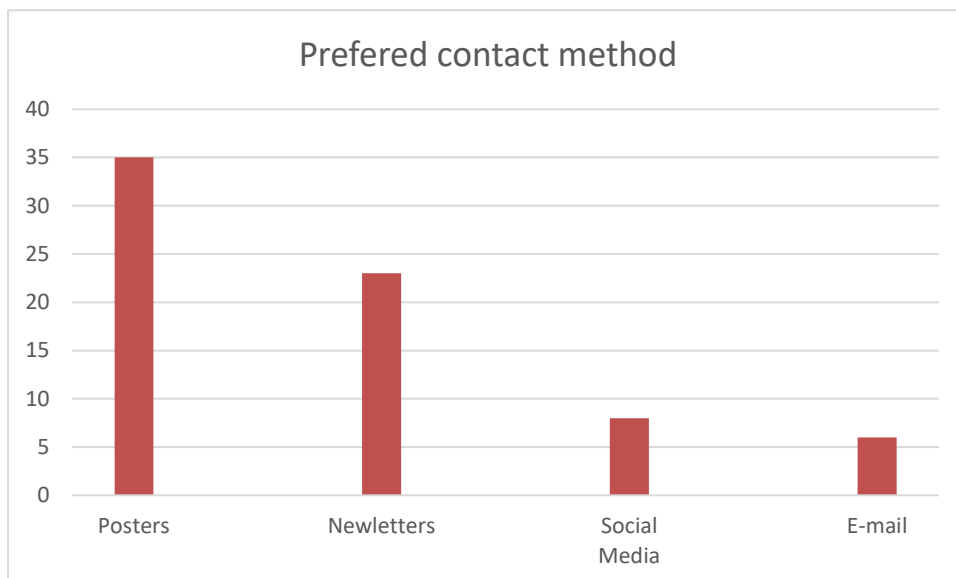
- a. Nothing
- b. Youth provision for all ages
- c. Health services including more help for resident's mental health

#### **Local perspectives on communication and how local people find out about what is going on in the local community.**

It is surprising in the digital age of social media that traditional forms of communication are still very dominant such as posters and newsletters as illustrated in the bar chart below.



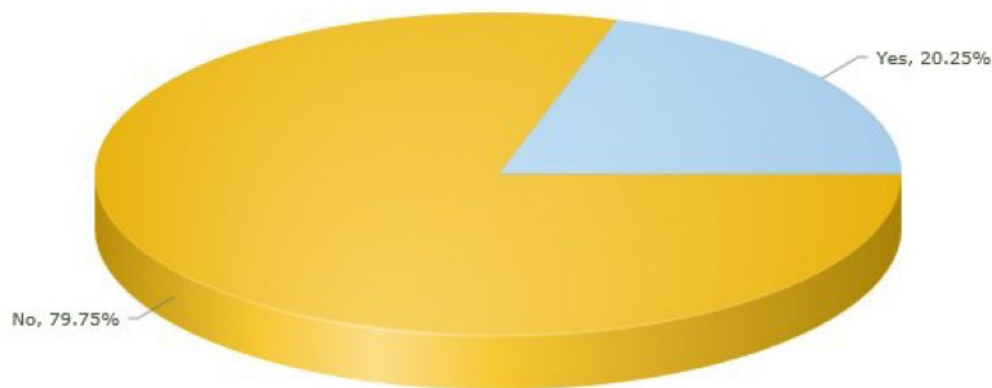
**How would prefer to find out about events and activities?**



**We can see from the preferences of local residents' echo how they would normally find out about activities in the local area with posters and newsletters retaining their top positions.**

## Community perspectives on involvement and personal participation

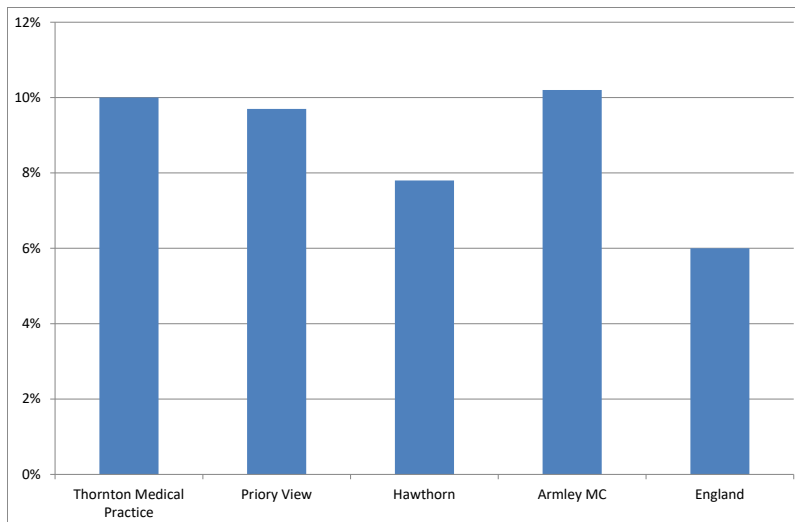
**Would you be interested in getting more involved in your local community? If so please call into New Wortley Community Centre or call 0113 322 1537**



Looking at the above pie chart it may at first seem disappointing and it may seem we that there is an overwhelming reluctance to get involved in the local community. However the good news is we should not be too deflated because to put some statistical balance on this it equates to a normal statistical response. We should take heart that over twenty percent do want to get involved. It should also be remembered that this is only one survey and the centre has already over fifty local community members volunteering already. It may be useful to find out if there are other local activities these residents would like to get involved in by asking them that open question.

## 12. Employment

Figure 32 Long-term unemployment, compared with England (MSOA based) (Source: GP Profiles 2010/11)



Average monthly claimants of jobseekers allowance who have been claiming for more than 12 months, crude rate per 1,000 of the working age population (16-64).

#### a. Job Seekers Allowance

Figure 33 JSA Claimants, proportions by age group (Source: Leeds City Council Employment and Skills, June 2014)

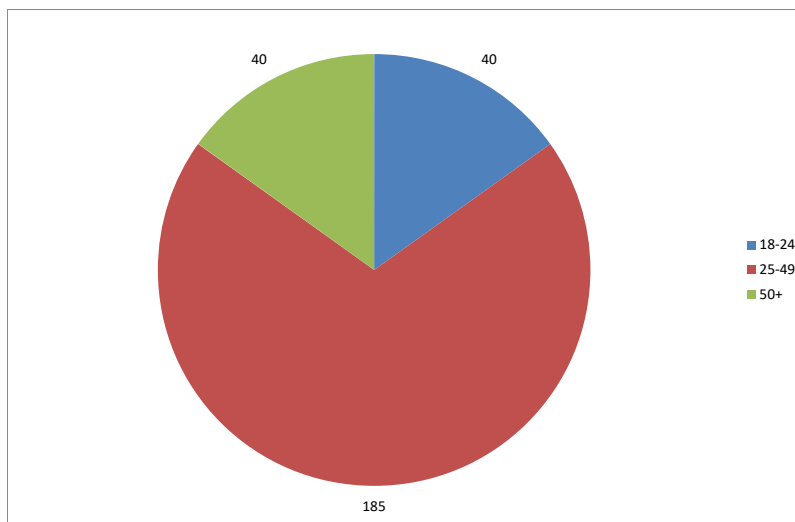


Figure 34 JSA Claimants: Proportions by sex (Source: Leeds City Council Employment and Skills, June 2014)

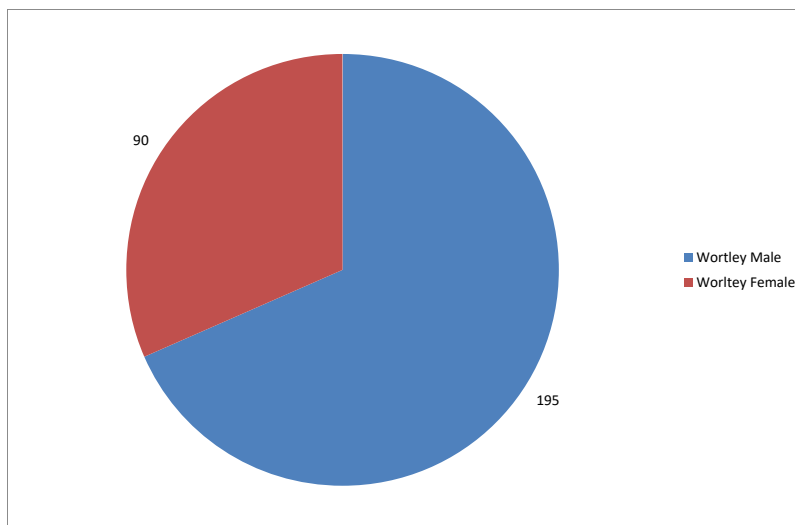
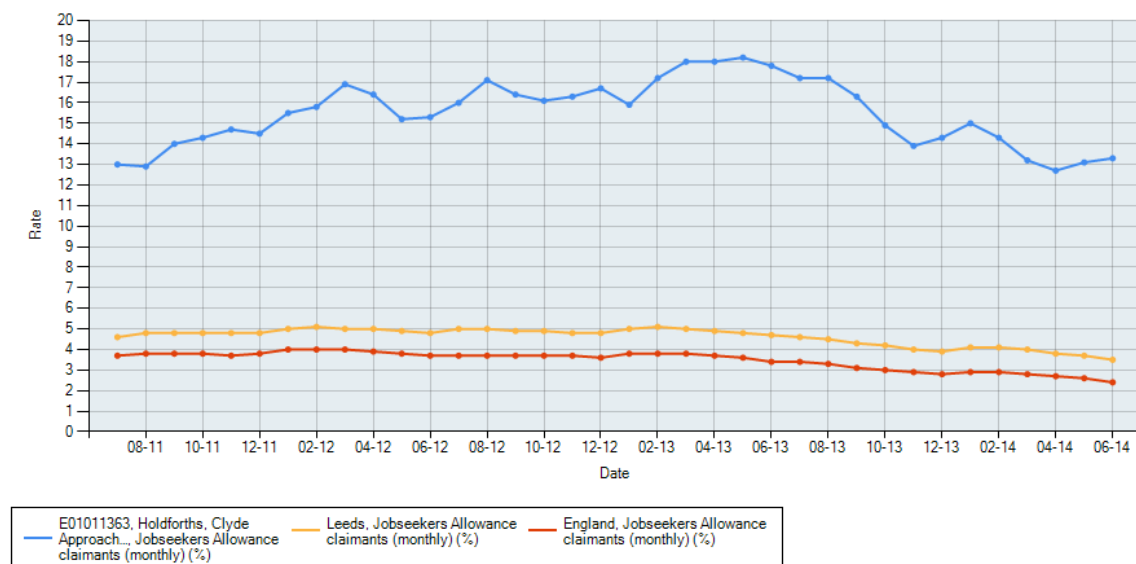
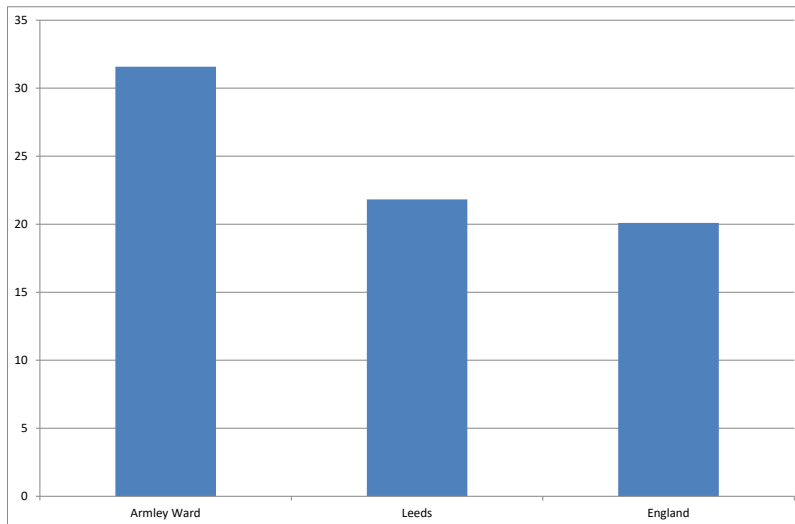


Figure 35 Job Seekers Allowance claimants (Geography: LSOA Holdforths / Clyde Approach. Source: Leeds Observatory, 2011-2014)

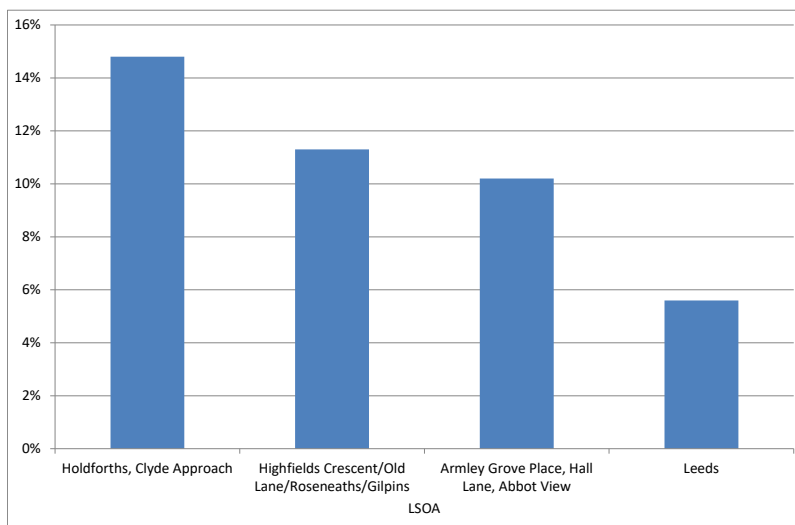


**Figure 36 Children in families in receipt of IS/JSA or whose income is <60% median income (Source: Leeds Observatory, Armley Ward, 2010. Leeds and England, 2011)**

