ARMLEY WARD

LOCALITY HEALTH NEEDS AND ASSETS ASSESSMENT 2024

Abstract

This locality Health Needs and Assets Assessment uses a place - based approach to provide a comprehensive overview of who lives in Armley, their health and wellbeing needs, and self-identified community priorities and assets. This report is intended to act as a resource to both inform partnership working at locality level, and to be used independently by Leeds City Council departments, Voluntary, Community and Faith Sector organisations to service plan, resource allocate and most importantly apply for funding.

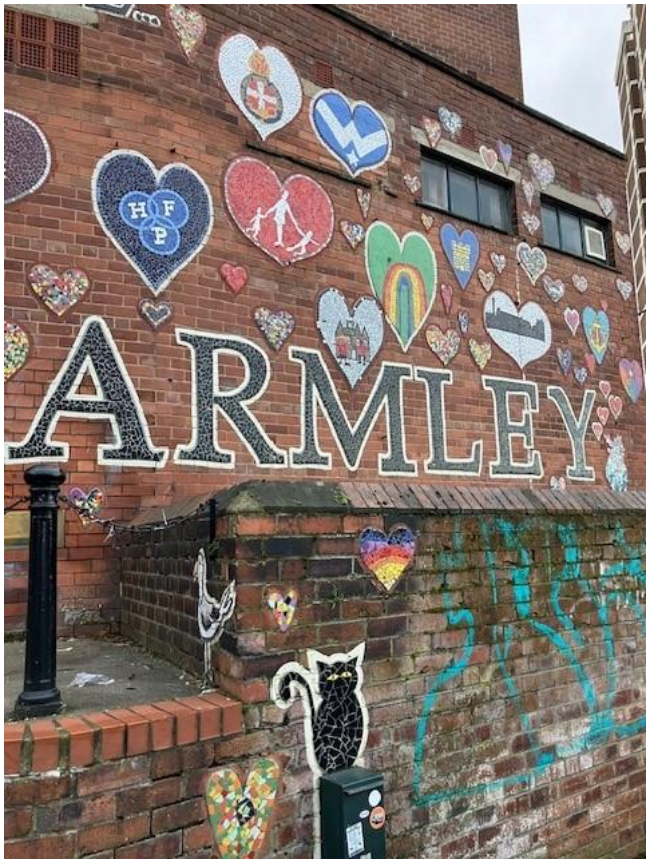


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Leeds CITY COUNCIL



Source: Picture JS Hindley 2025

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"Health is the Only True Wealth"

John Ruskin

(Victorian artist, art critic, amateur geologist, a teacher, writer, social critic and philosopher 1819-1900)

Locality Health Needs and Assets Assessment for the Armley Ward

Introduction and objectives

The places where we are born, grow, live and work deeply affect our health and quality of life. However, not everyone has the same opportunities for a healthy life. In Leeds, there is a significant gap in health outcome between disadvantaged and more affluent communities, with a life expectancy difference of 11-12 years between some communities.

The city's population is growing across all age groups and becoming more ethnically diverse especially in the most disadvantaged areas. Around a quarter of Leeds residents now live in the most 10% most deprived neighbourhoods in the country. This shift highlights the need for targeted use of limited public resources.

Locality Health Needs and Assets Assessments adopt a Place-Based Approach to deliver a thorough assesment and understanding of the population living in our most underserved communities, identifying the health and wellbeing needs, as well as the community's self-identified priorities and assets. By incorporating data and insights these reports are designed to guide collaborative efforts at a local level and inform the allocation of resources, aiming to enhance outcomes for those living in these communities.

This specific Locality Health Needs and Assets Assessment focuses on the Armley Ward and drills down in detail to its three component Middle Super Output Areas (MSOAs) and associated Lower Super Output Areas (LSOAs). They are; Bramley East (E02002388), Bramley South and Upper Armley (E02002396) and Armley and New Wortley (E02002400).

The information is then summarised at Ward level.

