

Communities at the Centre:

Creating better health together in Leeds





“When people first come to this group they are withdrawn and quiet, then after a while we get to see who they truly are. They blossom; they grow”

This page: BARCA Bramley Easter Egg Trail; picture courtesy of Resh Rall. Front cover (clockwise from top): Better Together - Yoga Class for young people; picture courtesy of Beverley Gilbert. Better Together - Bubble Pod workshop; picture courtesy of Soo Taylor. Dance On Sumangal Group (Yorkshire Dance); picture courtesy of Paula Solloway. Better Together - Gipton Growers Group; picture courtesy of Camille Thomas.

Executive Summary _____ 4

What are the different types of community _____ 5

Life in Leeds: Communities and assets in the city _____ 6

What are health inequalities? _____ 8

Communities experiencing extreme health inequalities in Leeds _____ 10

Working with communities is an effective way to improve health and wellbeing and reduce inequalities _____ 12

The family of community-centred approaches _____ 14

Case Study: Better Together _____ 15

Conclusion and Recommendations _____ 16



Executive summary

This year’s Director of Public Health report is about how we work with communities in Leeds. We do this to improve people’s health and make health fairer for everyone. We have used evidence and what we have learned from working closely with communities across Leeds. It shows why working with communities (using what we call community-centred approaches) is important to improve and protect the health of everyone in the city.

Community-centred approaches are central to our work to improve health in Leeds. We are proud of our long history of working closely with communities and Voluntary Community Faith Sector (VCFS) organisations. This made a real difference during the COVID-19 pandemic, where our strong, trusted relationships helped us better support communities.

This way of working is a strength of Leeds, and we want to value and celebrate it.

This report sets out recommendations to build on this to strengthen and scale up community-centred working in Leeds.

What is a community?
Communities share something in common. They give us a feeling of belonging and connection to others. Community has been described as “the relationships, bonds, identities and interests that join people together or give them a shared stake in a place, service, culture or activity.”



Community centred approaches are practical approaches that:

- * Use non-clinical, community-level approaches
- * Shape the building blocks of health
- * Actively involve community members throughout the process
- * Remove obstacles to involvement e.g. transport
- * Build on local strengths and resources
- * Improve connection and networks
- * Increase people’s control over their health and lives



Community Fun Day – Clear Hold Build Initiative; picture courtesy of West Yorkshire Police.

What are the different types of community?

Communities of people who face high levels of disadvantage, such as the Gypsy and Traveller community or asylum seekers and refugees

Communities with shared characteristics and identity, such as faith communities, older people, people who are Lesbian, Gay, Bisexual or Trans (LGBT+)

Communities with shared interests, hobbies or backgrounds, such as sports groups

Communities who live close to each other in the same neighbourhood or local area



Life in Leeds: Communities and assets* in the city



845,200
people live in Leeds



Around 1 in 5
people (1 in 4 children, 1 in 10
older adults) live in the most
deprived **10%** of neighbourhoods
nationally



31,500
volunteers, and 6,465
employees working in
3,375 VCFS organisations

30
VCS Community Anchors



34
Neighbourhood Networks
supporting older people

222
primary schools

40
secondary schools (and
4 through schools)

5
Further Education
colleges

5
Universities

70,000+

Over 70,000 people in
Leeds have a first
language that is not
English. For example,
4,697 speak Romanian,
and 2,898 speak
Kurdish.



99
Councillors



250+
sporting groups

87
GP Practices



150+
established places
of worship

1 in 10
Around 1 in 10 people live
in the least deprived 10%
of areas nationally

**Around
a quarter**
of people are from
ethnically diverse
communities

*All communities in Leeds have strengths and resources, often described as “assets”, that can support health and wellbeing. These include parks and green spaces, local services such as schools, and the knowledge and relationships held by VCFS organisations. Community-centred approaches recognise, build on and strengthen these assets, especially where barriers exist.



Sources: ONS 2021, 2024; IMD 2025;
LCC and partners data



What are health inequalities?

