Health Needs Assessment

Belle Isle North

E02002421

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Leeds CITY COUNCIL

Contents

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Executive Summary

This Health Needs Assessment seeks to create a comprehensive understanding of the Belle Isle North MSOA priority neighbourhood, located in Middleton Park ward, from a health perspective. The purpose of a health needs assessment is to gather relevant information to understand the type and distribution of ill health and disease/conditions. This intelligence is then used inform priority setting, resource allocation and commissioning, which aims to improve health and well-being and tackle health inequalities.

The report begins with the presentation of data from the wider determinants of heath as context for considering health related data.

GP registered population resident in the MSOA in April 2020 was 6,993, 50.3% male, 49.7% female. There are a greater proportion of children and young people living in the area compared to the Leeds average and a lower proportion than average number of 20-29 year olds. People aged over 60 are a minority. Residents tend to be of a White British ethnicity and there is a higher than Leeds average number of people from a Black ethnicity living in this area.

Belle Isle North is a highly deprived area with 14.5% (545 people) of the working age population claiming unemployment benefit; there is a significant cohort citing mental ill health or behavioural problems as a reason for their unemployment claim.

Over a third of the residents' experience income deprivation. The greatest burden of poverty is experienced by families with children aged under 15, with 32.2% of children aged under 15 living in a low-income household. Educational attainment is low with 25.9% achieving a strong pass in maths and English G.C.S.E.'s.

COPD, smoking, coronary heart disease, adult obesity is more prevalent in this area compared with the Leeds rate and the deprived Leeds rate and have prevalent rates highest in Leeds. Common mental health issues are also highly prevalent in the area.

The all-cause mortality rate is higher in this area for both males and females. Disease specific mortality show a high rate of circulatory diseases; this is particularly noticeable for males living in Belle Isle North, female mortality from circulatory disease is higher than a Leeds overall rate. A similar pattern is observed for respiratory diseases, with a noticeably higher rate of male mortality compared to a deprived Leeds and Leeds overall rate and higher rates for female mortality in comparison to the Leeds overall rate. Cancer rates for both males and females are higher than Leeds overall and deprived Leeds rates, with a persistent rising trend evident for males.

Children specific data highlights a particular concern of childhood obesity, with 43% of children leaving primary school with excess weight. The journey towards obesity begins at conception – 24% of mothers from Belle Isle North are overweight and just under half of the babies born are not breastfed; indicators known to exert a negative influence on weight in children.

The rates for indicators relating to domestic violence are higher in Belle Isle North than for the whole of Leeds. Of particular concern is the number of children reported to be present during a domestic violence incident.

Several screening tools are used by primary care colleagues to facilitate personalised advice whereby a person leaves a GP appointment with an understanding of their level of risk towards a long-term condition. These screening tools have highlighted the prevalence of unhealthy behaviours in the Belle

Isle North community, including smoking, risky levels of alcohol consumption, excess weight and inactivity.

Drug and Alcohol services (Forward Leeds) have been used by approximately 4% of the population of Belle Isle North on a yearly basis over the past two years. Opiate addiction is the most common referral from this area to Forward Leeds, for both males and females making up 50.3% of all referrals from this area for 2019/2020. This is followed by referrals for alcohol misuse, with 25.1% of referrals.

Key stakeholders working within the Belle Isle Community have emphasised the strong sense of community spirit, extensive family networks and the desire to stay located within the area, several local assets were identified. Overall, the findings from the interviews supports the social and health intelligence findings. Upstream issues were identified as being the root causes of several health issues and the impact begins in the early years. These issues were low educational attainment and correspondingly low aspirations, this led to poverty and unemployment in adulthood. Mental health was the most frequently mentioned health issue reported by stakeholders, who identified a life course presence. Digital exclusion experienced by many in the area has exerted a profound influence on health, along with exacerbating social isolation and loneliness caused by the national lockdowns.

Introduction

The national Indices of Multiple Deprivation data (2019) highlighted the disparity of neighbourhoods in Leeds; illuminating those neighbourhoods which had become poorer with subsequent outcomes for these neighbourhoods deteriorating with increasing poverty and inequality.

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

One of the areas identified was an area in Belle Isle North, located in the inner south of Leeds (E02002421). It sits within the Middleton Park ward. A map of which is located on page 4.

Belle Isle North is considered to be amongst the most deprived areas in the country. Examples of disadvantage found in the area include low educational attainment, low skill levels, and concerns about crime, anti-social behaviour and lack of facilities

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

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

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

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

The aims of this HNA are thus:

1. To produce an epidemiological perspective of Belle Isle North. This will include gathering and presenting data relating to health disease/conditions and the external factors that influence these.
2. To present stakeholder perspectives on the health issues relevant to the area.

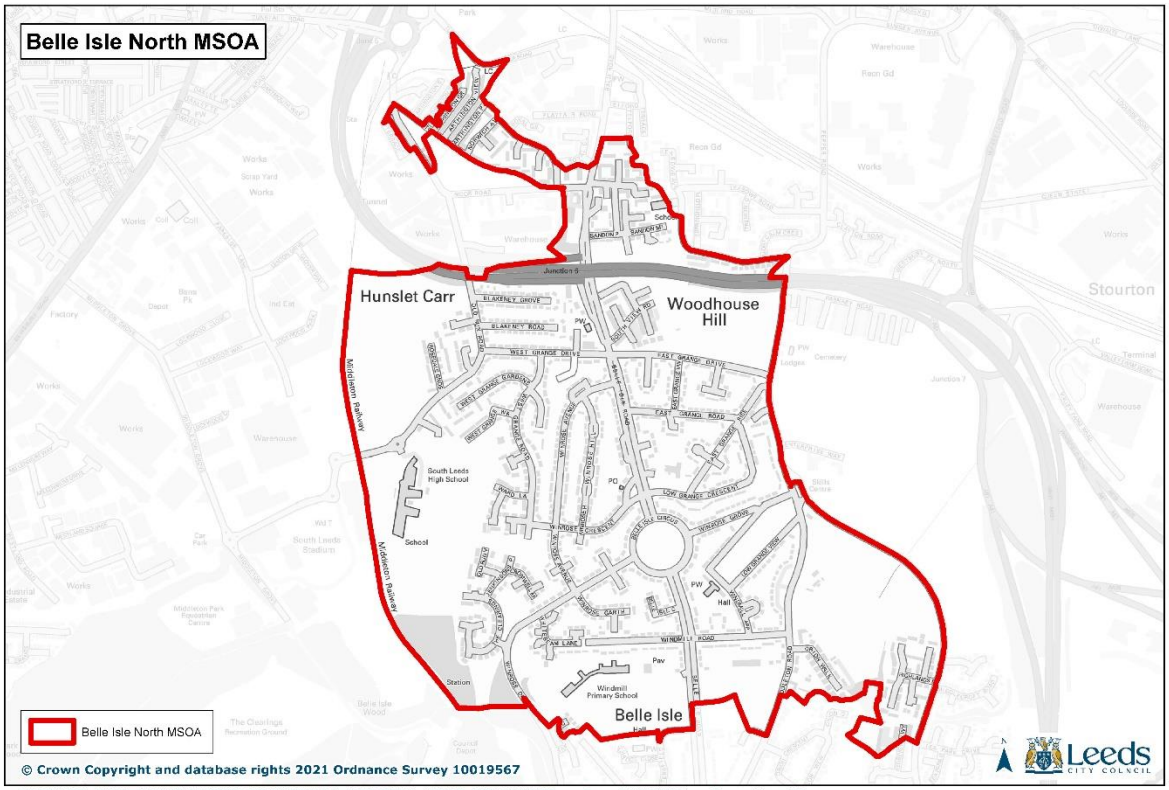
3. To present perspectives from the local community.
4. To identify assets and needs within the specific target population.
5. To collaborate with the community in developing recommendations which influence effective action plans to collectively improve the area for local residents.
6. To use the gathered intelligence as evidence to influence future decision-making addressing health inequalities.

Data can be collected on several footprints – including lower super output areas (LSOA), middle super output areas (MSOA), ward level and primary care network level. All sizes are valid and can produce useful information. The subject area of this HNA is Belle Isle North, a MSOA located in the inner south of Leeds (E02002421), this HNA uses MSOA information where possible.

MSOA data is more appropriate than LSOA health related data as it increases the footprint of the data and thus increase its reliability. This in turn increases the confidence in analysing the information and drawing conclusions.

Chapter 1 of this report will begin by presenting the resident composition of Belle Isle North before illustrating deprivation data and examining the various indicators of deprivation with reference to the social determinants of health. Chapter 2 will present an analysis and interpretation of health related data. Following this, data with a child-orientated focus is presented in Chapter 3. Intelligence gathered from adult facing commissioned services adds a different perspective in Chapter 4. Chapter 5 of this report provides the analysis of stakeholder interviews and presents key themes of the interviews. Chapter 6 looks at the impact of Covid 19 on Belle Isle North's residents, found on page 36. A summary of the health needs assessment links the data and views together on page 39. Recommendations can be located on page 40.

Map 1: Belle Isle North (E02002421).



PRODUCED BY CITY DEVELOPMENT, GIS MAPPING & DATA TEAM, LEEDS CITY COUNCIL Date: 04/08/2021 Created by: NF
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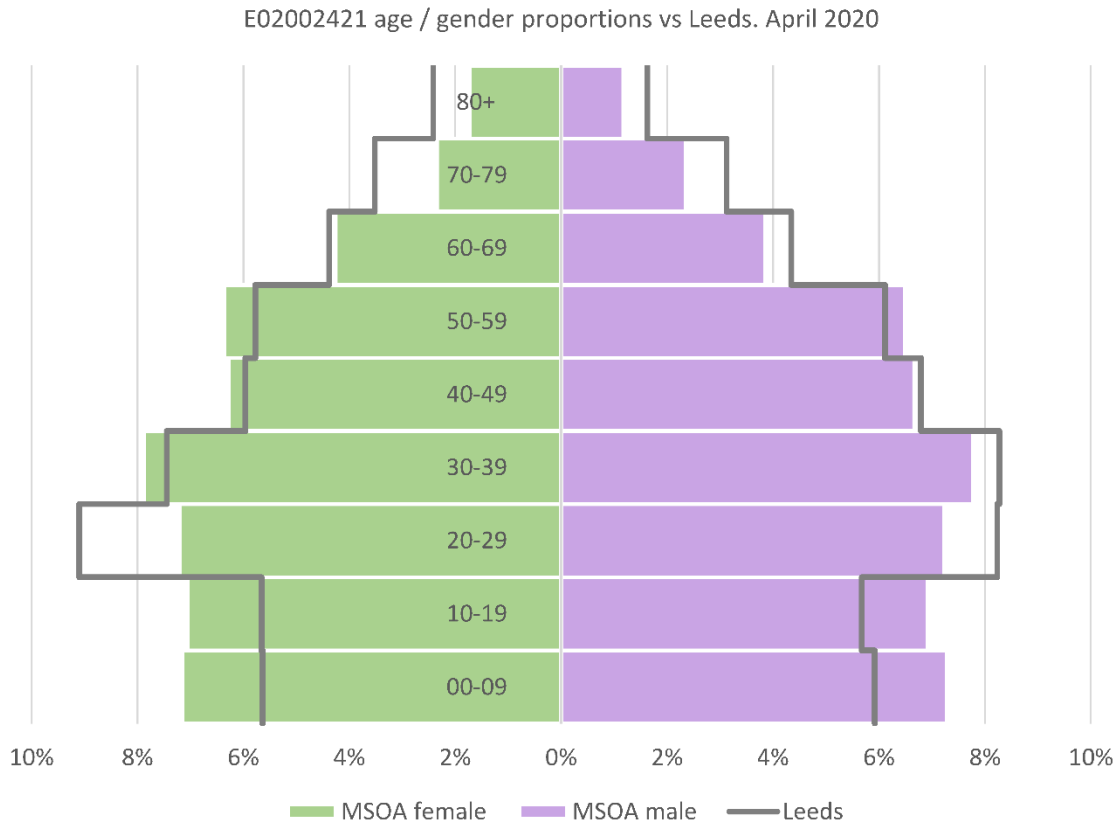
Chapter 1 – Who Lives in the Belle Isle North? What Influences on Health are Present within the Community?

1.1 Resident Demography

GP registered population resident in the MSOA in April 2020 was 6,993, 50.3% male, 49.7% female. The population pyramid below shows how the age and gender of people living in Belle Isle North, compares to the city average. The grey outline represents Leeds average with the coloured boxes representing Belle Isle North. There are a greater proportion of children and young people living in the area compared to the Leeds average and a lower number than average proportion of 20-29 year olds. The area population also contains a much smaller proportion of older people than Leeds does.

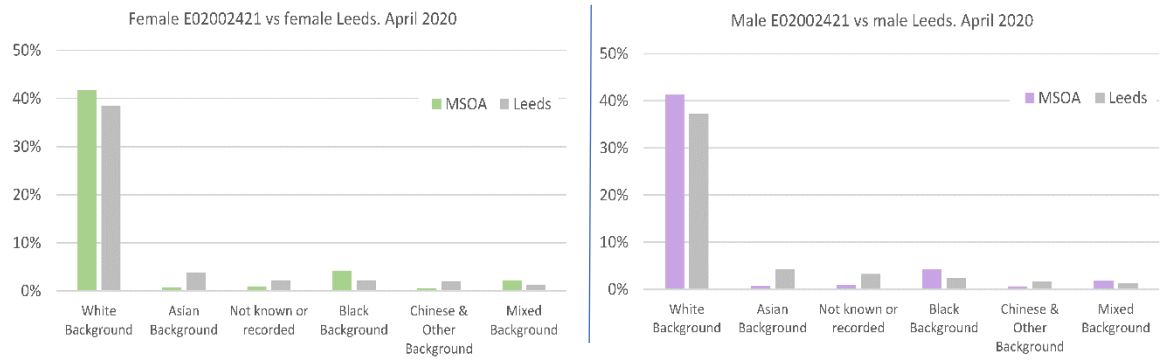
Chart 1: Population pyramid comparing Belle Isle North and Leeds for age and gender.



Ethnicity

The two bar charts below compare Belle Isle North and Leeds for gender and ethnicity, as recorded by their GP as of April 2020. The male and female ethnicity compositions are very similar. Overall, the majority of the population are of White British ethnicity, with just over 40% of females and 40% males reporting a White British ethnicity. Over 4% of the Belle Isle population are recorded as having a 'Black background', this is almost double the proportion within Leeds overall. In addition to this, approximately 3.6% of the households do not speak English as the main language.

Chart 2: Bar charts comparing Belle Isle North and Leeds for gender and ethnicity.



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

1.2 Wider Determinants of Health

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

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

The model below was proposed by Dalgren and Whitehead (1991) and simplifies the complex interactions of variables and influences which allow inequalities to thrive. The model captures the interplay between individual factors and the social determinants of health. Importantly, the model illustrates why interventions must have a place-based focus and not just focus on treating people. This is because focusing an intervention at one place, or level provides an incomplete intervention (Public Health England 2019).

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

1.3 Belle Isle North and Index of Multiple Deprivation

Middle Super Output areas have a population between 500 and 15,000 people and are sub divided into Lower Super Output areas which have a population size of between 1000 and 3000. Each of these areas is ranked according to its deprivation score from rank 1 (most deprived) to rank 32,844 (least deprived). Belle Isle North is an area containing 4 LSOA's; each of which are ranked as being in the most deprived 3% of England (decile 1) according to the 2019 Index of Multiple Deprivation (IMD) release. These 4 LSOA's are shown in table 1 along with their deprivation rank for England and Leeds.

Table 1: England and Leeds IMD rank for the LSOA's within the MSOA of Belle Isle North

LSOA code	LSOA name	England Rank*	Leeds Rank*
E01011471	Arthingtons, Old Run Road, Blakeneys	588	24
E01011472	East Granges, West Granges, Sandon Mount	797	35
E01011473	Winroses, Whitebeam	404	16
E01011474	Low Granges, Windmill Road	538	22

*a low number indicates a high level of deprivation

From a Leeds perspective, these areas are ranked as being highly deprived areas, with a range of being ranked as the 16th LSOA worst for poverty (Winroses, Whitebeam) to the 35th worst for poverty (East Granges, West Granges, Sandon Mount) out of 482 LSOA's in Leeds.

The IMD uses 39 separate indicators organised across seven distinct domains of deprivation, which are combined and weighted to calculate the overall IMD. The seven domains includes: income, employment, education, skills and training, health and disability, crime, barriers to housing and services and the living environment. These ranks can be used to identify small areas of deprivation and compare a small area. The product of each of these domains also receives a ranked score, which can be used to explore at a particular domain. A full list of each LSOA and the rank on the seven domains is contained in Appendix 1.

Compared to the other 482 LSOA's in Leeds, these neighbourhoods rank low for education, income, employment, crime and health. There is an intuitive link between these domains, for example, achieving school qualifications contributes to gaining employment with higher incomes. This in turn equates to better health, due to better access to resources, healthy food access, warm and safe housing, among other elements. Within Belle Isle North, we can infer that more children and young

people in this area are not achieving the qualifications required to secure employment with a good level of income.