Who lives in Armley

24% of population **aged 0-19 years** (Leeds average is 21.5%)

52.3% male

47.7% female

26.63% of population **ethnically diverse** (Leeds average is 27.15%)

75.41% have English as main language

Other top 3 languages are: **Eastern European, South Asian and African**

Top GP practices used in the Armley Ward:

32% Armley Medical Practice.

14% Thornton Medical Practice.

10% Priory Medical Practice.

10% Manor Park Surgery.

Social determinants of health

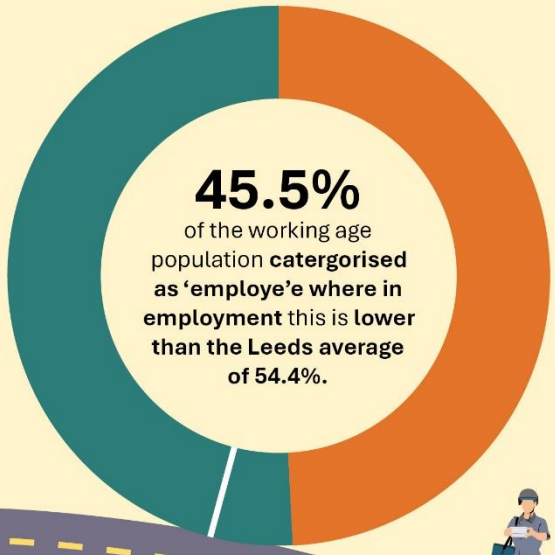
Deprivation in the Armley Ward

100%

26%

100% of people in Armley, New Wortley live in one of the **10% most deprived areas in England**, while only **26%** of people in Leeds do

Employment in the Armley Ward



45.5%
of the working age population **catergorised as 'employe'e where in employment** this is **lower than the Leeds average of 54.4%.**

6.4%
of the working age population were **economically inactive** due to long term sickness or disability, **compared to 4.1% in Leeds.**

'Out of Work'
31.6%
Universal Credit Claimants compared to Leeds average of 18.2% (February 2025)

Income in the Armley Ward

41%
Income Deprivation for the Holdsforth , Clydes Approach Armley LSOA, **ranked fifth in Leeds.**

51%
Income deprivation affecting children for the Holdsforth, Clydes Approach Armley LSOA **ranked fifth in Leeds.**

36%
Income deprivation affecting older people.

Education in Armley

Armley has the

6th highest NEET count

in Leeds
(Leeds Alcohol Data Matrix).

NEET
Not in Education, Employment or Training





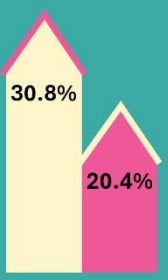
Housing in Armley



30% are privately rented

21% are owned with a loan or mortgage

18% are owned outright



30.8% of houses are socially rented in Armley **significantly higher than the Leeds rate of 20.4%.**



31.6% of the households in the Armley LSOA Avaries, Arleys, Salisburys experience fuel poverty.