Health inequalities are avoidable, unfair and systematic differences in health outcomes, access to health care and opportunities for healthy living between different groups of people. These differences are not random. They are driven by inequalities in society, including income, education, discrimination and where people live. ▶

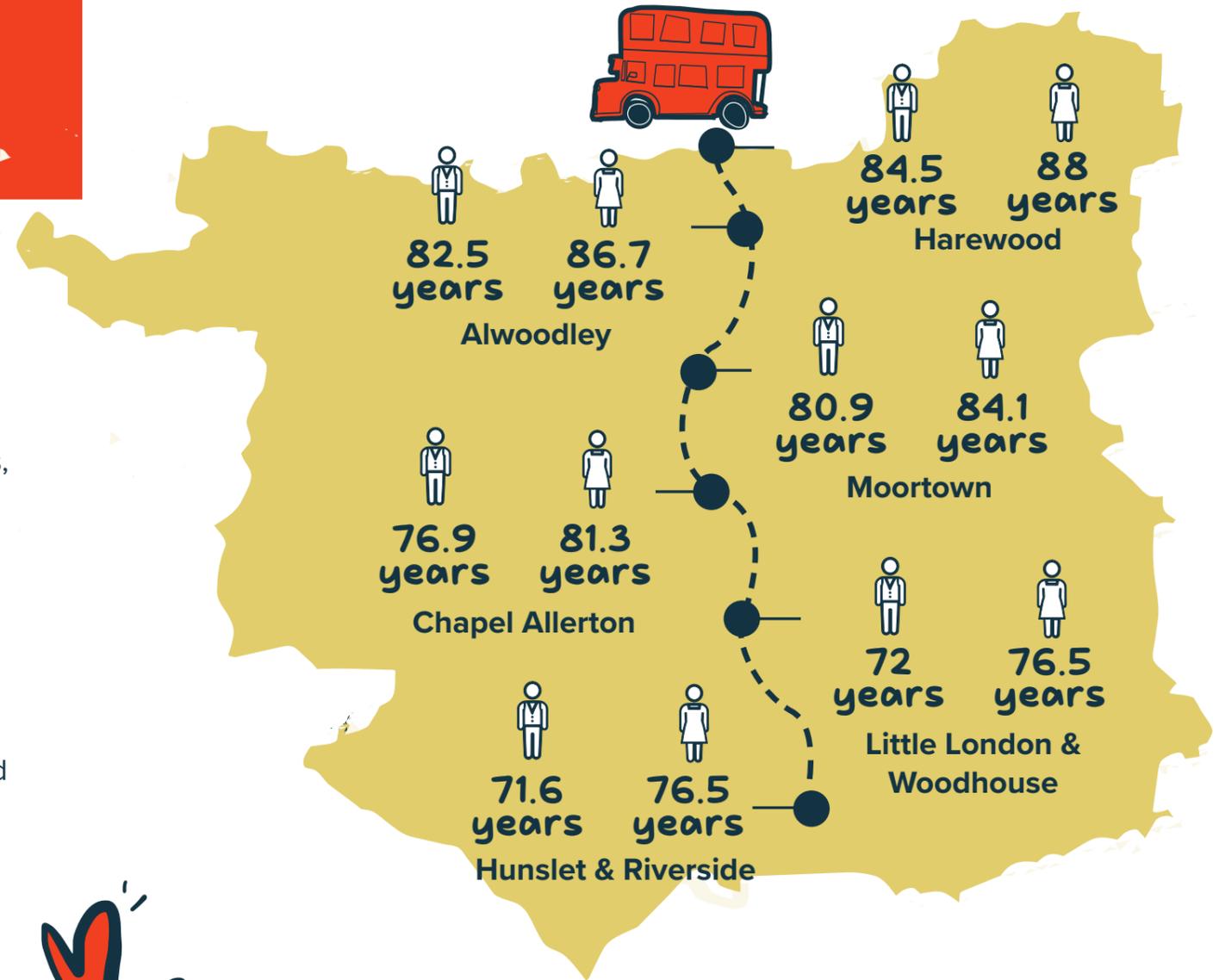
There are health inequalities between communities in Leeds

Leeds includes both urban and rural areas, and neighbourhoods with high levels of deprivation often sit next to more affluent neighbourhoods. These areas have different strengths and different health needs.