East Granges, West Granges, Sandon Mount LSOA and Winroses, Whitebeam LSOA rank as being the 7th and 6th, respectively worst in Leeds using the Education domain. These LSOA's are also low ranking for employment (34th and 12th respectively) and income (39th and 21st respectively). However, Low Granges, Windmill Road LSOA ranks the lowest in income rank out of the four LSOA's at 19th out of Leeds 482 LSOA's. Low Granges, Windmill Road LSOA also ranks particularly low as the 5th worst in Leeds for the Health Domain.

1.4 Employment Deprivation

Employment deprivation measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who want to work but are unable to because of unemployment, sickness, disability or caring responsibilities.

61% of the residents of Belle Isle North are people aged 16-64. Of these, 34% of residents of Arthingtons, Old Run Road, Blakeneys and 34% of the residents of East Granges, West Granges, Sandon Mount are employment deprived. Whilst 37% of the residents of Winroses, Whitebeam and 37% of the residents of Low Granges, Windmill Road are unemployed. In summary just over a third of the population of this area experience employment deprivation (Leeds Observatory).

As of January 2021, 14.5% of Belle Isle North are claiming unemployment related benefits (Jobseekers Allowance and Universal credit). In January 2020, prior to the Covid 19 pandemic, 8% of the residents of Belle Isle North claimed unemployment related benefits. As a comparison in January 2021 there were 6.8% of people in Leeds claiming unemployment benefits. (Leeds Observatory)

In August 2020, there were a total of 410 people claiming employment and support allowance. Of these, 211 claimants cited behavioural or mental health problems, representing 51% of the cohort. The majority of the claimants were aged 25-49 (51%). (ONS Claimant count August 2020).

1.5 Income deprivation

The Income Deprivation Domain measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

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

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

According to the 2019 IMD release, 34% of the residents of Arthingtons, Old Run Road, Blakeneys and 34% of the residents of East Granges, West Granges, Sandon Mount are income deprived; the same amount experiencing employment deprivation. Similarly, 37% of Winroses, Whitebeam and 37% of the residents of Low Granges, Windmill Road of the residents' experience income deprivation.

Table 2: The percentage of residents of each LSOA within Belle Isle North affected by income deprivation by age category.

LSOA code	LSOA name	Over 60's	Children
E01011471	Arthingtons, Old Run Road, Blakeneys	30%	48%
E01011472	East Granges, West Granges, Sandon Mount	33%	42%
E01011473	Winroses, Whitebeam	42%	40%
E01011474	Low Granges, Windmill Road	50%	47%

According to the 2011 census data, 16.1% of the households in the area are one parent households with dependent children. This is over double the percentage in Leeds, with 7.6% of all households being one parent households.

The new HMRC and DWP combined Local Measure for Children in Low Income Families replaces DWP's Children in out-of-work benefit households and HMRC's Personal Tax Credits: Children in low-income families. It is designed to provide a more coherent picture of children in low-income families. In Belle Isle North, 32.2% of children aged below 16 are living in low-income families. The Leeds average is 22.9%. (2018-2019, DWP and HMRC: Children in Low Income Households Local Area Statistics).

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

1.6 Surrounding area

Overall, the living environment differs per LSOA. Arthingtons, Old Run and Blakeneys was ranked as being 178th in Leeds; the lowest ranking LSOA within the MSOA area. This was positioned in the second most deprived decile in the country. However East Granges, West Granges, Sandon Mount was ranked as being in the fourth decile, with both Winroses, Whitebeams and Low Granges, Windmill Road being ranked in the fifth decile. This is suggestive of a moderate quality in the local outdoor environment.

There are an estimated 2,740 households located within the Belle Isle North. The area has the feel of a large housing estate, although Belle Isle North is classed as garden estate, meaning there are plentiful trees and green areas. There are pockets of fields, surrounding Belle Isle North, but these are not recreational. The only park within the vicinity is located under a motorway pass, although it is doubtful if this is acknowledged by the local residents. There is mixture of houses, flats and maisonettes. Many houses having a garden. There is one main road – Belle Isle Road, which Belle Isle Tenant Management Organisation (BITMO)) ensures it is ascetically pleasing. Fly tipping and rubbish is an issue in the area.

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

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

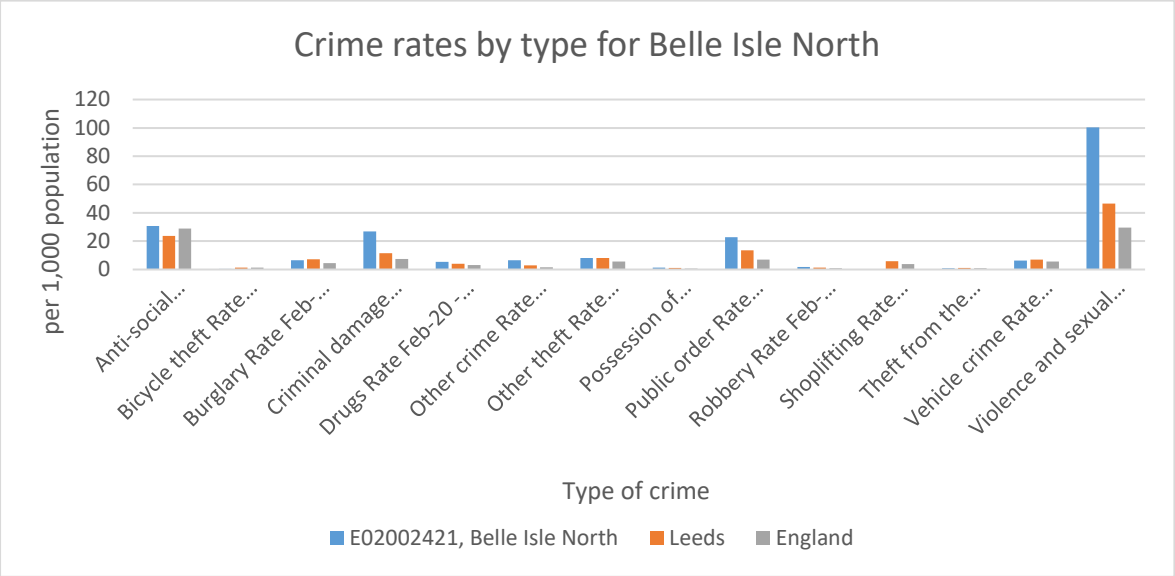
High environmental (i.e. outdoor) noise levels are defined as above 55 dB for day and evening and above 50 dB for night time. During the night, environmental noise starting at L_{night} levels below 40dB can cause negative effects on sleep such as body movements, awakenings, self-reported sleep disturbance,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

Belle Isle North is located close to the M621 motorway. Inspection of noise pollution indictors reveals 24-hour average noise pollution is largely between 55.0-59.9. Night time averages range from 50.0-54.9 (SHAPE 2019) and is below the accepted levels.

Feeling safe and secure in the place a person lives is one of the key elements to healthy living (Health Foundation blog). Between February 2020 and January 2021, within the MSOA of Belle Isle North, there were 1,132 reported crimes. During the same time period, the rate of crime in the area was 187.4 per 1000 population. Compared to Leeds as a whole, there were 111.8 crimes recorded per 1000 population (data.police.UK).

The chart below illustrates the type of crimes recorded per 1000 population. Violence and sexual offences were highest overall in the area and occur over two times more compared to Leeds overall. There are also significant issues with anti-social behaviour with a rate of 30.8 per 1000 population compared to a Leeds rate of 2.8 (Leeds Observatory).

Chart 3: Crime rates by type for Belle Isle North between February 2020 and January 2021



1.7 Housing

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

There are 2,740 households within Belle Isle North. The majority of which are socially rented (61%) and typically provided by Leeds City Council. 7.3% of the residents of the Belle Isle North are living in private rented housing. 83% of the housing fall under the lowest council tax band, giving an indication of the market value of the property in this area. 7.4% of the residents experience overcrowding within the home (Leeds Observatory 2020).

An important consideration to household budgets is warmth within the home. Within this area, 334 (12.2%) households are fuel poor, compared to 10.3% in Leeds overall. 3.7% have no central heating. Fuel poverty is calculated by looking at low income and high energy costs. There is a strong relationship between cold housing and cardiovascular diseases and respiratory conditions; children in particular are susceptible to respiratory conditions. There is also a strong relationship between cold homes and the mental health of children and adolescents. More than 1 in 4 adolescents living in cold homes are at risk of multiple mental health problems compared to adolescents living in warm housing. Older people, who tend to be home more are also vulnerable to fuel deprivation and as a result of this are susceptible to a range of health risks including early death.

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

Another indicator of poverty is car ownership. 55.1% of households do not own a vehicle so the local population is reliant on public transport to access the city centre and potential employment opportunities that the city centre may offer. First Bus provide a regular service of the 12 and 13A line, providing a direct route into the city centre. This service runs a regular service with 3-4 buses running hourly, reducing to half hourly on a Sunday. However, the cost of a day single is £1.40, with a Day Rider costing £4.70. This may add a significant budget challenge for a person travelling 5 days a week on a low income.

An analysis of the surrounding area of this priority neighbourhood suggests several factors that pose risks to the health of residents of Belle Isle North. Population density, poverty, high levels of unemployment and crime incidence relating to violence and sexual assault are all factors contributing to the overarching 'feel' of an area. Risks to health include stress, mental health and cardiovascular disease. Ascertaining if residents of the priority neighbourhood recognise and identify similar risks and if the available health related data collaborate the health outcomes will be highlighted in the subsequent chapters.

1.8 Education

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

Ensuring good attendance in school is a vital starting point. Primary schools in the area are reporting 95% (Leeds average 96%) attendance rate and secondary school attendance is 91% (Leeds average 94%. This is not an individual score but reflects a whole school's attendance. Primary school attendance is slightly under the Leeds average however secondary school attendance is 3% below the Leeds average. In addition to this there are 13.2% (Leeds 8.8%) primary school children persistently absent and 23.3% (Leeds 14.6%) secondary school young people persistently absent, both scores significantly higher than the Leeds average. Children are classified as persistently absence if they have missed 10% or more possible sessions – giving this an individual score.

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

Children in Belle Isle North are starting their educational journey behind children in Leeds overall and behind England overall, the gap becomes even greater at Year 11 G.S.C.E's where only 25.9% of children were achieving a strong pass in maths and English compared to a Leeds average of 41.6%. Secondary school attainment scores are based upon 22 young people. A high proportion of children in this area are eligible for free school meals at 44% compared to 24% across Leeds.

Table 3: A table showing the percentage of children and young people achieving a national expectations residing in Belle Isle North (18-19).

Indicator	Belle Isle North	Leeds	England
Early Years Foundation Stage (good level of development)	64.5%	66.4%	71.8%
Key Stage 2 (Meeting national expectations)	58%	62.0%	65.0%
Key stage 4 (strong pass in maths and English)	25.9%	41.6%	43.2%
Attainment 8 score (8 qualifications)	40.6%	45.1%	46.7%
Primary Free school meals eligibility	44.7%	24.1%	15.4% (TES 2019)
Secondary Free school meals eligibility	44.6%	24.1%	15.4% (TES 2019)

Chapter Summary

The area of Belle Isle North is classified as highly deprived according to the IMD. Income deprivation impacting across the life span is high in the area. Chapter 1 of this Health Needs Assessment has explored additional indicators of deprivation and its influence on health and highlighted:

- Education attainment is significantly below Leeds average for the small number of pupils sitting their examinations.
- There are high levels of unemployment, there is a significant cohort citing mental or behavioural problems as a reason for their unemployment claim. Over a third of the residents' experience income deprivation.
- There are high levels of poverty, with the greatest burden of poverty experienced by families with children aged under 15.
- There are also high levels of crime particularly violent crime and sexual assault.

Although the effects of living in areas with such undesirable characteristic are known, the subsequent question 'is do these wider determinants of health exert their influence on the health outcomes of residents?' Chapter 2 presents and examines adult health-related data to provide the answer.

Chapter 2 – Health Related Intelligence

Information about the prevalence of health-related conditions presented here is sourced from the 'Leeds GP data extraction programme' and refers to all residents inside the Belle Isle North MSOA area, no matter which Leeds GP they are registered to. This chapter presents an interpretive narrative of prevalence data, the charts of which are located in appendix 2, page 54.

There are several statistical terms used:

- The Leeds rate provides the overall Leeds city rate
- The Leeds deprived rate is a term given to the area (and resident population) of Leeds which falls into the most deprived 10% of England. The deprived Leeds rate is generated by collecting all LSOA's falling in the 10% most deprived LSOA's nationally, by using their Index of Multiple Deprivation 2019 scores.
- Aggregated data is data that is combined over a period of time, this is produced in such a way to accommodate small numbers.
- The rank gives an indication of an area in comparison to all other MSOA's. There are 107 MSOA's in Leeds. An area ranked 1st indicates higher prevalence of a condition and 107th rank, indicates the least amount of prevalence in Leeds.

2.1 Common Health Conditions - all ages, April 2020 age standardised unless specified

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

The prevalence of CHD in Belle Isle North is 4,951 per 100,000. This is significantly higher than Leeds overall. A comparison between Belle Isle North and the deprived Leeds area rate 4409.7 per 100,000 indicating a higher prevalence of CHD in residents of this area. Belle Isle North has the second highest rate of CHD of all MSOA's in the city.

This corresponds with the finding that there are significantly higher levels of **Adults living with Obesity** in Belle Isle North compared to Leeds overall and deprived Leeds. The proportion of adults living with obesity ranks as the 2nd worst in Leeds out of 107 MSOA's, (or the area with the 2nd highest prevalence). Although there is a strong correlation between the number of fast-food outlets, and a reduction of fruit and vegetable consumption and a rise in obesity levels, within Middleton Park ward, as of December 2017 (PHE 2018), there were 25 fast food outlets, this is slightly below the Leeds average of 28 fast food outlets per ward.

Diabetes levels in Belle Isle North MSOA are lower than a deprived Leeds rate, but significantly above those of the Leeds overall rate. The MSOA diabetes prevalence rate is ranked as 19th in Leeds out of 107 MSOA's, holding its position in the top fifth of wards with the highest prevalence.

Smoking rates for people aged over 16 living in the Belle Isle North area are significantly higher in comparison to the aggregated Leeds rate and the deprived Leeds rates. Smoking prevalence is highest in Belle Isle North compared to the other 107 MSOA's in Leeds.

Chronic Obstructive Pulmonary Disease (**COPD**) is associated with long-term exposure of harmful chemicals such as cigarette smoke. Smoking is thought to be responsible for 9 out of 10 cases. COPD rates in Belle Isle North MSOA are significantly higher than deprived Leeds averages and Leeds overall; ranked as 1st out of 107 MSOA's.

Cancer rates in Belle Isle North are higher than the deprived Leeds and the overall Leeds rate, but not significantly so. Belle Isle North MSOA is ranked as 41st out of 107 MSOA's.

Asthma rates are higher than the deprived Leeds and the Leeds overall rate, but not significantly. The prevalence of asthma in Belle Isle North is 64th out of 107 MSOA's.

Severe Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI. The prevalence rates for SMI among those aged 18 and over in Belle Isle North was lower, almost significantly lower, than the deprived Leeds rate. It was slightly higher than the overall Leeds average, ranked as 33rd which puts it in the top 3rd of all MSOAs in the city.

Common Mental Health Illness (CMHI) refers to anxiety disorders, depression, eating disorders and personality disorders. These are referred to as common mental health illnesses due to the volume of people affected by a CMHI. Mixed anxiety & depression is the most common mental disorder in Britain, with 7.8% of people meeting the criteria for diagnosis. 4-10% of people in England will experience depression in their lifetime. The rate of people in Belle Isle North MSOA with a CMHI is significantly higher than the rates for Leeds and deprived Leeds. 29,738 per 100,000 of the population were diagnosed as having a CMHI by their GP. CMHI ranks as 4th highest MSOA out of 107 MSOA's in Leeds.

Overall, there are high rates of CHD in the area, with corresponding higher rates of adult obesity. Conversely, diabetes rates for Belle Isle North MSOA are lower than the deprived Leeds rates but higher to Leeds overall rate. Smoking rates are higher in this area compared to a deprived Leeds rate and overall Leeds, this corresponds with the high levels of COPD rates which are notably higher than deprived Leeds and Leeds overall. Cancer and asthma rates are higher in Belle Isle North MSOA in comparison to Leeds and deprived Leeds. Rates for SMI are lower compared to deprived Leeds but higher than Leeds overall. Conversely, rates in CMHI are higher compared to deprived Leeds and Leeds overall.

2.2 GP Registration in Belle Isle North

Belle Isle North is part of the Middleton Primary Care Network and Beeston and Middleton Local Care Partnership. The table below shows that of the total GP registered population of the MSOA, 92% are registered to just five GP practices. The remaining 8% of the MSOA population are likely to be registered to practices in neighbouring areas.