The **average amount of time it takes to be rehoused** within the Armley Ward is

Band A+ - **37 Weeks (0.71 years)**

Band A – **124 Weeks (2.38 years)**

Band B – **114 Weeks (2.19 years)**

Band C – **141 Weeks (2.71 years)**

The average number of bids per property in Armley Ward during 2023/24 is 214

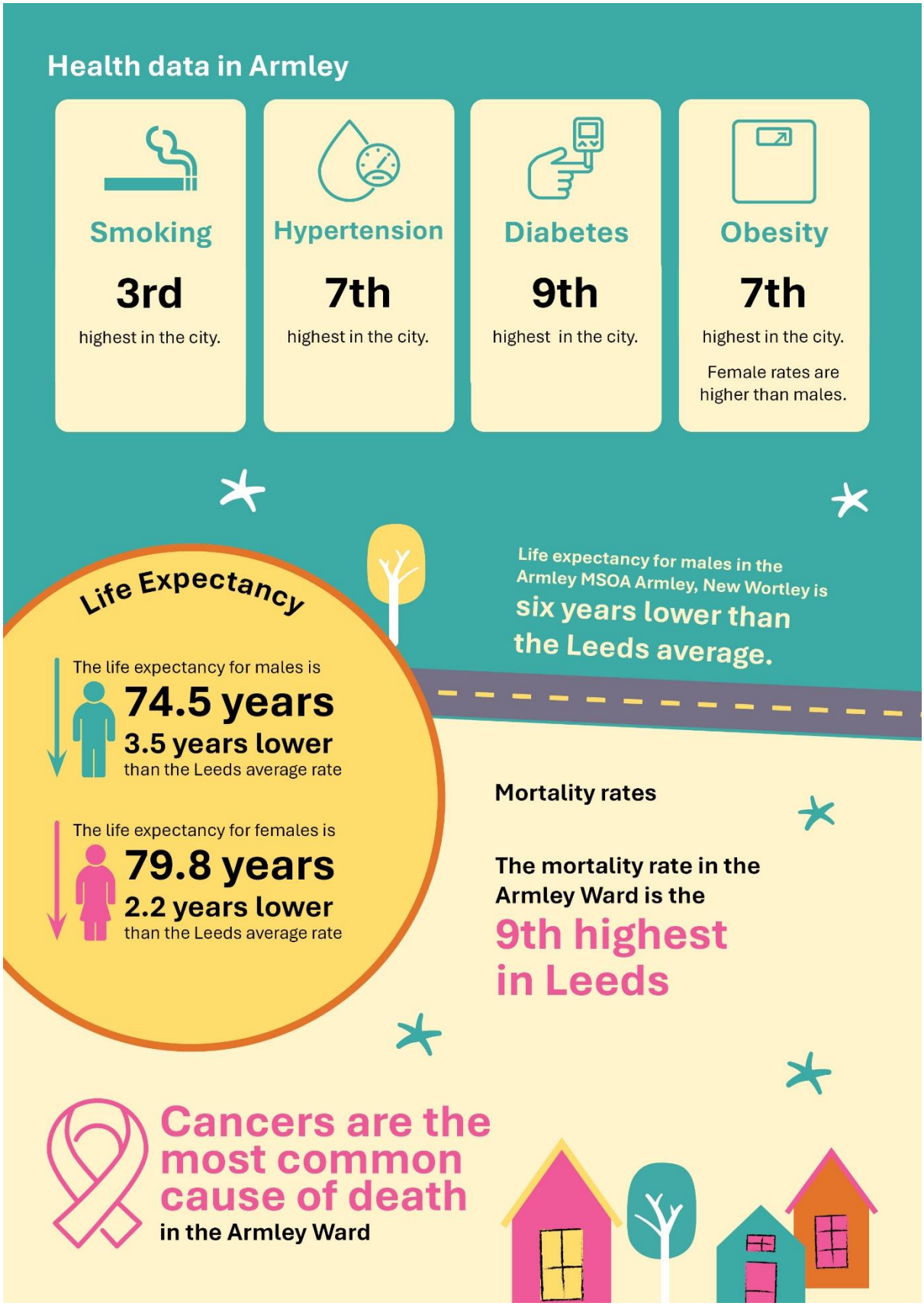
Domestic violence in Armley - Armley has the **fourth highest rate of domestic violence** in the city.