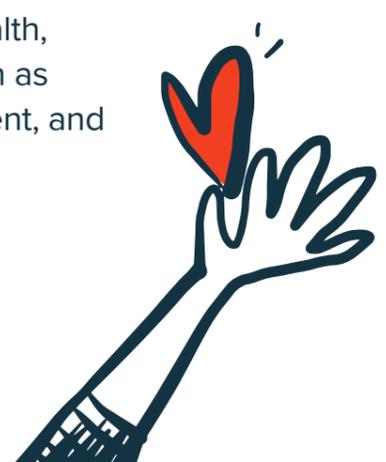
People in more deprived neighbourhoods of the city are more likely to die earlier and be unwell for more of their lives. People from ethnically diverse communities may experience inequalities in health, the building blocks of health - such as housing, education and employment, and access to support and services.

Life expectancy at birth 2022-24.

A baby born in Harewood can expect to live 12.9 years (men) or 11.5 years (women) longer than a baby born in Hunslet & Riverside.



Source: Wards, calculated using ONS MYE populations, and ONS mortality data.



BARCA Better Together gardening group; picture courtesy of BARCA Leeds.

Communities experiencing extreme health inequalities in Leeds

People who face extreme health inequalities

Some communities in Leeds face extreme health inequalities, such as people who experience homelessness, people with drug dependence, at risk migrants, the Trans community, Gypsy and Traveller communities, Roma communities, people with learning disability, street sex workers, people in contact with the justice system and victims of modern slavery.

128
(estimate)
people who are
sleeping rough ⁵

45 (men), 43 (women) - average age at death in England and Wales ⁶

2,086
in prison in Leeds ¹⁵

People arriving in prison are **4 times more likely** to smoke than the general population in England ¹⁶

5,380
people who use opiates or crack ⁷

60-70 deaths in Leeds from drug misuse per year in Leeds ⁸

4,754
People with a gender identity different from sex registered at birth ²¹

46% of trans people thought about taking their life in 2017 in the UK ²²

3,409
People seeking asylum (Ukraine, Afghan resettlement, and other Asylum seekers receiving support) ⁹

31% of displaced adults have PTSD in the UK ¹⁰

5,079
People with learning disabilities ¹⁹

51 (men), 55 (women) - average age at death in Leeds ²⁰

1,010
(census) ¹³

1,500
(local estimate)
Gypsy or Irish Traveller population

Over 10 years difference in life expectancy in England ¹⁴

110
Sex workers known to local services in Leeds ¹⁷

41 years – average age at death for a female on-street sex worker in Leeds ¹⁸



People in these communities often experience multiple, overlapping social and economic challenges, as well as stigma and discrimination. They have worse access to services, poorer health, lower quality of life, and shorter lives. For example, people who sleep rough die at age 45 (men) or 43 (women) on average. For several reasons, they are often missing from data records, so their needs may be ignored when services are being planned.

Work to address these inequalities is often called 'inclusion health'. It focuses on the individual and their circumstances, including understanding and responding to the impact of trauma, and involving them in planning and delivery of services so that they meet their needs.

Note: Intelligence and data on many of these communities are not collected at national or local level. Therefore, many of their needs are hidden. Some data has only recently started to be collected, for example, 'Roma' ethnic heritage was only added to the census in 2021. There are many reasons for this, including barriers to accessing services, low levels of trust in statutory organisations and wariness of sharing personal details.

Working with communities is an effective way to improve health and wellbeing and reduce inequalities

There is strong evidence that community-centred approaches improve people’s health and reduce inequalities.

Working with communities and local organisations can improve trust and access to health services. For example, peers or volunteers may be able to reach people who have not been supported by services. The person delivering the message is often more important than the message itself.

Social connection improves our health and wellbeing. Loneliness is damaging to health and increases the chance of death by 26%. Community groups have been shown to improve social connection and make a difference to health.

