

# HOLBECK

## EO2002411

### LOCALITY HEALTH NEEDS ASSESSMENT 2024

#### Abstract

This Health Needs Assessment provides an epidemiological overview of the Holbeck Middle Super Output Area. A brief description of the population is provided, followed by data analytics relating to life expectancy, mortality and health conditions. Further analysis is provided which examines the influences of social, economic, environmental and commercial determinants of health. This data is synthesised to produce health priorities for area stakeholders.

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## Executive Summary

The place where you grow, live and age has a profound influence on how a person experiences health and their health outcomes. For those living with adversity and daily hardship, health outcomes are poorer compared to those living with more resources and affluence. Almost a quarter of the Leeds population live in areas where economic, social and environmental disadvantage is commonplace.

A localities health needs assessment is a place-based approach to deliver a thorough assessment and understanding of the population living in our most underserved communities. The purpose is to both, add data and intelligence to ongoing work in the area which aims to mitigate the impact of poverty and provide a rationale for resource acquisition and allocation. The assessment highlights the impact of socioeconomic factors on health outcomes, emphasizing the need for targeted interventions to improve the well-being of residents.

This Health Needs Assessment sought to create a comprehensive understanding of Holbeck. Holbeck is located in the inner south of Leeds, within the Beeston and Holbeck ward and is represented with a single Middle Super Output Area (MSOA code name – E02002411) which covers areas of contrast with some areas in the 10% or 20% most deprived nationally and others ranked as being less deprived. Within Holbeck, there are 5 Lower Super Output Areas (LSOA's).

Holbeck has a diverse population with significant ethnic diversity. The area is characterized by a high proportion of children and young people, (22%) but a diminishing older population (9% aged 60+). 73% have English as main language. 12% speak another European language, 7% speak a South Asian language.

Within the area, residents of Holbeck are registered to either City view medical Practice (42%), Leeds City medical practice (25%), both situated at the top of a steep hill, just outside of Holbeck.

## Epidemiology in Holbeck

Both females and males residing in Holbeck have a shorter life expectancy compared to the Leeds average. Female life expectancy is 72.2 years, (9.5 years less than Leeds average) whilst male life expectancy is 73.2 years (5.2 years less than Leeds average). This is the lowest female life expectancy in Leeds and the 8<sup>th</sup> lowest for males.

Holbeck has the 3<sup>rd</sup> highest all-cause mortality rate. The male rate, is higher than the deprived Leeds rate, although not significantly so. Data for the female all-cause mortality is the highest in the city for females and is over double that of the Leeds rate.

A death is considered preventable if it can be avoided through effective public health and primary prevention interventions. Holbeck has the highest rate of preventable mortality in the city. Specifically preventable mortality is ranked highest in the city for females and second

highest rank for males. Preventable deaths are also the highest rate in the city for females aged under 75.

Mortality by circulatory diseases in Holbeck is the highest rate across all MOSA's for both females and males. Moreover, Holbeck has the second highest rate for under 75 overall and specifically for females under the age of 75, the highest rates in the city; males under 75 have the fifth highest rate of mortality by circulatory diseases.

Mortality by CHD is the third highest compared to the rest of the 107 MSOA's in Leeds across all ages, However the under 75 rates reveal another indicator of low life expectancy. Holbeck has the third highest mortality rate for CHD. The female rate is the second highest and is significantly above the Leeds average. The male rate is the third highest is also significantly above the Leeds rate.

The associated health conditions – diabetes, hypertension and smoking are also significantly above the Leeds averages. With higher rates of smoking in males and higher rates of hypertension in females. The higher rates of smoking in males are also linked to COPD rates in males and to a lesser extent females.

Deaths from respiratory failure are significantly higher than a Leeds average and are ranked as fourth highest. Cause of death by respiratory failure is being driven by females in the area, ranked as being the second highest compared to the rest of Leeds.

Cancer, asthma, SMI and CMHI rates are lower in Holbeck MSOA in comparison to Leeds average and deprived Leeds average. Cancer rates are low in the area; however, cancer is the second common cause of death. Investigating the reasons for this are ongoing.

### [The influences on health within the community.](#)

The Social Progress Index and Index of Multiple Deprivation were both used to explore the known influences on health namely, employment, income, housing, education and crime. The Commercial determinants of health were also explored where data existed.

Recreations, Crosby Street and Bartons is classed as being in the 1% most deprived, Brown Lane, Rydalls, Malvern Street is classed as being in the 3% most deprived in the country and Sunnyviews, Nosters have been ranked as being in the 10% most deprived neighbourhood in the country. This comprises 59% of the community.

71% of the residents of Holbeck are people aged 16-64. Of these, depending on the neighbourhood, between a fifth and a third of residents are employment deprived. There is a mixture of resident occupations, with 38% working in professional or technical occupations and 27% working in elementary, caring or leisure services. These lower-paid occupations are likely to account for the 10% of Holbeck residents claiming Universal Credit whilst in employment.

Income deprivation impacting across the life span is high in the area and specifically in 3 of the LSOA's. Over a third of families with children aged under 15 live in poverty; in two LSOA's

40% the residents of 2 LSOA's living in poverty with children under the age of 15. A third of the over 60's population living in the area are also living in poverty.

Economic disadvantage can be associated with educational disadvantage. A high proportion of children in this area are eligible for free school meals at 38% for primary school children and 40% for secondary school children across the ward. Children are starting their educational career behind their peers and this trend continues throughout primary school. However young people in the area are demonstrating a good level of education attainment by their G.C.S.E's examinations.

Residences are largely rented, through a private landlord or social housing. Outdoor space is limited for many of the households in Holbeck MSOA, this includes space to dry clothes outside. Data from the SPI indicate poor housing conditions with 24% experience fuel poverty. There are also high levels of crime particularly violent crime and sexual assault.

From a commercial determinants' perspective, this area is ranked as being very high from alcohol related harms. There are also a lot of take-aways which can influence food consumption behaviours.

### Maternity and children

There are known risk factors impairing optimum child health for all children in Holbeck. Low birth weight, maternal healthy weight and breastfeeding influences a babies health outcomes. Low birth weight affects 96 babies per 1000 born. The 9<sup>th</sup> highest in the city. 17% of babies are born to women with a higher than healthy weight, under half of the babies born in Holbeck are breastfeed. Maternal health weight and breastfeeding are linked to increased prevalence in childhood obesity. By aged 10/11, half of the children are a healthy weight; while 31.8% are very overweight presenting a health issue of concern. Additionally, MMR vaccination in children is below the Leeds average.

### Priorities

While males exhibit higher rates of health conditions, it is the alarming rise in female mortality, especially among those under 75, that demands urgent attention. These health conditions are directly linked to the causes of mortality, underscoring the critical need for targeted interventions to address this disparity and improve health outcomes for women.

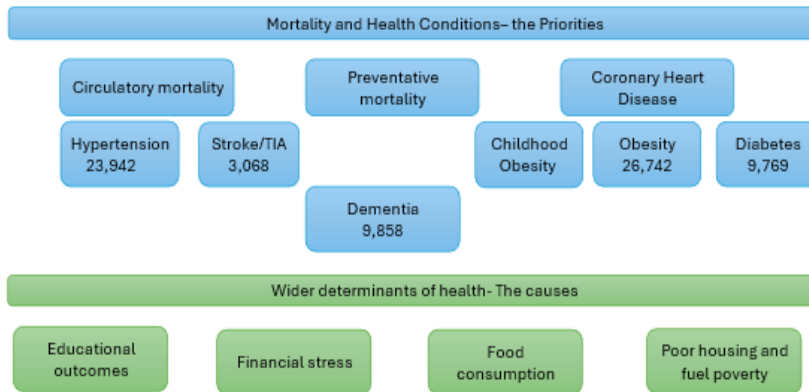
For those living within Holbeck, life is varying shades of hardship. Within this Health Needs Assessment these factors relating to finances, education and environment, do not provide a healthy place to grow, flourish and age well; evidenced by the high prevalence of health conditions, particularly for men and the low life expectancy and high mortality rates, particularly for women.

To determine the health priorities, the following data analytics has been applied.

1. Prevalence rate is significantly higher than the Leeds rate
2. Prevalence rate is significantly higher than the Deprived Leeds rate

3. Rank in relation to Leeds' 107 MSOA areas (comparator)
4. Prevalence rate per 100,000 population (to give an indication of magnitude)
5. Prevalence rates over time (to give an indication of whether rates are increasing, decreasing, or remaining stable).

*The health priorities and causes of poorer health*



### Next Steps

These health priorities and contributory causes of poorer health will be presented both internally to public health topic-based teams and wider stakeholders working within the area. The health needs assessment will also be used to inform the Priority Ward Partnership Plan for the area. Stakeholders working within the area will have an opportunity to ascertain future steps towards tackling the causes of poor health and improving health outcomes. These conversations will be shaped using an impact and changeability matrix, ensuring conversations and debates are recognising the local political, funding and VCS landscape.

## Introduction

National and local data have highlighted the disparity among neighbourhoods in Leeds, identifying those neighbourhoods that have become poorer in recent years. The subsequent outcomes for these neighbourhoods have deteriorated due to increasing poverty and inequality. There is a social gradient within health whereby those who are less advantaged in terms of socioeconomic position have worse health outcomes than those who are more advantaged (Donkin, 2014). These disparities in health are referred to as health inequalities; the unfair and avoidable differences in health across the population and between different groups within society (OHID, 2022). It is estimated that between 40-50% of the variation within health outcomes are due to the unequal distribution of the wider determinants of health (PHE, 2021).

The wider determinants of health are the social, economic, environmental, political and commercial factors that play out in our local areas and shape the conditions in which we live. They include our housing, working conditions, income, access to education and employment, built environment and green space (PHE, 2021). Twelve neighbourhoods at ward level, in Leeds are categorised as being among the most deprived 1% of neighbourhoods nationally. Maintaining a focus on locality working acknowledges the negative impact of broader influences on health and social outcomes throughout the life course, setting the context for this Health Needs Assessment.

This health needs assessment focuses on the geography of a defined area located in the inner south of Leeds, within the Beeston and Holbeck ward. Holbeck is represented with a single Middle Super Output Area (MSOA code name – E02002411) which covers areas of contrast with some areas in the 10% or 20% most deprived nationally and others ranked as being less deprived. Within Holbeck, there are 5 Lower Super Output Areas (LSOA's). A map of the Holbeck MSOA can be viewed on page 3.

This approach aligns with a public health place-based focus and Leeds City Council's ward-level focus. This will contribute to the overarching aim to improve the area and associated health and social outcomes of the residents. Findings will be used to create an understanding of the area and thus inform strategic plans and actionable priorities for the area; captured alongside other intelligence to inform the Priority Neighbourhood Partnership Plans.

A "Priority Ward Partnership Plan" is a strategic document developed by local council and community partners, to focus development and implementation of a programme of activity in agreed priority neighbourhoods in the worst 1% areas of Leeds. The plan outlines how the partnership aims to achieve neighbourhood improvements in these areas through improved services and project delivery. The plan contributes to the implementation of the city's ambition for locality working set out in the best city plan.

## Health Needs Assessment and Data collection

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 can then be used to inform priority setting, resource allocation and commissioning, which aims to improve health and well-being and tackle health inequalities in the researched area. There are three main approaches to a health needs assessment, which depending on the aims, can involve one or all approaches. These 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 several 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>

In 2019, a full health needs assessment was completed for Holbeck Priority Neighbourhood. Priority Neighbourhoods were Lower Super Output Areas selected for focused attention and energy, to try to increase awareness of the impact of the wider determinants of poverty and health inequalities. In addition to presenting the wider determinants of health data, the HNA also included health outcomes data for those people living within the area. This dataset used a Middle Super Output area (MSOA) to ensure robust and representative findings. The HNA extended the traditional remit of a HNA and included not only Epidemiological and Corporate data but, in line with Leeds City Councils values, a community voice. This was completed using Participatory Appraisal methods. The following recommendations for action to contribute to the improvement of health outcomes were weighted towards the views voiced by the community, with backing from data and intelligence.

### Key Findings of the 2019 HNA

Holbeck's residential area is where adversity and hardship are commonplace; it is also densely populated areas in Leeds. Consequently, poverty is a primary driver of many health issues, as indicated by data and supported by intelligence from stakeholders and residents. The area is ranked worst across Leeds for residents experiencing employment deprivation and 40% of the residents' experience income deprivation. A disproportionate number of these residents are children under 16 years old or over 60. The quality of the housing stock is mixed, but 24% of residents are fuel poor. Crime is high in this area. Overall, the conclusion drawn was that

the area was disproportionately burdened by high rates of characteristics known to negatively affect health.

The levels of deprivation align with the health-related epidemiological findings in health condition prevalence and mortality. High rates of CHD (coronary heart disease) were prevalent in the area, with corresponding high rates of diabetes and adult obesity. 24% of reception aged children are carrying excess weight, this rises to 40% of children leaving primary school recorded as being overweight or obese. Statistically more deaths occurred in this area for both males and females in comparison to Leeds overall with the all-cause mortality rate noticeably higher in this area for females and similar to a deprived Leeds rate for males.

When asked what was liked about living in the area, overwhelmingly, the most common response referred to the community spirit and the people of Holbeck itself. Several community assets were identified: ‘Holbeck Together’, ‘Kidz klub’ ‘Shine, Rise Space’. There was a general feeling the GP’s in the area were good too, although getting an appointment was difficult.

Residents cited concerns about personal safety and street sex work and street drinking. They also highlighted healthy food access issues, obesity, mental health issues, alcohol and drug misuse; and air quality as issues exerting a negative influence on their health and wellbeing.

These and other issues were reframed as recommendations in the 2019 HNA, (in conversation with partners) and are contained in appendix 1, alongside the subsequent actions undertaken within the intervening years.