Table 4: Showing local practice registered patients for the top 5 practices

Practice	Patients living inside this MSOA and registered to these practices	Percentage of total GP registered population of this MSOA
Arthington Medical Centre	2,317	33%
South Bank Surgery	2,100	30%
Lingwell Croft Surgery	1,094	16%
Church Street	505	7%
Leeds City Medical Practice (Parkside)	389	6%
Total population	**6,993**	**92%**

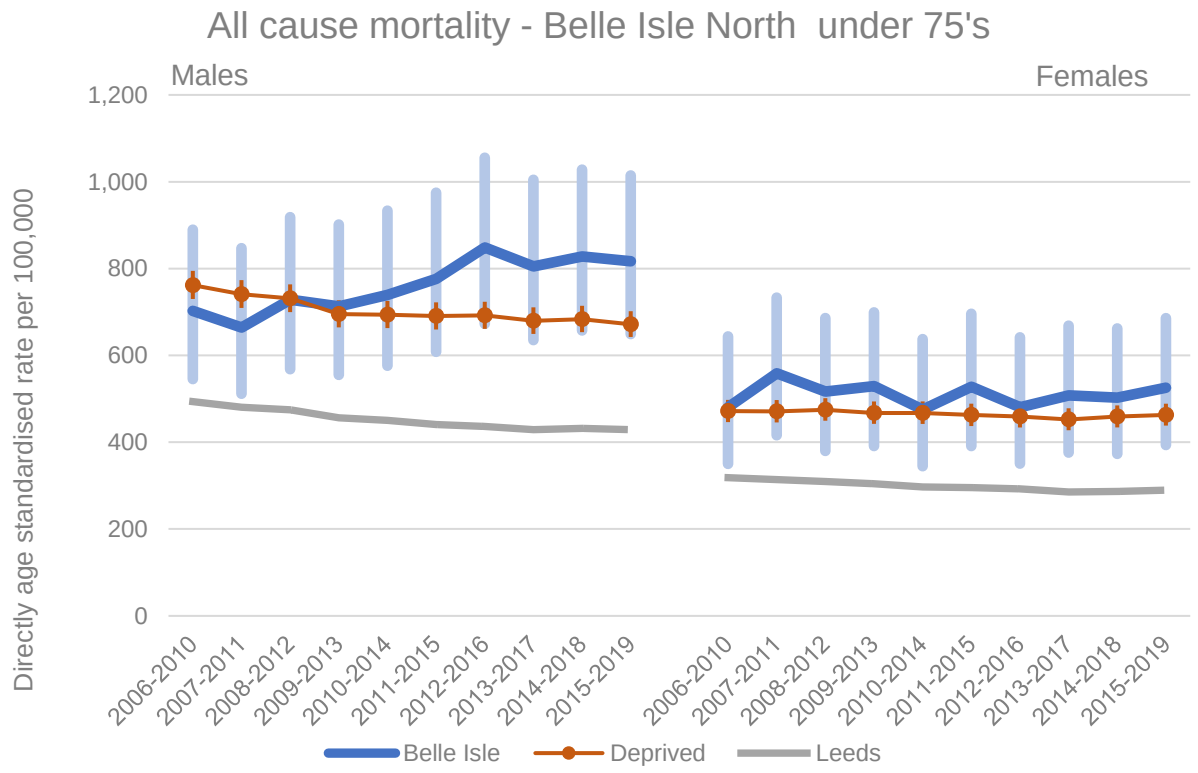
Table 3 shows that in March 2020, 92% of the residents of Belle Isle North were registered to a GP practice within a mile of the centre of Belle Isle North and can be reached at five venues; 79% can be reached through the top three practices.

2.3 Mortality Rates

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

The graph below shows the **all-cause** mortality trends for males and females. There has been a steady rise in male mortality, peaking at 2012-2016, after which a slight reduction is evident. Overall, the rates of all-cause male mortality are worse in the Belle Isle North area than the deprived Leeds rate and significantly worse in comparison to the Leeds rate. The female all-cause mortality is currently on a slight increasing trajectory and has been since 2012-2016. The rates are higher than those of deprived Leeds and are most double that of Leeds.

Chart 4: All-Cause Mortality rates for males and females.



Mortality due to **circulatory diseases** in males living in Belle Isle North in 2015-2019 (223.37 per 100,000) is significantly higher than the overall Leeds rate (108.45 per 100,000). Since 2013-2017, the data shows a slight reduction in the number of deaths due to circulatory disease. The latest aggregated data show a reduction in the female mortality rates from circulatory diseases, bringing the

rate to just below the deprived rate (89.95 per 100,000). Although considerably higher than the Leeds rate.

Generally, deaths specifically attributable to **respiratory diseases** in the Belle Isle North MSOA are significantly different for males but not significantly different for females, compared to the Leeds rate. The mortality rate for males in this area is 99.97 per 100,000, this is in comparison to the Leeds rate of 32.37 per 100,000. However, following a steady increase, data from 2015-2019, shows a reduction in mortality due to respiratory causes. Female mortality rates are dynamic with peaks and troughs since 2009, with a 2015-2019 rate of 63.41 per 100,000. This is a slight increase from previous aggregated data. Currently, the data show this area to have similar rates to the deprived Leeds rate and higher than the overall Leeds rate (28.16 per 100,000). Please refer to appendix 2 for visual representations.

Cancer mortality rates are higher in this area in comparison to the Leeds overall and the deprived Leeds rates for both males and females. Whereas there is a downward trajectory of cancer mortality for Leeds overall (male rate: 154.65 per 100,000; female rate: 125.88 per 100,000), there is a raising trend of cancer morality for males (264.76 per 100,000) in Belle Isle North. Female mortality for cancer has followed a decreasing trend, however data from 2015-2019 show a slight increase with a current rate of 249.23 per 100, 000.

Summary of Health Related Data

This data is derived from GP records so represents only recorded data held by GP's in the area. 92% of the residents of Belle Isle North are registered to 5 practices, allowing opportunities for contacting patients on matters relating to primary care. Overall, the health conditions of COPD and coronary heart disease are higher than Leeds overall and the deprived Leeds rates, with these health conditions being the worse and the second worse in the city respectively. The prevalence of adult obesity is also higher than Leeds overall and deprived Leeds ranking as the second highest in the city. Common mental health issues ranks as 4th highest MSOA out of 107 MSOA's in Leeds.

The absolute findings show more deaths occurring in this MSOA for both males and females in comparison to Leeds overall. Males in the area have a higher mortality rate in comparison to other males in similarly deprived areas with females having a similar mortality rate in comparison to females in similarly deprived areas.

Disease specific mortality rates show a high rate of circulatory diseases; this is particularly noticeable for males living in Belle Isle North, although female mortality is higher than a Leeds overall rate. A similar pattern is observed for respiratory diseases, with a noticeably higher rate of male mortality compared to a deprived Leeds and Leeds overall rate and a higher rates for female mortality in comparison to the Leeds overall rate. Cancer rates for both males and females are higher than Leeds overall and deprived Leeds rates, with a persistent rising trend evident for males.

Chapter 3 – Children Specific Health Data

Giving children the best start in life is one of the aims of Leeds City Council. Evidence illustrates the importance of the early years of life and those factors that impair optimal health and those factors that protect and nurture optimal health. This evidence has shaped the approach of LCC in addressing risk factors known to contribute to negative health and social outcomes.

Infant and child health data reporting and thus availability is less consistent. There are data challenges concerning the data footprint available; here the data is largely available on a Primary Care Network level which covers Holbeck, Beeston and Hunslet. Primary care network data presents more robust data, generally because of the larger population, however this does not allow for smaller geography analysis. Ward level and postcode level data is also presented in this section. There are also challenges on the availability of the latest timeframes. Where possible the latest data for Leeds has been used to give readers 'real-time' data from which to discuss issues raised. In most cases an England comparator has been sought, although the data on an England footprint has not always been available from the same time period.

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

3.1 Smoking

Smoking during pregnancy and exposure to second-hand smoke causes many detrimental outcomes in babies, including premature birth, low birth weight and the increased likelihood of a stillborn baby. Supporting pregnant mothers-to-be, their partners and other family members to stop smoking is crucial in creating the best environment for babies to develop and grow.

One You Leeds is the citywide healthy living service which offers a smoking cessation support service. Permission is sought by midwives from any presenting pregnant female before a referral is made to One You Leeds. The figures in table 5 below, show the number of women who subsequently attended their appointment and the number who set a quit date and remained smoke free at 4 weeks. The data below suggests success with setting a quit date and quitting at 4 weeks, once a woman has engaged. However, converting a referral into attendance requires further joint working between key stakeholders and further consideration.

Table 5: Access to and outcomes from smoking cessation support (April- Dec 2020)

Area	Booked an appointment	Attended an appointment		Set a Quit Day		Quit at 4 weeks	
		Number	% from booked	Number	% of attended	Number	% who set a QD
LS10 3	14	11	78.6%	5	45.5%	4	80.0%

*maybe more than one quit date

Table 6 contains relevant infant health indicators at a ward level for 2018. Maternal obesity is associated with negative health outcomes for both the mother and baby and is defined as having a BMI greater than 30 (BMI was assessed at the first antenatal visit, and obesity was defined as a BMI ≥30.0 kg/m2). Risk for the mother include miscarriage, gestational diabetes and pre-eclampsia. Risks to the infant include stillbirth, congenital anomalies and neonatal death (CMACE 2010). In Middleton Park Ward, 24.6% of women booking in for their first antenatal check are have excess weight, this is higher than the England percent standing at 22.1% (2018/2019 data PHE Fingertips).

Table 6: A selection of infant and child health indicators

Infant and children's health in Middleton Park - Births 2018			
Indicator	Middleton Park Ward	Leeds average	England
Pregnant women BMI greater than 30	24.6%	21.3%	22.1%
Low Birth Weight for term babies	3.1%	3.5%	3.5%

Data on breastfeeding and BMI sourced (Leeds Maternity Health Needs Assessment 2020)

3.2 Breastfeeding

Evidence shows that breastfeeding is the best form of infant nutrition. There are two methods for capturing that data. Breastfeeding initiation rates and breastfeeding duration rates.

Table 7: Breastfeeding data

Infant and children's health in Middleton Park - Births 2018			
Indicator	Middleton Park Ward	Leeds average	England
Breastfeeding Initiation	56.8%	73.7%	74.5%*
Breastfeeding at 6-8 weeks	32.8%	48.7%	40.2%**

* Data sourced from Public Health England Fingertips 2019/2020

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

Breastfeeding initiation rates in deprived Leeds have improved over the time period – rising from 62.5% in 2013/14 to 67.5% in 2018/19; yet rates remain significantly lower than Leeds overall at 73.7%. Breastfeeding continuation rates have changed little in deprived Leeds since 2013/14 and in 2018/19 are lower than Leeds overall – 43.3% compared with 48.7%.

Middleton Park, has an initiation rate of 56.8% and a continuation rate of 32.8% at 6-8 weeks which is significantly lower rate of breastfeeding initiation and continuation compared with Leeds overall.

The White population in Leeds has the lowest initiation and continuation rates of all ethnicities – initiation rate 66.58% and continuation just 40.39%. The highest initiation and continuation rates can be seen for Black women – 93.42% and 79.11% respectively.

3.3 MMR

The Measles Mumps and Rubella (MMR) vaccination is given in two doses, the first dose is given to children aged 1 year, with a second dose at 3 years and 4 months or soon after. Ideally all children should receive the vaccination. Within the priority neighbourhood, patients are registered at several practices. The latest published data from NHS England (NHSE) shows uptake across the PCN as 88.1% for the first MMR and 89.9% for the second dose for children reaching their 5th birthday. This is below the Leeds average of 95.5% uptake for MMR 1 and 88.5% uptake for MMR 2. The national target is 95%.

3.4 Childhood Obesity

Despite previous success in reversing the overall trend in childhood obesity in Leeds, data collection for Middleton Park stands out as having rates of maternal obesity higher than the Leeds average, at 24.6%. This is a similar trend in deprived areas with a large White British population. Childhood obesity

is one of many health risks associated with maternal obesity, in addition children that have excess weight tend to grow into adults who live with excess weight or obesity.

Table 8: Excess weight data

Infant and children's health in Middleton Park - Births 2018			
Indicator	Middleton Park Ward	Leeds average	England
Excess weight at reception (aged 4-5). 3 year average 2017/2018-2019-2020	25.2%	23.2%	22.6%*

Children have their weight and height measured during their reception year and their last year of primary school, around the age 10 or 11. Leeds citywide data from Public Health England shows 10.1% of reception aged children are living with excess weight or obesity, this is slightly higher than the England average of 9.9%, although PHE cites caution in interpretation due to reception data coverage being less than the ideal proportion of all reception students as a result of disruption in measurements due to Covid-19. Having completed the primary school years, 20.8% of Leeds children are living with excess weight or obesity, this is broadly in line with the England average of 21%. (PHE Fingertips accessed 05.03.21).

Chart 5 below presents 3-year aggregated data and shows the trend in children living with excess weight or obesity entering their reception year in Belle Isle North. Actual numbers are low, but the trend is rising, with 25.8% of children in reception living with excess weight or obesity. The trend continues in chart 6, which shows an increase to 43.3% of young children leaving primary school living with excess weight or obesity.

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

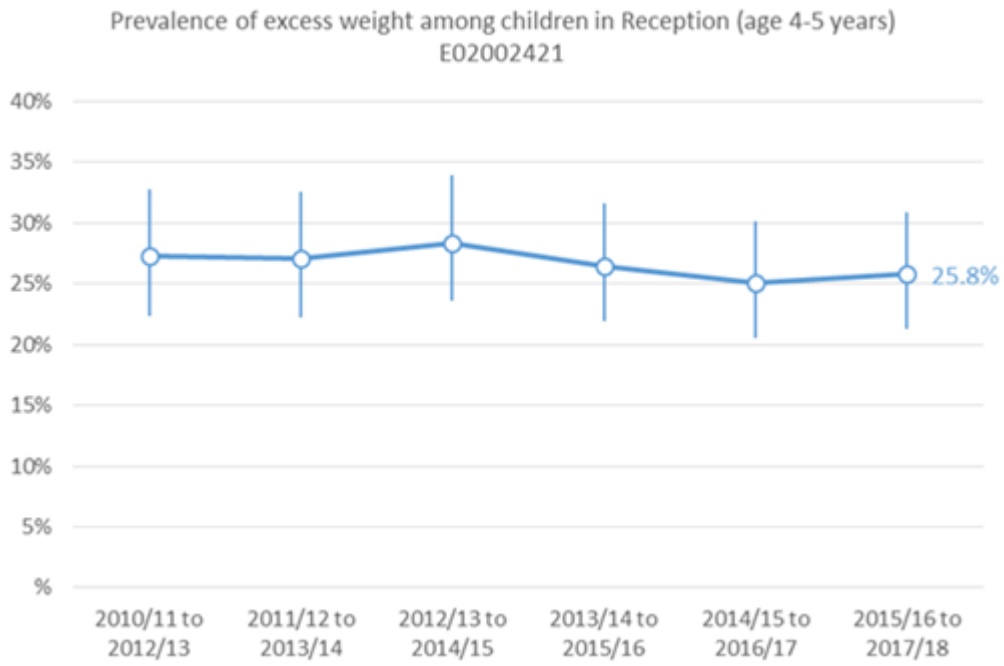
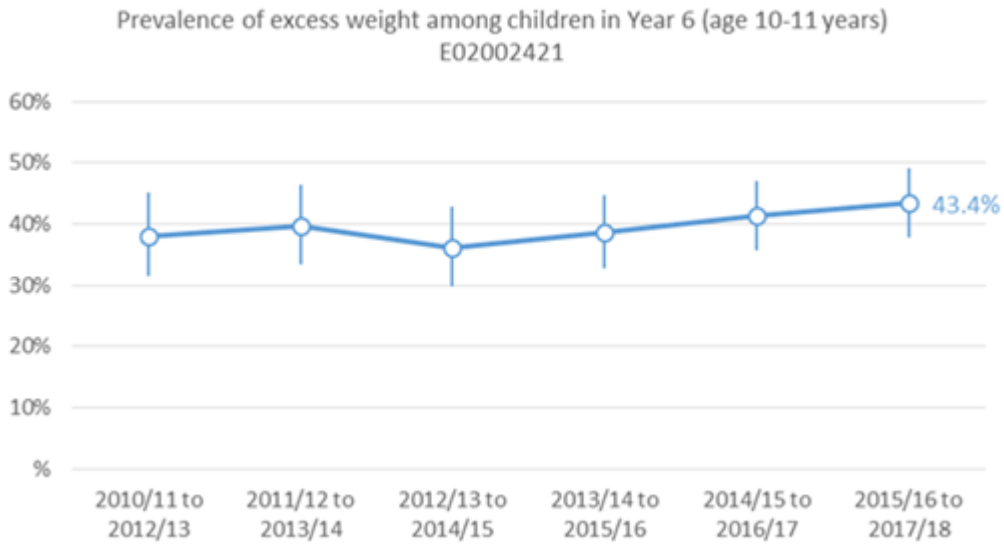


Chart 6: Prevalence of excess weight among children in year 6 in Belle Isle North.