Having a voice in local decisions is important for people’s health and wellbeing. Existing services do not have all the answers. When organisations work in partnership with communities, more people can access support and health outcomes improve.

The COVID-19 pandemic shone a light on the value of communities for health and wellbeing. Communities and local organisations responded quickly to provide support to people who were isolated. Approaches that included working with communities, such as community champion models were effective at improving vaccination and reducing inequalities.

Communities have assets to build on

All communities have assets. Assets are the people, places and resources in a community that help protect and improve health and wellbeing, such as local VCFS organisations, transport links, and green spaces such as parks. These are only community assets if the community says they are. However, not all communities have the same access to local assets, which affects health unequally.



The Leeds Asset Framework

People and communities

Skills and knowledge in the community, e.g.

- * Community knowledge and skills
- * Friendships, good neighbours, and social networks
- * Community spirit/cohesion
- * Volunteering
- * Local groups and networks (informal and formal)
- * Local VCFS organisations
- * Councillors and community leaders



Places

Buildings, infrastructure and green space, e.g.

- * Environment and green space e.g. parks
- * Community centres /hubs
- * Housing
- * Local economy and jobs
- * Getting around – walking, cycling, transport
- * Places of worship e.g. mosques/churches
- * Shops and amenities
- * Culture and history

Local services

Services provided by the health system, council, businesses or others, e.g.

- * Health & care services including GP surgeries
- * Schools
- * Libraries
- * Housing services/supported housing
- * Transport services
- * Businesses
- * Other services

The family of community-centred approaches

The family of community-centred approaches provides practical ways to improve health and wellbeing in communities. It is a way of identifying evidence-based options that are also rooted in public health practice.

The family of community-centred approaches outlines four ways to improve health and wellbeing. They build on community assets and strengths to give people more control over their health and lives:



Strengthening communities:

Communities use their assets and strengths to work together to improve health and address the factors that affect it



Volunteer and peer roles: Communities build skills and confidence so they can share advice, give support, and organise health and wellbeing activities in their own communities



Collaborations and partnerships:

Bringing together communities and local services to identify needs and priorities, plan and deliver activity that keeps them healthy



Access to community resources: Connecting people to practical help, group activities, and volunteering activities

Source: Adapted from PHE (2015)

Case Study

Better Together – trusted community health development

Better Together is a community health development service, commissioned by Public Health. It works with communities to develop and design approaches together to improve health and wellbeing and reduce social isolation.

The service engages over 10% of residents in Leeds’ most deprived areas (around 20,000 people annually) through outreach in everyday settings – such as community galas, workplaces, and community centres. There are over 2,000 local group activities, which are shaped by community priorities and include cooking, physical activity, peer support, employment, education, and arts.

**“I love this group, I’ve made friends, it makes me so happy.”
Group participant, Better Together programme**

Better Together effectively engages with diverse communities at risk of significant health inequalities, including people who might not use services. Public Health teams work with Better Together providers, building on their insight and trusted relationships to develop approaches that will work in different communities. The difference it makes to people’s health is measured with validated methods.

“Having welcoming spaces in communities is very important. It’s not just about the building - it needs to be a safe and warm place you want to go,” Helen Hart, Chief Executive of BARCA

Better Together is delivered by grassroots organisations across Leeds: BARCA (West), Health for All, Asha, Holbeck Together, St Luke’s Cares (South), and Feel Good Factor, Shantona, Space 2, and Touchstone (East). These groups reflect and respond to local needs.

“Today I have a Doctor’s appointment, for the first time I am now going to go without an interpreter because I can go myself and understand.” Group Member, Conversational English

Conclusion and recommendations

Our communities help create good health in many ways, from everyday acts of kindness between neighbours to services and communities working closely together. During the COVID-19 pandemic, action taken by communities and strong relationships with local organisations made a real difference to health outcomes across the city. These relationships are now central to the city's resilience and its ability to respond to future challenges.

There is a lot to feel proud of as a city, but there are also opportunities to improve, learn and make sure good practice is embedded across the whole system. Trust was a key theme throughout this report. Volunteer and peer roles are especially important in helping us reach all communities and reduce health inequalities. We do not always have enough information about groups experiencing the most extreme health inequalities, which makes it harder to design tailored and effective approaches to address them.