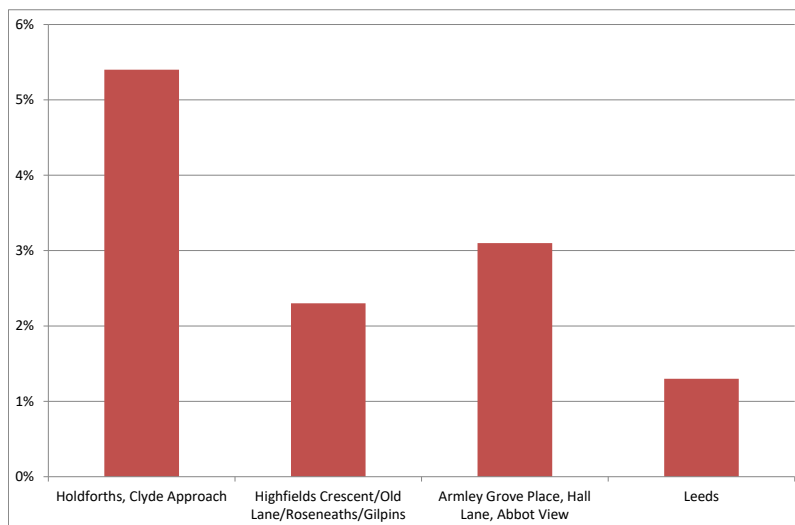


## **b. Employment Support Allowance/Incapacity Benefits**

**Figure 37 Proportion claiming Employment Support Allowance/Incapacity Benefits (Source: Leeds Observatory LSOA Profiles, Q4, 2013)**



**Figure 38 Proportion of Lone Parent Claimants (Working Age Client Group) (Source: Leeds Observatory LSOA Profiles, Q4 2013)**



## 2019

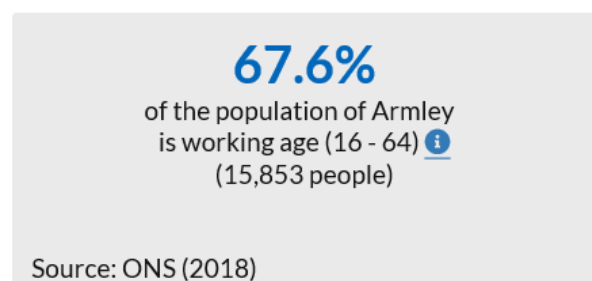
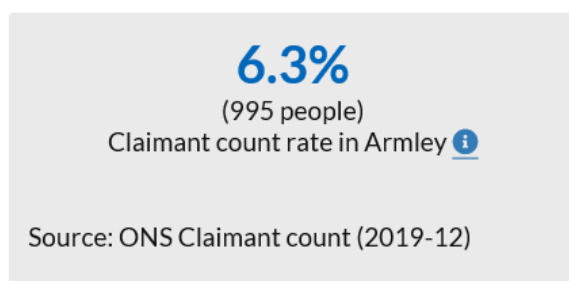
We can see from the data that unemployment levels are still high in the area and a major contributor to poor health as a wider social determinant of health. Not much progress in terms of numbers has been made since 2014 on a population basis. However at the individual level the local community centre has helped into employment or prepared for the job market many local residents. This has been done through employment projects such as 'Building Blocks'.

## Economic Inclusion

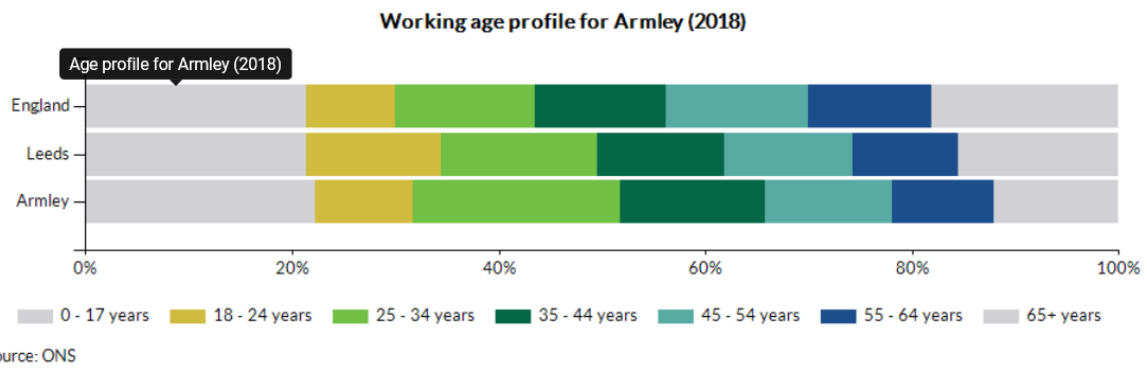
### Economic Activity and Employment-2018

Including local people in economic development irrespective of personal circumstance and education is essential to lift an area out of poverty. Unfortunately the LSOA data is from 2011 and quite out of date so we are going to look at ward data from 2018 as it is more current and indicative of the area.

### Working Age Population and Unemployment

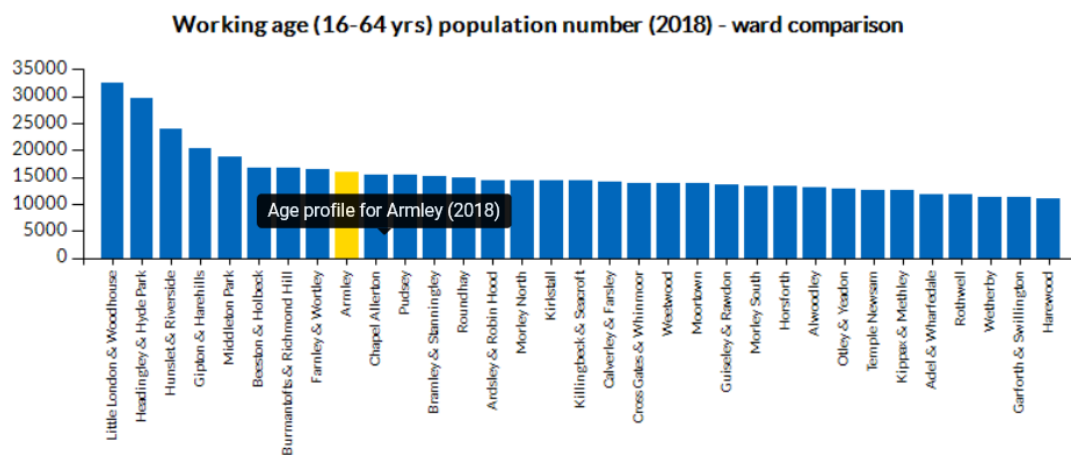


**Figure 37-a-1 Working Age Population for Armley Ward 2018**



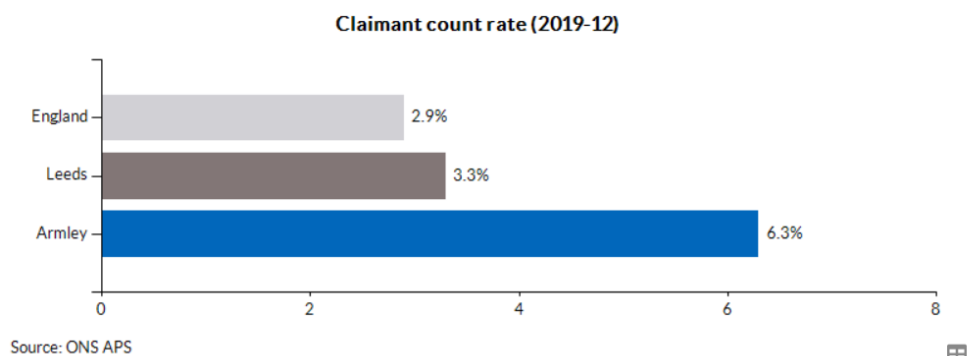
**Figure 37-a-2 working age population award comparison. Source: ONS**

## Working age population



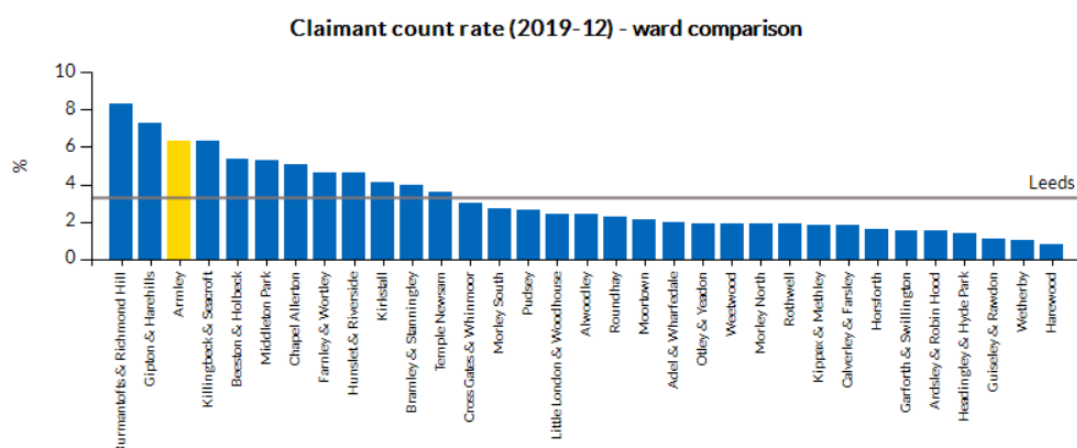
## Claimants in 2018

**Claimant count** is a measure of the number of people claiming unemployment related benefits. It includes both people claiming **Job Seekers Allowance (JSA)** and people claiming **Universal Credit (UC) who are required to seek work**.  
The claimant count % is the number of claimants as a percentage of the resident population aged 16-64.



We can see above that the combined claimant count is almost double that for Leeds.





Source: ONS Claimant count

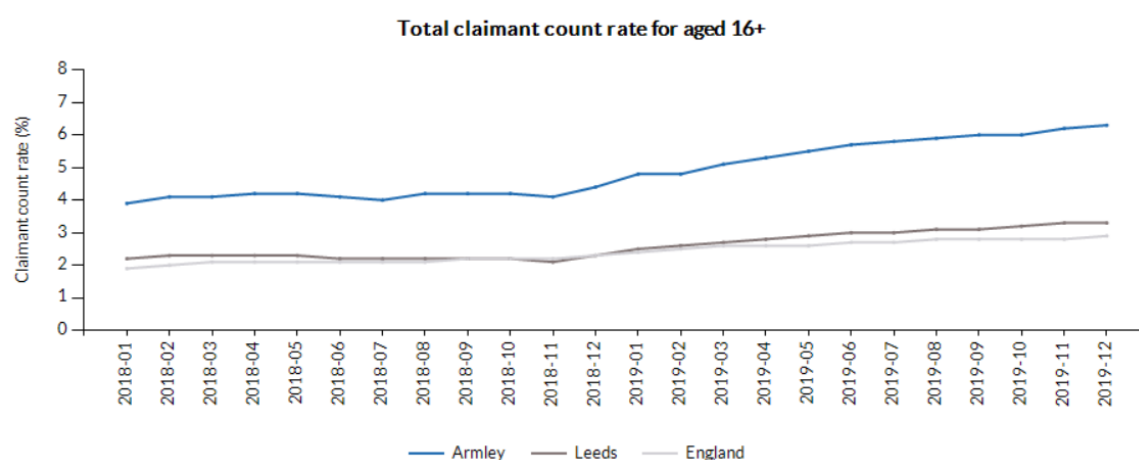


Armley is the third highest ward area for claimant count in the city. Claimant totals have remained consistently high from the time of the last HNA in 2014.

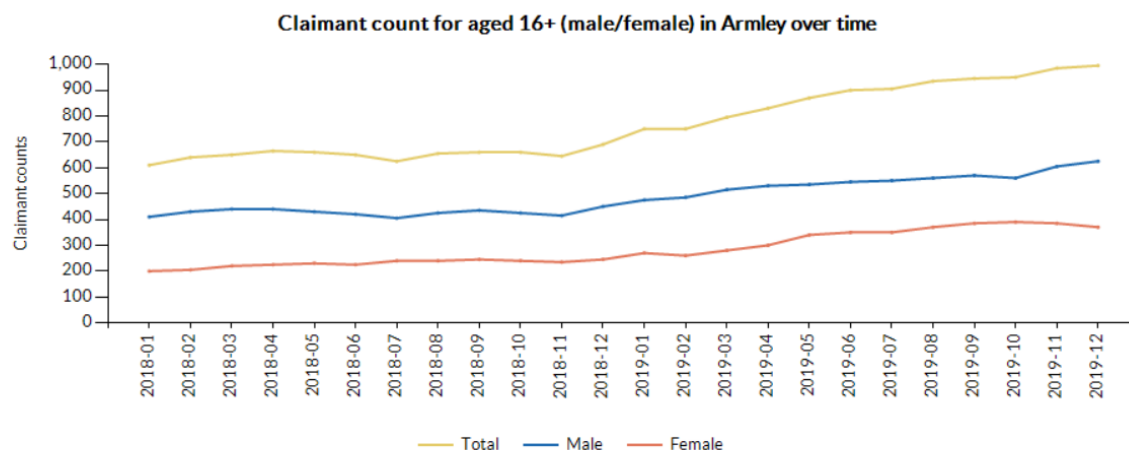
Claimant count 2019-Age 16+ (Source: ONS Claimant count)

	Age 16+ - Total - Claimant count 2019-12 <sup>(i)</sup>	Age 16+ - Total - Claimant count % 2019-12 <sup>(i)</sup>
Adel & Wharfedale	235	2
Alwoodley	310	2.4
Ardsley & Robin Hood	220	1.5
Armley	995	6.3
Beeston & Holbeck	895	5.4

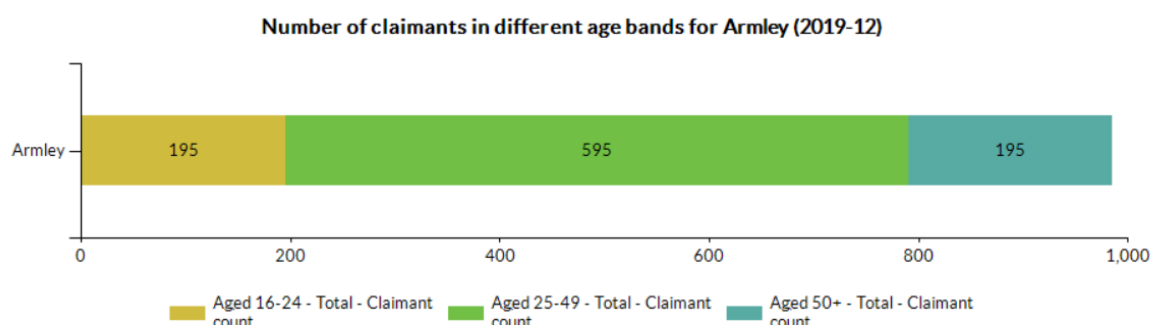
Looking at changes in the claimant count over time this was expected to rise after October 2018 which it indeed did after Leeds moved to Leeds Universal Credit Full Service. The reason for this is because a broader span of claimants are required to look for work under Universal Credit than under job seeker's allowance. (Source: Leeds Observatory 2020).