3.5 Services to support children and families healthy eating and physical activity

Public health commission three project within the area to tackle rising prevalence of excess weight in children:

- Active Club Experience (ACE) is ran by Health For All and promotes healthy eating and regular physical activity for children aged 3 – 12 years old alongside their siblings and family members. Non-traditional physical activity opportunities are provided to encourage engagement and participation.
- LS Ten is a large indoor skatepark offering alterative PE sessions and is open to the public on evenings and weekends
- DAZL - Dance Action Zone Leeds is a not for profit dance and health charity which improves health through dance. Dazl's primary aim is to improve the mental and physical health of children and young people aged 3 – 19 years, particularly girls, through dance as physical activity in disadvantaged communities of Leeds.

3.6 Teenage Pregnancy

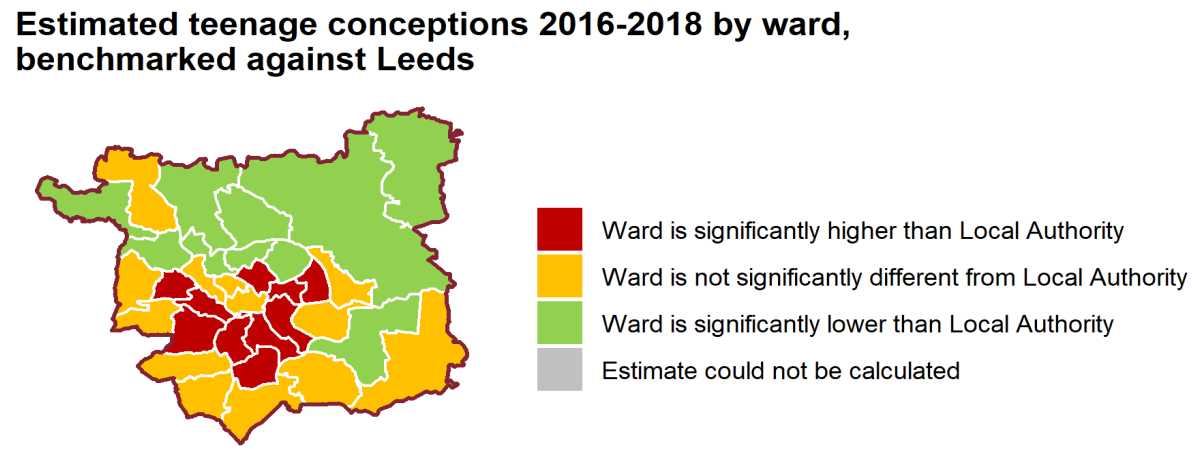
Teenage pregnancy typically occurs in greater numbers in deprived communities. Individual risk factors associated with experiencing a pregnancy under the age of 18 include: poverty, persistent school absence, slower than expected academic progress, being a child in social care and excess use of alcohol.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

The map below, produced by Public Health colleagues in PHE, presents data at a ward level, which is then RAG rated against the Leeds rate for teenage conceptions. The map shows the Middleton Park ward to contain significantly higher teenage conceptions than the Leeds rate. Data from 2018 shows the under 18 conception rate for Leeds to be 23.8 per 1000 (Rates for women under 16 and under 18 are based on the population of women aged 13 to 15 and 15 to 17 respectively.) This is higher than the England rate of 16.7 per 1000. The latest data (2019) gives the Leeds rate on teenage parents to be 1%, or 85 new mothers across the city aged 18 or below. In England the rate is 0.7%. 2019 data

shows there were 85 new mothers in Leeds aged 18 or below, this represents 1% of the population of females age 13-17 compared with the England rate of 0.7%

Sexual health services for young people in the area are limited. Prior to Covid-19 the Youth Service, using South Leeds Youth Hub in Belle Isle, offered the 3 in 1 service (condoms, pregnancy testing, chlamydia/gonorrhoea self-screen). Midway Pharmacy, located on Middleton Park Circus offer C-Card and the 3 in 1 service. In addition, Midway Pharmacy is an enhanced sexual health pharmacy, offering free emergency contraception without prescription. They have remained open through the Covid-19 pandemic.

Map 2: Middleton Park ward, RAG rates for teenage conception.



Chapter Summary

The selection of available indictors of children and young people's health illustrated here highlight some areas requiring further consideration. Work at a local level towards promoting the smoking cessation services would help protect pregnant woman, her growing foetus and baby. Of particular concern is the proportion of children leaving primary school living with excess weight or obesity. Childhood obesity data is viewed from the perspective of the wider influences lens and illustrates the importance of recognising the influence exerted by social determinants on health outcomes. Finally, teenage pregnancy is an area a concern, not least because of the potential risk factors facing young females, but also due to the limited access to preventative, local sexual health services in the area.

Chapter 4 – Adult Specific Health and Social Data

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

4.1 Health Checks

The Local Authority commission Leeds GP Confederation to deliver NHS Health Checks to people not already registered on the Long-Term Conditions register, via primary care. The NHS Health Check is a free service and an important step for many people towards becoming more aware of what they can do to lead a healthier life and reducing their risk of developing a long-term health (LTC) condition, including heart disease, stroke, kidney disease, type 2 diabetes and some types of dementia.

The NHS Health Check involves inviting adults aged 40 to 74, for a free health assessment once every five years and aims to identify those at high risk of cardiovascular disease. During the check, the health professional records lifestyle and family history, measures height and weight, and take the person's blood pressure and conducts a blood test. Following the blood test results, people receive personalised advice and support to reduce their risk of developing an LTC. The service offers weekend and evening appointments as well as a partial digital offer.

Table 9: Middleton Primary Care Network, NHS Health Check uptake

	Leeds 19/20	**Middleton 19/20**	**Leeds 20/21**	**Middleton 20/21 Q1-Q3**
Eligible population	46,642	1,507	47,435	1,576
Target (51% of eligible population)	23,386	769	23,718	788
Completed Checks	19,880	620	2,400	138
% of checks completed as a proportion to the eligible pop	42.6%	41.1%	5%	8.7%

2019/2020 (Quarters 1-4)

Middleton Primary Care Network (PCN) were collectively required to invite 1,507 eligible patients for an NHS Health Check in 2019/2020. Overall, this targeted work carried out by primary care encouraged 620 (41.1%) people to attend their NHS Health Check appointment and receive tailored advice on maintaining or improving their health. Public Health require a 51% uptake rate across the city which was not achieved by Middleton PCN.

Across the PCN, individual practice rates of completing NHS Health Checks varied from 32%-76%, higher than the Leeds average which varied from 28-62%

2020/2021 (Year to Date/Quarters 1-3)

For 2020/21, Middleton PCN was required to invite 1,576 eligible patients for an NHS Health Check. Due to Covid-19, only 138 health checks were completed (Apr-Dec). This equates to 8.7% of the eligible population. Across the Middleton PCN, individual practice rates of completing the NHS Health Check varied from 0-20%, this was higher than the rate for completing the NHS Health Check across Leeds PCN'S which varied from 0.6-9%.

NHS Health Check activity across Leeds remains significantly reduced as a result of the pandemic (15% of the total delivered over the same period for 2019/20).

Planning is currently underway to gradually restart NHS Health Check activity throughout 2021/2022 and to implement a programme of catch up for the eligible population who have missed their NHS Health Check this financial year. This will involve prioritising resources towards those groups and communities at greatest risk to mitigate an increase in cardiovascular disease risk at both an individual and population and avoiding the exacerbation of existing health inequalities.

4.2 Healthy Living

In addition to the wider determinants of health detailed in chapter one of this document; health behaviours also play a role in health outcomes. Many chronic diseases such as heart disease, diabetes and some cancers are avoidable and could be prevented through people being competent, having the opportunity and motivation (COM-B model) Michie Van Stralen & West (2011) to live healthier lifestyles such as healthy eating, being more active, drinking alcohol within safe limits and not smoking.

Whilst healthy living services and activities contribute to health improvement, many people do not access services and consideration of the broader factors that influence the choices is required. This is a far more complex picture as these factors are sometimes beyond the direct control of the NHS or the local authority such as national policy, industry influence and marketing. However, there are actions that are within the scope of partner organisations and these should be co-ordinated to ensure they add value within a wider system e.g. strengthening organisational policies to promote smoke free as the norm, provision of litter free green space to allow physical activity, reduced access to tobacco and alcohol products to young people.

As many people who do not live healthy lives experience a greater incidence of poor health and disease, the health and care system will already be regularly engaging with them. It is essential to take advantage of these opportunities to engage with and support people to live healthily.

GP practices regularly collect information around healthy living, the provision of healthy living advice and whether people have been referred to or advised to self-refer to healthy living services.

Data from the main practices servicing the Belle Isle North area is captured in the tables within each topic section below and gives an indication of prevalence in the practices. Please note that this data reflects healthy living status that was recorded between April 2019 and March 2020 so changes in status (e.g. someone who has stopped smoking or lost weight) may not be completely up to date

and will therefore impact on the prevalence figure. This period of time was chosen as recording of healthy living behaviours by practices would have declined during the Covid-19 pandemic.

It should also be noted that some of the numbers of records are small (specifically the number of people who have been screened for physical activity and alcohol consumption risk) and may not represent the actual prevalence in the community.

4.2.1 Smoking

Table 10: Smoking prevalence

Smoking recorded between April 2019-March 2020 (includes all people with a 'never smoked' status ever recorded)	Belle Isle North	Citywide
Number of people with smoking status	3,714	515,551
% of population with smoking status recorded	72%	75%
Number of people who smoke	1,029	60,957
% of people who have status recorded who smoke	28%	12%

Data collected between April 2019 and March 2020 from the practices that primarily service the Belle Isle North area show an approximate smoking prevalence of 28% for the area.

It is important when considering this data to note:

1) It is possible that some people will have stopped smoking during this period and the status may not have been updated to non-smoker.
2) We also know that non-smokers visit their GPs less frequently than smokers, so it is possible that the 28% of people with no status recorded could be largely non-smokers.

4.2.2 Alcohol consumption risk – using AUDIT C or AUDIT screening tool

Table 11: Alcohol prevalence

Alcohol consumption risk recorded between March 2019 and April 2020	Belle Isle North	Citywide
Number of people screened for alcohol consumption risk	814	102219
% of population with alcohol consumption risk recorded	16%	15%
Number of people who are low risk	661	84767
% of people who have been screened who are low risk	81.2%	82.9%
Number of people who are increasing risk	120	14153

% of people who have been screened who are increasing risk	14.7%	13.8%
Number of people who are higher risk	26	2624
% of people who have been screened who are higher risk	3.2%	2.6%
Number of people who are possibly dependant	7	675
% of people who have been screened who are possibly dependant	0.9%	0.7%

The alcohol use screening tool was used by GP's 841 times, representing 16% of the Belle Isle North population. From these screening opportunities, 14.7% were identified as having an increasing risk of alcohol-related harm and 3.2% were identified as having a higher risk of alcohol-related harm. 7 people were identified as being alcohol dependent and were referred to specialist services – Forward Leeds.

Between 2014-2016, Belle Isle North had the 4th highest (out of 107 MSOAs) rate of alcohol-related hospital admissions in Leeds. The MSOAs in Leeds with the highest rates are three times higher than those with the lowest, with Belle Isle North very close to being the highest (Public Health England).

Between 2014-2018, Belle Isle North was ranked 19th highest (out of 107 MSOAs) in Leeds for the number of ambulance callouts related to alcohol (Leeds Public Health Intelligence team, HES and GP data extraction programme).

Belle Isle North has the 5th highest number of individuals (individuals can occur more than once in this data) starting treatment for alcohol issues with Forward Leeds (the city's drug and alcohol treatment service). This MSOA has more than ten times the number of any of the 102 MSOAs in the city ranked below it (Forward Leeds).

In total, this intelligence illuminates the prevalence of alcohol-related risk and subsequent harm within the Belle Isle North population.

4.2.3 Weight Management

Table 12: Excess weight and obesity prevalence

Weight / BMI where measurements are recorded between March 2019 and April 2020	Belle Isle North	Citywide
Number of people with BMI recorded	2,002	236,253
% of population with BMI recorded	39%	34%
Number of people who are living with excess weight (BMI 25-29.9)	569	75,836

% of people who have BMI recorded who are living with excess weight (BMI 25-29.9)	28%	32%
Number of people who are living with obesity (BMI >30)	828	73,609
% of people who have BMI recorded who are living with obesity (BMI >30)	41%	31%

BMI was recorded for 2,002 people, representing 39% of the Belle Isle North population. From this screening opportunity, 596 (28%) people are living with excess weight and 828 (41%) are living with obesity. This data clearly shows high prevalence of people living with excess weight and obesity.

4.2.4 Physical Activity – measured using the GP Physical Activity Questionnaire (GP PAQ)

Table 13: Physical activity levels

Physical Activity (ALL AGES) recorded between March 2019 and April 2020	Belle Isle North	Citywide
Number of people with GP PAQ recorded	723	90,397
% of population with GP PAQ recorded	10.3%	10.4%
Number of people who are inactive	440	39,813
% of people who have GP PAQ recorded who are inactive	60.9%	44.0%
Number of people who are moderately inactive	133	14,157
% of people who have GP PAQ recorded who are moderately inactive	18.4%	15.7%
Number of people who are moderately active	72	16,822
% of people who have GP PAQ recorded who are moderately active	10.0%	18.6%
Number of people who are active	78	19,605
% of people who have GP PAQ recorded who are active	10.8%	21.7%

The physical activity screening opportunity captured 10.3% of the Belle Isle North population, 723 people. 78 people (10.8) are physically active and 72 people (10%) are moderately active. This intelligence highlights a potentially high prevalence of inactive people.

4.3 Services and actions to support people live healthily

4.3.1 One You Leeds

One You Leeds offers a range of interventions, which together combine to encapsulate healthy living. Access to the service is free and open to anyone living in Leeds, although targeted outreach and service provision is primarily focussed in the most deprived communities of Leeds, including Belle Isle North. Table 8 shows the number of residents from within Belle Isle North area accessing One You Leeds by intervention type between April and December 2020.

Whilst the data does not illustrate the total number of residents accessing the service, as residents may access more than one element of the service at a time, this data does show which services are most popular and which service is currently under-used. Be Smoke Free and Manage Your Weight are most accessed, whereas Eat Well, Cook Well and Move More services are under-used.

Table 14: Number of residents from within Belle Isle priority neighbourhood accessing the One You Leeds healthy living support services between April 2020 and December 2020

Services*	LS10 3	LS10 3
	Booked	Attended
Support For You	2	2
Be Smoke Free	83	69
Manage Your Weight	31	15
Move More	5	4
Eat Well	5	4
Cook Well	6	3
Total	**132**	**97**

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

4.3.2 Leisure Centre Services – Active Leeds

Leeds City Council Leisure Services capture data for anyone using any LCC leisure centres who has used a card (including membership card, Leeds Card, Leeds Card Extra, Breeze Card, LLGA card) to access the services. This allows for analysis of 'who' is using the services. However, no data gets captured if someone pays full price on a pay as you go basis, without a membership card.

Ordinarily, a paragraph would be included exploring access to local leisure services. During the pandemic these have been closed to the general public throughout. It is important to know who uses the local leisure services and by their absence, who isn't. The impact of the lack of services due to Covid-19 will be assessed in future years.

4.3.3 Forward Leeds

Forward Leeds is a Public Health commissioned service providing substance misuse support. Prior to Covid and the subsequent lockdowns, all client work was conducted face to face. Throughout the lockdowns the delivery followed a blended model of online provision via Zoom and face to face for

those clients deemed as high risk from harm. Therapeutic interventions also include Opiate Substitute Treatment prescribing, supervised consumption and Residential Alcohol Detox and Rehab.

Forward Leeds gathers intelligence on a postcode basis; LS10 3 was used to gather data for Belle Isle North, although this footprint is greater than the Belle Isle North area. There were 208 referrals made 2017/2018 and 199 referrals 2019/2020 for substance misuse, which includes alcohol and drug use. This is approximately 4% of the residents. In 2019/2020, 65.3% of the referrals made were male, with 34.7% referrals from females living in the LS10 3 area. The most common age to seek help is 35-44 for both males and females, with an overall proportion of 37.7% of referrals being made from this age category. Opiate addiction is most common referral, for both males and females making up 50.3% of all referrals from this area for 2019/2020. This is followed by referrals for alcohol misuse, with 25.1% of referrals. This is a similar pattern for the preceding year.