### The scope of 2024 HNA – geography and data sets

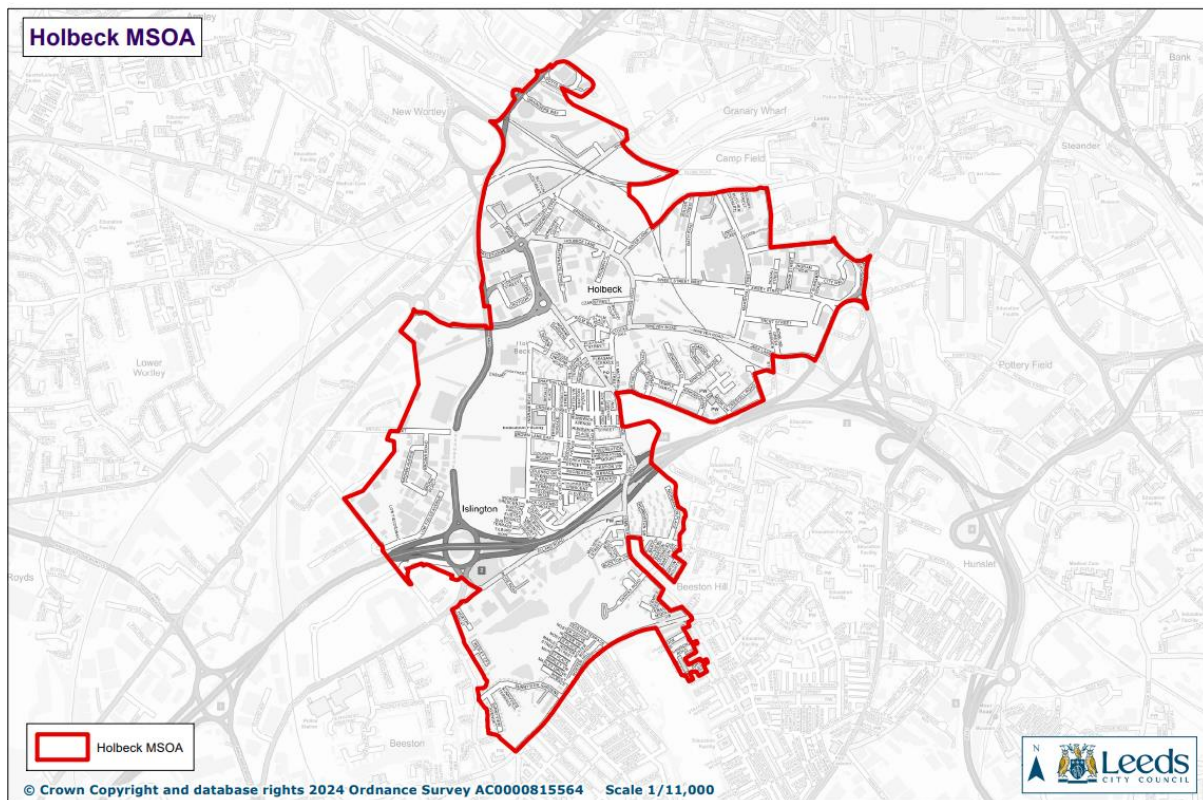
This HNA also has a geographical focus. Beeston and Holbeck ward contains 15 Lower Super Output Areas (LSOA’s), 5 of which are categorised as being within the 1% most deprived nationally. Holbeck is located within the MSOA of the same name – **E02002411**.

*Table 1. England and Leeds IMD rank for the LSOA’s within the MSOA of Holbeck*

LSOA Code	LSOA Name
E01011368	Recreations, Recreations, Crosby Street and Bartons
E01011370	Sunnyviews, Nosters
E01011366	Brown Lane, Rydalls, Malvern Street
E01033013	Holbeck (west) Springwell Road
E01033032	Holbeck (east) Sweet Street

Source: Leeds Observatory

Figure 1. Holbeck (E02002411)



This 2024 HNA will re-examine the epidemiological evidence of the prevalence of health conditions within the community and include data from other sources to help shape the overall picture and understanding of the communities' health and how external factors are exerting their influence.

The aims of this HNA are:

1. To produce an epidemiological perspective of Holbeck. This will include gathering and presenting data relating to health disease/conditions and the external factors that influence these.
2. To use the gathered intelligence as evidence to influence future decision-making addressing health inequalities in this area.

Data can be collected on several varying geographical footprints – including lower super output areas (LSOA), middle super output areas (MSOA), ward level and primary care network level. All footprints are valid and can produce useful information. Selecting the most robust data, depends on the specific data set, the footprint and data availability. In seeking to create a full understanding of health and social determinants of an area, all robust and relevant datasets, with analysis are included in this HNA. Where possible triangulation of datasets will be sought, which will increase confidence in the interpretation of findings and be used to highlight granular level data where issues can be skewed or masked. Figure 2 gives an overview of the data used in this HNA.

Table 2. Data sets used within this HNA

Data set	Advantages	Disadvantages
Census data	Everyone is represented within an area. Particularly good for population data.	Collected once every 10 years and can become outdated, particularly with transient populations.
Multiple Index of Deprivation	Provides a single overview of how LSOA's compare on levels of deprivation. Can also use the 7 domains independently to deepen understanding and target resources.	Not a direct measure of deprivation, nor can it be used to measure deprivation over time, because it ranks data to compare areas.
Social Progress Index contributes to expanding the understanding of health in its broadest terms.	Provides a real-time snapshot of the health to allow for an agile response to emerging concerns.	Ward level can hide local community variations. Ranked data is not a direct measure of deprivation, nor a measure of performance, but rather comparator. Wards are compared to 4 similar wards within the city.
Primary Care Dashboard	Gives health conditions by various footprints via GP records and is updated regularly.	Data recorded are for those registered with a GP, who may or may not live within the geographical boundaries of the GP practices. There may be residents in the area not registered with a GP.
Middle Super Output data	Provides a deeper level of local intelligence, promoting understanding.	Checks are required to compare populations in order to extrapolate across a geography.

Chapter 1 of this report will begin by presenting the resident composition of the Holbeck area, answering the question – who lives here?

Chapter 2 will examine the epidemiological data for Holbeck area. This establishes the health of the community living there. To do this, various indicators will be presented and includes life expectancy and mortality data. Following this, common health conditions will be presented, with analysis and interpretation highlighting any links with mortality.

Chapter 3 will examine the influences on health. Various indicators of deprivation will be presented using the SPI index and the IMD, alongside data that creates a sense of 'place'. Housing, fuel poverty, crime, unemployment and the most common occupations; the wider determinants of health. This is followed by some information on the commercial

determinants of health, where data is available. Chapter 4 shines a spotlight on maternity and children's health.

The final chapter provides a summary of the headlines and condenses the data into health priorities for action.

## Chapter 1 – Who Lives in Holbeck?

### Resident Demography

GP registered population living in the MSOA in April 2024 was 11,960, 45.4% female. 54.5% male. The population pyramid shows the age band by female and male of the population living in the Holbeck area. There is an equal proportion of people across the age bands; 22% are children and young people up to the age of 19, 23% aged 20-29 and 22.5% aged between 30-39. However, there is a noticeable diminishing group of older people. 17% are aged 50+, this is further broken down; 9% of the Holbeck population is aged 60+, this reduces further to 3.8% aged 70+. Life expectancy will be presented later in the HNA.

Figure 2. Male and Female population structure by age bands

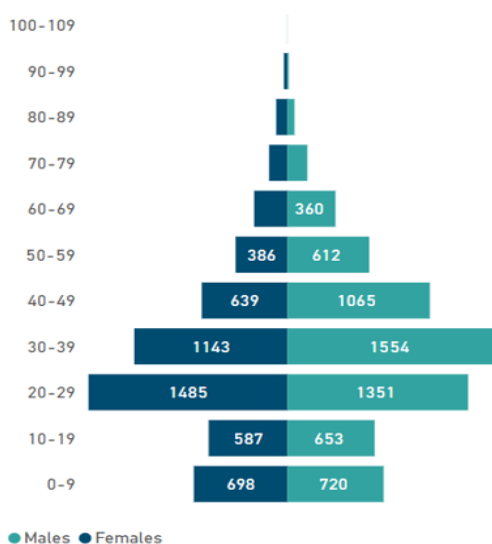
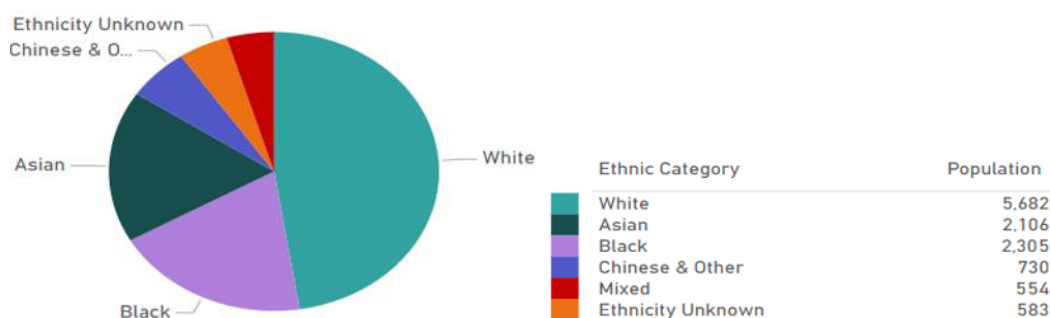


Figure 3. Proportion of population by ethnicity



Overall, the majority of the population are of White British ethnicity, (47.5%). This has changed over the years; in April 2019, 57% of the Holbeck community were recorded as having a White ethnic category. Simultaneously, people of Black ethnicity living in the area have increased from 15.7% in April 2019, to 19%. There is a 2% increase in the Asian population living in Holbeck, from 14.9% in April 2019 to 17.6% in April 2024. Holbeck is

becoming more ethnically diverse, with 52% being from a diverse heritage. However, Holbeck is a settled community. 77.2% of people living at their address of enumeration one year ago (Census 2021 data).

Understanding the demographic distributions in an area provides one aspect of the necessary information; the other aspect involves identifying which languages are spoken. Information on the 'first language' spoken at home is routinely recorded. Figure 3 provides the languages spoken in the Holbeck area of inner south Leeds, providing 83% of the languages recorded as being the first language spoken in the home.

English is the dominate language with 73% speaking English. 12% speak another European Language and 7% speak a South Asian Language.

*Table 3. Populations by recorded language category. (April 2024, GP registered populations).*

<b>GP recorded language</b>	<b>Count</b>
English	7,256
Other European language (EU)	1,253
South Asian language	739
African language	385
Portuguese	312

#### GP Registration in E02002411, Holbeck

Table 4 reveals the number and percentage of patients by GP practice by registration from Holbeck. 67% are registered to the GP practises situated at the top of a steep hill, just outside of Holbeck. These practises are co-located. 88% of the residents of Holbeck use their local GP practice and can be reached at five venues: 86% can be reached through the top four practices.

This information and data establishes the broader context for Holbeck. Understanding the age structure, ethnicity, and languages spoken is crucial for effectively targeting interventions and planning to improve health outcomes for the citizens of Holbeck.

Table 4. Populations by recorded language category. (April 2024, GP registered populations).

<b>Practise registered patients</b>	<b>Count</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
City View Medical Practice	4,978	41.6%	41.6
Leeds City Medical Practise	2, 972	24.8%	66.5
One Medicare – The Light	1,728	14.4%	80.9
Beeston Village Surgery	611	5.2%	86.0
Oakley Medical Practice	334	2.7%	88.1
Thornton Medical Centre	302	2.5%	91.3
Priory View Medical Centre	245	2.0%	93.4
Burley Park Medical Centre	129	1.0%	94.5
The Highfield Medical Centre	75	0.6%	95.0
<b>Total population</b>	<b>11, 961</b>	<b>94.8%</b>	

Source: Leeds Public Health Intelligence

## Chapter 2 – Epidemiology in Holbeck MSOA

### Chapter Summary

In summary, both females and males residing in Holbeck have a shorter life expectancy compared to the Leeds average. Notably, females in this area have the shortest life expectancy in Leeds. Unsurprisingly, the rates of common causes of mortality are correspondingly high, particularly among those under 75 years old. Female mortality is a significant driver of the young mortality. This indicates that overall health in Holbeck is of particular concern, with the health of the female Holbeck population a grave concern.

A significant rate of mortality is caused by circulatory diseases and Coronary heart disease for those aged under 75. The associated health conditions – diabetes, hypertension and smoking are also significantly above the Leeds averages. With higher rates of smoking in males and higher rates of hypertension in females. The higher rates of smoking in males are also linked to COPD rates in males and to a lesser extent females. Although mortality rates by respiratory failure is more strongly linked to females, being the second highest in the city.

Cancer, asthma, SMI and CMHI rates are lower in Holbeck MSOA in comparison to Leeds average and deprived Leeds average. Cancer rates are low in the area; however, cancer is the second common cause of death. Investigating the reasons for this are ongoing.

This chapter will provide epidemiological information for our targeted area. Several questions shape the presentation of the available data:

'Is this a healthy place to live?' 'Is there a link between the cause of death (mortality data) and the health conditions people are living with?' and 'Which health conditions are common in this area?'

To provide this insight, life expectancy and mortality data will establish the context for determining whether Holbeck is a healthy place to grow, live, thrive, and age well. Subsequently, a detailed investigation will illustrate the impact and prevalence of health conditions experienced by residents.

Definitions of terms used:

- The 'deprived Leeds' rate creates an average data point from areas within the 10% most deprived decile.
- Leeds average rate.
- Aggregate data combines data over a set period, normally due to small data sets.

All data has been sourced via Public Health Intelligence

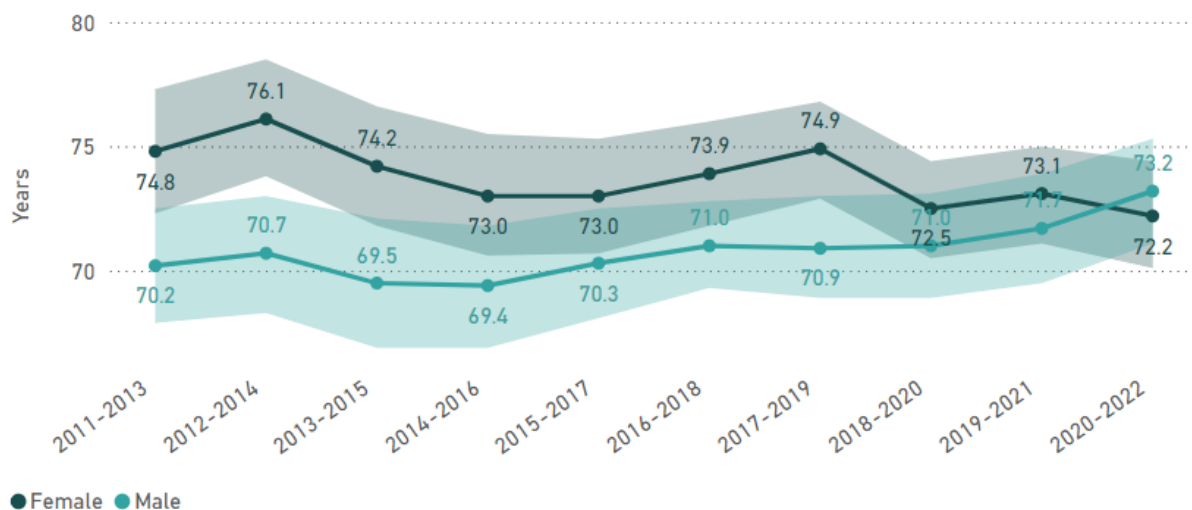
## Life Expectancy and Mortality

Life expectancy is one of the indicators used to assess how healthy an area is – the healthier an area is, the greater the expectation of living a long life. Life expectancy is the average number of years a male or female is expected to live based on contemporary mortality rates. For a particular area and time, it estimates the average number of years a newborn would survive if they experienced the age-specific mortality rates for that area and time throughout their life. Generally, females tend to live longer than males and are therefore measured separately.

In England (2018 to 2020), males living in the most deprived areas were living 9.7 years fewer than males living in the least deprived areas, with the gap at 7.9 years for females (ONS 2022). In 2020, the life expectancy for a Leeds resident was 81.7 years for females and 78.4 years for males.

The life expectancy of a person, born in Holbeck, went to school, lives and ages within the area can expect to live until 72.2 years if female (9.5 years less than Leeds average) and 73.2 years if male (5.2 years less than Leeds average). This is the lowest female life expectancy in Leeds and the 8<sup>th</sup> lowest for males. The chart below shows a time series of this data from 2011. Male life expectancy has seen a gradual increase over 11 years from 70.2 years to 73.2 years. Whereas female life expectancy saw slight fluctuations over 11 years before declining in 2020-2022.