Source: ONS Claimant count by sex and age

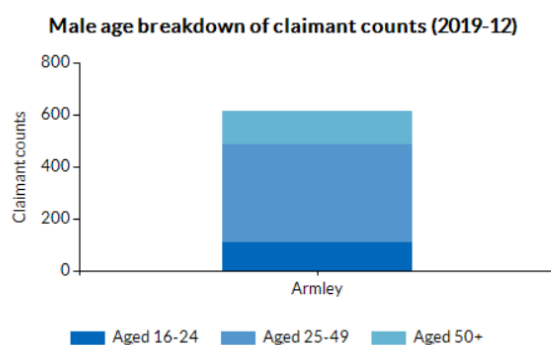


Source: ONS Claimant count by sex and age

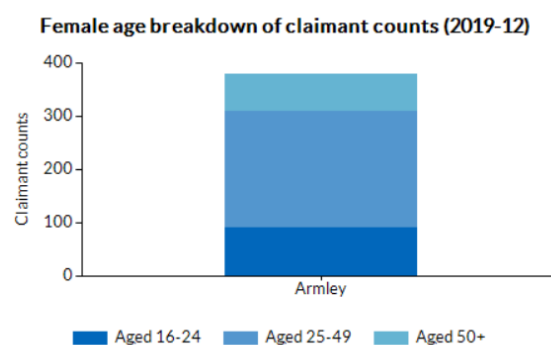


Source: ONS

Unsurprisingly looking at the age breakdown of the area we can see the greatest number of claimants fall into the 25-49 age bracket.



Source: ONS Claimant count by sex and age



Source: ONS Claimant count by sex and age

## **Quality Employment and the Working Poor**

Promoting poorly paid and poor quality employment is evidently detrimental to citizen health. This can force 'bread-winners' to attempt to hold down two or three poorly paid jobs to make ends meet. This brings significant cumulative stress and anxiety resulting in low mood and if untreated more serious depression.

### **The Quality of Available Work and what this means for the Health of New Wortley residents.**

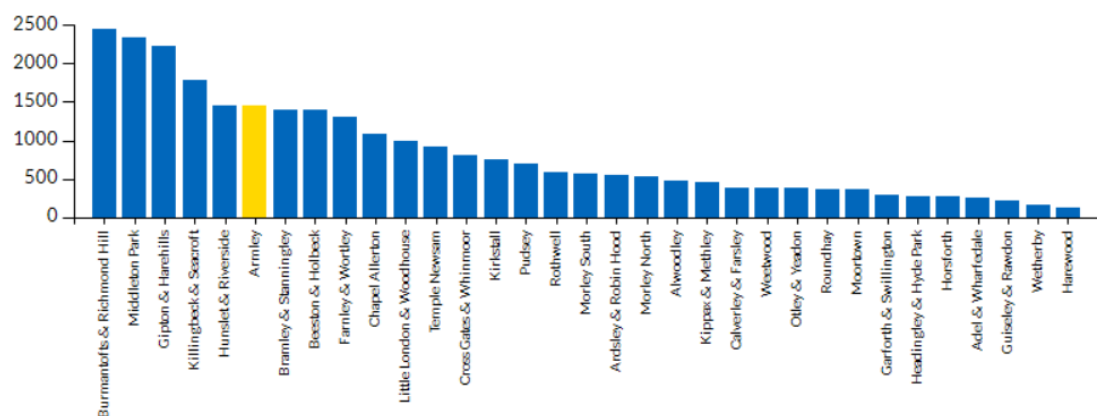
The quality of the work that is available to local residents is also extremely important. A recent report by the health foundation shows that one in three (36%) UK employees report having a low-quality job. The analysis also shows that people in low-quality jobs are much more likely to have poor health and twice as likely to report their health is not good (15% compared to 7%). The research is based on analysis of Understanding Society, the UK Household Longitudinal Study. The Health Foundation analysis goes beyond traditional indicators of job insecurity such as unemployment, self-employment or zero-hours contracts to explore workers' perceptions of job quality and the implications for their health. Policy in recent years has largely focused on getting people into work. The part time and unstable sessional employment market has expanded considerably since the last HNA with the explosion in demand for the deliver to home creating a GIG economy. This research argues that to improve health, the quality of work also needs to be addressed. Stress – which can be caused by being in low-quality work – damages the body and builds over time. That's why it is particularly concerning that half (51%) of people in low-quality work in 2010/11 were still in low-quality work six years later. The research shows how some regions and population groups are disproportionately affected by low-quality work. Over half (55%) of employees under 25 years old report being in low-quality work, compared to around a third (33%) of those aged 25 plus. It is not sufficient just to get local people from New Wortley into work if it is going to have a long term detrimental impact on their health. (Source: Report- What the quality of work means for our health The Health Foundation, 4th February 2020). For more information go to: <https://www.health.org.uk/news-and-comment/blogs/the-quality-of-work-and-what-it-means-for-health>

## Children in out- of- work benefit claimant households and fuel poverty

In Armley there are 1,445 children living in out-of-work claimant households this is also representative of the situation in New Wortley. A parent, carer or guardian will be on one of the following benefits;

- Jobseeker's Allowance
- Income support
- Employment and Support Allowance
- Incapacity Benefit
- Severe Disablement Allowance
- Pension Credit
- Universal Credit

**Number of children aged 0-18 in out of work benefit claimant households (2017) - Ward comparison**

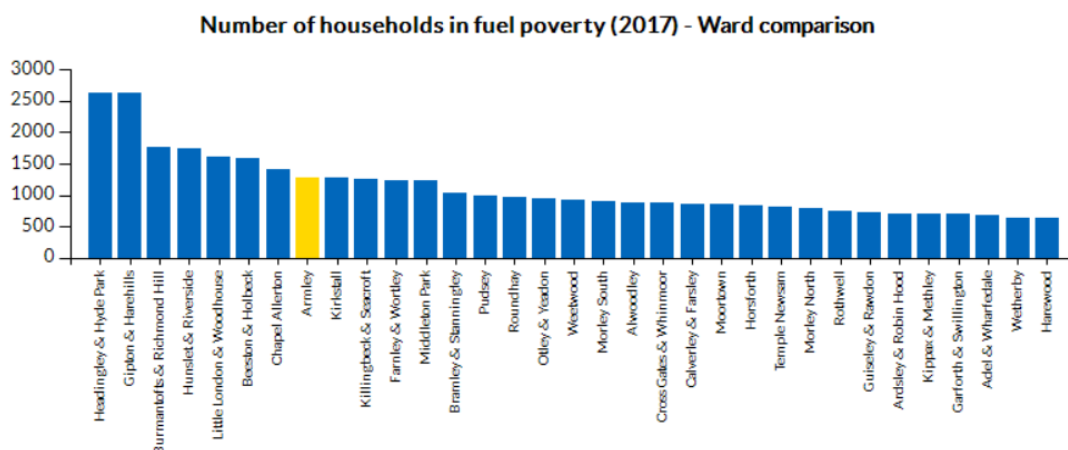


Source: DWP



## Fuel Poverty

In 2017 12.3% of households were experiencing fuel poverty in Armley. Fuel poverty is worked out by looking at low income and high energy costs.



Source: Department of Business, Energy and Industrial Strategy



## Benefits, Debt and Financial Inclusion in 2019

During the lifespan of the West's Social Prescription project **PEP** (Patient Empowerment Project) many clients up to 2018 and early 2019 reported a significant amount of stress was caused by high levels of personal and household debt. This as you would imagine had a big impact on mental and emotional health and coupled with impending county court judgements crippled some local people's ability to feed their family sufficiently and run a household with a small economic surplus. This surplus is important because it allows people to have a contingency fund to save for emergencies such as sudden unemployment.

Many services have been placed in the area in the last three years to help local community members with debt consolidation and management, rent arrears, access to out of area food banks for emergency food provision, changing energy suppliers and general effective household budgeting. In addition to this local Charities have run some sporadic technical skill sessions and courses to help household resources go further such as 'healthy cooking on a budget'. Services have also added pop ups in the area. Examples of these services and city wide ones available to local citizens are;

- ✓ Armley Hub: <https://www.leeds.gov.uk/residents/neighbourhoods-and-community/community-hubs/armley-community-hub>
- ✓ Debt advice and management services;
  - <https://www.leeds.gov.uk/leedsmic/benefit-and-debt-advice>
  - One minute guide for the money information centre: <https://www.leeds.gov.uk/docs/75%20-Money%20Information%20Centre%20-%20April%202015.pdf>
  - Leeds Money Buddies, for money, debt and energy advice and help: <https://moneybuddies.org.uk/>
  - Help to overcome serious debt: <https://www.stepchange.org>
  - Problems paying your council tax: <https://www.leeds.gov.uk/council-tax/problems-paying-your-council-tax>
  - Advice on pay day loans, savings and affordable credit: <https://www.leeds.gov.uk/leedsmic>
  - Gambling problems: <https://www.gamcare.org.uk/get-support/our-treatment-offer/leeds/>

- Help with managing your money and legal advice:  
<https://www.leeds.gov.uk/docs/75%20-Money%20Information%20Centre%20-%20April%202015.pdf>
  - Help with finding secure employment if you are a struggling family:  
<https://www.leeds.gov.uk/residents/learning-and-job-opportunities/stronger-families-programme>
  - Citizen's Advice confidential advice on Big Issues such as debt, housing and employment; <https://www.citizensadvice.org.uk/local/leeds/>
  - If you need emergency food; <https://www.trusselltrust.org/get-help/find-a-foodbank>
  - Green Doctor for heating and insulation problems:  
<https://www.groundwork.org.uk/services/green-doctor/>
  - Welfare Rights Advice Line : 0113 3760452 or Email: [welfare.rights@leeds.gov.uk](mailto:welfare.rights@leeds.gov.uk)
- ✓ For a fast summary of the above on your phone, I=pad or laptop go to <https://leeds.care.vu/pages/tool> and click on Poverty.

### 13.Housing

The ACORN profile for the Armley, New Wortley MSOA highlights inequalities in housing tenure of the area. The Figure 39 gives an index which is your guide as to how different the ACORN type is to England. An index of 100 means an item is present in the same proportion as it is in England. An index of 200 means there are double the proportion of people in that Type as there would be in England. Below 100 means less than expected proportions.