4.3.4 Alcohol Data Matrix

The alcohol data matrix was designed to reference alcohol related data and identify areas of high alcohol related harm. This data is presented at a Lower Super Output area level. The LSOA's are risk rated into low, medium, high and very high categories. The matrix is designed to work with postcodes. A random postcode was therefore selected to represent each of the four LSOA encompassing Belle Isle North MSOA. Winroses and Whitebeam (LS10 3AG) LSOA and Low Granges, Windmill Road (LS10 3EA) LSOA generated a 'high' risk of potential alcohol-related harm and were ranked 51st and 52nd, respectively for potential alcohol-related harm out of 482 LSOA's. East Granges, West Granges, Sandon Mount (LS10 3EF) and Arthingtons, Old Run Road, Blackeneys (LS10 3AZ) were each ranked as having a 'medium' risk of alcohol related harm and were ranked joint 59th and 66th respectively for potential alcohol-related harm out of 482 LSOA's.

This tool uses indicators to reach such a conclusion and the separate indicators also provide a useful measure. Of note for these areas, is the potential very high risk of alcohol-related admissions to hospital and alcohol-specific admissions to hospital. Youth offences was also rated as being very high. However, the area was rated as having a low risk of alcohol related harm for alcohol licensing density, alcohol related anti-social behaviour and crime. Clients accessing the support services of Forward Leeds is ranked as being high in the Winroses and Whitebeams only.

4.4 Domestic violence

Domestic violence is a pervasive public health issue, shrouded in shame and hidden from view. Statistics currently collect reports of domestic violence for over 16's only. Intelligence relating to domestic violence is known to omit a hidden group of women who do not report the violence they have endured. In 2020, 467 domestic incidents were recorded by police and linked to Belle Isle North. This is a population rate of 77.3 domestic incidents per thousand population. Belle Isle North recorded the highest MSOA domestic incident population rate in Leeds.

In Belle Isle North, 52% of domestic incidents identified a repeat victim; 43% of domestic incidents identified a repeat suspect; and 34% identified a domestic incident where a child was present. The rates for these indicators were higher than for the whole of Leeds, (whereby 49% of domestic incidents in Leeds identified a repeat victim; 39% of domestic incidents in Leeds identified a repeat suspect; and 28% identified a domestic incident where a Child was present).

The domestic abuse, stalking and honour-based violence (DASH) risk assessment tool has been adopted by all police services and their partners. The purpose of the DASH risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order

to help them identify those who are at high risk of harm and whose cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC) meeting in order to manage their risk. In Belle Isle North, 13% of domestic incidents were assessed as high risk. The percent of high-risk DASH assessments was higher than for the whole of Leeds whereby: 11% of domestic incidents in Leeds identified a high DASH risk.

A domestic incident will be recorded as a crime (notifiable offence) if, on the balance of probability: the circumstances of the victim's report amount to a crime defined by law; and there is no credible evidence to the contrary immediately available. 71% of domestic incidents reported in Belle Isle North resulted in a crime being recorded.

Chapter Summary

In Belle Isle North, as in the rest of Leeds, there has been a significant reduction in attendance to NHS Health Checks due to the pandemic. In Belle Isle North, 8.7% of checks were completed in the year 2020-2021 year period, this is slightly higher than the Leeds average of 5% across Leeds. This figure compares to 41% in the previous year. Regarding access to healthy living services, access has also reduced but where people have accessed support this has been for smoking cessation services commonly.

Several screening tools are used by primary care colleagues to facilitate personalised advice whereby a person leaves a GP appointment with an understanding of their level of risk towards a long-term condition. Only those attending a GP appointment and were determined as requiring a screening conversation are included in the statistical breakdown. These screening tools have highlighted the prevalence of unhealthy behaviours in the Belle isle North community; over a quarter of the population screened are smokers; alcohol-related risk and alcohol-related harm is of notable levels, of those screened for a healthy weight, 69% are living with excess weight and 60.9% are inactive.

Belle Isle North has the 5th highest number of individuals starting treatment for alcohol issues with Forward Leeds. There is also a high rate of alcohol-related hospital admissions. Despite this, opiate addiction is the most common referral from this area to Forward Leeds, for both males and females making up 50.3% of all referrals received by Forward Leeds for 2019/2020. This is followed by referrals for alcohol misuse, with 25.1% of referrals.

The rates for indicators relating to domestic violence were higher in Belle Isle North than for the whole of Leeds. Of particular concern is the number of children reported to be present during a domestic violence incident.

Due to the pandemic, access to leisure services has not been possible for residents of Leeds, the impact of the lack of services due to Covid will be assessed in future years.

Chapter 5 – Stakeholder Views

As part of the Health Needs Assessment process it was important to gain an insight into the views of those who work in the area. Thirteen representatives from both statutory organisations (Leeds City Council, West Yorkshire Police,) and the voluntary sector (DAZL, Belle Isle Tenant Management Organisation, Belle Isle Senior Aid, Manorfield Hall Foodbank, Leeds South and East Foodbank, Trinity Network, Health for All, Linking Leeds) were interviewed to provide information on the following questions:

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

Best things about Belle Isle North:

Sense of community and ownership

Resilience

Generous community – pull together in times of need

Settled community with multiple generations of families staying in the area

Major Challenges facing the community:

Poverty and deprivation

Mental Health

Digital Exclusion

Low educational attainment/low aspirations

Loneliness and social isolation

Belle Isle North

Health and Wellbeing Issues:

Mental Health

Financial Inclusion

Addiction

Anti-social behaviour – particularly youth related

Lack of physical activity

Congestion

Housing

Access to primary care – GP provision

What would improve Health and Wellbeing in the area?

Environment and better use of shared spaces

Youth provision – particularly intergenerational

Unemployment support - Support to get into work/back into work

The main emphasis of the conversations with all stakeholders was around the very strong sense of community in Belle Isle North. When asked to identify the best things about the community all

responses were linked to resilience, sense of ownership and how generous the residents are in times of need.

One local organisation described people in the area as:

"…feeling proud to be from Belle Isle. People feel empowered to run services which adds to their sense of pride about living in the area".

This is backed up by other front-line workers and elected members in the area who talked about a collective sense of community, residents wanting to help each other out and those who live there wanting the community to do well. Some went further to talk about local residents organising events, taking a lead on community engagement and being creative with very little resource for the benefit of the area.

It was noted that many families choose to stay in the area and this helps to add to those networks and the sense of community in Belle Isle North. Generations of the same families will remain on the estate so there are strong family ties and as families grow up there is a demand for housing in the area as children want to remain near parents and grandparents.

In addition to community spirit and pride some partners also highlighted assets in the community. These fell into 2 main categories:

Services – The main services mentioned were:

1. Services for older people in the area with the neighbourhood networks highlighted as being of particular benefit.
2. Services for young people, with a range of activities on offer, particularly those aimed at engaging the under 12's. It was noted by one officer that if children were engaged at this age they were more likely to continue to engage into their teenage years and this was seen as an important factor.
3. Belle Isle Tenant Management Organisation (BITMO) was noted as being a valuable asset in the area. The organisation was seen as being very receptive to the needs of the community and taking a whole person approach to the work they do with their residents.

Amenities – The main amenities mentioned were:

1. Middleton Park - having a green space was seen as a big asset for the area.
2. South Leeds Bike Hub – it was felt there was great potential for the bike hub to be utilised by the local residents
3. GATE – The community space at BITMO was seen as an excellent asset in the area offering a range of services to the community
4. Foodbank – this service has been well utilised, especially in the past year, as people have struggled with food access during the pandemic
5. GP practice – although there was a lot of mention about residents feeling there was a lack of GP service in the immediate area it is worth noting that Lingwell Croft Surgery did get praise for its service during the pandemic, especially in relation to the vaccination programme.

As discussions moved onto the challenges facing the community there were some strong themes discussed by the majority of partners and these were factors that all partners identified as a challenge for those living in Belle Isle North. The first of these was poverty and deprivation. Poverty was identified as affecting many areas of people lives – food poverty, fuel poverty, pension poverty and

unemployment were the specific areas mentioned. A range of additional issues were linked to poverty and deprivation in the area including the increased use of the foodbanks serving the area, digital exclusion and an increase in people reporting mental health issues such as anxiety, loneliness and anger.

During the past 14 months there has been increased demand on the foodbanks in the area with one worker acknowledging that people had been struggling before the pandemic but they had now reached a point where they needed to access services for help. The same person also stated that:

"many people were living day to day when it came to household income, money and food."

As previously mentioned, low income was seen as a cause for wider issues within households in the area. Financial inclusion in all its forms was a concern that many had for the residents and the effects were felt to be far reaching. The need for the increased use of foodbanks was highlighted, especially since March 2020 when the first lockdown was put in place. For some this was a temporary need and this seemed to be in the older population where they sought help with food provision early on but now have support in place and do not need to rely on foodbank provision in the long term. For others the effects of unemployment have meant more need to use the services of the local foodbanks and these are also being used as a way to access other services in a time of great need.

The other area linked to financial inclusion that some believed affected health and wellbeing was digital inclusion. With low numbers of households in the area being able to afford digital devices or wi-fi there was a definite disadvantage identified as many services moved to online provision throughout the pandemic. From home schooling to getting food deliveries digital access became central to people's everyday lives. Steps have been taken to counteract this with residents being given access to devices and wi-fi at no cost to themselves. Work in this area is ongoing and seen as being just as important as life returns to some form of normality.

Front line workers discussed further how a lack of digital access leads to detrimental effects on people lives across the area.

> "Many people do not have access to digital devices and even if they do have a phone to access services they may not have a phone contract and are limited by the pay as you go services they use."

The lack of digital access links into issues around social isolation and loneliness which in turn links to some of the mental health issues in the area.

> "Many have found the last year particularly hard as face-to-face services have been limited or stopped altogether and without access to digital devices some have been left cut off from friends, family and services that may have been able to offer support."

It was acknowledged that a lot of work has taken place to help people, in particular older residents and those struggling with home schooling, with their access to digital devices and that one of the outcomes of the pandemic is that some people do now have access to devices and access to the internet where they can gain some of the support they need while organisations get back to offering face to face services.

While digital exclusion is one of the issues affecting mental health, particularly in terms of loneliness and social isolation in the older population, there are also other issues such as anxiety affecting the

wider population. For the younger population the issues relating to home schooling have caused some problems. One officer identified that older teenagers in particular were:

> "struggling to know where their place is. No exams, no school time and limited social interaction has been an issue and we will have to wait to see how many progress onto higher education."

It was also seen as important to work with those coming to the end of primary school, so they felt engaged in education and activities and made a positive start leading into secondary school and their teenage years.

One of the main challenges and concerns raised in the interviews was one affecting those of school age but also having further reaching effects on people's lives. Many of the stakeholders talked about low academic attainment and its links in life to issues around poverty, deprivation and mental health. It was felt that low attainment at school and low career aspirations affected many in the area which linked into worklessness, ongoing poverty issues and mental health issues which had all been widely mentioned by all organisations interviewed.

Mental health was the main topic to come up when stakeholders were questioned about what most affected the population's health and wellbeing. It was felt that all sections of the community had strains put on their mental health but the reasons varied depending on the group. For the general population there were stresses and anxiety linked to unemployment, poverty and deprivation, for younger people it was felt low attainment and low aspirations affected their mental health and in turn this led to further issues in adulthood as this fed into the, already mentioned, stresses of living on a low income. Older people had more issues with social isolation and loneliness, especially through the pandemic where social contact has been limited. The issue of isolation was not however limited to older people and some partners identified this as a problem within the wider population with many single parents living in the area.

Also related to mental health were issues around anti-social behaviour (ASB). ASB in Belle Isle North was identified as being mainly youth related and it was noted that there were effects of this on both the victims and those involved in ASB. Low attainment and aspirations in young people were felt to be the main cause of many getting involved in ASB and that a combination of these factors would have a lasting effect on the mental health and self-esteem of those involved. Knife crime, drug culture, off road bikes, quads and speeding were all identified by multiple partners as being problem areas and links from this to mental health issues were also identified by those interviewed. The mental health of many groups can be affected by this from those actively involved, their families and those who are the victims of the behaviour.

Three of the stakeholders also talked about substance abuse and addiction being an issue. The workers on the front line in the area made the observation that this:

> "links back to the drug culture which is affecting the mental health of those involved. There is a fear that young people could be attracted into drug dealing through the ASB activities in the area."

In addition to the areas outlined above other issues affecting the health and wellbeing of those living in Belle Isle North were also raised. The first of these was obesity, which was mentioned by four of the partners interviewed, and was seen as affecting the under 12 age group and adults in particular. It was felt that a lack of physical activity opportunities was a contributing factor to this and although there is green space in the area these spaces are not utilised to their full potential.

Respiratory illness, such as chronic obstructive pulmonary disease, was identified as an issue affecting residents of Belle Isle North. The issue was raised by three of those interviewed and while smoking rates in the area were seen as contributing to this, there was also discussion by one of those interviewed that this could be linked to congestion in the area. It was stated that there is only fifty per cent car ownership in the area however there are 17,000 journeys made through Belle Isle as it is a thoroughfare for other areas of the city. Air pollution is one area that could be looked at to tackle this particular issue.

Two final issues were raised during the interviews. They were each raised by a couple of those interviewed rather than with the majority but those that did discuss them saw them as key issues for those living there.

Housing: In terms of housing there was a focus on the lack of suitable housing for people who want to stay in the area and the fact that the availability of decent housing has been undermined by the right to buy scheme. This has led to more private rented accommodation which does not meet the same standards.

Access to primary care: This was raised as an issue because there is no GP practice in the Belle Isle area with residents having to travel outside of the area to access primary care services. It was also noted that new properties have been built in the area but with no additional primary care services available to cater for the extra population.

In addition to identifying issues a question was also asked about what stakeholders would like to see in the area that could have a positive effect on the health and wellbeing of residents. Many of the points raised fit with the discussions that had already taken place. The main areas identified when asking the final question were:

1. **The environment and better use of shared spaces**

It was identified that there is green space available in the area and better use could be made of this by all the community. Suggestions were made that wildlife areas could be developed for children, smaller spaces could be used for green gyms and pocket parks and that it would be good to go back to basics and develop gardening programmes to engage the local residents in community conversations. By using the green space for these purposes some of the issues raised around lack of physical activity and obesity could be tackled whilst making better use of the space. The gardening programmes and wildlife areas would also allow for engagement across the different age groups and link to discussions around intergenerational work, where generations of families could be engaged with the aim of working with some of those hardest to reach.

One stakeholder identified specific areas with the potential to be used for such projects as being:

Low Grange Crescent – this area has an open space which could be developed into a community vegetable plot or similar resource

East Grange Rise – there are mainly young people living in this area and it would be good to consult with them on the best use for the open space. There are back gardens to the properties and this space is currently not utilised.

2. **Youth Provision**

Intergenerational work was also mentioned within discussions on youth provision in the area. It was felt that engaging the wider family in some of the youth provision work would make it more beneficial and have more lasting results in terms of “breaking the cycle” within some families.

While some of those interviewed felt there was suitable provision in the area for children it was noted that this provision was mainly for the under 12’s and there was a need for more constructive activities across the age groups and to accomplish this more resource was needed by the youth service, this point was particularly stressed by one of the elected members from the ward. While the engagement from the under 12’s was good in the area, and this was also linked to good pastoral care from the primary schools, more needs to be done to carry on this engagement into the teenage years. It was also felt that, due to the pandemic, some of those in the younger age groups may also now miss out and there should be a focus on helping those reaching the end of primary school to engage so this was then carried on into secondary school.

It was discussed that the lack of activities, especially for those aged 12-16, was a contributory factor in the levels of ASB in the area as there is a limited amount for them to do. It was felt that this area of work could be explored further by engaging with young people to see what activities may encourage them to engage, and would this offer need to be wider and more varied.

3. Unemployment support

Along with conversations throughout the interviews regarding low income, poverty and deprivation there was a definite theme that emerged concerning support for people to find work and get back to work. This support was seen as particularly important in light of the current situation during the pandemic. It was felt that local people needed better access to decent jobs and that there was support that could be offered to get them job ready.

One point to note was that this support goes hand in hand with work that was highlighted round attainment and aspirations. Work needs to be done with those of school age to raise their aspirations and then support them to achieve their best outcomes.

4. Better knowledge of services

The final theme to strongly come through in all the conversations was on the topic of support offered to those in the area. Most of the stakeholders felt that there were services available to help residents but there was an issue with both front-line workers knowing exactly where to signpost to and also for residents to know where to access the help and support they may need. A number of conversations centred on early intervention and people knowing where to go to in order to get this help.

Along with knowing where to get help it was also identified that some residents may need encouraging to contact support services. Examples were given of frontline workers taking the lead in contacting services for residents or going along with them to sessions. As people’s confidence has fallen throughout the pandemic it was felt this may be needed more in the future, this was seen to be a particular need by those seeking support for the first time.

Conclusion

After analysing all the feedback from stakeholders working in Belle Isle North there are definite themes of work that are priorities for progression in the area.