Figure 4: Life Expectancy for females and males from 2011-2022



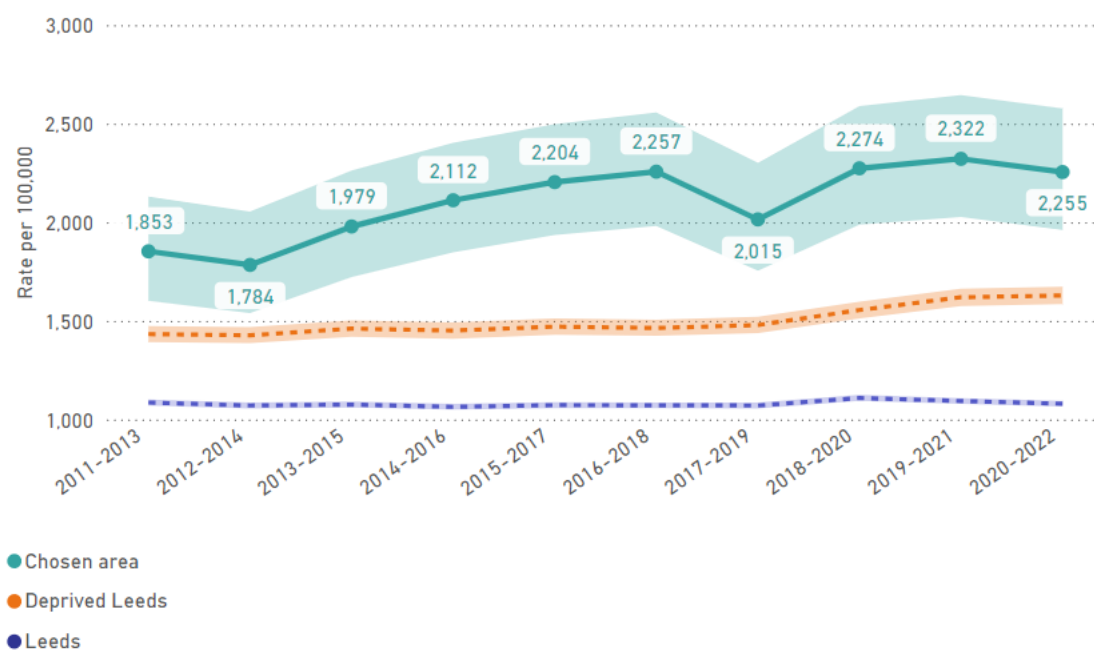
There is a well-documented relationship between experiencing adversity and hardship and having a shorter life expectancy compared to individuals born and living with more resources and affluence. Life expectancy for residents of Holbeck is significantly below the Leeds average.

## Mortality

Mortality rates look at the number of people who die, relative to the population structure. They are another statistical measure used to give a general indication of the health in the population. Mortality rates are tracked to understand the impact of national and local policies. 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 Leeds mortality rates are compared with a 'deprived Leeds' rate and a 'Leeds average' rate. The deprived Leeds rate comprises areas which fall under the 10% most deprived in the country – so we compare an area with its statistical neighbours. We also compare an area to the 'Leeds average' rate, which is more aspirational. Figure 5 illustrates the **All-cause** mortality trends for all persons from 2011-2022.

Figure 5: Rates of all-cause mortality in Holbeck compared with deprived Leeds and the Leeds average. (All ages).



The green line, representing Holbeck shows an upward trend in all-cause mortality, following a dip in 2017-2019 and a slight dip in the last aggregated year, 2020-2022. Throughout this time, the rates of all-cause mortality are significantly above other areas of 10% deprivation and the deprived Leeds rate. Holbeck has the 3rd highest all-cause mortality rate (age standardised, all persons) in Leeds, behind Leeds Dock, Hunslet and Stourton and Gipton North MSOA's. From 2016-2021, it had the second highest all-cause mortality rate in the city.

The male rate, which had been rising slightly since 2017-2019 has taken a recent dip in 2020-2022 to 2,487 per 100,000). The rate is higher than the deprived Leeds rate, although currently not significantly so. Data for the female all-cause mortality shows increasing

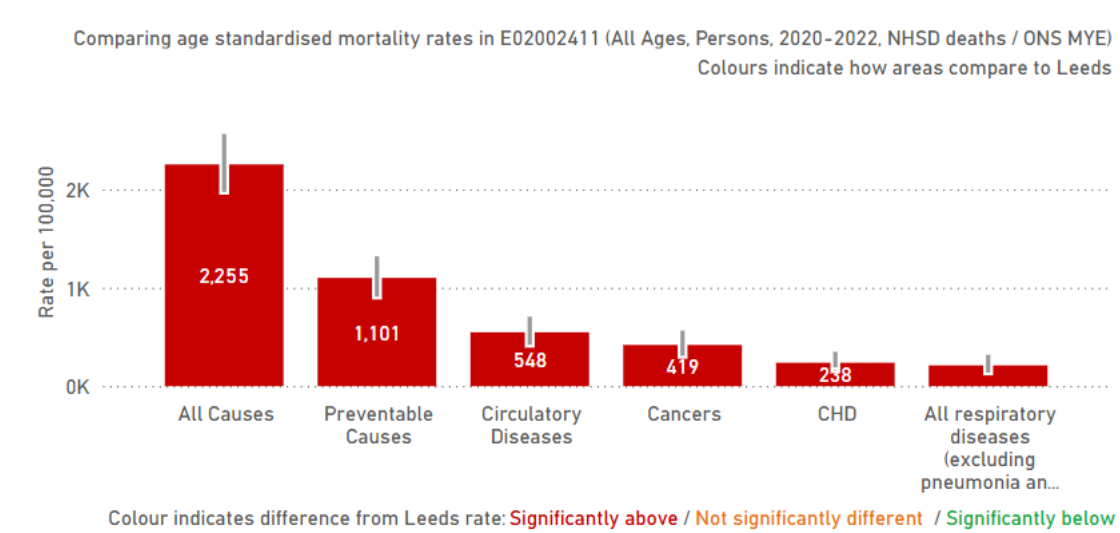
mortality from 2017-2019 and is significantly above the deprived Leeds rate and the rest of Leeds rate (2,507 per 100,000) and is the highest in the city for females and is over double that of the Leeds rate (918 per 100,00) .

In addition to knowing if the cumulative impact of hardship has resulted in early deaths, its useful to know the rate and percentage of preventative deaths. A death is considered preventable if it can be avoided through effective public health and primary prevention interventions.

Within the Holbeck area of Leeds there were 1,101 per 100,000, preventable deaths; the highest in the city for 2020-2022 and for the earlier 4 aggregated years, going back to 2016-2018. The Leeds rate is 432 per 100,000.

A high rate of mortality does prompt deep analysis into mortality causes and the findings are revealing for both all-age mortality and under 75 year-old mortality. Deaths attributable to preventative causes are highest in the city for all ages compared to Leeds (1,101/100,000 compared to 432/100,000). Preventable causes are also ranked highest in the city for females (998/100,000 compared to 332/100,000) and are the second highest rank for males (1,339/100,000 compared to 562/100,000). Preventable deaths are also the highest rate in the city for females aged under 75.

Figure 6: Age standardised mortality rates for the common causes of death within Holbeck. (All persons 2020-2022).



**Circulatory diseases** are defined as any conditions that affect your heart or blood vessels. Your circulatory system, also called your cardiovascular system, keeps blood moving in your body.

Mortality by circulatory diseases is significantly above the Leeds rate and ranks as having the highest rate across all MOSA's for both females and males. The female trend has been rising since 2018-2020; while the male trend had followed an increasing trajectory since 2014-2016, which has been halted by a small dip in the 2020-2022 data set. Moreover, Holbeck has the second highest rate for under 75 overall and specifically for females under the age of 75, the

highest rates in the city; males under 75 have the fifth highest rate of mortality by circulatory diseases.

**Cancer** is a disease marked by the uncontrolled growth of abnormal cells. Normally, cell growth and death are regulated processes, but in cancer, this regulation fails, leading to tumour formation. Tumours can be benign (non-cancerous) or malignant (cancerous). Malignant tumours can invade nearby tissues and spread to other parts of the body through metastasis.

In Holbeck, there is an inverse relationship between **Cancer** prevalence and cancer mortality amongst the people living in Holbeck. The forthcoming section on health conditions will show a significantly below Leeds rate in the number of people living with cancer, nevertheless, cancer is the second most common cause of death. This has specifically been driven by the male mortality to cancer which is the 14<sup>th</sup> highest compared to the rest of Leeds. Female mortality was not significantly different. Under 75 mortality from cancer was also not significantly different from Leeds.

**Coronary heart disease** is the term that describes what happens when your heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries.

Mortality by CHD is the third highest compared to the rest of the 107 MSOA's in Leeds. This is driven primarily by male mortality, which was the fourth highest; female mortality rates from CHD was not significantly different from the Leeds rate.

The under 75 rates are more revealing. Holbeck has the third highest mortality rate for CHD. The female rate is the second highest and is significantly above the Leeds average. The male rate is the third highest is also significantly above the Leeds rate.

**Respiratory diseases** include chronic obstructive pulmonary disease and asthma as the two main causes of death from respiratory failure (WHO). The data presented here excludes pneumonia, influenza and Covid-19.

Deaths from respiratory failure are significantly higher than a Leeds average and are ranked as fourth highest. Cause of death by respiratory failure is being driven by females in the area, ranked as being the second highest compared to the rest of Leeds. The male rates are not significantly different to Leeds. The under 75 rates are not significantly different compared to the rest of Leeds.

Table 5. A summary table of mortality rank for all age females and males and under 75 females and males.

Mortality cause and overall rank	All age - Female rank	All age- Male rank	Under 75 - Female rank	Under 75 -Male rank
Circulatory 1 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>	5 <sup>th</sup>
CHD 2 <sup>nd</sup>	No sig difference	6 <sup>th</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Respiratory 4 <sup>th</sup>	2 <sup>nd</sup>	No sig difference	No sig difference	No sig difference
Cancer 14 <sup>th</sup>	No sig difference	14 <sup>th</sup>	No sig difference	No sig difference

In summary, both females and males residing in Holbeck have a shorter life expectancy compared to the Leeds average. Notably, females in this area have the shortest life expectancy in Leeds. Unsurprisingly, the rates of common causes of mortality are correspondingly high, particularly among those under 75 years old. Female mortality is a significant driver of the young mortality. This indicates that overall health in Holbeck is of particular concern, with the health of the female Holbeck population a grave concern. As an area Holbeck should receive focused attention to improve and address these health disparities.

The following line of enquiry leads towards the health conditions people are living with, which are likely to contribute to the trends in mortality.

#### Health Conditions ages 18+

Chart 6 shows which health conditions are prevalent and which conditions have the highest rates for Holbeck. The bars are colour-coded using the average rate in Leeds as a comparator. Using age-standardised rates allows for a comparison between areas with different population structures; a lack of which, skews rates.

**Adult Obesity** levels in Holbeck MSOA are significantly above a Leeds rate. The MSOA obesity prevalence rate is ranked as 43<sup>rd</sup>. Approximately positioned in the median range of the ranking. Analysis by sex shows a rank of 28<sup>th</sup> highest for females, which is significantly above the Leeds rate, while the male rate is not significantly different to the Leeds rate. Following a downward trajectory since 2020, the male rate has slightly increased in the past year. The rates for female's living above a healthy weight has slightly decreased over the past 2 years.

An associated health condition to obesity and circulatory diseases is **hypertension**, or high blood pressure. The MSOA hypertension prevalence rate is noticeably higher than the obesity rate and is ranked as being 9<sup>th</sup>. There has been a significant increase in the number of males and females diagnosed with hypertension since 2021. Although the numbers of men and women diagnosed with hypertension are roughly similar, the rate among females is

significantly higher than the Leeds average, ranking as the 11th highest in the city. In contrast, males are ranked 15th, in line with the Leeds average.

**Smoking** rates for people aged over 16 are significantly higher in comparison to the Leeds aggregated rates and are the 19th highest in the city out of 107 MSOA's. There are more males in the area smoking, (ranked as being the 17th highest), than females (ranked at 27/107 MSOA's) and both rates are significantly above the Leeds average. There has been a slight decline in the numbers of smokers within the area, particularly by females.

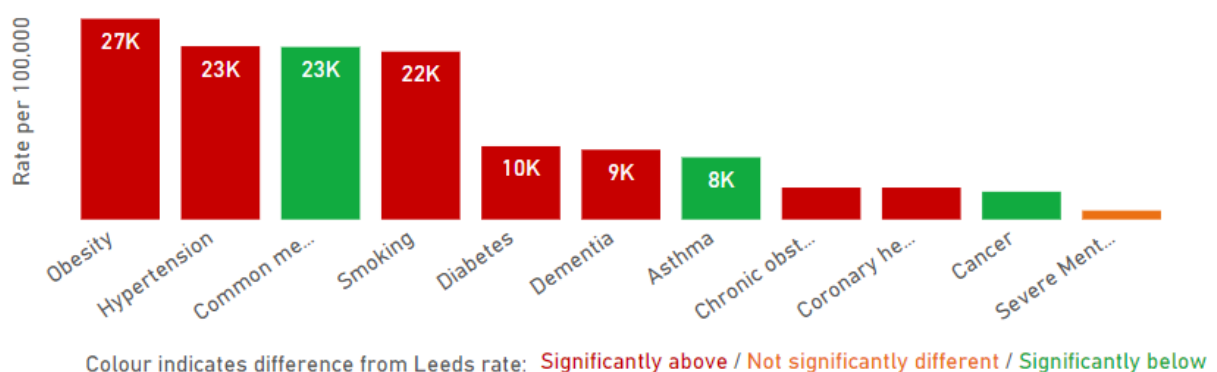
**Diabetes** ranks as the 8th highest prevalence rate in Leeds out of 107 MSOA's. Specifically, the male rate is the 7th highest rate in the city and has been increasing since 2021; the female rates are ranked at the 11th highest in the city and have been declining slightly since 2020.

**Dementia** is a disease that stops the brain from working properly. The most common form of Dementia is Alzheimer's Disease. Some people may be more likely to develop dementia than others, like those who have had a stroke, or who have:

- diabetes
- high blood pressure
- high cholesterol
- depression.

Dementia is significantly higher than the Leeds average with a rate of 9,308 per 100,000 and a rank of 3rd most prevalent in the city. The rank of 4th highest is held by the men, whilst women have a higher rate with the 3rd most prevalent in the city. Following a rising trajectory since 2018, the rates for female dementia diagnosis have reduced slightly in 2023. Male dementia rates have been fairly stable since 2018, increasing from 2021.

Figure 7: Age Standardised rates of health conditions in Holbeck. (April 2023 GP registration).



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

diabetes. Thus, data regarding obesity and diabetes are gathered both as indicators of CHD and conditions.

There are significantly more people with coronary heart disease (CHD) living in the Holbeck area compared to Leeds overall. This MSOA ranks as the 14<sup>th</sup> worst across Leeds out of 107 MSOA's. The male prevalence (ranked 7/107) is not significantly different to the Leeds average, however in this area, there has been a sharp rise in the number of men diagnosed with CHD since 2021. The female rate is not significantly different to the Leeds comparator (rank 17/107) and since 2018 has been steadily declining.

**Stroke/Transient Ischaemic Attack (TIA).** It is a temporary disruption in the blood supply to the brain. TIAs are caused by a blockage in one of the arteries (blood vessels) supplying the brain with blood. Usually, the blockage is a blood clot. TIAs are linked to stroke and are sometimes referred to as mini strokes. The rates of strokes/TIA are significantly higher than the Leeds overall rate and are the 7<sup>th</sup> highest in prevalence in the city. The rates for males are ranked at being 8<sup>th</sup> highest in the city, although not significantly different from Leeds averages. The female rate is ranked at being the 12<sup>th</sup> highest in the city.