Figure 39: Characteristics of ACORN Types: Housing tenure

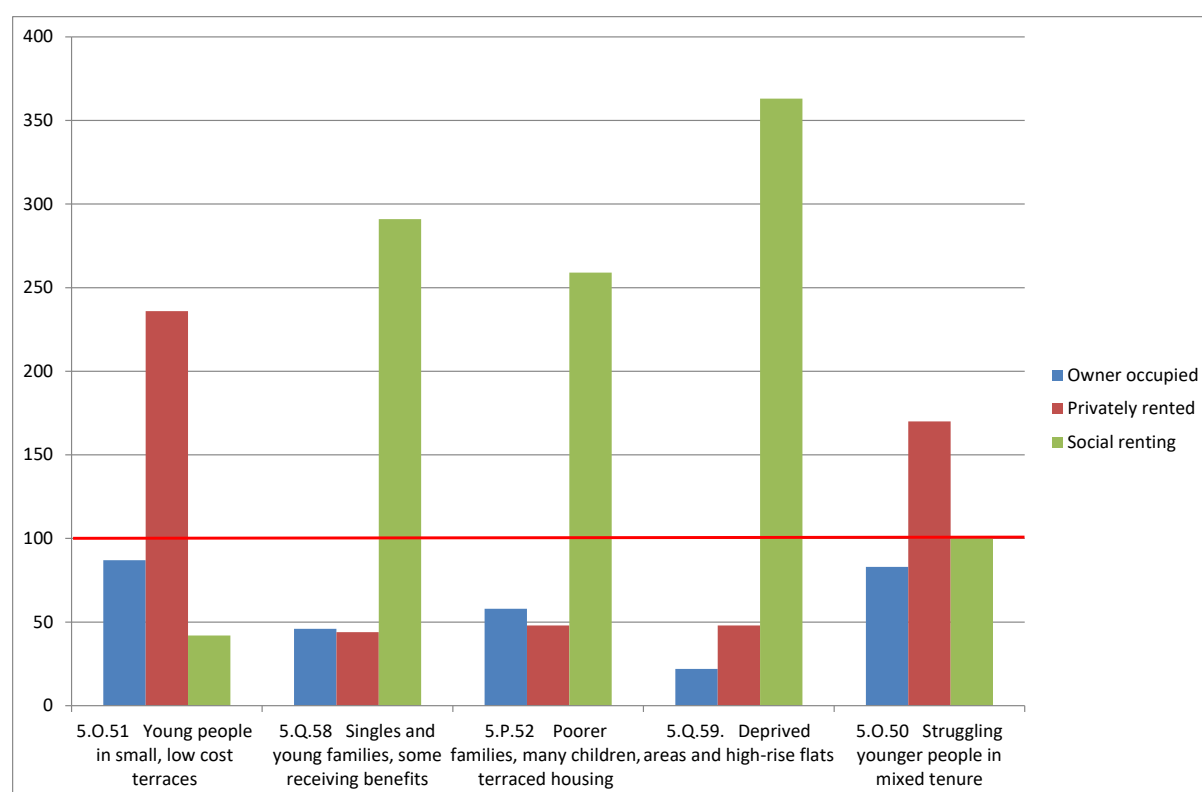
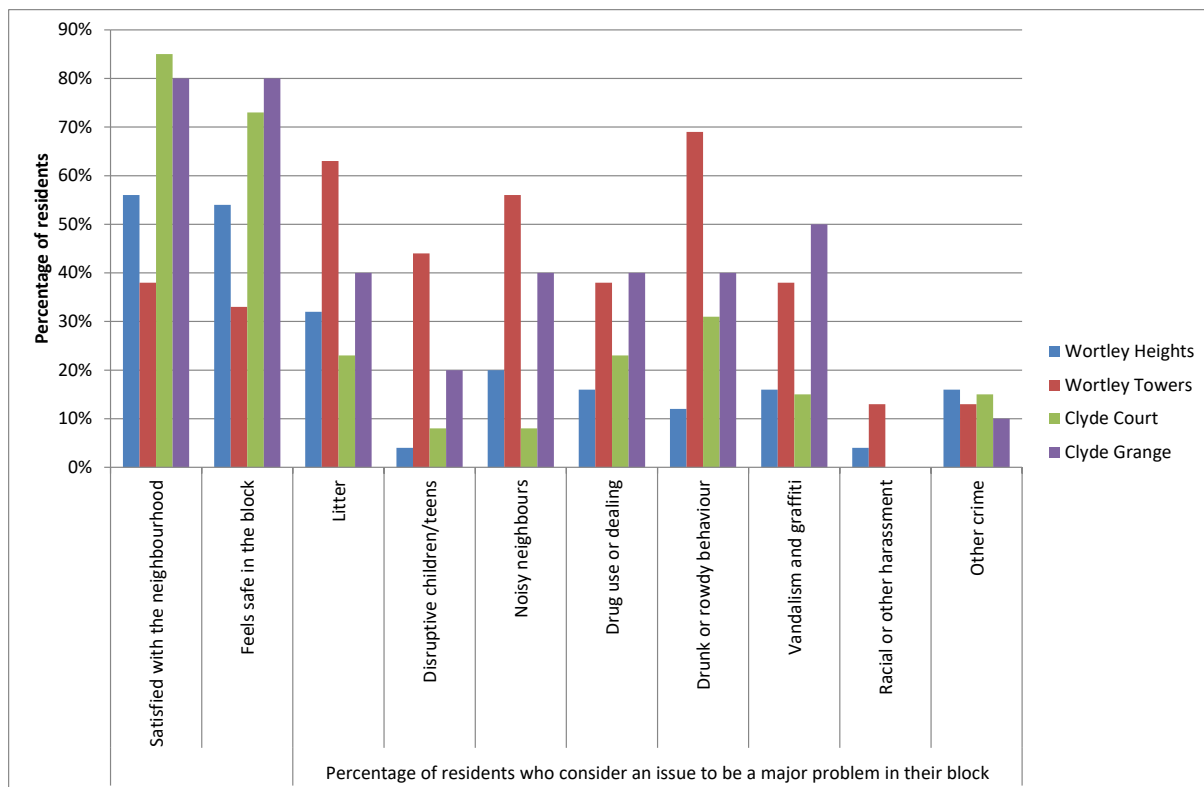


Figure 38 shows that in the Armley, New Wortley area housing tenure has a much higher proportion of rented (private or social rented) housing, and a lower proportion of owner occupied housing, compared with England. For example:

- Type 5.P.52 is over two and a half times more likely to live in social rented housing (index 259). They are almost half as likely to live in owner occupied housing (index 58).
- Type 5.Q.59 is over three and a half times more likely to live in social rented housing (index 363). They have a very low index for owner occupied housing (index 22).

The West-North-West Multi-Storey Flats Survey monitors levels of resident satisfaction with the New Wortley Tower blocks. The response rate for this survey is low (Wortley Heights 26% response rate; Wortley Towers 16% response rate; Clyde Court 14% response rate; Clyde Grange 9% response rate), however the results indicate potential areas for improvement.

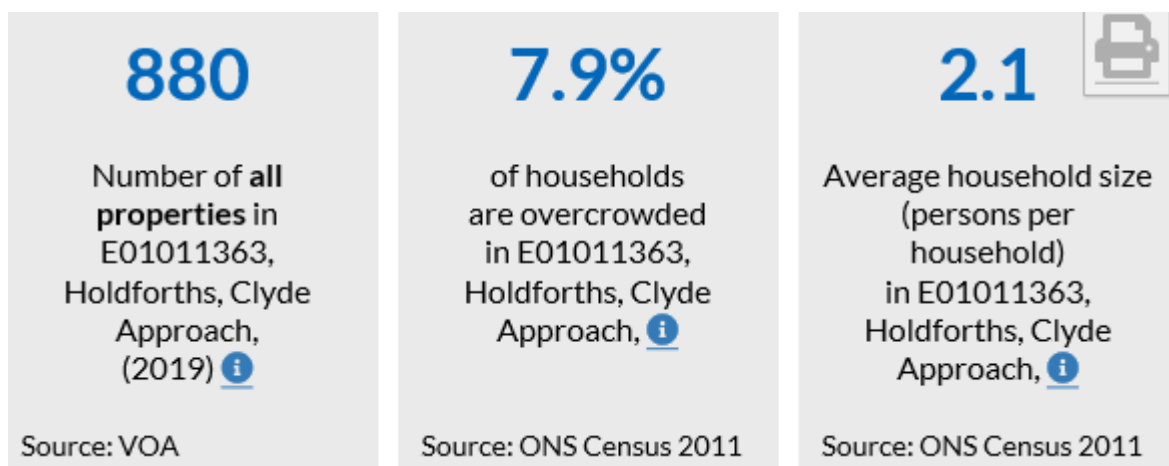
Figure 40 WNW Multi Storey Flats Survey (April, 2013)



## Housing 2019

### Housing summary for E0101363 Holdsworth / Clyde Approach

Figure 39 a summary of LSOA-2019 (Source: ONS & VOA)

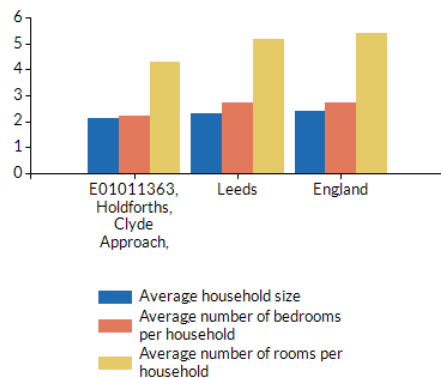




## Household Size and Rooms in E01011363, Holdforth, Clyde Approach, ⊖

The following charts and tables show the household size and number of rooms in housing in E01011363, Holdforth, Clyde Approach,, as recorded in the 2011 Census.

**Household size and rooms in E01011363, Holdforth, Clyde Approach,, 2011**



Source: ONS Census 2011

	E01011363, Holdforth, Clyde Approach,	Leeds	England
Average household size <a href="#">i</a>	2.1	2.3	2.4
Average number of bedrooms per household <a href="#">i</a>	2.2	2.7	2.7
Average number of rooms per household <a href="#">i</a>	4.3	5.2	5.4
Overcrowded households (by number of bedrooms) % <a href="#">i</a>	7.9	3.7	4.6
Shared dwelling % <a href="#">i</a>	0.0	0.1	0.1
Unshared dwelling % <a href="#">i</a>	100.0	99.9	99.9

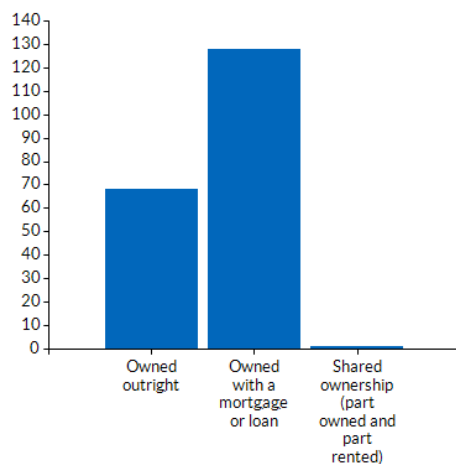
Source: ONS Census 2011

Unfortunately ward and LSOA data is nine years out of date, however it gives an idea of the household composition and housing stock for the area.

## Ownership and Tenancy in E01011363, Holdforth, Clyde Approach, ⊖

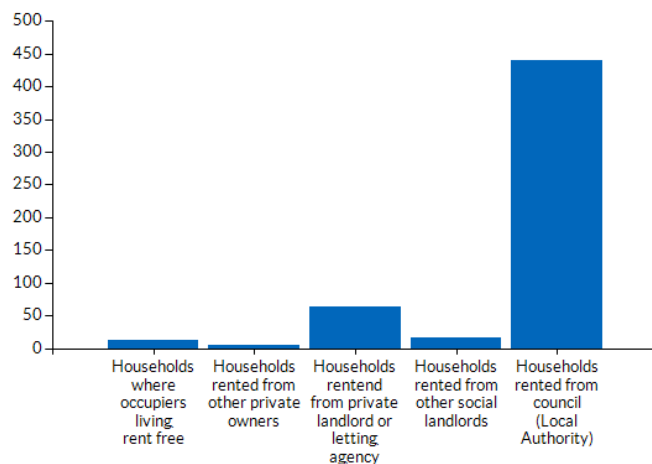
The following charts and tables show the total counts for house ownership and tenancy in E01011363, Holdforth, Clyde Approach,, as recorded in the 2011 Census.

**Ownership - counts 2011**



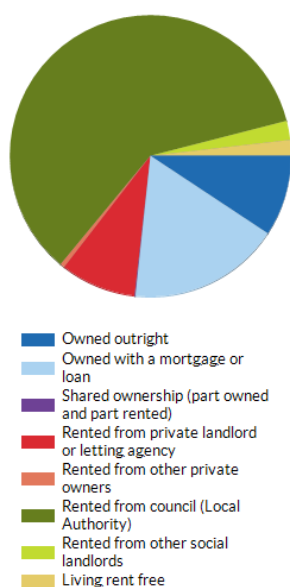
Source: ONS Census 2011

**Rental - counts 2011**



Source: ONS Census 2011

The chart and table below summarise house ownership and tenancy in E01011363, Holdforth, Clyde Approach, as a percentage (%) of total households (2011).



Source: ONS Census 2011

	E01011363, Holdforth, Clyde Approach,	Leeds	England
Tenure: Owned: Owned outright % <a href="#">i</a>	9.3	26.0	30.6
Tenure: Owned: Owned with a mortgage or loan % <a href="#">i</a>	17.4	32.2	32.8
Tenure: Shared ownership (part owned and part rented) % <a href="#">i</a>	0.1	0.4	0.8
Tenure: Private rented: Private landlord or letting agency % <a href="#">i</a>	8.7	16.7	15.4
Tenure: Private rented: Other % <a href="#">i</a>	0.5	1.2	1.4
Tenure: Social rented: Rented from council (Local Authority) % <a href="#">i</a>	60.0	16.9	9.4
Tenure: Social rented: Other % <a href="#">i</a>	2.2	5.1	8.3
Tenure: Living rent free % <a href="#">i</a>	1.8	1.5	1.3

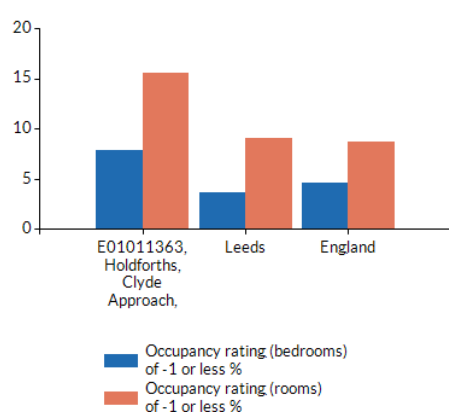
Source: ONS Census 2011

We can see that like many inner city areas a large proportion of the housing stock is rented social housing.

## Overcrowding

### Occupancy Rating in E01011363, Holdforth, Clyde Approach,

The following charts and tables show the occupancy ratings of -1 or less (indicates overcrowded housing) for households in E01011363, Holdforth, Clyde Approach,, as recorded in the 2011 Census.



Source: ONS Census 2011

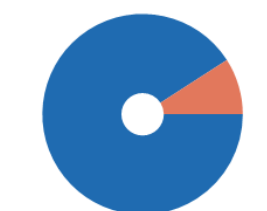
	E01011363, Holdforth, Clyde Approach,	Leeds	England
Occupancy rating (bedrooms) of -1 or less % <a href="#">i</a>	7.9	3.7	4.6
Occupancy rating (rooms) of -1 or less % <a href="#">i</a>	15.5	9.1	8.7

Source: ONS Census 2011

## Heating and access to central heating

## Central Heating in E01011363, Holdforths, Clyde Approach,

The following charts and tables show the use of central heating for households in E01011363, Holdforths, Clyde Approach,, as recorded in the 2011 Census.