Topics ranging from mental health, financial inclusion, employment, education and aspirations are all areas of work that stakeholders discussed and linked together as major influences on the health and wellbeing of those living in the area. One area identified as a starting point to assist organisations with supporting residents is knowledge of services available

Chapter 6 – Covid-19: Cases and Vaccine Uptake

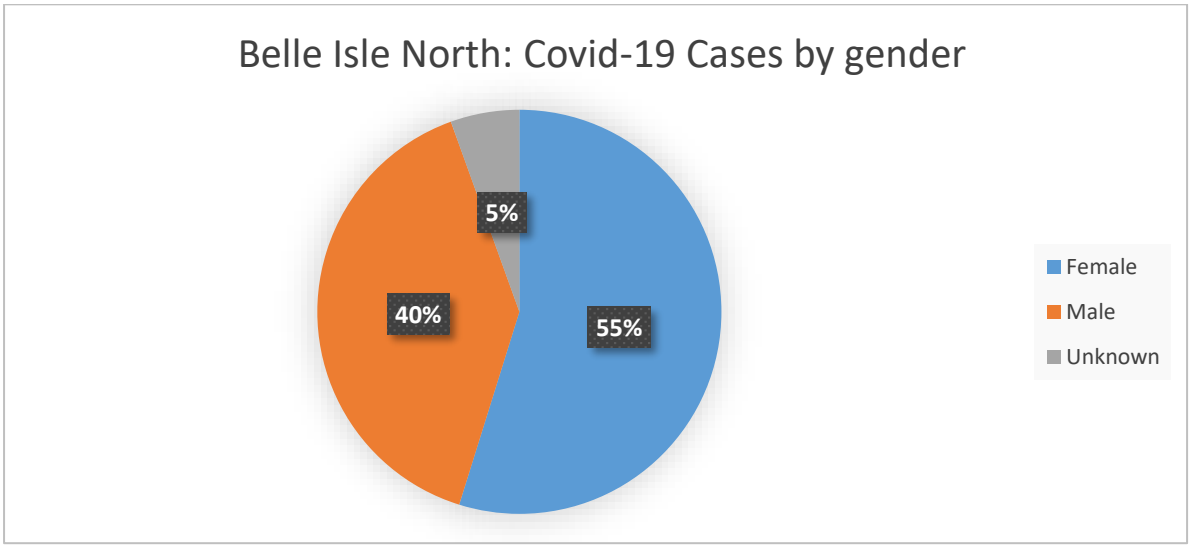
Between February 2020 and February 2021, there were 436 reported cases of Covid-19 in Belle Isle North. Across this period of time during the pandemic, Covid-19 has spread largely among the working age population, with women reporting more positive cases than men. Many residents who tested positive for Covid-19 in Belle Isle North reported that hospital settings were the main site of exposure to the virus. Schools, HMP Leeds, and West Yorkshire Police were also reported as settings by positive residents where exposure to the virus occurred.

6.1 Cases

Gender

Viewing reported positive Covid-19 cases by gender suggests that women have been more affected than men in Belle Isle North in terms of testing positive for Covid-19. Between February 2020 and February 2021, there were 239 female cases reported (55%) compared to 173 male cases reported (40%). 24 cases have been reported where a gender was not provided or identified (5%).

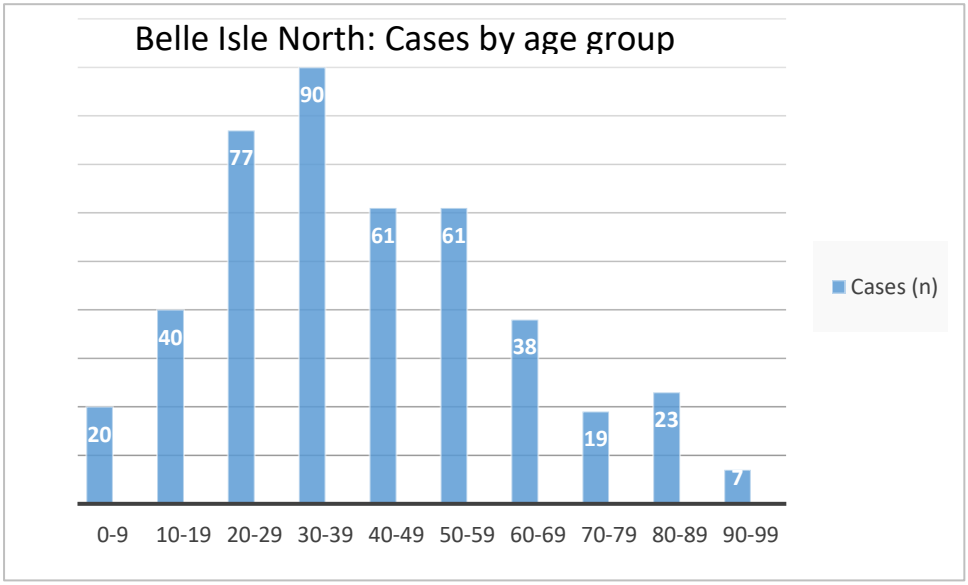
Chart 7: The number of Covid Cases by gender



Age

The majority of these cases were spread across the working age population: 62% of all cases were reported by those aged 20-59. The age group with the highest number of positive Covid-19 cases in Belle Isle North was those aged 30-39 (21%). The age group with the second highest number of positive Covid-19 cases was those aged 20-29 (17%). Older age groups reported lower positive cases in comparison: those aged 60-69 accounted for 9% of the total figures, whereas those aged 70-79 accounted for 4% of the total figures. Those aged 80 and above accounted for 7% of the total positive Covid-19 cases reported in Belle Isle North during this period.

Chart 8: The number of Covid cases by age group



Ethnicity

The majority of cases (60%) identified their ethnicity as 'British'. 7% of cases reported their ethnicity as African, and 4% of cases reported their ethnicity as being from any other White background.

6.2 Common exposures

Between 28th August 2020 and 9th March 2021, residents of Belle Isle North who were positive cases reported hospital settings as being key sites of common exposure to Covid-19. This included the two main hospitals in Leeds: St. James' Hospital situated in the Inner East of the city and Leeds General Infirmary located in the city centre. These two hospitals accounted for 16 counts of common exposures out of a total of 54 counts in total. HMP Leeds and West Yorkshire Police were also reported as settings by positive residents where exposure to the virus occurred, suggesting possible links to the criminal justice system, either as community members or employees. There have been 10 counts of common exposure reported in Belle Isle North referring to primary and secondary schools: Hunslet Carr Primary School, Middleton St. Mary's Church of England Primary School, and Royds Secondary School.

6.3 Incidents and outbreaks in Middleton Park

Early Years settings

Between 21st December 2020 and 2nd March 2021, there were five Early Years settings in the wider Middleton Park ward that reported positive cases of Covid-19 in members of staff and children. This included local authority as well as private, voluntary and independent (PVI) childcare settings.

Schools

Between 16th November 2020 and 10th March 2021, there were 91 positive Covid-19 cases reported in pupils, students and staff members across the primary, secondary and SILC (Specialist Inclusive Learning Centres) schools in the wider Middleton Park ward. This included three secondary schools, one SILC site, and three primary schools. 32 pupils and 59 staff members were reported as positive Covid-19 cases during this period.

Care homes

Between 1st November 2020 and 31st March 2021, there has been one care home in the wider Middleton Park ward reporting positive Covid-19 cases in care home residents and members of staff.

Workplaces

Between 1st November 2020 and 31st March 2021, no workplaces in the Middleton Park ward have reported positive cases of Covid-19 in staff members.

6.4 Vaccine uptake

Data from September 2021 shows that from the eligible Leeds adult population, 75% have been vaccinated with a first dose of the vaccine, and 68.8% have been vaccinated with a second dose. Within the younger age groups, 46.6% of eligible 20–29-year-olds had received both doses of the Covid-19 vaccine. For the eligible 30–39-year-old population, 58.5% had received both doses of the vaccine.

Data from September 2021 for Middleton Park ward shows that 72.6% of the eligible adult population had received a first dose, and 65.0% had received a second dose of the Covid-19 vaccine. Compared to Leeds overall, the uptake within Middleton Park ward is lower for both first and second doses. There is a similar pattern when looking at the younger age population: 40.2% of eligible 20–29-year-olds and 53.0% of eligible 30–39-year-olds had received both doses of the vaccine; again, this is lower than the uptake rate for Leeds overall. The largest unvaccinated group in the ward tends to be within the 20-39 age range, with little difference when accounting for the male and female population.

In Middleton Park ward, 91.6% of the clinically extremely vulnerable population had received the first dose and 89.4% had received the second dose of the Covid-19 vaccine.

Health Needs Assessment – Summary

This Health Needs Assessment aimed to create a health story of the priority neighbourhood, Belle Isle North. In doing so the Health Needs Assessment has presented a range of health-oriented intelligence from a variety of sources. The area is classified as one of the most deprived areas of Leeds, with residents living with multiple layers of disadvantage. There exists a well-established link between achieving school qualifications and securing employment with higher incomes. This in turn equates to better health, due to better access to resources, healthy food access, warm and safe housing, among other elements. Children are starting their academic journey slightly behind their peers from other parts of Leeds and 59.4% of young people living in Belle Isle North are completing their school years without achieving 8 G.C.S.E's. The effects of which, is a third of the adult population living in the area employment deprived and 34%-37% are income deprived. Families with young children are disproportionally burdened with income deprivation. As an area, whilst residents of Belle Isle North have green spaces, stakeholders suggest these could be better used for all the community. There are also reports of high rates of violent and sexual crime and anti-social behaviour, stakeholders' commonly attributed these to young people.

These factors are known to contribute to poorer health in people living in areas of disadvantage and the health intelligence illuminates which health conditions are considerably worse in this area compared to Leeds overall. Indeed, all-cause mortality data demonstrates the higher rate of deaths occurring among the residents in this area compared to Leeds overall, this is particularly concerning for male mortality, given the gap, but is relevant for resident females also. Coronary Heart Disease, Diabetes and Adult Obesity are more prevalent in this area compared to more affluent parts of Leeds and Leeds overall. This is unsurprising given excess weight in childhood is steadily rising in the area with 43% of 10–11-year-olds leaving primary school overweight.

Data relating to the health of children was presented in chapter 3. Nearly a quarter of midwife appointments are made by women carrying access weight, aside from the afore mentioned contraindications this presents, it also sets the scene for young and growing children, whereby carrying excess weight is seen as the norm. This is becoming evident as 43% of 10–11-year-olds are also carrying excess weight. There are, however three services available in the area addressing healthy eating and physical activity opportunities. Teenage pregnancy may also be an issue for the area. Although the domestic violence data was captured and reported in the preceding chapter to this, as a child related issue it is of notable concern that of the domestic violence incidents reported, 34% were witnessed by a child. This will cause some degree of trauma for the child witness.

The chapter pertaining to adult related health and social data focused on data derived from GP screening opportunities and reported high prevalence of smoking, alcohol related harm, excess weight and inactivity. Belle Isle North has the 5th highest referral rates to Forward Leeds in the city. The rates for indicators relating to domestic violence were higher in Belle Isle North than for the whole of Leeds.

Stakeholder interviewees emphasised the strong sense of community spirit, extensive family networks and the desire to stay located within the area, several local assets were identified. Overall, the findings from the interviews supports the social and health intelligence findings. Upstream issues were identified as being the root causes of several health issues and the impact begins in the early years. These issues were low educational attainment and correspondingly low aspirations, this led to poverty and unemployment in adulthood. Digital exclusion experienced by many in the area has exerted a profound influence on health exacerbating social isolation and loneliness caused by the national lockdowns.

Since February 2020, there have been 436 reported cases of Covid-19 in Belle Isle North. Across this period of time during the pandemic, Covid-19 has spread largely among the working age population, with women reporting more positive cases than men. Many residents who tested positive for Covid-19 in Belle Isle North reported that hospital settings were the main site of exposure to the virus. Schools, HMP Leeds, and West Yorkshire Police were also reported as settings by positive residents where exposure to the virus occurred. Although the impact of Covid 19 extends beyond the virus and data relating to unemployment claims testify: 14.5% of Belle Isle North are claiming unemployment related benefits, arise in comparison to prior to the pandemic.

Conclusion

This health needs assessment sought to bring together a range of data and intelligence from a place-based perspective. Epidemiological and stakeholder views have been presented; within those, community assets and needs identified. The poverty-related data provides the wider determinants of health; aspects of which begin in the early years and continue a life-course presence. The GP records demonstrate the progress made towards reducing early mortality and the distance yet to travel.

The views stakeholders represent a current pulse of what health needs and associated social needs are seen currently. This requires verification from the community, this work will occur once social restrictions are lifted and will be form an addendum to this health needs assessment.

Recommendations

There is a strong commitment from Leeds City Council to address the health and social issues affecting deprived communities. Over the past two years a partnership arrangement – the Neighbourhood Improvement Board, chaired by a local Councillor has brought together various departments from within the council and colleagues from the voluntary sector. It is within this meeting that challenges and issues faced by residents of this neighbourhood will be heard, discussed and actioned. This model of working has successfully delivered numerous diverse initiatives in the area. However as the health needs assessment shows there remains challenges and issues to tackle.

The recommendations draw together the findings from across all chapters of this report; although some departments, agencies and teams may take a lead with a recommendation, all the recommendations require a multi-disciplinary partnership approach to tacking the issues prevalent and highlighted by both community contributors and the data. The impact of Covid 19 on the health of the population for Belle Isle North is still to be fully understood. Evidence through the Build Back Fairer (Marmot et al 2020) report would suggest that inequalities have deepened thus implementation of the recommendations will need to be sighted on the impact and how we look to support the community to reset and recover.

The journey of poor health outcomes begins at conception with maternal obesity, this is reflected in early year indictors such as breastfeeding and is present in childhood with raised levels of childhood obesity and low educational attainment.

Children and Young people related recommendations

1. Strengthen coordinated action to address maternal obesity
2. Strengthen coordinated action to support increasing breastfeeding duration to 6-8 week check
3. Working with primary care colleagues, raise awareness of the availability and importance off childhood immunisations including the MMR immunisation

Addressing the disproportionate health burdens in children and young people covers several areas: mental health, childhood obesity, teenage pregnancy and expectations in intimate relationships.

Poor mental health was a concern for stakeholders and was evidenced in the health data. The impact of Covid on young people's mental health will be profound and work to address this should take priority in 2021/2022. This recommendation on public mental health would have a proportionate universal focus on children, young people and families to target attention and resources and could sit within the remit of the Beeston and Middleton Local Care Partnership. Partnership working with colleagues in the Safer Communities team, cluster leads for BMC and JESS and education would contribute to addressing low aspirations of young people, a factor of poor mental health and contributor to stress in adulthood.

4. Convene a subgroup of the LCP to focus on children, young people and their families' mental health and lead discussions on how to address the root causes of poor mental health. Arising from these discussions will be a place-based action plan with commitment to action.

5. Contribute to the development of a multi-agency locality approach with the objective of addressing low aspirations of young people and contribute to work addressing low attainment.

6. Work with cluster leads and schools to ascertain school needs in relation to children's mental health and ensure links made with the LCP are included in the resulting action plan.
7. Work with partners, including Active Leeds to encourage and support residents of all ages to move more and to try new activities to increase their physical activity levels.

Food issues span the age-divide; with its aspects of access and education and strong links to obesity and diabetes, this is a key area of concern. These recommendations sit within the remit of Public Health, working in partnership with the Healthy Schools Team, local schools, and Safer Communities Team.

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

8. Public health commissioned services to apply the findings of this HNA, to shape interventions with primary school aged children and their families identified as requiring more support to address excess weight
9. Encourage and work with local schools to implement the strategic aims of the Leeds Child Healthy Weight Plan to address the increase of excess weight in children
10. Link local primary schools to the Local Government Healthy Weight Declaration (HWD) which aims to improve the school environment to make it easier to eat well and move more.
11. Organise and deliver local cook and eat sessions at local venues with a view to fostering community ownership.
12. Use the evidence contained in this HNA as a basis for providing the rational to encourage financial and welfare services to set up satellite services in trusted locations of Belle Isle, including scoping out the option of being co-located in foodbanks.
13. Support people back to food independence/low-cost shopping by working with local organisations who provide emergency food support to ensure they have the skills and knowledge to provide support to food bank users.
14. Contribute to the creation of low-cost shopping options, ie social supermarkets and pantries.

Addressing teenage pregnancy and expectations in personal intimate relationships would be led by Public Health, education services and the Youth Service.

15. Increase availability of sexual health services for young person within the local areas
16. Offer Speakeasy training in schools and the community
17. Offer sexual health training to youth leaders and RSE leads in secondary schools on addressing young people's expectations in intimate personal relationships.
18. Work with the Leeds Children's safeguarding team to address the impact of domestic violence by child witnesses.

Adult-related recommendations

The impact on adult mental health will be equally profound and will manifest in varying ways, all of which need focussed attention. As an overarching response to increased mental health issues, there

are services in existence. A local service is the 'Your Space' initiative which works to address isolation and loneliness. This recommendation sits with the Your Space Team, Touchstone and Public Health.