**Chronic Obstructive Pulmonary Disease (COPD)** is associated with long-term exposure of harmful chemicals such as cigarette smoke. Smoking is thought to be responsible for 9 out of 10 cases. COPD rates in Holbeck MSOA are significantly above Leeds averages, ranked at 16<sup>th</sup> out of 107 MSOA's. COPD is more prevalent in males within the area and is ranked at being the 7<sup>th</sup> highest, although rates have been on a downward trajectory since 2016. Female rates are not as high as males, ranked as being the 22<sup>nd</sup> highest, also with a downward trajectory.

**Cancer** rates in Holbeck are significantly lower than Leeds. There are less males and less females living with a diagnosis of cancer. This could reflect disparities in detection rates and survivorship between the most and least deprived areas. Work is ongoing to understand and compare cancer incidence [the detection of new cases] to better understand any differences in detection rate and how early cancers are detected between different communities in Leeds.

**Asthma** rates are significantly below the Leeds average. This finding is inconsistent with city-wide data. Generally, we expect more asthma rates in areas of higher deprivation; specifically those in 10% of the most deprived neighbours in Leeds. The number of diagnosed asthma rates are also unexpectedly low for children.

The obtainable data is from GP's recorded data, therefore are children and adults presenting to their GP? If so, is there coding inconsistencies in the data? If GP's are not providing a consultation with patients with breathing difficulties, are there access issues to consider?

Figure 6 provides a visual presentation of those health conditions significantly higher than the Leeds average, and where there is a significant difference for females or males. Conditions in red ink are significantly higher than the Leeds average, amber ink is used for comparative rankings not significantly different to the Leeds average. An indication of trends is also presented using longitudinal data, finally a suggestion on which subgroup to target is provided using all indicators.

Table 6. A summary table of health conditions rank and trend for females and males.

Health Condition	Overall Rate	Female rates	Male rates	Trend	
Dementia	3	2	3	F ↓	M ↑
Stroke/TIA	7	12	8	F ↓	M ↓
Diabetes	7	11	7	F ↓	M ↑
Hypertension	8	12	14	F ↑	M ↑
CHD	14	Not sig different	No sig different	F ↓	M ↑
COPD	16	21	7	F ↓	M ↓
Smoking	18	25	15	F ↓	M ↓

From a prevalence perspective, there are significantly higher rates for the most common health conditions. Diabetes hypertension, stroke/TIA and obesity are associated with one another and often form part of a multiple diagnosis. There is a significant number of people living with Dementia in the area. Of notable interest, the male rates of diagnosis are higher than the female rates on Diabetes, stroke/TIA and COPD. There are higher rates of females living with dementia or hypertension.

#### Adult Mental Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development (WHO 2022).

Previous community engagement which enquired about the general health of the population highlighted the collective community voice on the prevalence of mental health (Crosby Street, Receptions, Bartons HNA 2019). Since then, there now exists a data platform, which brings together a range of mental health conditions, allowing a deeper investigation into the prevalence rates within the area. This data platform is based on Primary care held data for people currently registered with a Leeds GP.

**Common Mental Health Illness (CMHI)** refers to anxiety disorders, depression, and eating 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 (Mentalhealth.org.uk/statistics).

As a collective measure, the number of people in Holbeck MSOA with a CMHI is significantly below the deprived Leeds rate. However anecdotal evidence from previous community surveys have indicted that local people feel mental health is a common health issue. Speculatively, this could be the result of stigma attending the GP about mental health issues and thus a lack of diagnosis.

Figure 7 shows deeper analysis of the more common mental health conditions experienced by the residents of Holbeck. There are less people experiencing the common mental health issues in in comparison to Leeds. The exceptions being dementia and severe mental health prevalence, which are above the Leeds prevalence rate.

*Table 7: Prevalence of mental health conditions.*

Mental health Condition	Holbeck MSOA prevalence	Leeds prevalence
Common mental health issues	19.7%	23.9%
Anxiety	15.8%	17.3%
Depression	10.0%	13.1%
Dementia	10.1%	0.7%
Severe mental health	2.0%	1%

**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 Holbeck was not significantly different than the Leeds rate but significantly lower than the deprived Leeds rate for severe mental illness.

## Summary

To summarise the epidemiological evidence for the area of Holbeck, life expectancy is notably low in this area. Females have the worst life expectancy in the city. The rates of common causes of mortality are correspondingly high, particularly among those under 75 years old. Female mortality is a significant driver of the young mortality. There is also a high rate of preventative deaths, indicating a disconnect between preventative healthcare services and residents of Holbeck. In short, Holbeck is not a healthy place in which to live, with the health of the female Holbeck population a grave concern

- A significant rate of mortality is caused by circulatory diseases, the associated health conditions – hypertension and smoking are significantly above the Leeds averages. With higher rates of smoking in males and higher rates of hypertension in females.
- The higher rates of smoking in males are also linked to COPD rates in males and to a lesser extent females. Although mortality rates by respiratory failure is more strongly linked to females, being the second highest in the city.
- CHD related mortality is significantly above Leeds rates for those females and males aged under 75. Risk factors for CHD are those associated with circulatory disease. Hypertension, diabetes and smoking.
- Diabetes increases your risk of heart disease and stroke. This health condition is the 7th highest in the city for males and increasing, whereas it's the 11<sup>th</sup> highest in Leeds for females with a decreasing trend.
- Cancer, asthma, SMI and CMHI rates are lower in Holbeck MSOA in comparison to Leeds average and deprived Leeds average.
- Cancer rates are low in the area; however, cancer is the second common cause of death. Investigating the reasons for this are ongoing.

## Chapter 3 - What Influences on Health are Present within the Community?

### Chapter summary

Income deprivation impacting across the life span is high in the area and specifically in 3 of the LSOA's. Over a third of families with children aged under 15 live in poverty; in two LSOA's 40% the residents of 2 LSOA's living in poverty with children under the age of 15. A third of the over 60's population living in the area are also living in poverty.

71% of the residents of Holbeck are people aged 16-64. Of these, depending on the neighbourhood, between a fifth and a third of residents are employment deprived.

A high proportion of children are eligible for free school meals at 38% for primary school children and 40% of secondary school children, at ward level. Economic disadvantage can be associated with educational disadvantage. Children are starting their educational career behind their peers and this trend continues throughout primary school. However young people in the area are demonstrating a good level of education attainment by their G.C.S.E's examinations.

Data from the SPI indicate poor housing conditions with 24% experience fuel poverty. There are also high levels of crime particularly violent crime and sexual assault.

This area is ranked as being very high from alcohol related harms. There are also a lot of take-aways which can influence food consumption behaviours.

### The Wider Determinants of Health

Having a fundamental understanding of the overall health of a population with a geographical area, steers the level of need for strategic input for improvement. Health outcomes are poor in the Holbeck area of inner south Leeds. Evidence has presented the inequality in mortality and living with common health conditions.

These differences are 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). There is a social gradient within health, whereby those living in our poorest communities have worse health outcomes than those living in our most affluent areas (Institute of Health Equity, 2014). These disparities in health are referred to as health inequalities; the unfair and avoidable differences in health across the population and between distinct groups within society (The Kings Fund, 2022). In addition, whilst income per se is not seen as a principal 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 compelling evidence that people’s behaviour is influenced by the wider influences of health determinants (Marmot 2010).

This chapter presents a variety of data sets and indicators which collectively provide a clear understanding of the social, economic and environmental conditions experienced by the residents of Holbeck. The chapter will begin with a ward level focus, using the Social Progress Index, which will highlight issues for deeper analysis before narrowing the focus to a MSOA level and deeper understanding of the area.

#### Social Progress Index Beeston and Holbeck Ward

The SPI uses 3 dimensions broken down into 12 key components and 45 associated indicators. Each dimension presents a ward ranking, whereby, 1 signifies the best ranking and 33 the least. Ranking allows for a comparison of economically similar areas defined as being closest in medium household income. Overall, Beeston and Holbeck ward is ranked as being 27<sup>th</sup> out of 33 wards.

#### **Basic Human Needs: Rank 26/33**

The first dimension of the Leeds social progress index, Basic Human Needs, assesses the population’s capacity to survive with adequate nourishment and basic medical care, clean water, sanitation, adequate housing and personal safety.

Beeston and Holbeck ward is ranked at 26<sup>th</sup> out of the 33 wards, suggesting that for most of the ward’s population, basic needs such as the ones listed above are unmet. A deeper inspection of the components and corresponding indicators reveal some specific areas requiring addressing. In terms of the *Nutrition and Basic Medical Care* component (given an overall rank of 23/33), Childhood healthy weight (ranked at 32/33) and premature death – preventable causes (ranked 29/33) are both ranking as close to being the worst comparatively in the city; meaning there is a comparatively high prevalence of childhood obesity within the ward and a comparatively high rate of early mortality. Mortality is an indicator used to generally assess the state of health within a population and within the Beeston and Riverside ward this illuminates a general poor state of health. *Shelter* received an overall rank of 29/33, with indications of high rates of fuel poverty in the area and issues with housing sustainability. Within the ward there are concerns of *personal safety* (overall rank of 30/33), with comparatively high levels of crime (ranked 30/33) and comparatively high levels of domestic abuse (ranked 29/33).

#### **Foundations of Wellbeing: Rank 27/33**

The second dimension of the SPI is themed as Foundations of Wellbeing and refers to the extent to which citizens can gain a basic education, access information and communicate freely, receive help from a modern healthcare system and live in a healthy environment conducive to a long life. As a theme, it is ranking high at 27; this illustrates unmet need.

Receiving a proficient level of education is essential for mitigating against poverty (with increased likelihood of better employment prospects). Education begins in the home and *access to basic knowledge* is the beginning of the educational journey. There is a higher percentage of children aged birth to 5 years who have been assessed as having gaps in their development, (EYFSP) with a rank of 30/33. This developmental disadvantage persists at Key 2 stage (end of Primary school), with a rank of 30/33. However, the gap in disadvantage is narrowed in secondary school with good Attainment 8 scores for pupils completing their education and an improvement in the rank of 22/33. Overall, the area is judged to have good or outstanding schools (20/33).

A closer inspection of *access to communication and information* component reveals positive findings with a low rank of 6/33 wards. This component comprises three indicators, two of which, refer to download and upload broadband speeds, The authors of SPI, acknowledge the datasets are incomplete and having a measure of digital exclusion would have usefully added to intelligence concerning residents access to information, although the infrastructure is available, can people afford to use it? The third dataset refers to people accessing the skills improvers on the employment and skills program. This scores comparatively high indicating people are accessing a course designed to bolster their employability. A final note regarding this dimension, the positive ranking of the access to communication and information component will positively skew the overall final weighing of the component.

The *Health and Wellness* dimension is ranked at 27/33, with generally similarly ranked health measurements. Severe mental health is captured in the mental health indicator and is a known underreported health condition, ranked in Beeston and Holbeck at 18/33. *Environmental quality* is ranked high in comparison to other wards (27/33), meaning the area does not provide a healthy environment conducive to a long life.

### **Opportunity: Rank 28/33**

The final dimension is one of Opportunity. This dimension seeks to capture the freedom people have to make their own choices and pursue higher education. Indicators chosen to represent *Personal Rights*, are ranked at 30/33, with the count of hate crime levels being high within the ward, in comparison to other wards.

*Personal Freedoms and Choice* indicators are largely based on the opportunity of being financially secure and reveal a rank of 28/33. Long term unemployment is ranked high compared to the other wards (27/33), furthermore, at a rank of 29/33, the proportion of parents not using free early years placements could be improved, thus allowing training and employment opportunities.

*Inclusivity* is ranked comparatively high with 29/33, specifically, the indicator measuring the number of people with learning disabilities in employment in ranked at 30/33, suggesting the people living with learning disabilities within the area are not taking advantage of the opportunities for employment and training. Racist and hate crime is ranked highly (31/33), suggesting cultural or ethnic unrest.

Having access to *Advanced Education* will contribute to the health and wellbeing of individuals, increasing the likelihood of stable and well-paid employment. Access to education is ranked lower middle of the rankings for post 16 and upper rankings (6/33), for higher level education. However, the number of young people not in education, employment or training in the area is high and ranked accordingly at 27/33. Indicating an issue for concern.

Social Index Progress provides a ward level, real-time snapshot of progress or regress giving an added dimension of meaningfulness to data and intelligence. These datasets and intelligence can be combined to produce a more robust understanding of the strengths in a community and the areas requiring focused attention and prioritisation.

Taking both a broad overarching view at a ward level and a concentrated focus at a neighbourhood level provides greater depth in findings, allows for more robust findings, and ultimately provides evidence for targeted work.

#### Holbeck and Index of Multiple Deprivation

The Index of Multiple Deprivation (IMD) was designed to narrow a focus of inquiry to a neighbourhood level. A Lower Super Output Area (LSOA) comprises between 400 and 1,200 households and usually have a resident population between 1,000 and 3,000 persons. Each of these areas is ranked according to its deprivation score from rank 1 (most deprived) to rank 32,844 (least deprived). The IMD were renewed in 2019; prior to the covid pandemic. The IMD uses 39 separate indicators organised across seven distinct domains of deprivation, which are combined and weighted to calculate the overall IMD. Each domain has a separate weighting which determines the overall rank – shown in brackets. The seven domains include: income (22.5%), employment (22.5%), education skills and training (13.5%), health and disability (13.5%), crime (9.3%), barriers to housing and services (9.3%) and the living environment (9.3%). This section will focus on presenting data pertaining to income of the residents of Holbeck, employment, the surrounding environment crime and housing.

Middle Super Output areas comprise between 2,000 and 6,000 households and have a usually resident population between 5,000 and 15,000 persons.

Holbeck is an area containing 5 LSOA's. These 5 LSOA's are shown in Figure 1 along with their overall deprivation rank for England and Leeds.

*Table 8. England and Leeds IMD rank for the LSOA's within the MSOA of Holbeck*

LSOA code	LSOA name	England Rank*	Leeds Rank*
E01011368	Recreations, Crosby Street and Bartons	88	3
E01011366	Brown Lane, Rydalls, Malvern Street	777	34
E01011370	Sunnyviews, Nosters	2205	82
E01033013	Holbeck (west) Springwell Road	5062	141
E01033032	Holbeck (east) Sweet Street	15926	266

\*a low number indicates a high level of deprivation

Source: Leeds Observatory

From a Leeds perspective, three of these areas are ranked as being within the 10% most deprived neighbourhoods comprising 59% of the population. Specifically, Recreations, Crosby Street and Bartons is classed as being in the 1% most deprived, Brown Lane, Rydalls, Malvern Street is classed as being in the 3% most deprived in the country and Sunnyviews, Nosters have been ranked as being in the 10% most deprived neighbourhood in the country. Holbeck (west) Springwell Road and Holbeck (east) Sweet Street are both located on the outskirts of the city centre, comprising largely business and industries and fall with the decile of 2 and 5 respectively. This will have the effect of influencing the MSOA data by making findings more positive.

### Employment Deprivation

Employment deprivation measures the proportion of the working age population in an area involuntarily excluded from the labour market. The IMD defines this as people who are claimants for Jobseekers Allowance, Employment and Support Allowance, Incapacity Benefit, Severe Disablement Allowance, Carers Allowance and those claiming Universal Credit under the 'searching for work' and 'No work requirements' conditionality.