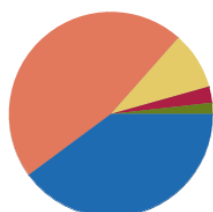
Households with central heating %  
Households without central heating %

Source: ONS Census 2011

	E01011363, Holdforths, Clyde Approach,	Leeds	England
Does have central heating % <a href="#">i</a>	90.9	94.7	97.3
Does not have central heating % <a href="#">i</a>	9.1	5.3	2.7

Source: ONS Census 2011

### E01011363, Holdforths, Clyde Approach,



Electric (including storage heaters) central heating  
Gas central heating  
No central heating  
Oil central heating  
Other central heating  
Solid fuel (for example wood, coal) central heating  
Two or more types of central heating

Source: ONS Census 2011

	E01011363, Holdforths, Clyde Approach,	Leeds	England
Electric (including storage heaters) central heating % <a href="#">i</a>	39.9	10.4	8.3
Gas central heating % <a href="#">i</a>	46.7	79.1	78.8
No central heating % <a href="#">i</a>	9.1	5.3	2.7
Oil central heating % <a href="#">i</a>	0.0	0.3	3.8
Other central heating % <a href="#">i</a>	2.6	1.3	1.6
Solid fuel (for example wood, coal) central heating % <a href="#">i</a>	0.0	0.2	0.7
Two or more types of central heating % <a href="#">i</a>	1.8	3.3	4.1

Source: ONS Census 2011

## The Built Environment and Climate Emergency

New Wortley is particularly vulnerable to severe climate change because of the number of vulnerable residents it contains and their lack of financial and personal resources to cope with extreme and adverse weather. The physical and emotional ability of older or vulnerable community members to move to safety should there be a weather emergency and their lack of personal transport is also an issue with the likelihood of public transport suspended in such an emergency.

Leeds City Council is committed to negating and reversing the impact of climate change in Leeds. Senior strategic teams are already looking at emissions, air quality and citizen protection against heightened pollution levels in the future by potential temperature rise due to climate change.

We know that in rural areas in poorer countries people experiencing extreme poverty suffer more due to increased exposure to flood and storm damage and then resulting crop failure.

In poor inner city areas we know the potential for suffering due to climate change is pronounced. The House of Commons Committee recommends that any climate finance must be linked to poverty reduction. Poverty reduction and a subsequent improvement in a resident's economic circumstances increase theirs and the community resistance and resilience to a climate emergency such as extreme and persistent flooding and severe storm damage. For New Wortley residents a extreme climate

emergency may result in a severe disruption in power supply which would be an unconscionable assault on local people surviving on meagre means and experiencing fuel poverty already. Examples of council action are that in some priority neighbourhoods LCC have fitted cladding on older terraced properties where it is difficult to inject foam insulation chemicals in the normal way that it would be for a double skinned dwelling. This means the property has a constant ambient temperature of 19c produced by the heat production (expelled in the cooling process) of fridges and humans. Where rich people in other areas have the means and resources to buy themselves out of an emergency this would not be the case for local residents. This climate apartheid would always unfailingly impact on poorer areas. The council have plans in place to help mitigate these potential disasters putting vulnerable community members at the heart of this strategy. A recent World Bank report looking at very poor areas in the UK and abroad stated;

- ❖ The net impact of climate change on poverty and well-being will be mediated by economic trends (like demography, growth, and inequality) and non-climate change policies (like skills development and redistribution).
- ❖ Over the medium to long term, the impact of climate change on poverty will also depend on greenhouse gas emissions and thus on emissions-reduction policies.

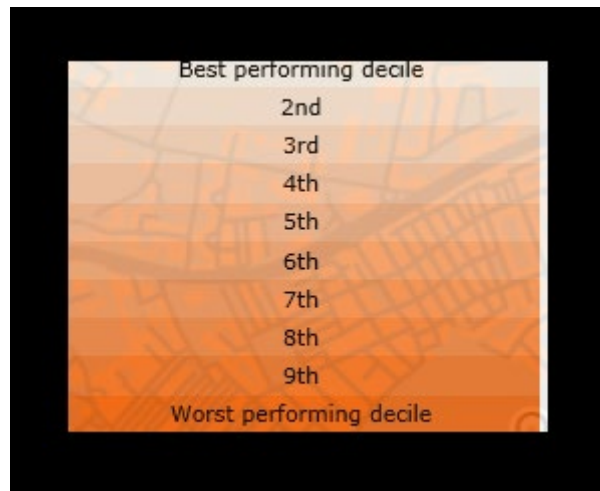
This means inclusive economic growth, a reduction in local inequality and a concentration on employment, skills, knowledge and general educational development work locally could negate some climate change issues in the future. This understanding extends to all of the themes of HNAs for this area in the last fifteen years.

In the World banks second point to negate greenhouse gas emissions the council are proposing a future 'Leeds Clean Air Charging Zone' to help reduce particulate and overall air pollution.

(Source: World Bank: Hallegatte, Stephane, Mook Bangalore, Laura Bonzanigo, Marianne Fay, Tamaro Kane, Ulf Narloch, Julie Rozenberg, David Treguer, and Adrien Vogt-Schilb. 2016. Shock Waves: Managing the Impacts of Climate Change on Poverty. Climate Change and Development Series. Washington, DC: World Bank. Doi: 10.1596/978-1-4648-0673-5. License: Creative Commons Attribution CC BY 3.0 IGO)

### **Air Pollution in New Wortley**





We can see from the above small scale cross section of the map compared to the decile performance scale that New Wortley like most inner city areas in close proximity to a gyratory suffers from poor air quality and pollution. This has a detrimental impact on the young, vulnerable (weakened immune system) and those who suffer from asthma.

#### **Asset Based Community Driven Effort (ABCDE)**

Leeds city Council have adopted an approach where an area is viewed through the lenses of its assets rather than its deficits. Looking for assets to help an area combat and overcome issues of multiple deprivation. These assets can take many forms from physical resources like a community centre, a general practice and a children's centre. However the most important assets a community has are of course its people. With this in mind LCC commissioned Community Connectors to look for local people who had an idea, a group or an activity which played on the communities assets to strengthen the neighbourhood. An early pre-cursor of this work can be seen below.

## Knowing the community you work in

Helping people to connect with the community where they live is an important role for the council and organisations working in the city.

Enabling people to feel more independent and connected to where they live, and able to follow or share their interests and passions is important for people's wellbeing, and is something we all have a role in.

**Below are some tips for getting to know the communities where you work so you can help people to connect.**

### Walk the streets, and pop in to things

You can't beat seeing somewhere yourself to understand what's on offer. Lunchtime walks or a quick walk to a meeting will help you get to know your area.

Look around and if you see something interesting call in and ask about it!

### Go to events

Try to go to local events where possible; fairs, fetes, festivals, cultural events—all these are great for understanding the area where you work and meeting people. Often, one contact will lead to another.

### Share your space

Are you able to offer meeting rooms in your office to local groups for events? Could you have your meetings in other local venues?

### Notice boards

Have a notice board in your office and take notice of those in other organisations' buildings, supermarkets, pharmacies and the post office.

### Know your local organisations

GP practices, health centres, schools and faith organisations often host group activities. They are a great source of information locally and it's important to get to know colleagues based there.

### Newsletters

Many organisations produce newsletters. Check out the local newspapers too; most are on-line now and you can subscribe to them, or there

are many printed 'what's on' booklets delivered to residents or available in café's and community hubs.

### Access social media

If you use social media - follow your local organisations and key individuals. Twitter, Snapchat and Facebook often advertise events or provide links to other organisations. If you don't use social media yet, perhaps this is a good place to start!

### Know your community connectors

Who are the key people in this community? The people everyone seems to know - find out who they are, and meet them. Often an informal chat will really help understand what's going on in your area.

### Be local

Can you do your shopping in the area rather than on the way home? Can you have your work social events in the local cafes, pubs or restaurant?

It all helps to support the local economy and you to become familiar with businesses and organisations who have that knowledge about local information and resources.

### Keep up to date

Keep up to date through the Leeds Directory 'what's on' section:

<http://leedsdirectory.org/whats-on/>

Don't forget to add events as you become aware of them.

### Network, network, network

Network with colleagues from other organisations that work in the locality. You could also pop into the local library, council community hub to see what's on offer.

### Share your knowledge

Finally, remember to share what you find with your colleagues. You could also create an 'asset map' of local resources.

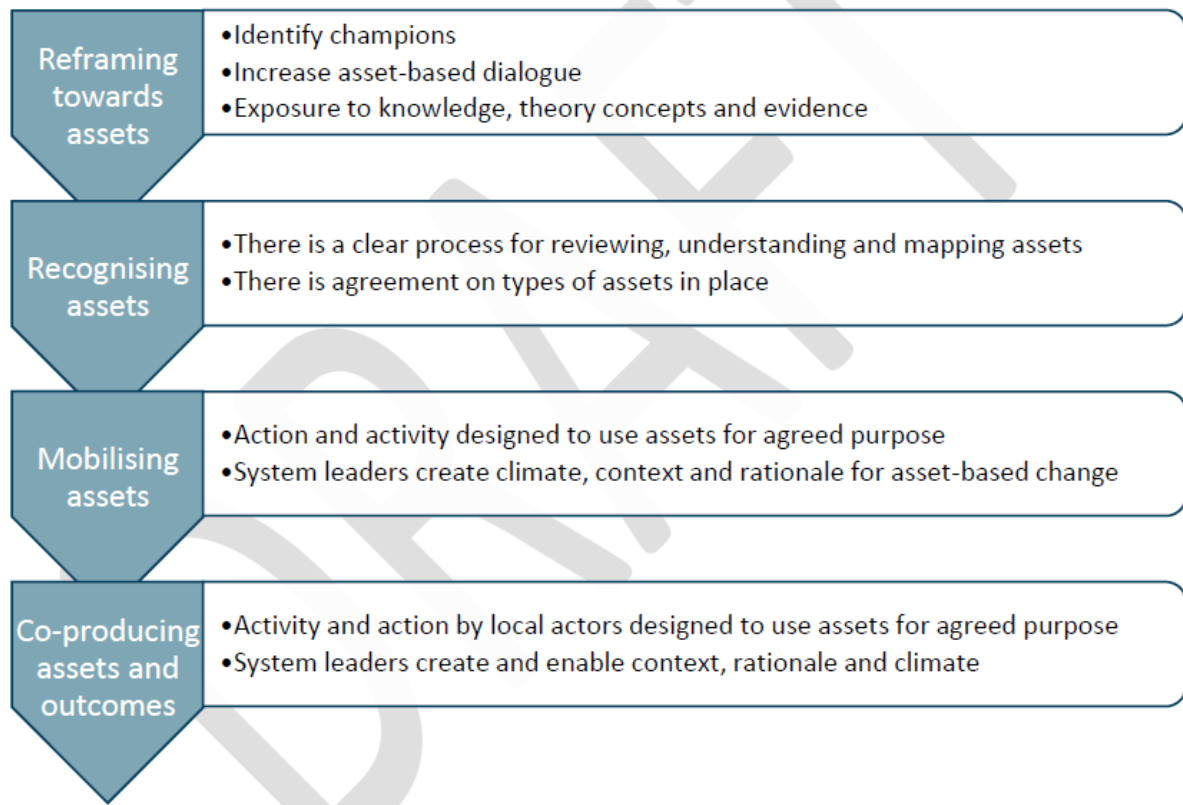
Better Lives for people in Leeds



Source: Mick Ward-LCC Adults & Health Directorate-2017)

Community assets are the strengths and positive capabilities within a defined community. These assets may be utilised to maintain and develop the wellbeing of that community (1), where a healthy community is understood as one where the dynamic interactions of people, their relationships and their environment allow all people within the community to flourish. Source: Briscoe: 2018)

A Public Health Registrar has recently (2018) written a paper on a strengths based approach and the approach of moving to a left shifted approach and this is detailed below.



Some assets are very tangible such as;

- Job training
- Safe housing
- Health care access

And can be mapped in a straight forward way onto a health map;

<https://leedscs.maps.arcgis.com/apps/webappviewer/index.html?id=d0c4592b76e94b73b242ed2f8a768355> (Source: Health & Social Care Map of Leeds (V4.1))

Other assets are less tangible for example;

- Shared emotional connection
- Membership and a sense of belonging
- Integration and the fulfilment of needs
- Influence

(Source: B. Briscoe 2018)



## Framework for Community Asset Categorisation

Community Contribution				Statutory Services Contribution
Category	Resilience & Security	Identity & Purpose	Achievement & Recognition	External Assistance
Individual Level	<ul style="list-style-type: none"> <li>➤ Personal Resilience</li> <li>➤ Self-Esteem</li> <li>➤ Happiness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Personal Identity</li> <li>➤ Purpose</li> </ul>	<ul style="list-style-type: none"> <li>➤ Personal Achievement &amp; Success</li> </ul>	Ability to access services, facilities & buildings
Social Groups	<ul style="list-style-type: none"> <li>➤ Relationships</li> <li>➤ Connectedness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Belonging to Social Groups</li> <li>➤ Social Inclusion</li> </ul>	<ul style="list-style-type: none"> <li>➤ Social Group Success &amp; Recognition</li> </ul>	Inclusion in services & facilities offer
Community	<ul style="list-style-type: none"> <li>➤ Social Cohesion</li> <li>➤ Safety (Real &amp; Perceived)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Community Identity</li> <li>➤ Future Plans &amp; Development</li> </ul>	<ul style="list-style-type: none"> <li>➤ Community Achievement</li> <li>➤ Fulfilment of Goals</li> </ul>	Availability of services, facilities & buildings

The above table is an example of a left shifted method of viewing assets in the community with an emphasis on the community as can be clearly seen by the number of columns dedicated to community strengths.