19. Raise the profile of Your Space across the community and check this has been achieved by asking the community periodically
20. Consider developing a referral pathway between Your Space and Primary Care to ensure continuity of care for users

Physical activity has benefits beyond strength and stamina and robust evidence shows the positive impact on emotional and mental wellbeing. This consideration, sitting alongside the GP intelligence collected on adult obesity and inactivity status elevates the importance of tacking inactivity in the community.

21. Contribute to the work of Active Leeds in fostering a community-led systemic approach to enabling increased levels of movement and targeted physical activity
22. In collaboration with the community, identify ways of improving usable green spaces and develop community-driven projects.

Long term condition early identification and support services such as the NHS Health Check help people to reduce their risk of developing conditions such as cardiovascular disease and diabetes. The number of people accessing these services has been significantly reduced due to the impact of the pandemic.

23. Ensuring that access to LTC early identification and support services such as NHS Health Check and the National Diabetes Prevention Programme prioritise and target people from most at-risk groups as these services recover from the impact of the pandemic and ensure these services are responsive and inclusive of community's needs. This will include work acknowledging digital exclusion.

Community-based recommendations

Poverty is rampant is this area of Leeds, training, skill uplift and employment are the only legal means to address this for adults. As a pertinent issue for this area, several third sector organisations may be able to assist with this recommendation. Equally, the Employment and Skills Team and the Safer Communities and Health Partnership Team will be able to contribute to tackling this challenge.

24. Contribute to a 'first steps' employment initiative working within an alliance of voluntary colleagues.
25. Work with Employment and Skills department to encourage local access of the Developing You project and other resources available.

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Appendix 1 - Tables

Table 1: IMD (2019) domains and the ranked scores for Belle Isle North, England and Leeds.

Domain Name	England ranked score*	Leeds ranked score*
Income		
E01011471	1274	41
E01011472	1232	39
E01011473	772	21
E01011474	705	19
Income deprivation affecting children		
E01011471	428	6
E01011472	1173	37
E01011473	1452	45
E01011474	482	7
Income deprivation affecting over 60's		
E01011471	4825	94
E01011472	3710	76
E01011473	1468	35
E01011474	652	14
Employment		
E01011471	1572	39
E01011472	1505	34
E01011473	837	12
E01011474	1882	50
Education		
E01011471	460	20
E01011472	179	7
E01011473	169	6
E01011474	604	25
Health		
E01011471	1394	31
E01011472	2928	72
E01011473	1329	26
E01011474	592	5
Crime		
E01011471	231	33
E01011472	291	39
E01011473	747	71
E01011474	139	20
Housing		
E01011471	15,196	74
E01011472	21,488	204
E01011473	11,019	33
E01011474	15,578	79
Living environment		
E01011471	5068	173
E01011472	9883	284
E01011473	13,973	354
E01011474	15,090	373

*a lower number indicates higher deprivation

Table 2 shows the LSOA representation of patients within Belle Isle North MSOA

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

Appendix 2 - Health Related Intelligence

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

Chart 1: Prevalence of Coronary Heart Disease.

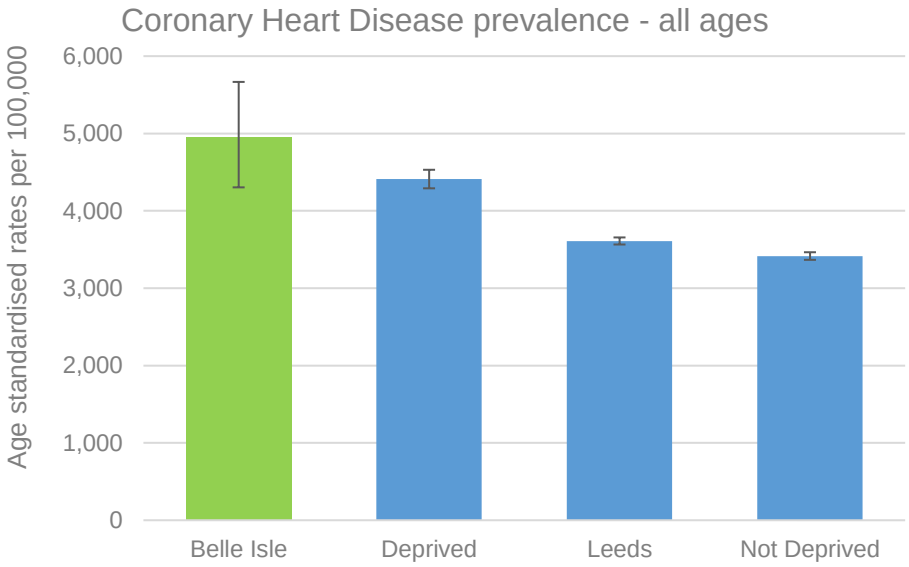


Chart 2: Prevalence of Chronic Obstructive Pulmonary Disorder.

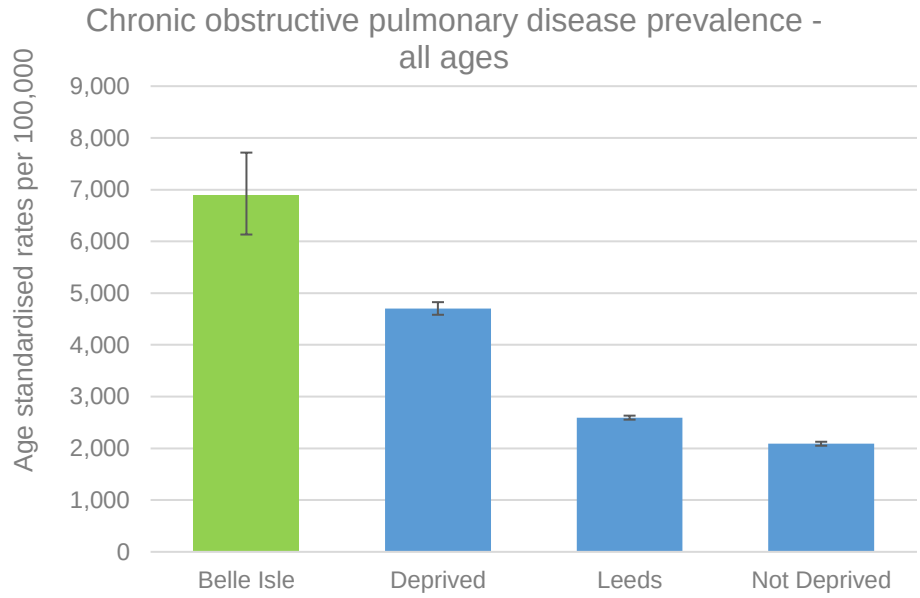


Chart 3: Prevalence of Obesity.

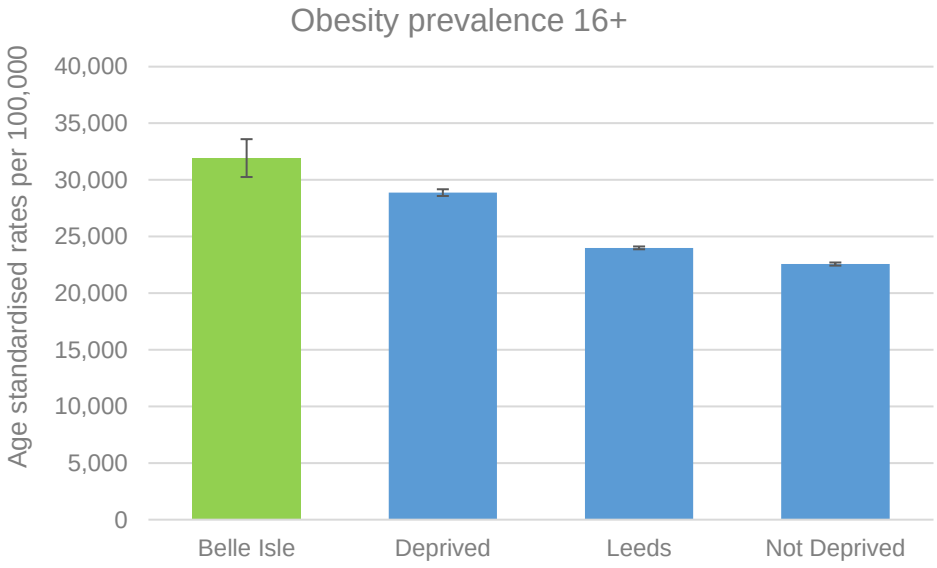


Chart 4: Prevalence of smoking.

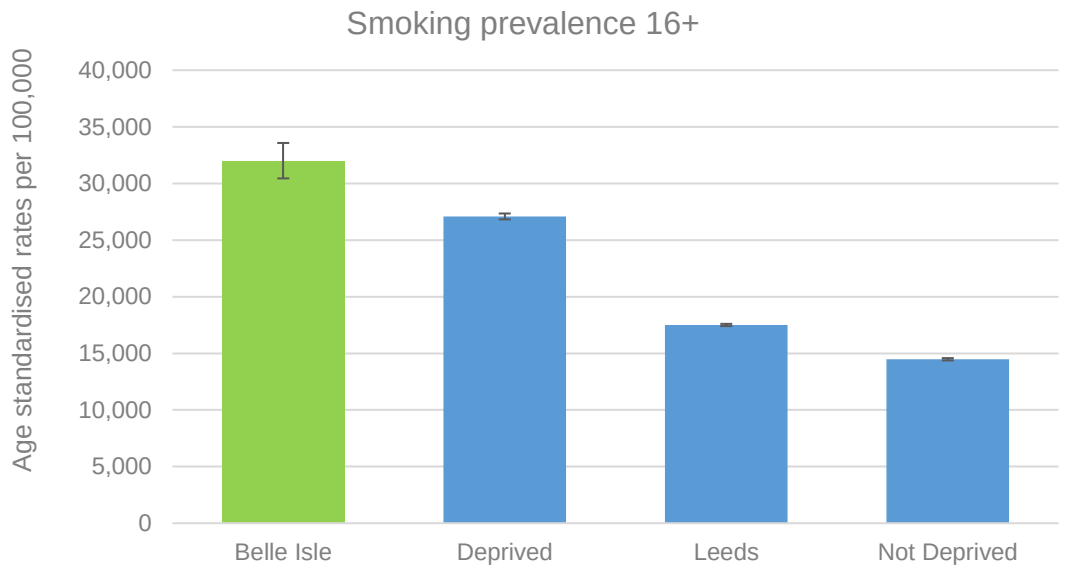


Chart 5: Prevalence of common mental issues.

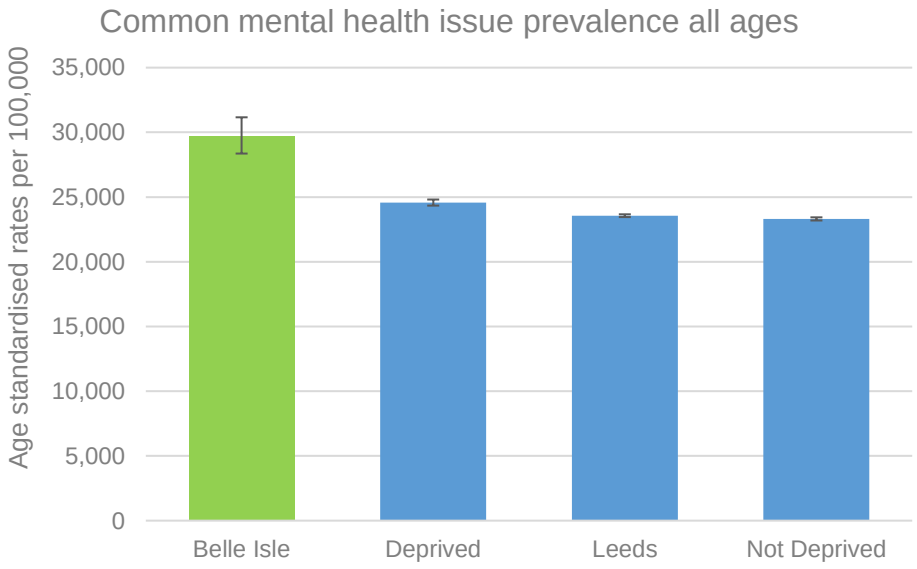


Chart 6: Prevalence of Diabetes.

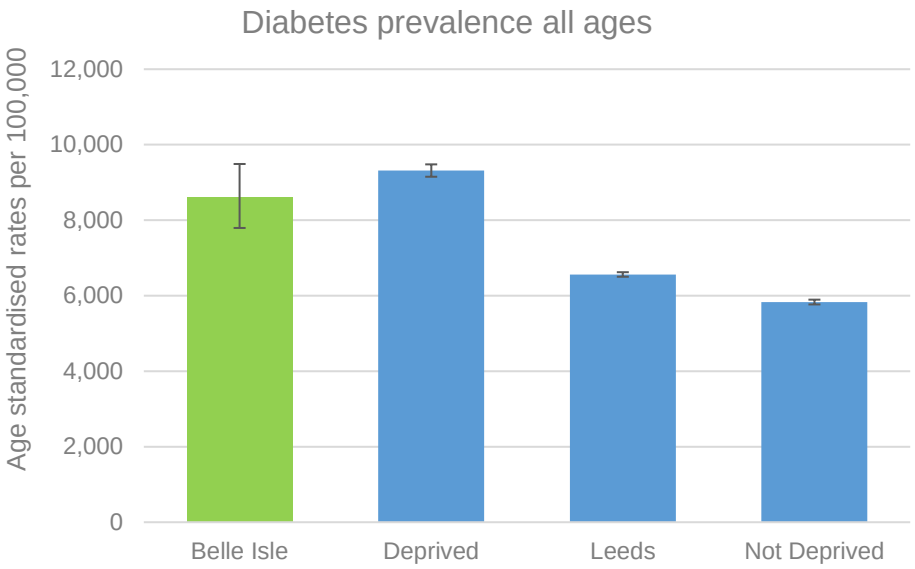


Chart 7: Prevalence of serious mental health issues.

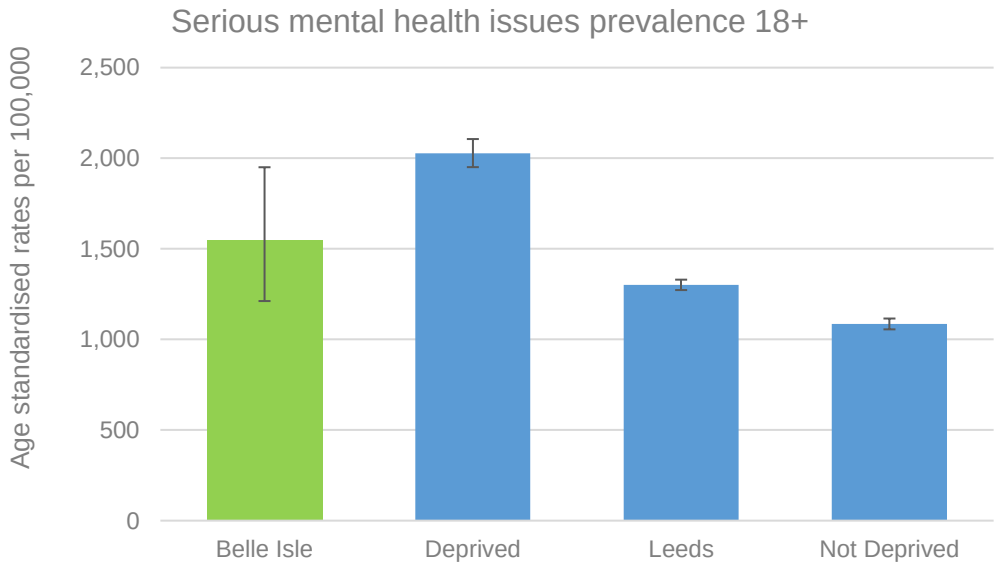


Chart 8: Prevalence of Cancer.