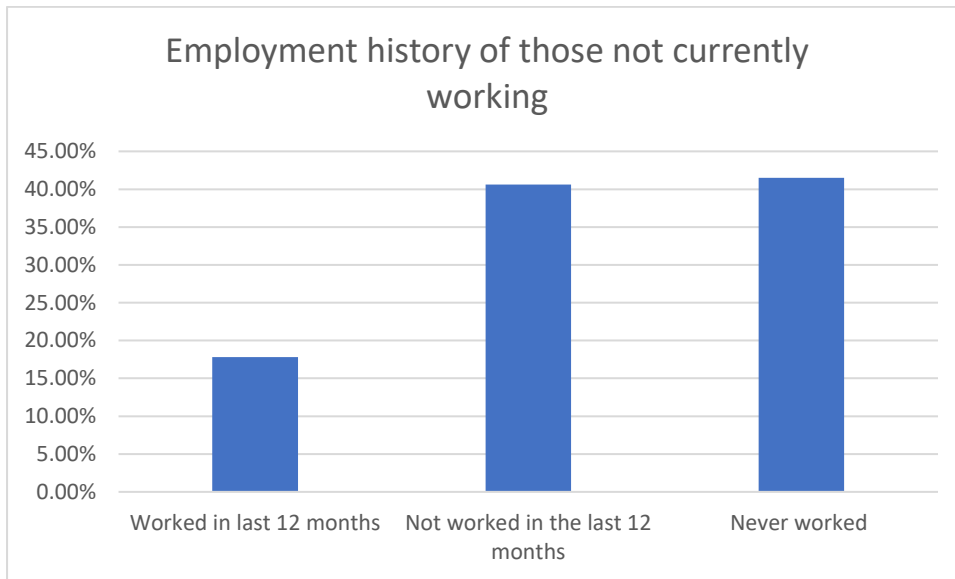
Using the population figures provided by the 2019 IMD, 71% of the residents of Holbeck are people aged 16-64. Of these, 34% of residents of Recreations, Crosby Street, Bartons and 25% of the residents of Brown Lane, Rydalls, Malvern Street are employment deprived. Whilst 20% of the residents of Sunnyviews, Nosters are unemployed. For those living in the LSOA of Holbeck (West) Spring Well Road and Holbeck (east) Sweet Street, employment deprivation affects fewer working aged adults, (11% and 6% respectively). Although in addition to containing residential housing, these areas also contain industry. On a MSOA level, Holbeck rate of employment deprivation is 15.7%, ranked at being the 28<sup>th</sup> highest across 107 MSOA's in the city.

The census data of 2021, uses an MSOA footprint, which masks neighbourhood level employment rates, but provides an overall rate which can be useful for comparison purposes and allows for different analysis. 60% of Holbeck residents are economically active and in employment. Of those economically active, 75%, work 31 hours or more. 5.1% are unemployed but seeking work or waiting to start a newly obtained job. Of this small percentage, 42% of the residents have never worked and 18% have not been in work for 12 months.

5.2% of the population are economically inactive due to long term sickness or disability. There are additional categories of economically individuals including those who are retired, full-time student and looking after family or home.

As of September 2024, 18% of Holbeck are claiming Universal Credit for unemployment. There has been an increase in the number of claimants since September 2022. As a comparison in September 2024 there were 11% of people in Leeds claiming Universal Credit for unemployment (Leeds Observatory).

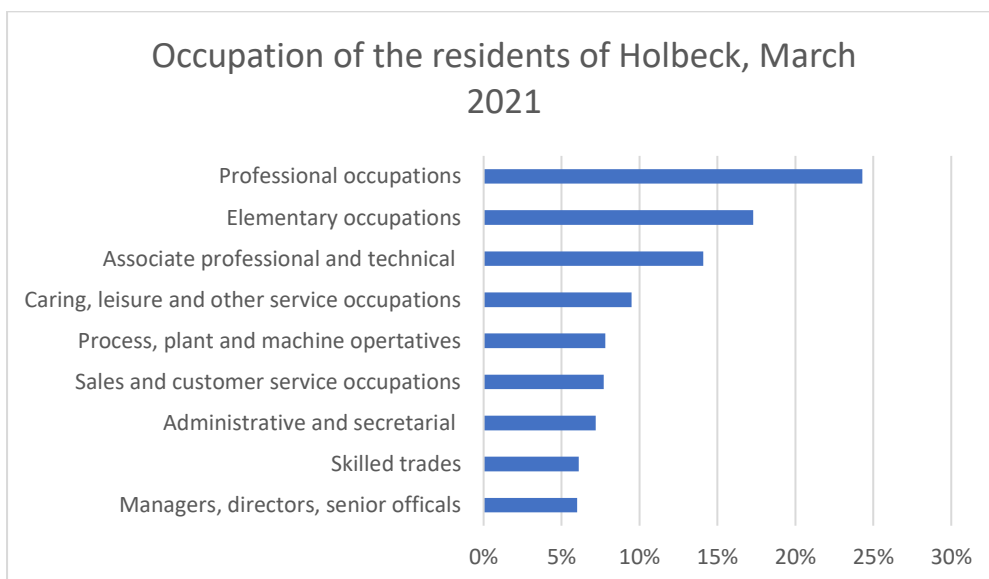
Figure 8: Employment history of those currently not working.



There is a mix of professional occupations and associate professional and technical occupations, combined, accounting for 38% of the residents of Holbeck MSOA. These residents live in the more affluent area of Holbeck MSOA – towards Holbeck Urban Village – which the Census 2021 choropleth shows. [Economic activity status - Census Maps, ONS](#)

This sits alongside 17% of residents working in elementary occupations and 10% working in caring, leisure and other service occupations. Furthermore, 10.4% of Holbeck residents are claiming Universal Credit whilst in employment, illustrating low-income households.

Figure 9: Occupations of the residents of Holbeck March 2021.



Source:  
Census 2021

## 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, 40% of the residents of Recreations, Crosby Street and Bartons and 35% of the residents of Brown Lane, Rydalls, Malvern Street are income deprived; this reduces to 23% of Sunnyviews, Nosters, reduces again for residents of Holbeck (west) Spring Well Road (19%) and stands at 9% of the residents for Holbeck (east) Sweet Street. As an MOSA, this equates to 22% of the population being income deprived – this is the 28<sup>th</sup> highest rate of population income deprivation in the city.

Recreations, Crosby Street and Bartons and Brown Lane, Rydalls, Malvern Street are amongst the most deprived neighbourhoods in Leeds, this level of poverty affects all residents. Figure 8 shows the rate of income deprivation for children and for over 60-year-olds – two population sub-groups who, by virtue of their age will be more vulnerable to risk from harm. The figures illustrate the levels of deprivation in the neighbourhoods at a LSOA level, with elevated levels of children and people over the age of 60 experiencing income deprivation. This neighbourhood level data provides a deeper level of understanding of the income deprivation experience; this knowledge can be used to target resources. At a MSOA level, 29.9% of children are living in families where income is low. This is ranked at 27<sup>th</sup> out of 107 MSOA's. Income affecting older people is ranked at 17<sup>th</sup>, with 31.9% of older people being income deprived.

Pension Credit is a financial benefit designed to supplement the income of older individuals, ensuring it meets a minimum threshold. Within the area there are 315 older people living in deprived circumstances, 70.3% are pension credit claimants; 29.7% of people over the age of 60 are living without the additional financial support available to them. The average weekly amount awarded is £58.30.

The HMRC and DWP combined Local Measure for Children in Low Income Families is designed to provide a coherent picture of children in low-income families. This data is available at ward level. In Beeston and Holbeck ward, during 2021-2022, there were 5,819 children aged under 16 (Nomis data). Beeston and Holbeck ward have more children living in low-income families than a Leeds average. Over a fifth of children are living in absolute low-income households and almost a third are living in families defined as being in a relative low-income household.

Furthermore, according to the 2021 census data, 44.2% of the households in the area are one parent households with dependent children.

*Table 9. The percentage of residents of each LSOA within Holbeck affected by income deprivation by age category.*

LSOA code	LSOA name	Aged 60+	Children
E01011368	Recreations, Crosby Street and Bartons	34%	40%
E01011366	Brown Lane, Rydalls, Malvern Street	42%	42%
E01011370	Sunnyviews, Nosters	21%	21%
E01033013	Holbeck (west) Springwell Road	36%	36%
E01033032	Holbeck (east) Sweet Street	28%	17%

*Table 10. The rate of children living in relative low-income families and absolute low-income families during 2021-2022.*

2021-2022	Relative Low-income	Absolute Low-income
Beeston & Holbeck ward	31.1%	23.5%
Leeds	21.5%	16.8%

Source: [Children in low-income families: local area statistics 2014 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022)

Additionally, this data can be further disaggregated to explore in-work poverty. 64.5% of working families are living in households that have an income 60% less than the medium income for 2010/2011, equating to less than £15,493, called absolute low income. Relative low-income is defined as having an income 60% less than the contemporary medium income, which for 2023 was £32,500. 61.4% of families in the ward have an income equating to £19,500 or less.

A key measure of living in a low-income household is free school meals. This data is also collected at ward level. A high proportion of children in this area are eligible for free school meals at 38% for primary school children and 40% of secondary school children across the ward. A breakdown on this data by school is shown below in Figure 10.

*Table 11. Free school meal eligibility by school for Beeston & Holbeck ward compared to Leeds.*

School type	Beeston & Holbeck	Leeds
Primary Free school meals eligibility	36%	25%
Secondary Free school meals eligibility	40%	28%

Another indicator of poverty is car ownership. 55% of households do not own a vehicle.

These statistics demonstrate the high levels of deprivation experienced by the residents of Holbeck. Unemployment and its resultant companion – income deprivation is high across the life span. Furthermore, these population age-groups are more vulnerable to risk or harm to health and social wellbeing. Within Beeston and Holbeck ward and specifically Holbeck, these age-groups will disproportionately bear the burden of limited resources and ability to mitigate against the impact of poverty on health.

## Education

Economic disadvantage can be associated with educational disadvantage. Evidence shows that young people on free school meals, for example, are around half as likely to achieve Grade 5 or above in English and Maths at GCSE compared to their peers, [Deprivation - AYPH - Youth Health Data](#). Education is described as ‘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 lead to increased employment opportunities which increase economic resources. The pathways of economic disadvantage, education and health outcomes are therefore 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 attainment in our children and young people are monitored and reported.

At the conclusion 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, at the age of 15-16, young people sit their G.C.S.E’s. Figure 2 shows the educational attainment of young people, at the various assessment points, resident within Holbeck.

By the age of two, before a child has started school, the socioeconomic disparities in child development are already apparent (Marmot, 2020). Children in Holbeck are starting their educational journey behind children in Leeds overall and behind England overall. Furthermore, the proportion of children in the 2023 cohort achieving a proficient level of development at the end of their reception year is less than the proportion of children achieving the same assessment in 2020. This trend is the same for Leeds and England and its likely attributable to the impact of Covid, this cohort of children would have been born during lockdown periods and periods of restricted socialising.

At the end of primary school, in year 6, children undertake assessments in writing, reading and maths. The 2023 cohort of Holbeck children meeting national expectations is smaller than that of the 2019 cohort of children, this is likely to be attributable to Covid and lockdowns, this cohort of children would have been in year 2 and are likely to have missed 2 years of schooling. This trend is visible for Leeds and England. Holbeck, however had the smallest proportion of children achieving national expectations in Leeds, on par with East End Park and Richmond Hill.

Encouragingly, this pattern of achievement is reversed by the end of secondary school with a larger proportion of the 2023 cohort of young people, achieving a strong pass in maths and English and Attainment 8 and on par with Leeds and England. This data is aligned with the SPI data on *Access to Basic Education*.

*Table 12. The percentage of children and young people achieving national expectations residing in Holbeck (2023 cohort).*

Indicator	Holbeck	Leeds	England
Early Years Foundation Stage (good level of development)	2019 – 47.2% 2023 – 49.5%	2019 – 65.7% 2023 – 63.2%	2019 – 71.5% 2023 – 67.2%
Key Stage 2 (Meeting national expectations)	2019 – 58% 2023 – 34%	2019 – 62.0% 2023 – 58%	2019 – 65.0% 2023 – 60%
Key stage 4 (strong pass in maths and English)	2019 – 25.9% 2023 – 44%	2019 – 41.6% 2023 – 45.9%	2019 – 43.2% 2023 – 45.5%
Attainment 8 score (8 qualifications)	2019 – 40.6% 2023 – 45.9%	2019 – 45.1% 2023 – 45.8%	2019 – 46.7% 2023 – 46.4%

Source: Leeds City Council, Intelligence and Policy Service

The proportion of young people not in education or training is low at 8.4% and is aligned to the Leeds average.

The environment in where a person lives, goes to school and works also has an impact on health outcomes. Housing quality, feelings of safety and access to green spaces for leisure pursuits all influence physical and mental wellbeing.

### Surrounding environment

There are an estimated 4,308 households found within the Holbeck. The MSOA area encompasses both a residential and industry zone. Three of the LSOA's are residential; these are Crosby Street, Recreations and Bartons, Brown Lane, Rydalls, Malvern Street and Sunnyviews, Nosters. Housing largely consists of back-to-back terraced housing. Housing located on the Recreations, have no outdoor space or garden. Interspersed along the streets are shared bin yards, the majority are well maintained. Other housing within the residential zones have an outdoor space.

Population density varies across the area, with some residential areas being heavily populated. In the main, this is within the LSOA's of Crosby Street, Recreations and Bartons and Brown Lane, Rydalls, Malvern Street.

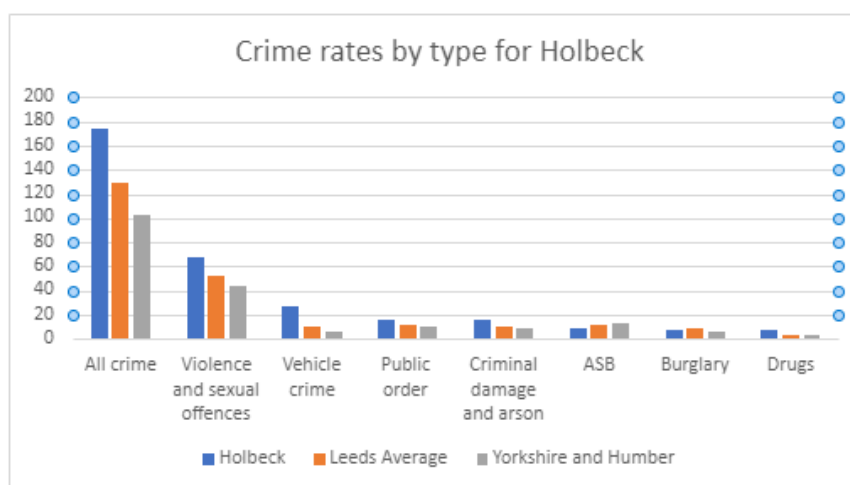
There is a large, well-used green space opposite the Recreations – Holbeck Moor. The main road in Holbeck is Domestic Street. There is one supermarket selling fresh fruit and vegetables – Venus which is locally perceived to cater to a Polish community.