Examples of the assets noted by stakeholders and partners within the New Wortley Core Group are;

- Local residents groups
- Thornton Medical Centre
- Over fifty local volunteers at New Wortley Community and Wellbeing Centre all with various skills such as gardening, bike repair, catering and care service training.
- Local Care Partnership
- Primary Care Network

### ABCDE in Leeds

ABCDE in Leeds extends across all organisations including the third sector in Leeds, always looking for what's strong in a community and not what's wrong. Touchstone have a special information spot on their website; <https://www.touchstonesupport.org.uk/services/abcd-asset-based-community-development/>

ABCDE is important everywhere in Leeds but never so crucial in our poorer neighbourhoods. As local residents in the UK and Leeds have gradually and generally lost faith in the superstructure (historically largely trusted institutes of the state such as the Government, The Church and the NHS to name about a few examples) in their life ABCDE can put the balance of power into their hands for important local decision making. This only works if the powers that be believe that local people if given the opportunity, resources and power generally know the solutions to their own problems. Gradually and steadily and gaining much momentum recently people have lost faith in large



institutions, powerful people, organisations and bodies. Since the 1970s after the Iraq war, minister salaries, the MPs expense scandal and Brexit out of 28 countries only Russians trust their institutions and government less than the UK does. This is important for priority neighbourhoods because it makes engagement that much harder on naturally supposedly difficult to engage estates. ABCDE can help bring back a much localised trust after a gradual erosion of faith in authorities. The national centre for social research's 30<sup>th</sup> Edition goes into this in much more detail when it looks at British Social Attitudes study (<https://www.bsa.natcen.ac.uk/latest-report/british-social-attitudes-30/key-findings/trust-politics-and-institutions.aspx> )

Typically we put our trust in experts and professional which is logical and normal behaviour, what you would expect. However many local reports state the solution to some of these entrenched problems is not immediately obvious. There is a lack of ideas or insight to these wicked problems. It is time to go back to the people for answers and readjust the power balance and honour these ideas of ABCDE in their true sense and not just to pay lip service to them.

Class analysis is important in looking for solutions with local people in our priority areas. As a former GP at a local medical practice said; *"many of us (but not all) that work in the area do not live in the area that we serve and it would be much better if we did because we would have a greater understanding of the people, of the problems and be able to contribute to the local economy". We are here by invite only.*"

On class and poor areas Dan Gavey a recovered heroin addict and now a Scottish Comedian talks at length of how poor people sometimes struggle to find the words to describe their predicament and how typically the middle class professionals striving very hard to help them speak a different vernacular. Mr Gavey's point is if we all using different language to describe the reality around us then it becomes difficult to describe the solution.

*"You don't have the words. If we are all using different terminology to describe a problem, to describe the reality around us we lose the ability through language to conceptualise what a solution to a problem might look like. When you start making pronouncements about what the right language or wrong language might be it becomes exclusionary from the class room to the court room. A voice of authority, whether it's Jeremy Kyle or a newsreader it's always middle class. It says this is the voice of reason, the voice of authority, the people that we want to help us are middle class"* (Source: Dave Garney-Comedian 2020). One of the points he makes is that poor working class people can find their own solutions if given the power, responsibility and resource. ABCDE can reverse this long establishment societal proposition on a very small but useful scale for our priority neighbourhoods. Summed up by a LCC CEO *"if the community say it's an asset, then it's an asset."* (Source LCC Mick Ward ABCDE briefing 2018).

ABCDE takes an incredible amount of courage and bravery to institute from authorities and stakeholders because to have any significant impact it means abdicating large chunks of power, finance and authority to the people without and checks or balances in between. This is perfectly encapsulated in Arnstein's Ladder of Participation below as the most perfect rung of the ladder.

- ✓ **Citizen Control.** Have-nots handle the entire job of planning, policy making and managing a programme e.g. neighborhood corporation with no intermediaries between it and the source of funds.

## Key Areas with recommendations

### Health-2014

The data indicate that the health of the New Wortley population is characterised by high levels of chronic conditions including cardiovascular disease, respiratory disease, chronic kidney disease, cancer, HIV, obesity, and poor mental health. Work is therefore needed to help people manage these conditions better with a view to improving quality of life and improving how this group engage with health services (e.g. early presentation).

### Health-2019

Five years on we can see that there have been some improvements over the last few years in New Wortley's overall health, a decline in smoking numbers although still high is a significant one. As the Local Care Partnership (LCP) and Primary Care Network (PCN) become established and economic and human resources are shared for the common good and more central services are brought into the locality it is anticipated that this will have a very favourable and positive impact on health. However for now the area it is still characterised by some high levels of chronic conditions. This is in line with what you would expect in a poorer more deprived neighbourhood where these conditions are strongly linked to deprivation. Child obesity has fluctuated greatly in the area but is currently showing some of the highest levels. Asthma in children is slightly above average rates for the city. Smoking which is very strongly linked to deprivation across Leeds is still high in this area. Within the LCP that New Wortley falls it has some of the highest smoking levels. The good news is that most LCPs in the most deprived areas are showing a much faster decline in smoking than the least deprived. A quarter of these smokers are aged 30-39 and the very high risk category of obese adult smokers are between the age of 40-49 and this figure is not increasing and more or less a constant. Coronary Heart Disease (CHD), COPD are in line with expected levels in deprived communities. CHD is above Leeds levels but encouragingly falling steadily. Alarmingly the COPD level is significantly above the Leeds rate and rising steadily. Cigarette and tobacco smoking is the leading cause of COPD. Most patients who have COPD smoke or used to smoke. However up to 25% of people with COPD never smoked. Long term exposure to other lung irritants –such as air pollution, chemical fumes or dusts may also contribute to COPD. Diabetes is significantly above the Leeds average and rising slightly more quickly. Armley has a below average figure for mental health issues of a severe clinical nature such as bipolar disorders, paranoid schizophrenia, manic episodes and paranoid personality disorder. However a word of caution and balance on the topic of mental and emotional health as data and anecdotes from social prescription projects indicates a high incidence of low level anxiety and stress within certain cohorts within the community. Life expectancy within this LCP data set is actually quite low and in line with areas such as Harehills, Burmantofts and Richmond Hill.

COPD information needs further investigation to find out if smoking is the main protagonist or if air pollution is a strong contributory factor. Further information is required. Type 2 Diabetes is linked to over consumption of calories, poor diet, a sedentary lifestyle and lack of exercise. Increasing the opportunity to access advice on diet and making physical activity in the area is one method of managing and in some cases reversing the condition. Obesity in children needs careful observation and may require a ward level intervention similar to the one currently engaged in Bramley. Levels have dropped back considerably but there is currently new data being prepared. Encouragingly Leeds has become the first city in the UK to buck the trend of childhood obesity in our most deprived areas

(<https://www.phc.ox.ac.uk/news/leeds-becomes-first-uk-city-to-lower-its-childhood-obesity-rate> and <https://www.theguardian.com/world/2019/may/01/leeds-becomes-first-uk-city-to-lower-its-childhood-obesity-rate> ) A large part of this success has been attributed to the HENRY (Health, Exercise and Nutrition for the Really Young) programmes in local children's centres. Recruitment and retention on these courses in the area should be actively encouraged ( <https://www.henry.org.uk/> ).

### Lifestyle-2014

The data shows that in New Wortley there are high levels of smoking, teenage pregnancy and alcohol misuse. Research evidence suggests that people tend to engage in multiple risk behaviours at the same time. Addressing the health inequalities in this area will be more effective if we can also help people to reduce the number of unhealthy behaviours.

### Lifestyle-2019

The smoking levels, teenage pregnancy rates and alcohol misuse are still running at high levels. Alcohol misuse has slightly fallen. Physical activity levels are relatively low. However a large scale project for priority neighbourhoods is under way and this should be actively embraced (<https://getsetleeds.co.uk/> ). The LCC commissioned service ONE YOU LEEDS has enjoyed some success recruiting into its smoking cessation and other groups through local galas / events and door knocking within the area. This activity should be promoted and continued. We can see how effective event referrals are in this area by the looking at the table below.

LS121	Yes
Row Labels	Count of Orion ID
Community Midwife	
Blank	17
GP	
Blank	44
Health Professional	
Leeds Community Health Care NHS Trust	9
Self Referral	
Event	24
Family	6
Friend	4
GP	22
Healthcare professional prompt/signpost	3
Leaflet	1
Social Media	1
TV	1
Website	26
Word of mouth	3
Walk-in	
MoF	3
Blank	
Blank	3
<b>Grand Total</b>	<b>167</b>

However we can see between October 2017 and March 2019 engaging pregnant community members to set a quit date has been less successful.

Area	Referred to Service*	Attended a Smoking Appointment	Set a Quit Date	Quit at 4 Weeks**
LS11 9	4	3	2	2
LS11 0	10	2	1	1
LS11 8	7	4	3	3
LS11 6	14	6	3	2
LS12 1	9	3	1	0
LS14 1	15	7	2	1
LS9 6	30	7	5	3

In terms of teenage pregnancy rates are dropping across the city but this is no reason for complacency. This is partly due to the advancement of contraceptive technology such as implants, however these of course do not protect young people from sexually transmitted disease and infection. For further information and recommendations go to <https://observatory.leeds.gov.uk/wp-content/uploads/2019/06/Sexual-Health-Needs-Assessment-18-19-reduced-size.pdf>

### Recommendations

- Promote the activities at the local community centre for general health and wellbeing, especially mental and emotional health.
- Continue to encourage the presence of ONE YOU LEEDS at local community, fun and gala days due to the high take up of local residents in smoking cessation, weight management and physical activity interventions compared to other referral routes.
- Support and promote the increase in physical activity provision in the area through the findings and subsequent plans of GET SET LEEDS, GET SET LEEDS LOCAL and ACTIVE LEEDS within and away from the New Wortley Community Centre.
- Promote Linking Leeds social prescription service and the Mind well Website for those residents with stressful lifestyles, anxiety, and low mood and in extreme circumstances those who experience suicidal thoughts.

### Education-2014

The data indicate poor performance and lack of engagement (persistent absenteeism) of children at secondary school. This is in contrast with primary school. Work is needed to tackle this.

### Education-2019

School attainment is still an issue resulting in a number of NEETS (not in employment, education or training) in the neighbourhood. The transition from primary school to secondary school is problematic for many young people in the area resulting in poor secondary school performance. Anecdotally from school and youth leaders a lack of aspiration pervades within the youth community due to a couple of generations or more in their households never having worked and a fair amount of peer pressure towards crime and socially deviant behaviour accepted as the norm or *“this is how we do business around here”* attitude. The supposedly easy money and the fake glamour of the illegal drug trade and other associated black market activity is a poisonous pull for immature, vulnerable, poorly educated and misinformed adolescents. LCC youth service have performed

some effective and sterling work on transition for children with a number of school interventions, programmes and activities. This work should be continued, actively encouraged and invested in. Another support for these young people transitioning from primary school could be attracting the naturally bright to alternative activities to stimulate a desire for further education and future careers. Offering local sessions for gaming, coding and software architecture at local schools to entice and engage local children into areas they actively enjoy. Attempts to bring coding clubs into the area have as yet proved unsuccessful. However, there is plenty of resource elsewhere and children can be signposted to this. The ideal situation would be to bring the digital clubs in the schools fed by New Wortley. Future opportunities to make this happen should be grasped immediately. In addition any alternative forms of training / apprenticeships that do not involve mainstream education for disenfranchised young people which can be brought into the area either at Strawberry Lane or New Wortley Community Centre should be researched and seized upon. As we can see many of these local themes such as alternative (non-mainstream) education, employment and youth crime are strongly linked and interchangeable.

### Recommendations

- Research into the feasibility and appropriateness in applying some Best Start approaches in New Wortley. This would be to ascertain if this would add any value to the work already being done in the area or duplicate it. These best Start activities concentrate on the first 1001 days of a child's life making sure it is the very best it can be so children reach their full potential and can also contribute to civic life. **These first two years from conception to 2 increase a child's school preparedness and have a marked impact on how they perform in the education system.** The Best Start objectives and wave report recommendations they are based on are shown below are shown below. We can see they tie in with many of the other work stands of the core group partners and of course the wider determinants of health.
- Provide alternatives avenues to education for youths and adults positioned in the local area. This alternative provision could be informal or formal and help prepare look people for the job market. This could also be in the form of informal coding, gaming and software clubs to entice naturally gifted youngsters and older citizens who have had poor experiences of school.

Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2		
<b>Vision:</b> Every baby in Leeds will get the best start in life. <b>Principles:</b> <ul style="list-style-type: none"> <li>All babies will be nurtured and all care givers will feel confident to give sensitive responsive care</li> <li>Well prepared parents will make choices with their baby in mind</li> <li>Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce</li> <li>Inter-generational cycles of neglect, abuse and violence will be broken</li> </ul> <b>Indicator:</b> Reduce the rate of deaths in babies aged under one year		
Outcomes	Priorities	Indicators
Healthy mothers, healthy babies – at a population and individual level	1. Promote awareness of importance of first 2 years 2. Improve mother and baby nutrition 3. Deliver high quality maternity and neonatal and child health services 4. Reduce unplanned teenage pregnancies and support teenage parents	1. Proportion low birth weight babies 2. Breastfeeding initiation and maintenance rates 3. Proportion pregnant women with BMI >30 4. Proportion of women booking before 12 <sup>th</sup> completed week of pregnancy 5. Teenage pregnancy rate 6. Rate of immunisation with 3 <sup>rd</sup> DTP
Parents experiencing stress are identified early and supported	5. Further develop integrated health-led services 6. Support parents to reduce use of alcohol, drugs and tobacco 7. Support parents to reduce levels of domestic violence 8. Identify and support mothers experiencing poor perinatal mental health 9. Address child poverty 10. Develop agreed frameworks and pathways for support	7. Health visiting caseload 8. Proportion of children receiving an integrated 2½ year check by Early Start teams 9. Proportion of children receiving Early Start core offer 10. Number of early help assessments initiated by Early Start Service 11. Percentage of women smoking at end of pregnancy 12. Number of parents in treatment with children aged under 2 13. Child poverty rate 14. Maternal mental health placeholder
Well prepared parents	11. Promote high quality education on sex and relationships 12. Provide high quality antenatal and postnatal programmes 13. Provide evidence based parenting programmes for parents of under 2s 14. Promote awareness of specific risks such as safe sleeping, cousin marriage and accidents	15. Number of mothers and number of fathers accessing Preparation for Birth and Beyond 16. Number of mothers and number of fathers accessing Baby Steps
Good attachment and bonding	15. Promote positive infant mental health by supporting responsive parenting 16. Identify parents and babies with attachment difficulties early and offer support	17. Number of babies under two years old taken into care 18. Assessment of early attachment placeholder
Development of early language and communication	17. Raise awareness of parents about importance of early communication and interaction 18. Promote early play and reading opportunities	19. Percentage of children reaching a good level of development at end of Reception 20. Percentage of children in lowest % achievement band for LA

Note: A number of city-wide cross cutting strategies will contribute to the Best Start priority and the new Maternity Strategy will be a component of the Best Start programme.