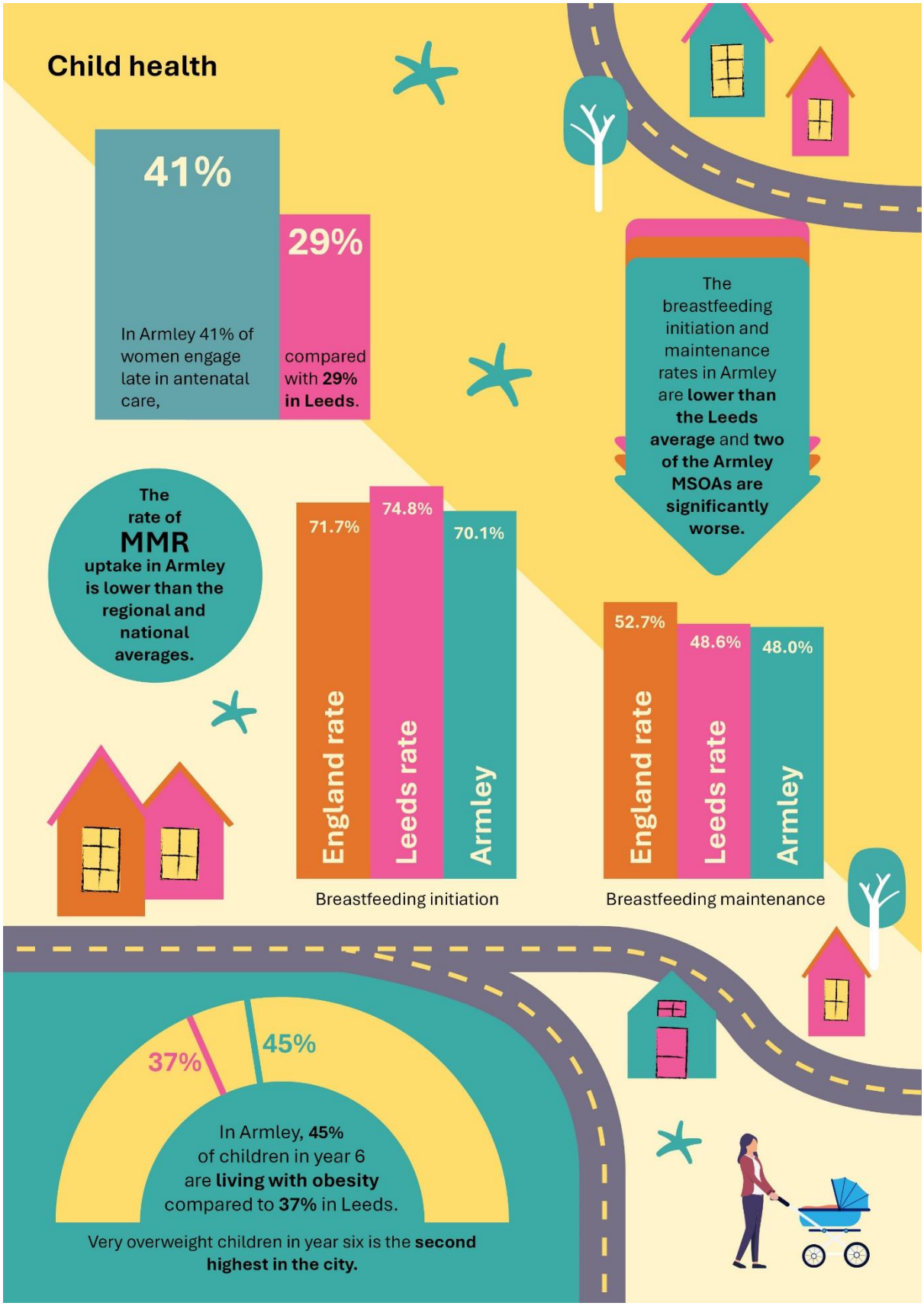
approximately

one in five



Domestic Violence and Abuse incidents in Armley recorded at least one **'child present'**


Health data in Armley
Smoking
3rd
highest in the city.
Hypertension
7th
highest in the city.
Diabetes
9th
highest in the city.
Obesity
7th
highest in the city.
Female rates are higher than males.
Life Expectancy
The life expectancy for males is
74.5 years
3.5 years lower
than the Leeds average rate
The life expectancy for females is
79.8 years
2.2 years lower
than the Leeds average rate
Life expectancy for males in the Armley MSOA Armley, New Wortley is six years lower than the Leeds average.
Mortality rates
The mortality rate in the Armley Ward is the
9th highest in Leeds
Cancers are the most common cause of death
in the Armley Ward