## Crime Rates

Feeling safe and secure in the place a person lives is one of the key elements to healthy living (Health Foundation blog). Between November 2023 and October 2024, within the MSOA of Holbeck, there were 103,808 reported crimes. During the same time period, the rate of crime in the area was 173.45 per 1000 population. In comparison, the crime rate for Leeds as a whole was 129.97 crimes per 1,000 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 higher than the Leeds average and Yorkshire average. There are also issues with vehicle crime with a rate of 26.89 per 1000 population compared to a Leeds rate of 9.75 (Leeds Observatory). Offences relating to drugs were the 11<sup>th</sup> highest MSOA across the city.

Figure 10. Crime rates by type for Holbeck between October 2023 - November 2024



Source: Leeds Observatory

Domestic Violence is a pervasive but often hidden public health issue. Assessing the impact and magnitude of domestic violence is difficult. Social barriers such as shame, guilt and fear of repercussions are powerful deterrents and likely result in the underreporting. 23,153 domestic violence and abuse incidents were recorded by police in Leeds in 2023/24. This is a population rate of 28.5 Domestic violence and abuse incidents per thousand population.

Information provided by West Yorkshire Police suggests that for 2023/24 Holbeck [E02002411] has a rate of police recorded Domestic Violence and Abuse which is similar to the Leeds wide rate; approximately one in five Domestic Violence and Abuse incidents in Holbeck recorded at least one 'child present'. This aligns with the SPI data which ranked domestic abuse as being high in the ward.

## 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 4,308 households within Holbeck. The majority of which are privately rented (55%). 25% of the residents of the Holbeck are living in socially rented housing, with 17.8% being provided by Leeds local authority. 64% of the housing fall under council tax band's A and B, giving an indication of the market value of the property in this area. (Leeds Observatory). 7.1% of the residents' experience overcrowding within the home (Census 2021).

The residents of Recreations, Crosby Street and Bartons and Brown Lane, Rydalls have no outdoor space, houses in these streets back on to roads. The housing on Malvern Street differs with some having no or limited outdoor space. This information is important when considering access to green spaces, places for younger children to safely play and somewhere for people to enjoy peace and nature.

An important consideration to household budgets is warmth within the home. Within this area, 24% households are fuel poor, compared to 17.6% in Leeds overall and 4.1% have no central heating. Fuel poverty is calculated using the LILEE formula – Low income/low energy efficiency. A household is considered fuel poor following the LILEE metric if it is living in a property with an energy efficiency rating of band D, E, F or G as determined by the most up-to-date Fuel Poverty Energy Efficiency Rating (FPEER) Methodology and its disposable income (income after housing costs (AHC) and energy needs) would be below the poverty line. Fuel poverty is measured based on required energy bills rather than actual spending. This ensures that households that have low energy bills simply because they actively limit their use of energy at home, for example by not heating their home, are not overlooked. This is in alignment with SPI data also.

There is a strong relationship between cold housing and cardiovascular diseases and respiratory conditions; children and older people are susceptible to respiratory conditions. There is 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 are subsequently 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>

Across the ward, using data from the SPI, Beeston and Holbeck rank as being comparatively poor in terms of housing (*Shelter* received an overall rank of 29/33, with indications of high rates of fuel poverty in the area and issues with housing sustainability).

In Holbeck specifically, the IMD domain of living environment with its sub-indicator of Houses without central heating and housing in poor condition, rank as being in the 1% decile. The houses within Sunnyviews, Nosters are ranked as being 6<sup>th</sup> most deprived in Leeds with

Recreations, Crosby Street, Bartons and Brown Lane, Rydalls, Malverns being ranked as 37<sup>th</sup> and 38<sup>th</sup> respectively.

As a collective, these complimentary indicators have provided intelligence framing the home conditions of residents within Holbeck. For many this equates to a sub-standard of housing and cold homes. With over half of residents privately renting, their agency for obtaining national support to improve insulation is limited by their landlord.

## Commercial Determinants of Health

Commercial determinants of health are a key social determinant, and refer to the conditions, actions and omissions by commercial actors that affect health (WHO). The WHO notes that the commercial determinants of health intersect with the social determinants of health – these are the conditions that we are born into, grow, play, live and age. These refer to the physical and social environments. The commercial determinants of health specifically involve the private sector and the influences on marketing, prices, supply chains and lobbying. Whilst some areas of the private sector have influenced beneficial gains for Public Health, there are commercial actors - notably the largest transnational corporations - are responsible for escalating rates of avoidable levels of ill health, planetary damage and health inequity.<sup>1</sup> (Gateshead DPH). Key industries harming health and causing environmental damage are those involved in alcohol, gambling, tobacco, and ultra-processed food.

## Alcohol

This chapter of the HNA will report on the health influence and consequences of alcohol and fast food. This MSOA encompasses 'Domestic Street', the main high street. Depending on the shop, the alcohol can be purchased as a single can. The ability to purchase alcohol as a single can has several significant impacts. Increased accessibility to those individuals where cost could be a barrier. The visibility of single cans in shops, along with prominent advertising and promotions normalises alcohol consumption. This is particularly concerning for children and young people who are regularly exposed to marketing tactics.

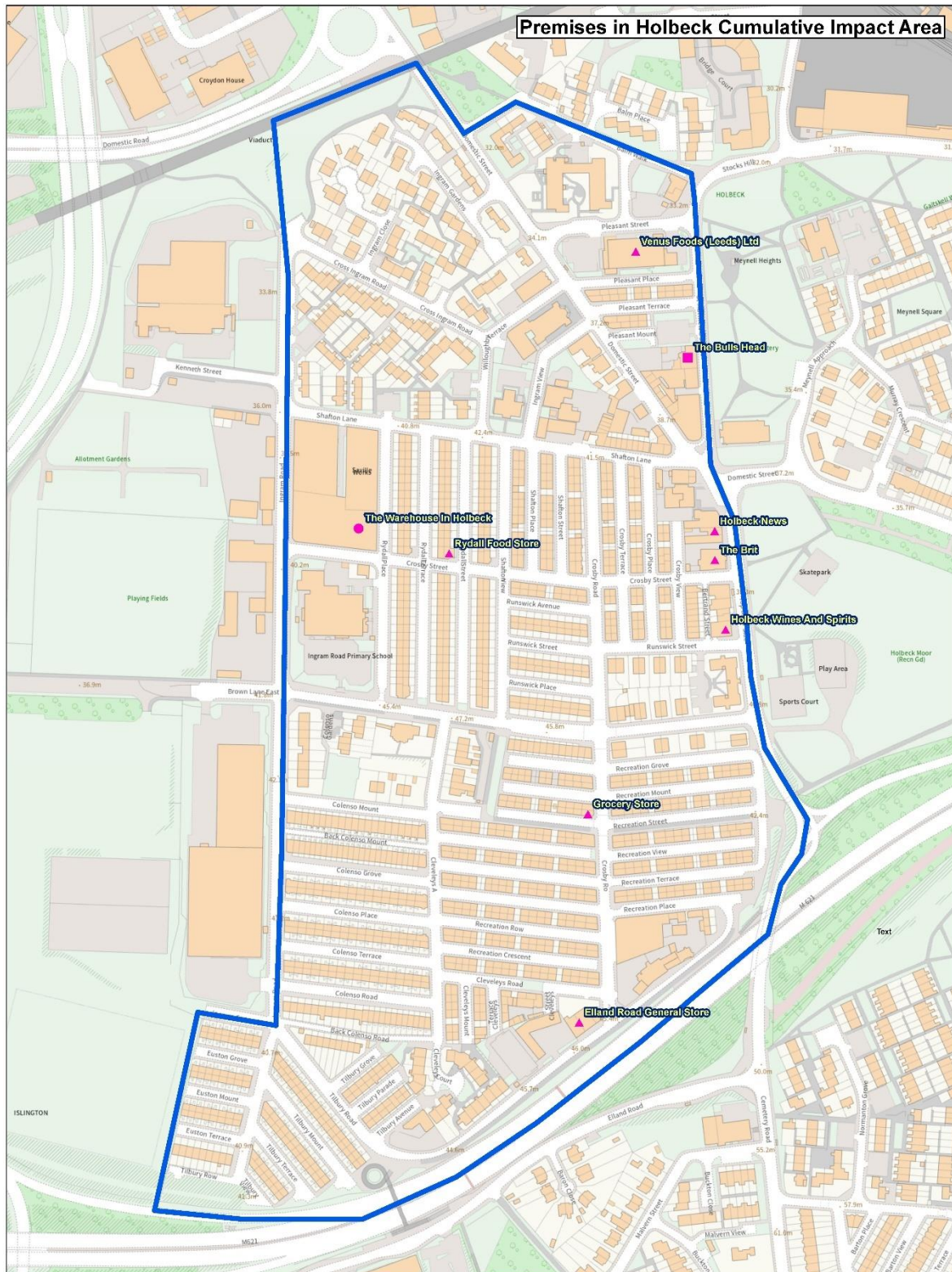
Map 3 pinpoints those off-licenced shops selling alcohol. This area has a high count of off-licenced premises making alcohol easily accessible and most crucial to the commodity industries – visible. Advertising boards are visible, as are promotions in the windows of these shops. Repeatedly seeing alcohol makes it normalised – in the eyes of the many children and young people who call the area, home.

Entertainment and Public Health jointly created an Alcohol Matrix for assessing the potential of an area for alcohol-related harm. A random postcode (LS11 0AR) was selected to represent the MSOA area. Each indicator is assigned a weighting of influence on the overall score and ranked position. Both for the indicator and the overall MOSA rank. Table 13 presents these indicators and their rank. Holbeck is risk rated as being 4<sup>th</sup> out of 107 MSOA and is thus in the 'Very High' category.

This area ranks as 'very high' or 'high' in relation to crime. Drunk and disorderly (2<sup>nd</sup>) violent crime (5<sup>th</sup>), anti-social behaviour (11<sup>th</sup>) and crime where alcohol was a factor (15<sup>th</sup>), combine to present a pattern of criminal behaviour and associated activity, showing the influence of alcohol.

There are remarkably high numbers of people obtaining treatment for alcohol misuse (3<sup>rd</sup>) in Holbeck. This is despite being an area with high numbers of off-licences, (ranked high at 16/107 MSOA's), putting temptation into their path whilst vulnerable to their addiction. Associated with the high number of off-licences, are high counts of noise (4<sup>th</sup>) and litter complaints (5<sup>th</sup>).

Figure 11: Locations of the off-licensed premises within Holbeck and immediate surrounding area



This map is based upon the Ordnance Survey's digital data with the permission of the Ordnance Survey on behalf of the controller of Her Majesty's Stationary Office

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- Key**
- OSA boundaries line
  - Licensed Premises**
    - ▲ Late Night Refreshment
    - ▲ On Licence
    - ▲ On Licence Primary Use (E.g. Bars, Pubs)
    - ▲ On Licence Secondary Use (E.g. Hotels, Restaurants)



Holbeck is ranked as having the 3<sup>rd</sup> highest ambulance call out numbers where alcohol was flagged. Moreover, alcohol-related emergency hospital admissions (6<sup>th</sup>) and alcohol related hospital stays (9<sup>th</sup>) are both ranked as being very high. Stroke emergency admissions are also high (15<sup>th</sup>).

Table 13. Alcohol Matrix for Holbeck E02002411

Indicator	MSOA category	Rank
Drunk and disorderly, count	Very high	2
Alcohol treatment, all episode counts	Very high	3
Ambulance call outs related to alcohol, count	Very high	3
Noise complaints	Very high	4
Litter complaints	Very high	5
Violent crime, where alcohol flagged, count	Very high	5
Alcohol specific emergency admission, count	Very high	6
Alcohol related harm hospital stays	Very high	9
Anti-social behaviour, count	High	11
Deprivation score	High	12
Looked after Children	High	15
Stroke emergency hospital admissions	High	15
Crime, where alcohol flagged, count	High	15
AUDIT tests scoring 16 or more	High	15
Off-licence premises count	High	16
Population, aged 16 and under	High	16
Not achieving maths and English strong pass	Medium	26
NEET	Medium	29
Licensing Risk score	Medium	43
On-licence premises count	Medium	48
Alcoholic liver disease mortality rate	Medium	53

This area is ranked as being deprived (12<sup>th</sup>) with high numbers of looked after children (15<sup>th</sup>). There is a high number of children and young people living in the area (16<sup>th</sup>). Academic analysis shows a medium-ranking of young people not achieving a strong pass in maths and English (26<sup>th</sup>) and young people not in education or training (NEET) (29<sup>th</sup>). Nevertheless, this information gives a sign of the high number of young people living in the area.

## Takeaways – ultra processed food

Hot food takeaways, which sell food typically consumed off the premises, are generally associated with high-fat, high-salt, and high-sugar foods. The presence of 10 such takeaways within the Holbeck MSOA raises several concerns over food consumption and the health impacts.

The frequent consumption of food from hot food takeaways is linked to various health issues, including obesity, cardiovascular disease, type 2 diabetes, and certain cancers (MRC Epidemiology Unit 2014). Furthermore, the clustering of hot food takeaways in areas of high deprivation, such as Holbeck, can reinforce health inequalities. These establishments often become social hubs for young people, normalizing unhealthy eating habits (Webster 2016). The lack of alternative, healthier food options exacerbate this issue (Webster 2016).

Addressing these issues requires a balanced approach, including promoting healthier food options, implementing planning regulations to limit the proliferation of takeaways, and raising public awareness about the health risks associated with frequent consumption of takeaway food.

## Chapter Summary

Chapter 3 of this Health Needs Assessment provides a social, economic and environmental context of Holbeck in inner south Leeds. Various indicators have been explored, revealing a picture of profound deprivation, according to the IMD. Income deprivation impacting across the life span is high in the area and specifically in 3 of the LSOA's. Over a third of families with children aged under 15 live in poverty, with noticeable variation within the area; in two LSOA's 40% the residents of 2 LSOA's living in poverty with children under the age of 15. This life experience can have a lasting impact of a child's life trajectory. Indeed, a third of the over 60's population living in the area are also living in poverty.

71% of the residents of Holbeck are people aged 16-64. Of these, depending on the neighbourhood, between a fifth and a third of residents are employment deprived. On a Holbeck MSOA footprint - of the 5% who were unemployed at the time of the 2021 census, 41.5% have never worked and 40% have not worked in the last 12 months. Additionally, 5% were economically inactive due to long term sickness or disability.

There is a mixture of resident occupations, with 38% working in professional or technical occupations and 27% working in elementary, caring or leisure services. These lower-paid occupations are likely to account for the 10% of Holbeck residents claiming Universal Credit whilst in employment. Unemployment, addressing barriers to higher paid employment, including raising aspirations of those in low-income are issues to consider in the Priority Ward Partnership Plan.

A high proportion of children in this area are eligible for free school meals at 38% for the ward. Economic disadvantage can be associated with educational disadvantage. Children are starting their educational career behind their peers and this trend continues throughout primary school, likely to be attributable to covid and the lockdown measures. However young people in the area are demonstrating a good level of education attainment by their G.C.S.E's examinations.

Residences are largely rented, through a private landlord or social housing. Outdoor space is limited for many of the households in Holbeck MSOA, this includes space to dry clothes outside. Data from the SPI indicate poor housing conditions with 24% experience fuel poverty. There are also high levels of crime particularly violent crime and sexual assault.

From a commercial determinants' perspective, this area is ranked as being very high from alcohol related harms. There are also a lot of take-aways which can influence food consumption behaviours.