### WAVE TOP TEN RECOMMENDATIONS

1. Increase breastfeeding and good antenatal nutrition
2. Promote language development
3. Reduce domestic violence and stress in pregnancy
4. Achieve a major reduction in abuse and neglect
5. Set up an effective and comprehensive perinatal mental health service
6. Assess and identify where help is needed
7. Focus on improving attunement
8. Promote secure attachment
9. Ensure good health-led multi-agency work
10. Ensure early years workforce has requisite skills

The data indicate that levels of recorded crime are higher than the Leeds and England averages. This is reflected in the local population's low perceptions of community safety, and their desire to live in a safer, cleaner, greener environment. These are improvements that should be considered for action.

### **Community Safety-2019**

It is interesting that in all the HNAs over the last eleven years the desire of local residents to live in a safer, cleaner green environment has remained consistent. In the HNAs conducted over the last seven years the top three themes have also remained consistent. In addition door knocking outreach over the last two years into the community has also revealed the same top three priorities for local people. They are also strongly reflected in The Big Asks from the core group (see appendix three). They are;

- Youth Anti-Social behaviour (Examples are gang activity, quad and motorbike nuisance)
- Drug dealing and illegal drug activity and the resulting concerns over vulnerable citizens.
- Environmental quality

Much has been achieved over the last five years by the council, police and partners but these concerns are still present in New Wortley for local community members.

Public Health have become interested in new Police initiatives concerning the mental health and substance addiction of offenders. They have historically been concerned with ensuring any rehabilitation within and outside prison deals with mental health and drug addiction problems. A pioneering police scheme in Durham has been slashing reoffending rates by offering offenders the chance to avoid prosecution if they join a rehabilitation programme for issues such as mental health problems and substance abuse. Incarceration can exasperate emotional health and addictive problems. This is especially true of younger members of the community drawn into crime as they move from young offenders institute become repeat offenders and eventually move into the adult prison population at HMP Leeds and HMP Wealstun or other northern prisons. The new scheme in Durham is called Checkpoint and offenders spend four months under police supervision and are helped to get support for addiction, homeless, poor communication skills and mental health problems. The University of Cambridge is conducting the survey and the results will be published in 2022. From an economic perspective it costs £480,000 per year but internal estimates suggest for every 1,000 offenders it saves £2m per year. Schemes such as the Durham one also can have a positive impact on suicide rates and those experiencing suicidal thoughts through addiction and plummeting emotional health. For further information please see;

<http://www.pinnacle-investigations.co.uk/durhams-pioneering-police-scheme-slashes-reoffending-rates/> and <https://www.theguardian.com/uk-news/2020/feb/14/durham-pioneering-police-scheme-slashes-reoffending-rates-rehabilitation-programme>

### **Youth Crime and Anti-Social Behaviour**

Looking back historically at poorer inner city areas to find a future solution to decrease the number of young people engaged in anti-social behaviour is illuminating. We see in nineteenth century industrial England there was nothing new about youth violence and anti-social behaviour it was just on a much larger scale and most of the young men (as it was predominately young men with a few young females involved) were employed as poorly paid industrial work was plentiful. In the cities of Liverpool, Hull, Birmingham and Manchester there were many large gangs. (J.E. Archer, 'men behaving badly? Masculinity and the uses of violence, 1850-1900' in S.D'Cruz, *Everyday Violence in Britain, 1850-1950: Gender and Class*, Pearson Education Ltd, 2000.) Lessons from the past and the evidence this brings coupled with police expertise, intelligence and advice to the discussion can help us think about adapting and evolving these approaches for a modern application (P.J Gooderson, 'Terror on the



streets of late Victorian Salford and Manchester: The Scutterling Menace', *Manchester region History review*, X1, 1997 and Michael Macilwee, *The gangs of Liverpool*, Milo Books, 2006.) The Police and local corporations and magistrates were at a loss in Victorian England to solve this massive societal issues, which was always in poorer areas and for larger cities could involve up to fifty plus gangs across the inner city areas (John Muncie, *Youth and Crime*, second edition, Sage Publications Ltd, London, 2004). Intimidation, random violence, illegal gambling, illicit unlicensed liquor sales, nuisance, extortion, vandalism and general civic disruption were the issues faced by the authorities. Coupled with stiffer sentencing (today this would be replaced by a more enlightened evidence based approach of rehabilitation) they undertook the following approaches;

- ✚ They greatly increased the number of activities for boys and then later on for girls. These were predominately organised by local church organisations and later day pastors. These activities predominately involved boxing clubs and organised youth football teams. There was also some of the old public house activities put into church halls such as skittles and shove half penny. The rise of such local activity helped to engage and distract local youth from illegal pursuits and spread quickly across the city due to committed church men and women.
- ✚ They created boys and girls club in the poorer areas. What we would know today as youth centres. Again the main pursuits were boxing and it is appreciated today that there is a certain amount of concern and stigma associated with this activity. However the central point was it brought an extra discipline into the lives of the main perpetrators of local crime who were young men aged from teenage years up to early twenties and kept them away from crime and gave them a sense of belonging and tribalism that the street gangs had previously brought them.

✚ Centres and schools were established where young people could be schooled and gain extra skills in a works based apprenticeship, locally based so young people would not have to travel. Putting this advice into a hopefully effective modern context the major learning point was a dramatic increase in activities for young people in the area which steered them away from gang related activity. It should be noted that although this was a dramatic turning point in levels of gang crime it still failed to attract the 'roughest' of the youth of the area. In Victorian Britain during the same period affordable local cinemas were springing up which was another diversion for young people in impoverished areas. The obvious benefits of increased physical activity should also be noted here.

Today in New Wortley we have many unemployed young men at certain time periods and with the distractions of digital activities such as gaming and social media available to them as a replacement for the local cinemas of the past. However in certain circumstances it seems nothing can compete with the excitement and feeling of power moving around the estates in a gang of up to thirty strong brings, as a recent crime spike demonstrated.

## Recommendations

Beyond normal policing activity (<https://www.police.uk/crime-prevention-advice/anti-social-behaviour/>) recommendations for the present would be;

- ✚ Increase schools based transition work which has proved effective by LCC Youth Service
- ✚ Increase and promote physical activity offer for young people within the area in conjunction with Active Leeds, local core group partners, secondary schools, British Cycling and the local Rugby and Boxing Club. Supervised and insured martial arts. Activity would be conducted under the guidance of Active Leeds.
- ✚ Increase provision of youth activity but do this away from the New Wortley Community Centre so that some of the burden of intervention is taken away from them. This could be



done through activities on Jailey Field and / or as other youth projects have done invest in steel container converted to family and play provision during the day and youth provision late afternoon and early evening when local youths are most active.

- ✚ Provide locally based training and preparation for employment courses. These could be in the community centre or based elsewhere.
- ✚ For those local residents currently experiencing these issues there is victim support and advice. [https://www.victimsupport.org.uk/crime-info/types-crime/antisocial-behaviour?gclid=EAlaIQobChMIo92A\\_rfd5wIVy7HtCh0RWABGEAAYASAAEgLPnVD\\_BwE](https://www.victimsupport.org.uk/crime-info/types-crime/antisocial-behaviour?gclid=EAlaIQobChMIo92A_rfd5wIVy7HtCh0RWABGEAAYASAAEgLPnVD_BwE)

## **Environmental quality**

Substantial environmental improvements have been made to the local external environment and internally to housing stock by LCC. Graffiti, rubbish and fly tipping removal have greatly improved. The cutting back of foliage obscuring street lighting has been welcomed by local tenants in terms of general safety. However many grassed areas remain harsh in appearance and a lack of play areas for local children remains a problem and a big ask for local community areas. Environmental aesthetics such as areas with flowers, shrubbery and trees have a significant impact on local people's emotional health. 'Place is one of the key pillars of a healthy life, where people can reconnect to the natural environment.

## **Recommendations**

- Duplicate the environmental investment in Little London as it has a demonstrable impact. This would include play areas and potential growing spaces in the form of raised beds for local residents. Vandalism would be anticipated but tenacity and replacement would eventually see this dissipate. As a last resort growing areas could be enclosed as in Little London.
- Install two green gyms in the area away from local children's play areas for the adult population.

## **Employment-2014**

Unemployment and long-term unemployment are prevalent in the New Wortley area. We know broadly that the age group most affected is 25-49. We also know that males are more affected than females. The data show that this is impacting on children with families receiving Job Seekers Allowance living in poverty.

## **Employment-2019**

Employment is a continuing issue in New Wortley. The age group most affected remains the same. We also know that local projects at New Wortley such as Building Blocks and the Public Health funded employment project run by the New Wortley team are effective. Where local people can be engaged who are young or middle aged, not in education, not in training, a long way from the job market and who have been unemployed for long while local schemes can make a real impact. In the last few years at the behest of a local GP and core group partner all of the local care homes were visited to investigate the local employment opportunities within these establishments. With the help of a local community nurse from a New Wortley practice all the local care homes were visited and the managers there asked if they recruited locally, what qualifications were required, if petty spent criminal convictions were a barrier to employment, what training was given and lastly what the rate of was (if it was above the minimum rate of pay). This was potentially a good employment source. The findings suggested all of

the homes recruited locally, paid a decent rate and some offered training which could act as a stepping stone to further career development within the NHS. Most homes were independents but directors of larger national chains were subsequently contacted by LCC Employment managers to encourage advertising of jobs locally and to see what further employment and training issues were available. As main local people are reluctant to travel due to cost and habit this approach seemed ideal. On the back of this work and their own employment preparation projects NWCC organised with local colleges to set up health and social care courses at the local community centre so participants would not have to travel far. Unfortunately as these things take time to gain momentum the course was unattended and subsequently cancelled. The other issue that was discovered when running these courses by the college was that applicants were all at different educational levels. Consequently the proposed project almost needed different separate courses for different levels of educational attainment. A strong recommendation here would be to run the courses anyway, even with only three participant's as this local community centre have proved that courses can be filled but it just takes a while for word to get around and local people to have the confidence to join.

### **Recommendations**

- Commission local employment projects which have a successful evidence base at accessible centres such as the community centre, Strawberry Lane Centre and local schools to;
  - ✓ Prepare citizens for employment and the general job market.
  - ✓ Help with interview techniques and performance
  - ✓ Job searches
  - ✓ That link resources to the LCC Hub and One Stop Shop
- Persuade local colleges to abandon the minimum attendance number for Health and Social care courses held locally so numbers can gradually increase as they have for other sessions run locally.
- Persuade local colleges to assess students' educational suitability for the above courses and either support students to attain the required standard to be able to participate or run different tiered courses as appropriate.

### **Further research and intelligence required-2014 and 2020**

- Further intelligence is required as follows:
  - Where the data presented in the profile are not current, and therefore do not reflect the current picture.
  - To produce data for the specific area of New Wortley (rather than relying on standard geographical definitions that do not accurately represent the area).
  - Sexual health
  - Lifestyles, including physical activity and drug misuse.
  - Employment data by age band
  - Adult qualification level
  - Housing data
  - Mental wellbeing

For 2020 and beyond there is still an issue with not all data sets being up to date because of collection and analysis time lags from the multiple sources from where they are collected. In 2020 we have better information on some of the areas asked of in 2014, drug death and misadventure is one of them along with sexual health and some lifestyle data from the commissioned service One You Leeds.

### **Asset Based Community Driven Effort (ABCDE)**

A new edition to this report is the ABCDE section which gives some more details about why this is an important new entry to the councils and partner's approaches to priority neighbours. This left shift approach which looks at what is strong in a community and not what's wrong can help steer team efforts from only considering deficits and not researching assets. In the Neighbourhood Improvement Board report for some of the more wicked problems it states that the solution is not immediately identifiable. The New Wortley Community and Wellbeing centre and residents group have said that local people more or less know the solutions to their own local problems. However what they lack is the finance, resources and support to make this happen.

### **Recommendation**

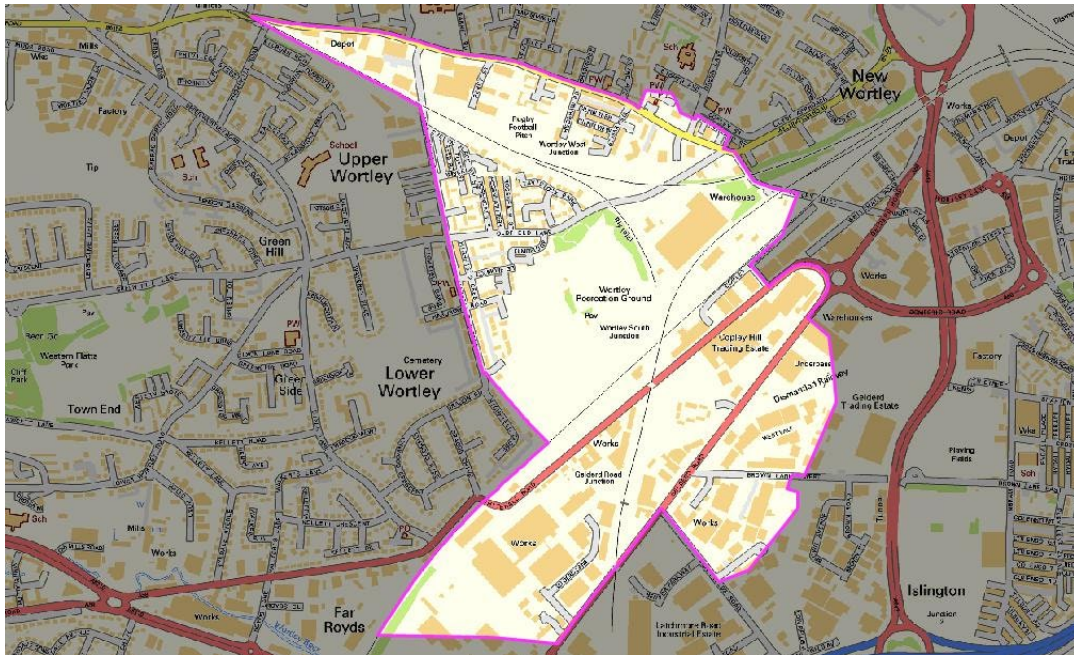
- Finance a small scale, low risk local project decided on by local residents with minimal (if any at All) interference. Study the results and proceed accordingly.