Child health
41%
In Armley 41% of women engage late in antenatal care,
29%
compared with 29% in Leeds.
The breastfeeding initiation and maintenance rates in Armley are lower than the Leeds average and two of the Armley MSOAs are significantly worse.
The rate of MMR uptake in Armley is lower than the regional and national averages.
71.7%
74.8%
70.1%
England rate
Leeds rate
Armley
Breastfeeding initiation
52.7%
48.6%
48.0%
England rate
Leeds rate
Armley
Breastfeeding maintenance
37%
45%
In Armley, 45% of children in year 6 are living with obesity compared to 37% in Leeds.
Very overweight children in year six is the second highest in the city.

Community and stakeholder voice

Strengths

- Community Spirit and Togetherness.
- Friendly People.
- Green Spaces.
- Community Activities / Events.
- Educational Facilities.



Solutions to challenges identified

What would make a difference to your health and happiness?

Community Safety, Crime and Anti-Social Behaviour -increased Police presence and help for those addicted to drugs and alcohol.

Investment in Green Spaces

Support for Youth and Families.

Improvements to Armley Town Street



Recommendations



Conclusion

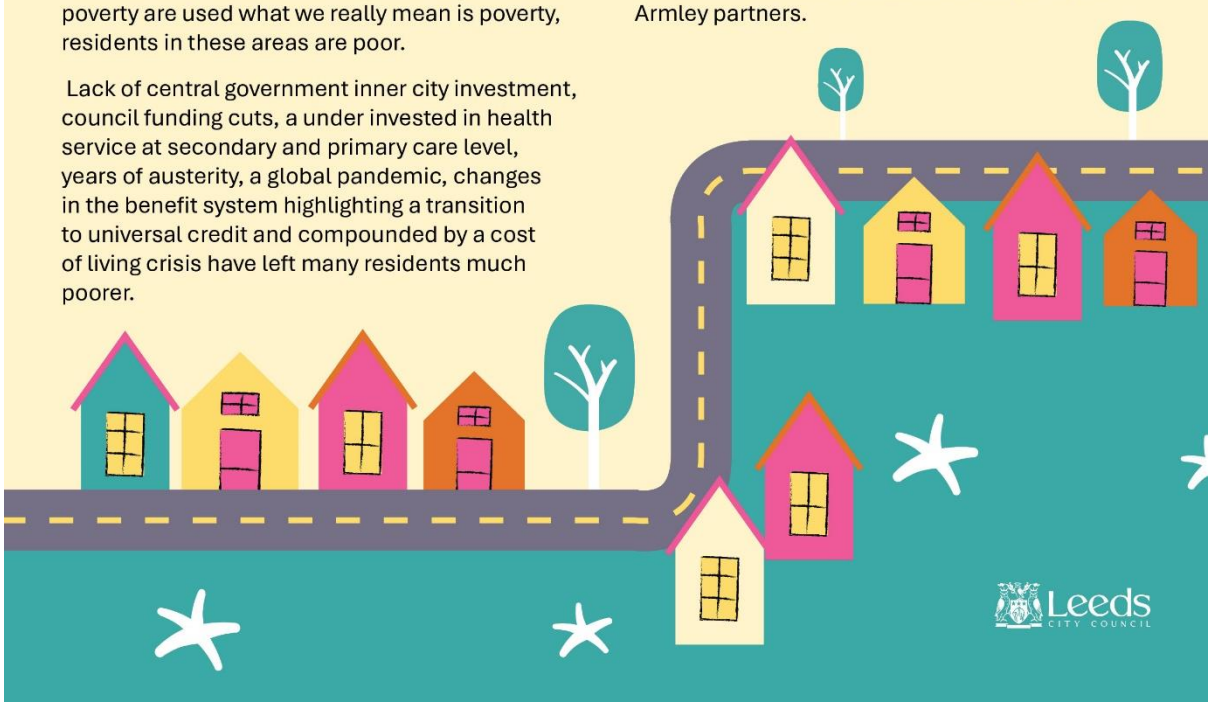
The Armley Health Needs and Assets Assessment highlights significant health issues within the ward, high rates of non-communicable diseases and high incidences of admissions to hospital for alcohol related causes. These health issues are compounded by income deprivation, cost of living challenges, poor educational achievement, a retail environment where the commercial determinants of health weigh heavily on a proliferation of outlets selling cheap, strong alcohol and a high count of local food take away businesses preparing dishes with ultra processed food. There are significant resident concerns over community safety, anti-social behaviour and drug use. The MSOA of highest need across multiple domains is the MSOA 'Armley, New Wortley' for many of the wider determinants of health.