## Chapter 4 – Maternity and Children

### Chapter Summary

There are known risk factors impairing optimum child health for all children in Holbeck. Low birth weight, maternal healthy weight and breastfeeding influences a baby's health outcomes. Low birth weight affects 96 babies per 1000 born. Beeston and Holbeck ward has the 9<sup>th</sup> highest number of low birth weight babies in the city. Within the Beeston and Holbeck ward, 17% of babies are born to women with a higher than healthy weight. Holbeck is very slightly below the Leeds average for breastfeed babies; under half receive the health benefits of breastmilk as 6-8 weeks. These variables are linked to increased prevalence in childhood obesity. By aged 10/11, half of the children are a healthy weight; while 31.8% are very overweight presenting a health issue of concern. Additionally, MMR vaccination in children is below the Leeds average.

This is compounded by poverty levels, over a fifth of children are living in absolute low-income households and almost a third are living in families defined as being in a relative low-income household.

There is a known association between economic disadvantage and educational disadvantage. Half the children are starting their educational journey below expected standards in comparison to the Leeds and England averages. The proportion meeting educational standards drops further by key stage 2. Although educational standards are aligned with Leeds and England by the end of secondary school.

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; those factors that impair optimal health and those factors that protect and nurture optimal health. What a child experiences during the early years lays down a foundation for the rest of their life. A child's physical, social, and cognitive development during the early years strongly influences their school-readiness and educational attainment, economic participation, and health (Marmot, 2020). This evidence has shaped the approach of LCC in addressing risk factors known to contribute to negative health and social outcomes.

22% of the residents of Holbeck are aged 19 or under.

### Birth weight

Birth weight is a valuable public health indicator of maternal health, nutrition, healthcare delivery, and poverty. Neonates with low birth weight have more than a 20 times greater risk of dying than neonates with birth weight of less than 2500g (WHO). Low birth weight is associated with long-term neurologic disability, impaired language development, impaired academic achievement (Breslau 2004) and increased risk of chronic diseases including cardiovascular disease and diabetes (Ohlsson 2008). Within the Beeston and Holbeck ward, for every 1000 live births, there will be 96 babies with a low birth weight. This is the 9<sup>th</sup> highest

in the city, with a range of 111 to 47. The average number of babies born with a low birth weight in Leeds is 84 in every 1000.

High birth weight has been linked to health problems like metabolic and cardiovascular diseases. This is especially true when the mother has a high body mass index (BMI) during pregnancy. A BMI over 30 increases the risk of childhood obesity and changes the new-born's body composition, leading to more body fat. Women with a BMI over 30 are also more likely to develop gestational diabetes (GDM), which can cause complications for both the mother and the baby.

For women, there is an increased risk of hyperglycaemia (high blood sugar), caesarean delivery, and diabetes in later life. More than half of women with GDM develop diabetes within 20 years of delivery (Yogev 2008). The implications for the newborn may be even more severe, having a 4- fold increased risk of perinatal mortality and a 3-fold increased risk of macrosomia (babies born much larger than average).

Maternal weight is recorded at ward level by the Midwifery services. Data from 2024, show that within Beeston and Holbeck, 6.3% of infants are born to women who have a BMI of between 30-34.9, obesity I, this is the second highest proportion in the city, by ward. 4.9% of infants are born to women classed as being obesity II, (BMI 35-39.9), this is the fourth highest by ward in the city. 5.9% of infants are born to women classified as being obesity III, BMI >40. At a ward level, Beeston and Holbeck have the sixth highest proportion of deliveries to women with a BMI >40. Overall 17.1% of births within the ward are to women who are living with obesity.

Collecting data of women with a BMI of between 25-29.9 would show those who are currently 'overweight' and evidence shows that those who are overweight often enter subsequent pregnancies with a BMI of over 30 without support post-partum (Wallace et al 2017). However, this dataset is currently unavailable, meaning the data presented here is not reflective of rates of babies born to all women of an unhealthy weight. The maternal health needs assessment carried out in 2020 provides further detail. [Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf](#). Furthermore, data collective at a lower level (MSOA) is more likely to provide a clearer picture of maternal weight.

## Breastfeeding

Evidence shows that breastfeeding is the best form of infant nutrition, protecting the baby from infection and offering important health benefits for the mother. Breastfeeding protects children from a vast range of illnesses, including infection, diabetes, asthma, heart disease and obesity, as well as cot death (Sudden Infant Death Syndrome). Breastfeeding also protects mothers from breast and ovarian cancers and heart disease.

There are two methods for capturing this data. Breastfeeding initiation rates and breastfeeding duration rates are collected nationally. However, breastfeeding initiation rates can be inflated and not representative of intention, as the data is collected if the new mum brings baby to the breast once and then moved the baby onto formula milk.

Holbeck has an initiation rate of 70.1%, which is aligned to the England rate, whilst being slightly lower than the average for Leeds. Continuation at 6-8 weeks is slightly below the Leeds average and below the England rate.

*Table 14. Infant feeding data*

Indicator	Holbeck	Leeds average	England
Breastfeeding Initiation	70.1%	74.8%	71.9%*
Breastfeeding at 6-8 weeks	46.3%	48.6%	52.7%*

Sourced: Public Health Intelligence.

\* Data sourced from Public Health England Fingertips 2023/2024

The White population in Leeds has the lowest initiation and continuation rates of all ethnicities – initiation rate 68.9% and continuation just 41.9%. The White population make up 47% of Holbeck residents. The highest initiation and continuation rates can be seen for Black women – 89.4% and 75% respectively. Holbeck is home to 19% of Black or Black British residents. Whilst a targeted approach to initiating breastfeeding would be welcomed from midwives, having support in the community to continue breastfeeding would be beneficial.

Evidence published by the Office for Health Improvement and Disparities (OHID) indicates that where breastfeeding prevalence is high, the predicted prevalence of children living with obesity and overweight tends to be lower. A similar association exists between breastfeeding prevalence and a lower proportion of mothers who are living with obesity or overweight in a subsequent pregnancy (OHID 2022). [Small area associations between breastfeeding and obesity.](#)

Research suggests paternal obesity, bottle-feeding, maternal smoking during pregnancy, and low social status are risk factors for overweight and adiposity in young children; early bottle-feeding brings forward the obesity rebound, predictive of obesity in later life [Early determinants of childhood overweight and adiposity in a birth cohort study: role of breast-feeding - PubMed](#)

Within Holbeck, 17% of babies are born to women living with obesity, this percentage excludes those women who are classed as ‘overweight’ (BMI 25-29.9), added to which over

half of the babies born in Holbeck will be bottle-fed by 6-8 weeks old. Does this influence childhood obesity rates within Holbeck?

## Childhood Obesity

The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age, Serdula et al (1993). Furthermore, UNICEF (2025) reports that young children living in areas of deprivation are likely to have diets high in saturated fats, sugar and salt (Obesity Health Alliance 2021). It is not as simple as ‘making healthier choices’ – the most deprived quintile of households, would have to spend 70% of their disposable income on food to be able to adhere to the governments Eatwell guidance, compared to just 6% of disposal income for households in the least deprived quintile (Obesity Health Alliance 2023).

The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying (Fingertips 2024).

Children have their weight and height measured during their reception year and their last year of primary school, around the age 10 or 11. This is conducted through the National Child Measurement Programme, overseen by the 0-19 Public Health Integrated service in Leeds. The data presented is a five-year rolling data set. This method of aggregating the data minimises the influence of small sample sizes from disproportionately affecting the overall dataset. The following 3 charts below present weight-trends over the course of 10 years, for both reception and year 6 and compares Holbeck rate to the Leeds rate to determine if there is a significant difference.

Figure 12. Weight trends over time for reception aged children in Holbeck.

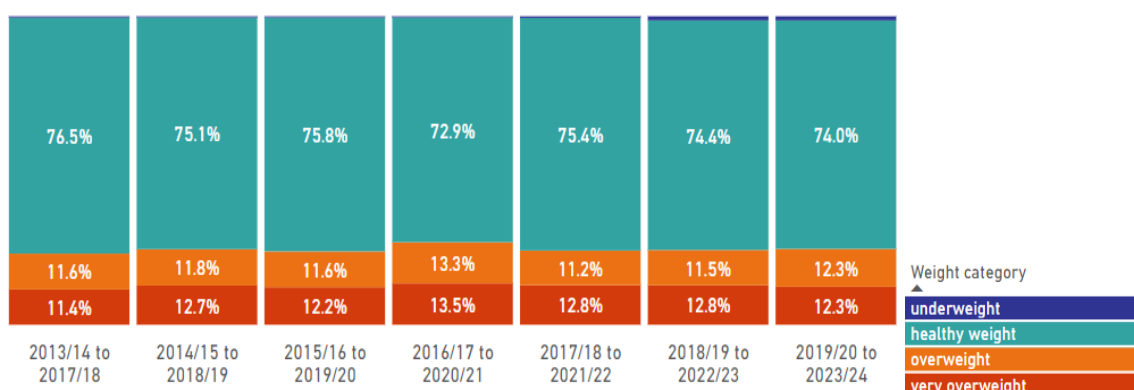
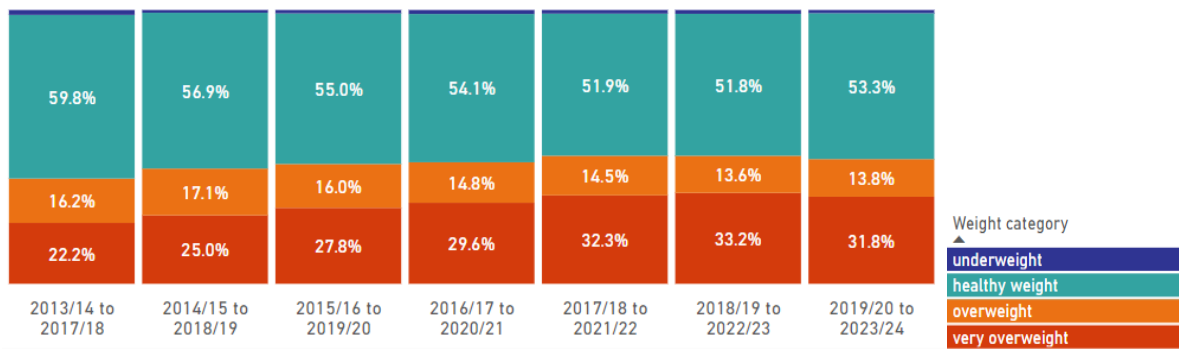


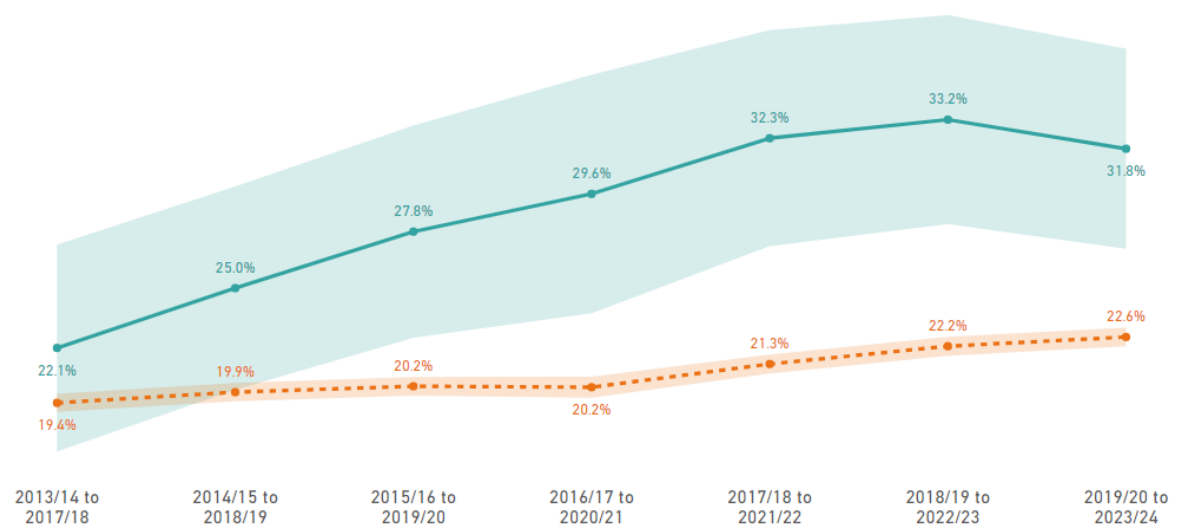
Figure 13. Weight trends over time for Year 6 aged children in Holbeck.



In Holbeck, 73% of reception aged children enter school with a healthy weight. By the time they leave primary school, 53.3% are the healthy weight. This pattern and these proportions have remained fairly stable since 2013/2014. Over the past several years, there has been a slight increase in the proportion of reception-aged children who are overweight, whereas the proportion of year 6 children being overweight has remained relatively stable. The category of very overweight has slightly increased over the years for reception aged children. However, for year 6 aged school children, this weight category has steadily increased over the years to a current 31.8% (2019/2020 – 2023/2024). The clear observation from these statistics is the increasing proportion of very overweight 10/11 year olds. Overall, by end of primary school, 46% are living with an unhealthy weight.

Addressing this point of interest, it is useful to compare local rates against the Leeds average as this aids in understanding of the size of an issue. If a health issue is significantly different to its comparator, we can infer a greater size and if possible, initiate efforts to address the issue. The following chart compares very overweight children resident in the Holbeck MSOA to Leeds.

Figure 14. Time trend of very overweight, year 6 children of Holbeck compared to Leeds



This chart illustrates the trend over time for year 6 pupils classed as being very overweight between Leeds (the dotted orange line) and Holbeck, (the green line). The Leeds rate of very overweight year 6 children is 22.6% for years 2019/2020-2023/2024, in comparison to the Holbeck rate which is 31.8%. This is significantly different and presents a health issue of concern.

In comparison to other areas, on a ward level, Beeston and Holbeck ward has the third highest proportion of very overweight year 6 pupils and the fourth highest proportion of very overweight reception children. This trend of having higher rates for both very overweight year 6 and reception children is consistent throughout the years.

## Vaccinations

Vaccinations are the most effective way to prevent against infectious diseases and prevent millions of deaths each year. Since vaccines were introduced, diseases such as smallpox have been eradicated. However, when there is low vaccine coverage, infectious diseases can start to reappear and spread quickly again. The NHS provide a free vaccination programme which offers a range of vaccinations, with the majority of vaccinations given as a young child, starting as early as during pregnancy.

The Leeds Immunisation Plan highlights key childhood vaccinations which have fallen below the 95% World Health Organisation recommendation and therefore require more attention.

## MMR vaccination

Two doses of the MMR vaccination is recommended to provide lifelong protection against measles, mumps and rubella. The first dose of the vaccine is given to children after a child's first birthday at 13 months and just before they start school from 3 years 4 months. The vaccination is administered for free by Primary Care through the NHS routine immunisation schedule. Coverage for MMR is below the recommended 95% uptake for MMR1 at 2 years (ranked 15/107 MSOAs) and MMR1 at 5 years (ranked 7/107 MSOAs), and MMR2 at 5 years (ranked 20/107 MSOAs). The Holbeck MSOA has lower coverage than the Leeds, Yorkshire and Humber region and national levels.

## Chapter Summary

There are known risk factors impairing optimum child health for all children in Holbeck. Low birth weight, maternal healthy weight and breastfeeding influences a babies health outcomes. Low birthweight is associated with impaired academic achievement (Breslau 2004) and increased risk of chronic diseases including cardiovascular disease and diabetes (Ohlsson 2008). Within the Beeston and Holbeck ward, for every 1000 live births, there will be 96 babies with a low birth weight. This is the 9<sup>th</sup> highest in the city.