Adhering to the following guidance.

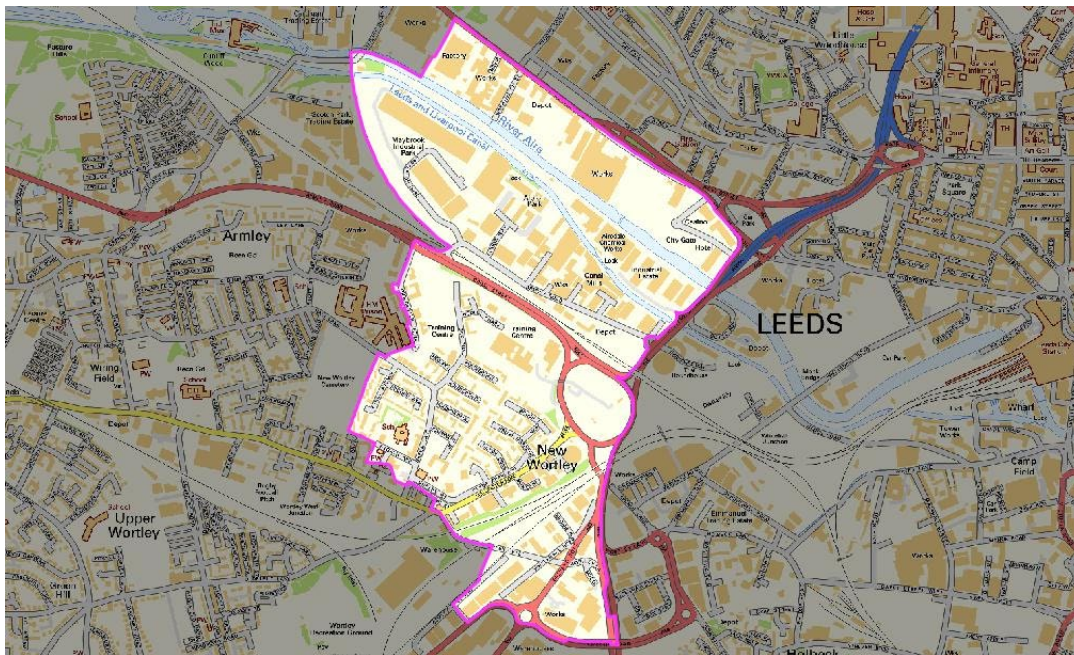
- **Citizen Control.** Have-nots handle the entire job of planning, policy making and managing a programme e.g. neighborhood corporation with no intermediaries between it and the source of funds. (Source: Sherry Arnstein-Ladder of Participation)

## Appendix 1 Defining the geography of the LSOAs

### LSOA E01011362 - (Highfield Cres/Old Lane/Roseneaths/Gilpins)

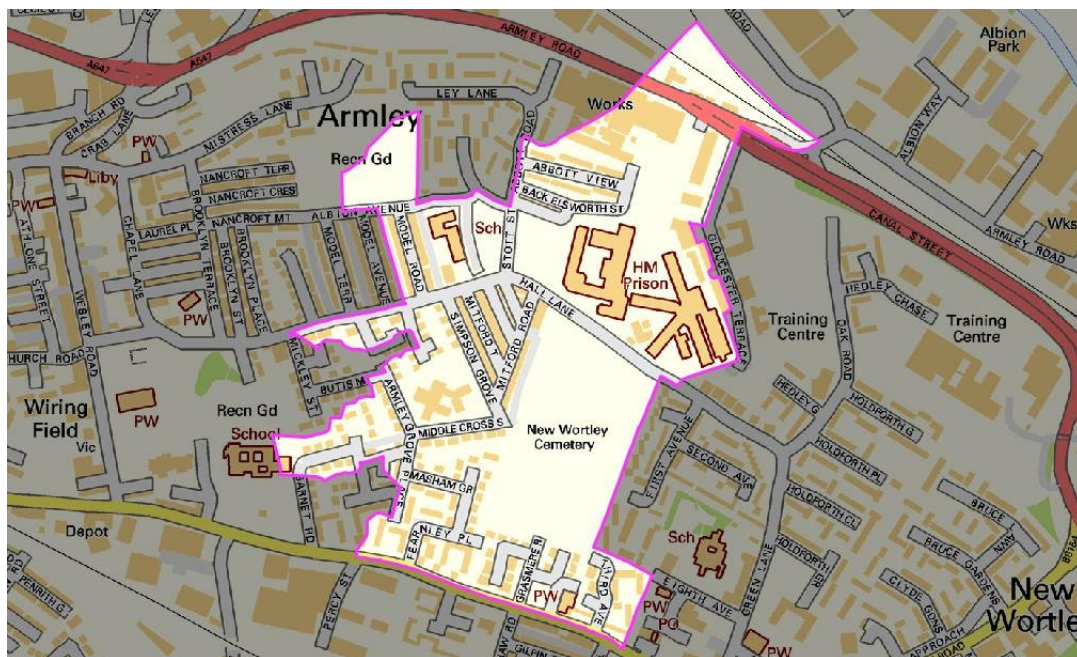


### LSOA E01011363 - (Holdfords /Clyde Approach)



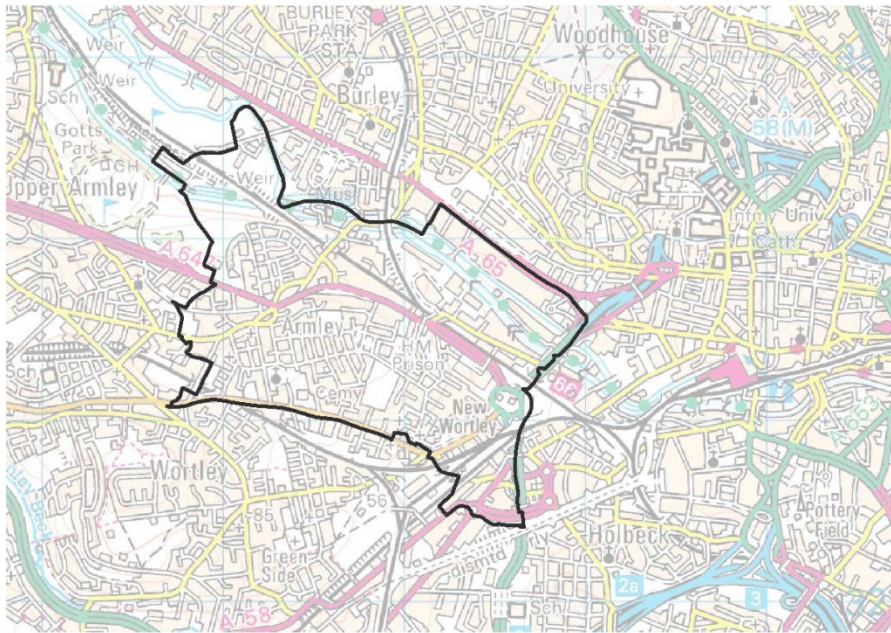


LSOA E01011294 - (Armley Grove Place/Hall Lane/Abbot View)



Appendix 2 Defining the geography of the MSOA

MSOA E02002400, Armley, New Wortley



Appendix 3 Big Asks from the Core Group



#### Connectivity

Despite being less than a mile from the city centre, New Wortley feels remote and cut off from all the opportunities this affords. The Armley Gyratory, major arterial roads, the railway, river and canal, all combine to form a formidable barrier for residents

#### The Ask

- Use the remodelling Armley Gyratory to improve connectivity of New Wortley to the city and its opportunities.



#### Improved Environment

Although issues such as fly tipping, graffiti and overgrown greenspace have reduced, the general appearance and quality of the public realm and greenspace in New Wortley remains tired. Investment in the public realm, such as in Little London, has shown the positive impact on wellbeing and local behaviours.

#### The Ask

- Identify a programme of investment to improve the exterior boundaries of the housing stock and surrounding environment.



#### **Play & Greenspace**

The local community often cite in its engagement that there is a lack of play provision, particularly for younger children in New Wortley.

#### **The Ask**

- Invest in play for young people (particularly under 8s) and increased use of Jailey Field greenspace.



#### **Community Safety & Drugs**

The underlying issues of anti-social behaviour, drug dealing and other intimidating behaviours from problematic families continues to be the main challenge, preventing engaging and reporting. Although, there have been some successes, longer term solutions are not easily identifiable and much of what has been delivered is not necessarily different or transformational and needs further consideration and leadership support to do things differently and promote a 'can-do' approach.

#### **The Ask**

- Develop a drugs reduction strategy and intervention plan for the area which looks at the problem holistically.



#### **Employment**

Dispite the proximity to the city centre and British Gas having a training base within New Wortley, large anchor organisations do not engage or connect locally.

#### **The Ask**

- Develop a strategy for citywide organisations as anchors to deliver targeted employment opportunities locally within New Wortley.



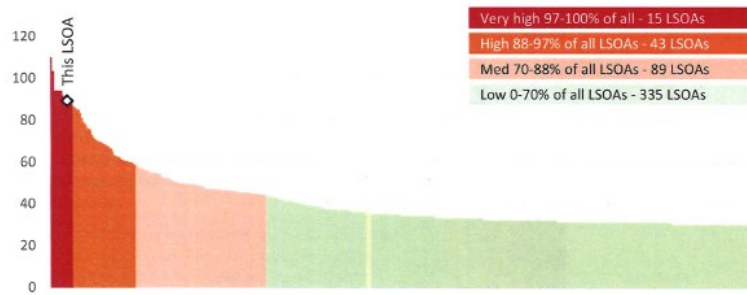
## Appendix 4 Alcohol Harm Model Matrix for LSOA E01011363 Holdforth's, Clyde Approach.

Percentile bands	User choices - upper limits	Band width	LSOA count
Very high 97-100% of all	100	3	15
High 88-97% of all LSOAs	97	9	43
Med 70-88% of all LSOAs	88	18	89
Low 0-70% of all LSOAs	70	70	335

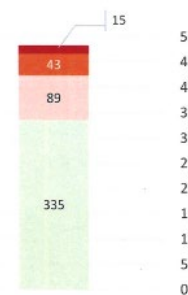
Alcohol harm model.

Parameters cannot be adjusted in this version.

All Leeds LSOAs ranked by score, showing percentile ranges and the target LSOA



Counts of LSOAs in each range



Postcode of interest	LSOA and ward details	Local LSOA name	LSOA risk rank	LSOA risk rating
Is121xp Postcode is in Armley ward	E01011363	Holdforth's, Clyde Approach,	Joint 12 of 482	Very high 97-100% of all

Set a score per indicator, per percentile band.					Leeds total scores by indicator and severity (the city wide results of the boundaries and scores per indicator)										this LSOA scores		this LSOA rank per score		Score Dsr % Count		LSOA or MISOA detail		Locally calculated? unique?		LSOAs with no data - lack of activity / or suppression		Data dates			
An LSOA can be in more than one percentile band as its position in Leeds is assessed for <u>each</u> indicator. For instance the same LSOA might be in the 'Very high' group for Alcohol admissions, but only in the 'Medium' group for Deprivation, and so it would receive the relevant scores for each indicator. Ideally these scores are set and then left for consistency, records should be kept when changes are made					Low 0-70% of all LSOAs	Med 70-88% of all LSOAs	High 88-97% of all LSOAs	Very high 97-100% of all																						
Deprivation score	1	1.1	1.2	1.3					1.3	9	S	L		0	2015															
Alcohol Specific admission all ages - any hospital	3	5	6	8					6.0	28	D	M	Y	0	2012-14															
Alcohol Related admission all ages - any hospital	3	5	6	8					8.0	14	D	M	Y	0	2012-14															
Population 16 and under	2	3	4	5					3.0	68	C	L	Y	0	Oct 17															
Audit-C scoring >7 more - increasing risk (GP recorded)	2	3	4	5					3.0	135	C	L	Y	2	Jul-17															
Looked After Children	2	3	4	5					3.0	19	C	M		59	2016/17															
Young people Not in Education Employment or Training (NEET)	1	2	3	4					2.0	68	C	M		325	Apr-18															
Youth offences	2	3	4	5					3.0	59	C	M		39	2014/15															
% DID NOT achieve grade 9-5 in Eng and Maths Leeds schools	1	2	3	4					4.0	1	%	L		18	2016/17															
Alcohol Licensing - Off licensed premises density	2	3	12	15					15.0	10	C	M		0	Apr-18															
Alcohol Licensing - On licensed premises density	2	3	4	5					4.0	28	C	L		138	Apr-18															
Alcohol related anti-social behaviour	1.5	10.5	11.5	12					1.5	49	C	L		337	2016+17															
Alcohol flagged Total Crime - Excluding violent crime	1.5	11	12	13					11.0	23	C	L		362	2016+17															
Alcohol flagged Violent Crime	1.5	6	7	8					7.0	19	C	L		194	2016+17															
Drunk and disorderly Or Over Prescribed Limit	1.5	11	12	13					12.0	11	C	L		388	2016+17															
Clients who use alcohol services	1.5	6	7	8					1.5	78	C	L	Y	253	2017/18															
Licensing risk scores	2	3	4	6					4.0	38	S	L	Y	60	Apr-18															