However it is very important to note their are pockets of deprivation in the form of LSOAs within the other two less deprived MSOAs that make up the Armley Ward, which have their issues but are not quite so impoverished and may have been neglected and thus forgotten due to lack of resources in terms of funding and labour resource. These somewhat hidden LSOAs are deprived In terms of employment, education, skills and training deprivation and some quite stark 'fuel-poverty' areas . When the terms like 'fuel-poverty' 'employment poverty' and 'income poverty are used what we really mean is poverty, residents in these areas are poor.

Lack of central government inner city investment, council funding cuts, a under invested in health service at secondary and primary care level, years of austerity, a global pandemic, changes in the benefit system highlighting a transition to universal credit and compounded by a cost of living crisis have left many residents much poorer.

However this community has a strong suite of community assets at its disposal in the form of solid local networks, established and effective voluntary, community and faith groups, a variety of local initiatives, a proliferastion of usable green spaces, popular health services, committed statuary functions and resilient and tenacious residents who are eager for change and to get involved in improving ward life.

To improve health outcomes a continued place-based multi-partnership approach is required to reduce health inequalities, enhance health care access, and address the social determinants of health such as employment, housing, education and service awareness. Special focus should be given to the very young (0-5 yrs old) and in supporting their parents, guardians or carers. Strengthening collaboration between local organisations and the community, making full use of the many 'Armley Assets' to create a healthier sustainable and equitable future. Lobbying for increased government investment in infra-structure, youth services and environmental community projects by highlighting local issues is to be strongly encouraged. Lastly the courage to take risks in terms of community project experimentation and innovation being inspired by projects and research from across the UK, Europe and the World is an avenue worth exploring for Armley partners.



Introduction

Leeds is a city with much to be proud of. It is a significant northern commercial hub, recognized as one of the largest financial and professional services centres outside of London, boasting a dynamic economy with growth in sectors like finance, technology, and healthcare. Leeds can be proud of its vibrant ethnically diverse neighbourhoods, LGBTQ+ community and its commitment to inclusivity and diminishing all forms of inequality.

Leeds has become a Marmot City (https://www.instituteofhealthequity.org/taking-action/marmot-places/leeds) recognising its commitment to equality, social justice and improving the wider social determinants of health for the poorest.

Leeds is committed to tackling climate change and becoming a net zero carbon city (https://www.westyorks-ca.gov.uk/media/4282/191008_nzc-lcr_workshop-summary-reports_final-v2.pdf).

Leeds is changing as populations grow and the city as a whole becomes more ethnically diverse. The health disparities between communities are also increasing, with those in our most disadvantaged cities expected to die, on average, 11 to 12 years before those in Leeds's most affluent areas (Center for Ageing Better, 2021).

More than a decade of austerity, changes to the benefit system, a decline in economic outputs and subsequent local job markets, a cost-of-living crisis and severe cuts to public services have left a growing number of Leeds citizen's poorer and a number of voluntary, charitable and faith organisations struggling to fill those gaps. The people of Leeds in our poorest neighbourhoods face increasing and sometimes seemingly insurmountable challenges and obstacles.