The health challenges and inequalities faced by communities in Leeds cannot be solved by services alone. Community-centred approaches offer an effective and fair way to improve health and wellbeing and reduce inequalities. They do not replace clinical services, but work alongside them to ensure all communities are

reached. These approaches support healthier behaviours, better access to services, and improved and fairer health outcomes, particularly for communities experiencing the greatest disadvantage.

Our short film

We produced a short film to go with this report. To make the film, we visited community projects across Leeds that are working to improve people's health and wellbeing. We spent time with people who attend the groups, as well as the organisers. Together, the report and film show how community-centred approaches are contributing to healthier lives across the city.

[Click here to watch the film.](#)

Key messages

These are our priorities to strengthen community-centred approaches for health. We believe these will help shape better and fairer health outcomes across the city.

* Start with communities

Start with the strengths, assets and needs of the community and build from there. Tailor approaches, think holistically about people and meet them where they are.

* Central to all our work

Community-centred approaches are not a single project or intervention. They are woven through all our work to improve health and address inequalities.

* Recognised and valued

Protect community-centred approaches as an effective, fair approach. Learn from projects that make a difference and scale them up to increase impact.

* Long-term investment

Building trust and community capacity takes time. It requires sustainable approaches and investment to build lasting impact, rather than one-off, short-term funding.

* Trust is key

Trusted relationships with communities and VCFS organisations are essential. They are part of our health and wellbeing infrastructure and are critical to our preparedness for future health emergencies.

* Meaningful collaboration

Engaging with communities in a meaningful way means sharing decision-making and trusting communities. Community priorities may not always align with our priorities, but working in this way helps to build trust and deliver outcomes.

* Prioritise communities facing extreme health inequalities

Effective engagement with communities and improved data collection and analysis are needed to develop tailored, effective approaches.



Recommendations

- 1. Leeds City Council and academic partners to develop a simple guide to support assessment and improvement of community-centred approaches to improve health across the city.**
- Leeds Health Protection Board to ensure community centred approaches are central to outbreak and pandemic planning, drawing on local experience and learning. This includes adopting sustainable approaches to community champions for long term impact.
- 3. Leeds City Council and NHS organisations should aim for sustainable, long-term contracts and approaches with the VCFS in recognition of their critical role in delivering community-centred approaches to improve health.**
- Leeds City Council, NHS organisations and VCFS to scale up community-centred approaches that work through all parts of the system, in line with Marmot principles. This includes new programmes such as Neighbourhood Health.
- 5. Leeds City Council, NHS organisations and VCFS to explore opportunities to strengthen peer and volunteer roles as a practical approach to build trust and address health inequalities.**
- Leeds City Council and NHS organisations, in partnership with VCFS, to ensure people facing extreme health inequalities are included as a priority through all parts of the system. This includes new programmes such as neighbourhood health.
- 7. Leeds City Council Public Health Intelligence, NHS organisations and VCFS to identify and implement opportunities to improve intelligence, insight, analysis and reporting on groups facing extreme health inequalities. This is to provide robust reporting of health inequalities and the impact of work to reduce them.**
- Local academic sector to strengthen local research and evaluation to inform programmes and services to improve health and wellbeing and reduce inequalities. This includes understanding communities' strengths and needs, learning from community-centred approaches, and involving communities in research.



Picture from LCC Director of Public Health
Annual Report Short Film (2026)

Communities at the Centre:

Creating better health together in Leeds

If you need information from this report in a different format, please email:

publichealth.enquiries@leeds.gov.uk

Please tell us which information you require, your name and email address and the format you need. For example: audio, braille, BSL or large print.

Further information on health statistics for Leeds and past reports are available online at:

<https://observatory.leeds.gov.uk/dph-report/>

We welcome feedback about our annual report.

If you have any comments, please email:

publichealth.enquiries@leeds.gov.uk

The full report is available online at:

www.leeds.gov.uk/publichealthannualreport26