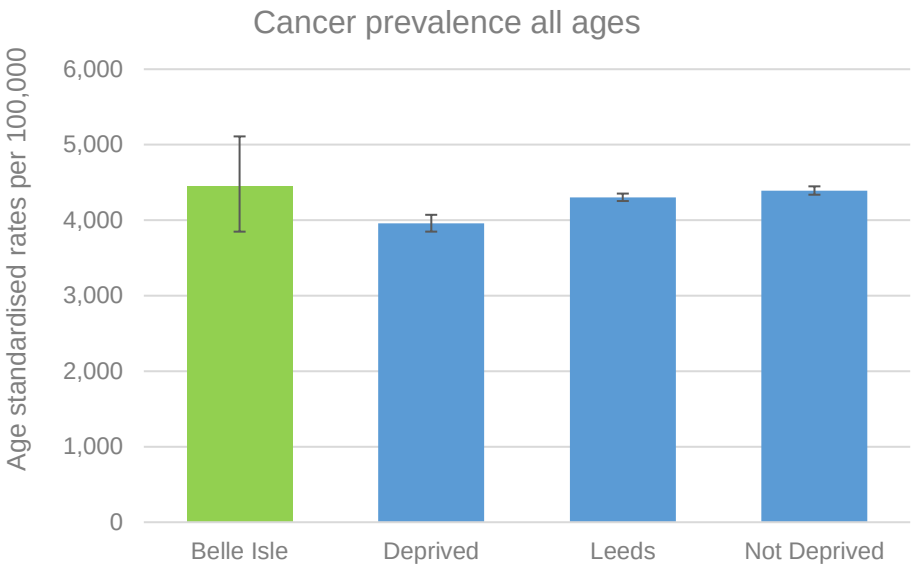
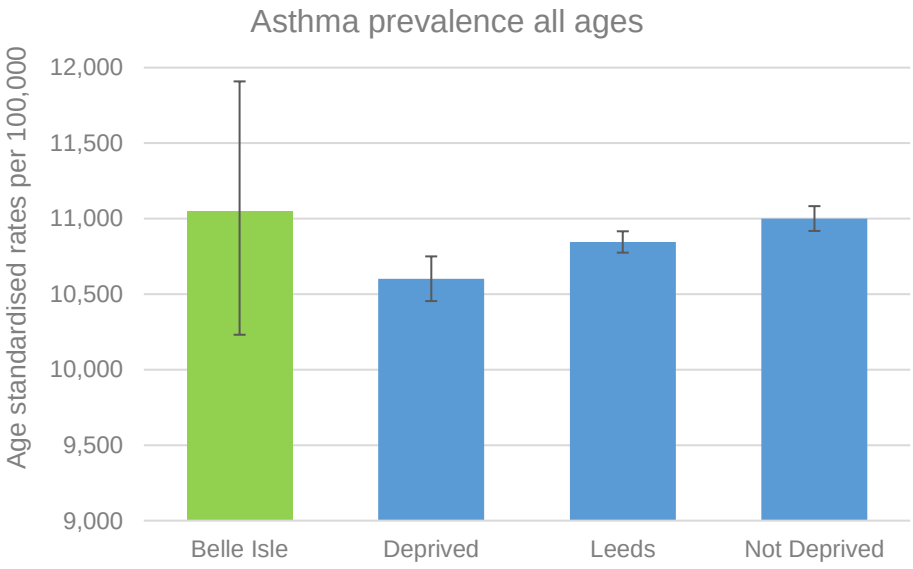


Chart 9: Prevalence of asthma.



Appendix 3 – Mortality Data

Chart 1: Mortality Data from Circulatory Diseases

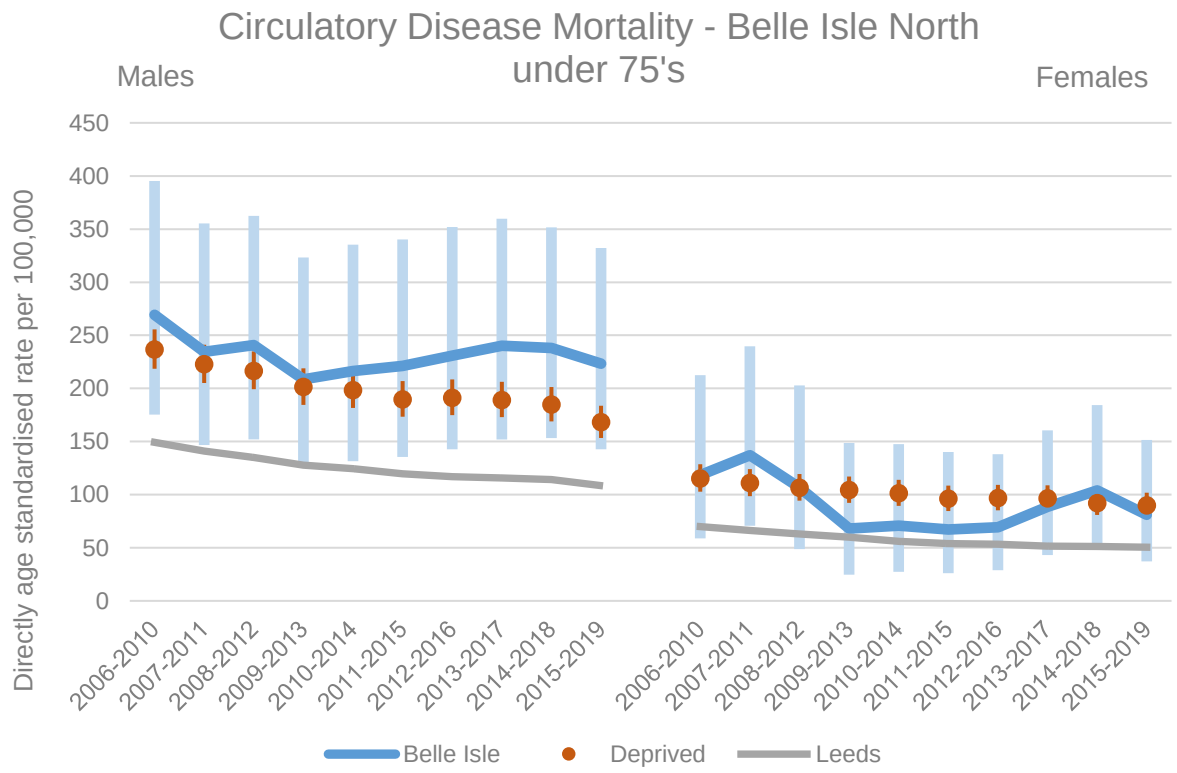


Chart 2: Mortality data from Respiratory diseases.

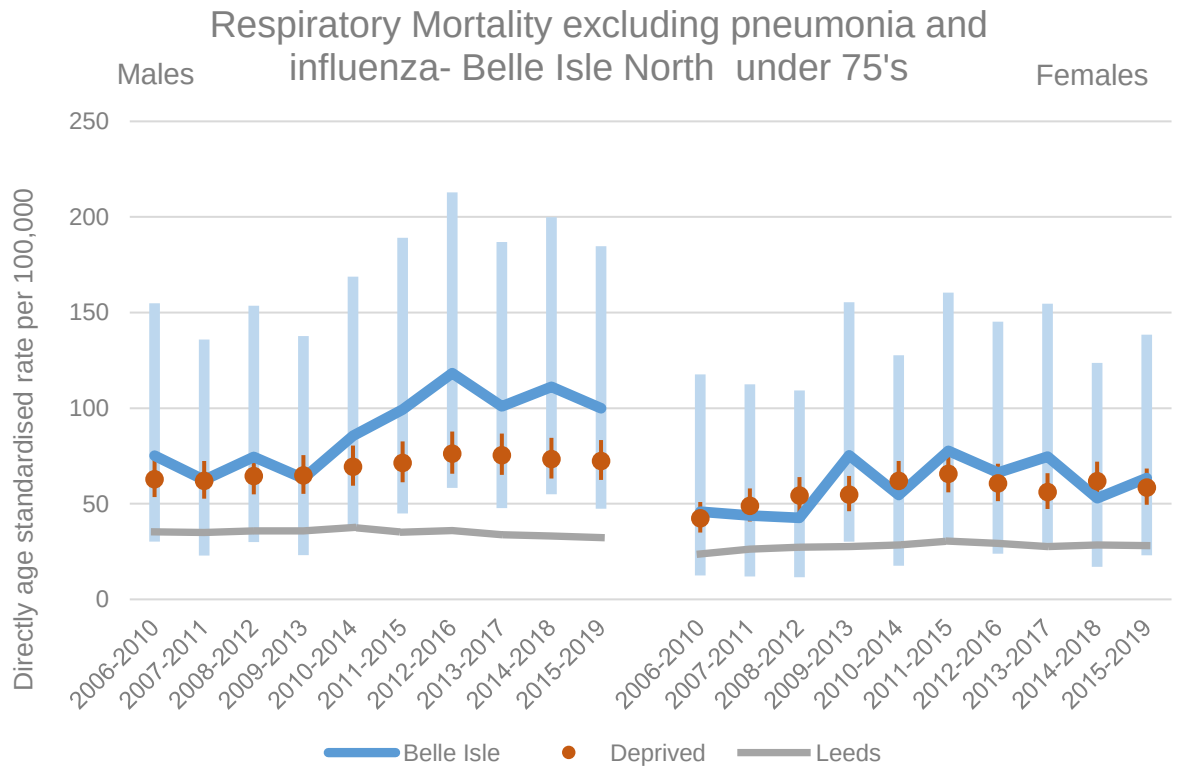
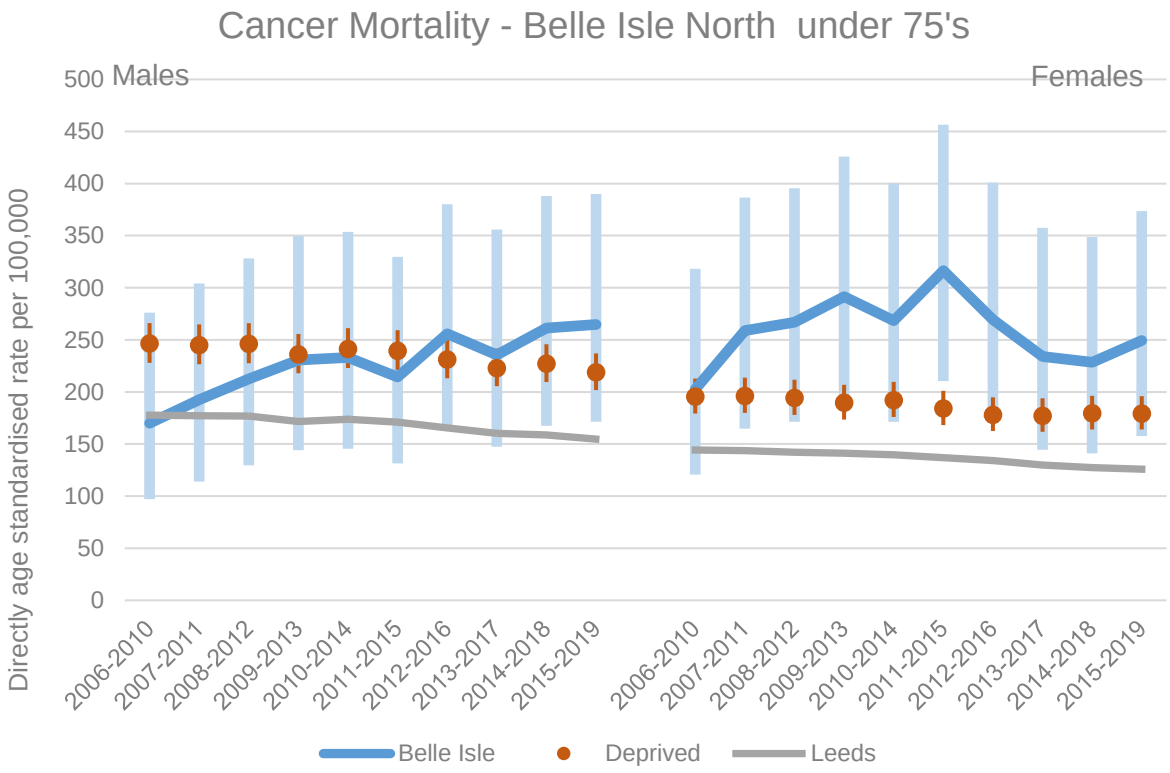
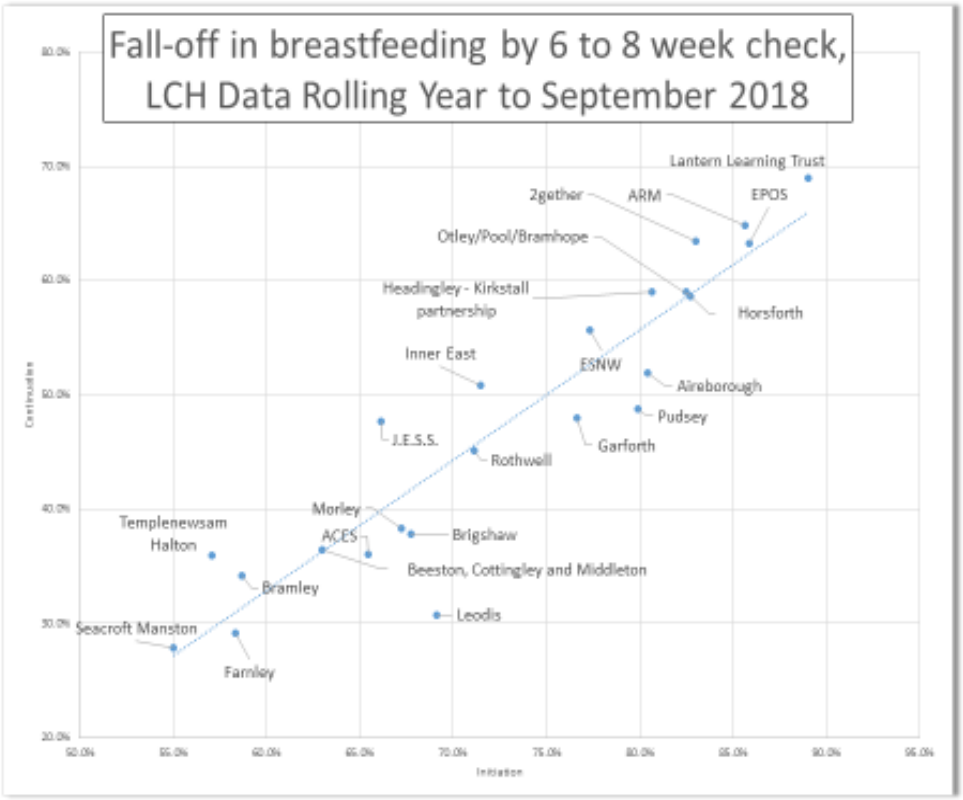


Chart 3: Mortality data from all cancers.



Appendix 4 – Children Specific Health Intelligence

Chart 1 – Breastfeeding metrics, city wide



Appendix 5

Economic impact of smoking

There is a clear impact of smoking on health and wellbeing which results in an additional burden to the health and care system, but the costs to society and communities is far reaching. Action on smoking and Health (ASH) has developed a tool to explore the impact of smoking at ward level and calculate the local costs of smoking. The modelled data use by Action on Smoking and Health (ASH) in the table below for the Middleton Park ward in which Belle Isle North is located present a smoking prevalence of 19.6%. For comparison smoking prevalence across Leeds is modelled at 15.3% in 2019.

Table X – Local impact and costs of smoking to Middleton Ward (using ASH 'Ready Reckoner' Tool v7.1 2019)

Estimated numbers of adults (18+) who smoke (2018)	4,457
Smoking prevalence	19.6%

Each year it is estimated that smoking in Middleton Park costs society a total of approximately £5.4m

This cost is accrued across a range of social domains

Healthcare Total annual cost of smoking to the NHS across Middleton Park (including around 12,850 GP consultations, 3,680 practice nurse consultations GP prescriptions and 2,010 outpatient visits)	£762,840
Productivity People who smoke take more sick leave from work than non-smokers and smoking increase the risk of disability and premature death. Potential wealth lost from the local economy in Middleton Park each year because of lost productivity due to smoking: • 47 early deaths due to smoking result in 2 years of lost economic activity, costing businesses about £62,400 • A further 492 employees in Middle Park are economically inactive and unable to work due to smoking related sickness resulting in an annual cost to businesses of £758,981 • Each year absenteeism due to smoking related illness results in about 8,280 days of lost productivity, costing a further £926,180 • Additionally, it is estimated that smoking breaks cost businesses in Middleton Park £2.2m	£4m

Social Care Many current / former smokers require care in later life because of smoking related illnesses • £401,370 is funded from the local authority social care budget • £91,170 is paid for by individuals or families who self-fund private care	£492,540
House Fires Smoking materials are a major contributor to accidental fires in England, with around 7% being smoking related Fatalities are disproportionately high in smoking related fires representing 49% of all house fire deaths. It is estimated that the fire service will attend about 1 smoking related house fire in Middleton Park each year • Smoking related fires are expected to be responsible for approx. 1 fatality every 22 years, resulting in average annual societal losses of £106,240 • Smoking related fires are expected to result in 1 non-fatal injury every 3 years, further increasing to societal cost by £41,740 • Smoking attributable fires will also result in property damage at an annual cost of £59,700 • Annual cost to the fire service for responding to these fires is £4,060	£211,740
Littering 62% of people drop litter and smoking materials constitute 35% of all street litter. Most cigarette filters are non-biodegradable and must be collected and disposed of in landfill sites. Smokers in Middleton Park consume around 33,770 everyday of these roughly 28,610 are filtered resulting in around 5kg of waste daily. This represents 2 tonnes of waste annually, of which 747kg is discarded as street litter that must be collect by the local authority, the equivalent to 32 standard wheelie bins, this does not include packaging and other smoking related litter.	

Tobacco Expenditure and revenue

Smokers in Middleton spend roughly £6m a year on tobacco products, that is about **£2,050 per smoker**. Of the total expenditure on smoking products, it is estimated that £4.8m is collected by the Exchequer in tobacco duty.

Despite this extra revenue, tobacco still costs the community in Middleton Park more than is raised in duty **at a net annual cost to society of £635,621**