Maternal healthy weight and breastfeeding can manifest as childhood obesity and can later contribute to a range of metabolic and cardiovascular conditions. A considerable proportion of the babies (17%) are born to women with a higher than healthy weight. Under half of the babies born in Holbeck receive the health benefits of breastmilk. These variables are linked to increased prevalence in childhood obesity. By aged 10/11, half of the children are a healthy weight; while 31.8% are very overweight presenting a health issue of concern. Additionally, MMR vaccination in children is below the Leeds average.

Furthermore, as illustrated in chapter 3, over a fifth of children are living in absolute low-income households and almost a third are living in families defined as being in a relative low-income household (Beeston and Holbeck ward level data). Additional evidence to support this comes from the eligibility of free school meals proportions.

To compound the disadvantage, in the early years half the children are starting their educational journey below expected standards in comparison to the Leeds and England averages. The proportion meeting educational standards drops further by key stage 2. Although educational standards are aligned with Leeds and England by the end of secondary school. Investigations into the educational development of pre-school children and primary school children should be considered to increase the proportion of children reaching and surpassing national standards. This approach would better address educational disparities, as there is ample evidence connecting economic disadvantage with educational outcomes.

## Chapter 5 – Summary and Priorities for action

### Summary

The aim of this HNA was to produce an epidemiological perspective of Holbeck, in other words, paint a picture of the health of the population living in Holbeck. This has been done by bringing together health-related data and examining the influences of external factors on health. But firstly, an acknowledgement of the residents of Holbeck. Holbecks' population is family focused, with a high proportion of children and young people (22%) and 45% aged 20-39 years old. There is a diminishing older population; 17% are aged 50+. This reduces to 9% reaching 60+ and only 3.8% reach 70+. The ethnic diversity is growing albeit slowly.

Evidence acknowledges the need for a healthy place to live and flourish. This includes a healthy home, in a safe environment, with good opportunities for decent work and an affordable and healthy food supply (Marmot 2010). We also know that people's behaviour is influenced by the wider influences of health determinants (Marmot 2010).

This national evidence is reflected in Holbeck. Where people live impacts on their health. Life expectancy is low and for the female population of Holbeck it is the lowest in the city. Females can expect to live until they are 72.2 years and 73.2 years if they are male. Additionally, preventable deaths are the highest in the city and indicate place-based concerns with healthcare services and public health interventions.

All-cause mortality is the third highest in the city, with high rates of female mortality. Mortality specific data gives a deeper level of insight for both females and males. There are more people in Holbeck dying from circulatory diseases than the rest of Leeds, specifically there are more people aged below 75 who are dying from circulatory diseases. This is more notable for females who have the highest rate of mortality in the city. Although the mortality rates for under 75-year-old males is the fifth highest.

Associated with circulatory mortality is CHD mortality. Mortality by CHD is the second highest in the city for all ages. Deeper analysis revealed that it was the under 75-year-old female driving the high mortality rates, being the second highest in the city. Males aged under 75 having the third highest mortality rate due to CHD.

Respiratory related mortality is also high, driven again by female deaths.

Children living with an unhealthy weight present a lens through which to view the health of a family and the news is one of concern. A third of children are very overweight by year 6, aged between 10-11. An additional 13.8% are overweight. In total 46% of children are living with an unhealthy weight.

Stroke/TIA is associated with circulatory disease and is the fifth highest in prevalence in the city. The rates for males are ranked at being sixth highest in the city, whereas the female rate is ranked at being the ninth highest in the city. Hypertension, associated with strokes/TIA and circulatory disease, is also highly prevalent (eighth highest), with more females than males diagnosed.

COPD is associated with respiratory related mortality. COPD is more prevalent in males (seventh highest) and decreasing since 2016. Female rates are not as high as males and decreasing.

**In conclusion, any actions undertaken to address the disparities in health outcomes in Holbeck ought to extend its reach to include families from a range of ethnic backgrounds in a purely preventative manner; targeting older people from 50+ will contribute to turning the curve of poor health outcomes. While males exhibit higher rates of health conditions, it is the alarming rise in female mortality, especially among those under 75, that demands urgent attention. These health conditions are directly linked to the causes of mortality, underscoring the critical need for targeted interventions to address this disparity and improve health outcomes for women.**

This HNA presented data which influenced health outcomes in Holbeck MSOA, a highly deprived area with two of five LSOAs ranked as less deprived. Unemployment rates vary, with the most deprived LSOA areas having 20%-34% unemployment. Overall, (MSOA) 60% of adults are employed, with those in technical and professional roles residing in Holbeck Urban Village, while residents in deprived areas work in elementary, caring, or trade occupations. Additionally, 10% of employed residents and 18% of unemployed residents claim Universal Credit. Although unemployment is not the norm, in-work poverty is prevalent due to lower-paid roles.

Income deprivation information is aligned with employment deprivation in that, those areas with high deprivation levels are also those areas with lower income levels. Of particular concern are two groups of people more at risk of adverse health outcomes. Children and older people are particularly at risk of adverse health outcomes, with many in Holbeck living in daily hardship. Statistics show significant child poverty, which affects both educational and health outcomes.

The children of Holbeck are beginning school behind their Leeds peer group and although some are completing their primary school years within the standards set., Within the 2023 cohort, 64% are not. Encouragingly, there is a higher proportion of children completing their education with G.C.S.E. qualifications

In addition to the financial challenges, faced by residents of Holbeck, housing quality, feelings of safety and access to green spaces for leisure pursuits all influence physical and mental wellbeing. Housing for some of the residents of Holbeck MOSA is poor with some having no outdoor space and others are limited. Crucially, over a fifth are fuel poor. Living in a cold home, negatively impacts children's learning and older people's health. Crime, particularly violent and sexual crime is higher here than Leeds overall.

**In short, as a collective, these financial, educational and environmental indicators do not provide a healthy place to grow, flourish and age well; evidenced by the high prevalence of health conditions, particularly for men and the low life expectancy and high mortality rates, particularly for women.**

## Priorities

With consideration to both the health outcomes and the causes of the health conditions, a set of priorities have been developed. These priorities will be presented to the area stakeholders with a view to determining the best course of action. This debate will be led by a discussion on the impact of any proposal and the changeability likelihood.

To determine the health priorities, the following data analytics has been applied.

1. Prevalence rate is significantly higher than the Leeds rate
2. Prevalence rate is significantly higher than the Deprived Leeds rate
3. Rank in relation to Leeds' 107 MSAO areas (comparator)
4. Prevalence rate per 100,000 population (to give an indication of magnitude)
5. Prevalence rates over time (to give an indication of whether rates are increasing, decreasing, or remaining stable)

There is a clear priority of addressing preventative mortality in Holbeck. The high rate of preventative deaths indicates a disconnect between preventative healthcare services, primary care interventions and the residents of Holbeck. It would be valuable to investigate this further.

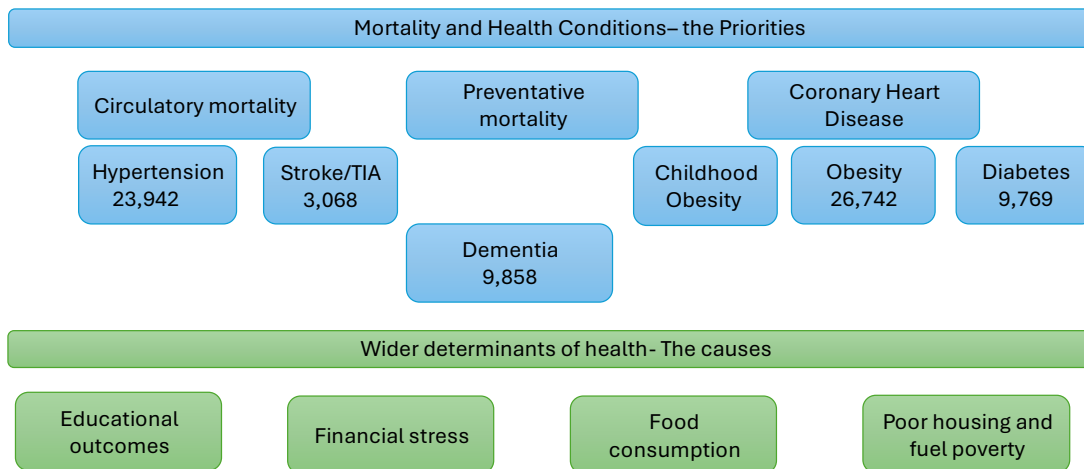
Death by circulatory disease is also high. With the female rate being highest across the city and the male rate is the fifth highest in the city and both increasing. There is also a strong association with cardiovascular mortality with high rates and high rankings.

Hypertension and strokes are significantly higher than both the Leeds and deprived Leeds rate and are ranked highly in comparison to other MSAO's. Furthermore, hypertension is the single biggest risk factor for stroke and both health conditions are linked to circulatory diseases.

Diabetes prevalence is higher than Leeds and deprived Leeds rate and ranks highly in comparison to other MSAO's. Adult obesity is higher than a Leeds and deprived Leeds average.

The diagram below shows the common causes of mortality and the related health conditions. The age-standardised rates are given for each of the health conditions to allow for consideration on the size of the health issue under scrutiny. The rates are given per 100,000. The economic, social and environmental influences of health are presented under the health conditions as the contributory causes.

Figure 15. The health priorities and causes of poorer health



### Next Steps

These health priorities and contributory causes of poorer health will be presented both internally to public health topic-based teams and wider stakeholders working within the area. The health needs assessment will also be used to inform the Priority Ward Partnership Plan for the area and the Heart of Holbeck regeneration plan and funding. Stakeholders working within the area will have an opportunity to ascertain future steps towards tackling the causes of poor health and improving health outcomes. These conversations will be shaped using an impact and changeability matrix, ensuring conversations and debates are recognising the local political, funding and VCS landscape.

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## Appendix 1 - Recommendations from the 2019 HNA

Recommendations	<ol style="list-style-type: none"> <li>1. Discuss the health issues raised by the community and consider if feasible.</li> <li>2. Take action on solutions, involve the community and feedback to the community decisions made regarding the solutions in this report.</li> <li>3. Maintain a meaningful dialogue with the community.</li> </ol>
Actions	<p>Post covid lockdowns, visits were made to previous host organisations to discuss the overall findings. Feedback was also given to the community at Holbeck Festival. Those involved asked for a sense-check from the community on the findings and recommendations. All were in sync.</p>
Recommendations	<ol style="list-style-type: none"> <li>4. This report is read in conjunction with other reports on the Managed Approach to add additional views of residents. Recipients to include: Head of Safer Leeds, Communities Team, Holbeck Councillors and residents.</li> <li>5. Ensure sex workers are knowledgeable of supportive service, including those to enable exit.</li> <li>6. Explore options for targeting street drinkers in outreach work, both park drinkers and sex workers.</li> <li>7. Explore options for increasing a police presence in the surrounding streets and specifically Holbeck Moor and St Matthews.</li> <li>8. Consider ways of making Holbeck Moor belong to the people of Holbeck to enable feelings of safety and encourage use for recreational and sporting purposes.</li> </ol>
Actions	<p>Funding has been sourced and awarded to Forward Leeds to begin outreach.</p> <p>Get Set Leeds Local team have organised a variety of activities delivered on Holbeck Moor. More information is available on recommendation 22.</p> <p>A electric supply point was installed at to enable a greater variety of events on Holbeck Moor.</p>
Recommendations	<ol style="list-style-type: none"> <li>9. Engage with the local supermarket to address perception of limited food choice provision.</li> <li>10. Organise and deliver local cook and eat sessions at St Matthews church with a view to fostering community ownership.</li> <li>11. Work with local primary school to deliver taster sessions with the children.</li> </ol>
Actions	<p>The regeneration team engaged with Venus and to discuss with their managers/owners (from Manchester) the community observations and concerns and our ideas for change. Venus listened, acted, and started to</p>

	stock branded products to sit alongside eastern European and Asian branded food products. This was evidenced in a follow-up visit and tour of the store.
Recommendations	<p>12. Raise the profile of Your Space across the community and check this has been achieved by asking the community periodically.</p> <p>13. 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.</p>
Actions	Completed with regular monitoring. The Your Space commission was superseded by 'One You Leeds' in 2022. Groups started under Your Space are either sustainable or running with light-touch support from One You Leeds.
Recommendation	14. Explore the possibility of a job shop, inviting key partners from services and local voluntary sector partners to an initial meeting to discuss.
Actions	CECOS College London provided a range of community based educational courses for free, ranging from health and wellbeing to childcare and practical maths. Uptake numbers were challenging.
Recommendation	<p>15. Coordinate action to address maternal obesity</p> <p>16. Work with key stakeholders to address the referral process and rates into One You Leeds Smoking cessation service.</p> <p>17. Coordinate action to support increasing breastfeeding duration to 6-8 week check</p> <p>18. Raise awareness of the fall in second dose for MMR immunisation.</p>
Action	<p>Active Leeds received funding from ICB and Public health to deliver Bump and Baby classes to women with Gestational Diabetes Mellitus.</p> <p>A Food and Activity for a Healthy Pregnancy training session was also made into a virtual resource, for all women and promoted with Family Outreach workers specifically.</p> <p>Word Awareness Training was delivered to Little Owls Nurseries with the aim of developing and improving children's communication and Language.</p> <p>A Speech Language and Communication toolkit was developed and promoted to all Children Centres in the inner south.</p> <p>PEEP - practitioner training to support the home learning environment, helping parents find out how the little things they do make a big difference to their child's learning is rolled out across the area as part of Children's Centres offer.</p>
Recommendation	19. Coordinate action to address the increase of excess weight in children starting primary school and finishing primary school

Action	<p>A mapping of current provision was undertaken and contained with a directory. The directory was distributed across partners in the inner south.</p> <p>A multi-disciplinary core group has been convened to begin addressing in 2024</p>
Recommendation	20. A systematic approach to objecting to alcohol licence applications with support from local councillors, voluntary sector partners and the community.
Actions	Public health pulled together objections from across the ward and include colleagues from Safer Communities Team, ward Councillors, Voluntary and Community Sector with combined support to ensure the resident voice is captured and represented.
Recommendation	<p>21. Support a sustainable and affordable approach to increasing physical activity within the area .</p> <p>22. Link with Get Set Leeds Local to create physical activity opportunities for all member so the Holbeck community - children, young people, families and adults.</p>
Action	<p>Get Set Leeds Local lead on research in the community asking families and children when and how they played. Their research provided specific insight which has been used to develop initiatives in the area.</p> <p>Holbeck Together have expanded their provision of a Healthy Holiday club and utilise Holbeck Moor.</p> <p>Kidz Klub have led on a number of play streets through the Play Streets Enablement Project, (initially led by Public Health). <a href="#">Play Streets   Kidz Klub Leeds</a>.</p> <p>Get Set Leeds Local used an asset-based community development approach to harness the energy and ideas of local residents in creating a place where physical activity is an option.</p> <p>A range of activities are available – ‘Love Exploring’ app for children and families, female only swim sessions, an inclusive football club with a female, male and Holbeck Moor Junior football (working with Ingram Primary School). Introductory fitness classes at Holbeck Moor.</p>
Recommendation	24. Explore options from the active transport planning team to address these concerns.