To meet the needs of a changing city Leeds City Council is focussing on six priority wards which are the poorest across the city.

The Six 'Priority Wards' as they are now coined, are the wards with LSOAs within in them which fall into the 1% most deprived nationally or there are significant deprivation challenges for the local population.

1. **Armley**

2. Beeston and Holbeck

3. Burmantofts and Richmond Hill

4. Gipton and Harehills

5. Hunslet and Riverside

6. Killingbeck and Seacroft

In 2022 the council expanded their collective efforts utilising local partnerships and an asset-based approach to improve the lives of residents in the 12 most deprived LSOAs and six of

the most challenging wards across the city. A summary of the review and subsequent approach is below.

- ✓ Expansion of the new Locality Working approach to provide greatest focus on all 12 (1%) LSOAs and a more targeted approach across 6 Priority Wards.
- ✓ Development of the new Local Area Plans (LAPs) with interim activity identified and work underway to connect and align LAPs with the new Best City Plan.
- ✓ Establish a new city - wide operational group to develop and drive forward the Locality Working work programme, including whole system change which aims to deliver significant improvement in the city's most deprived neighbourhoods.
- ✓ Community and Neighbourhood Review agreed objectives:
  - Build and enhance existing partnership approaches.
  - Embed a strength-based approach to working locally.
  - Focus on better outcomes.
  - Improve our most disadvantaged communities.
- ✓ **Agreed Focus Areas:**
- ✓ Services for Children and Young People.
- ✓ Community Entrepreneurship.
- ✓ Health and Wellbeing.

Armley is a district in the west of Leeds and it starts less than 1 mile (1.6 km) from Leeds City Center. It is located between the M621 motorway and the River Aire and the stretching from roughly the New Wortley Round about roundabout (the Armley Gyratory) to the start of the Stanningley by pass and Cockshott Lane where it merges into Bramley. Like much of Leeds, Armley grew in the industrial revolution. Armley is largely and predominately and historically a white working-class area, however demographics are slowly changing over time as a slow influx of other ethnicities come to settle, live and raise families in Armley.

Armley has many strong assets in the form of individual human resources, communities, green spaces, adjacent waterways, active resident groups, action teams, charities, and amenities. Families have been successfully raised here for generations. However, the ward has many social and economic issues that it has been plagued with for many decades. Alan Bennet the famous playwright and author born in the area in his book Untold Stories (Faber & Faber 2005) details how it was disparagingly described as a *'Slum Parish'* in the 1920, s and sadly in common with past years also had a high suicide rate compared to other wards in Leeds.

There are 33 wards in Leeds, and Armley is ranked by the 2019 national measure Indices of Multiple Deprivation (IMD) as the fifth most deprived ward in Leeds. The IMD combines information from 39 different data sets laid out in 7 domains of deprivation which are income, employment, education, health, crime, barriers to housing and services and living environment.

In the 18th and 19th Centuries Armley enjoyed a thriving mill industry and was a significant contributor to Leeds economy and in turn provided residents with a means to survive. Much of the housing consists of Victorian back-to-backs, terraces, and tower blocks. A large

amount of the accommodation was built in the 1960's and a large majority of it is social housing. Unfortunately, due to the decline in the textile trade many residents became unemployed within those times as increased competition and cheaper fabrics became available worldwide. The war years seriously impacted the local economy in terms of drain on economic resources for the war effort and an available work force. Many residents became poorer, with cheaper lower demand housing bringing in transient citizens with social problems into the area which compounded the neighbourhood poverty. Lack of central government investment, financial crisis, years of austerity, a prolonged pandemic, a change in benefit regulations and laterally culminating in the current cost of living crisis has left many families struggling to survive with high food and energy prices.

Much progress has been made over subsequent years by the local authority teams focussing on business, housing, planning, hubs, leisure, activity, Public Health, and communities. A strong third sector has meant many who need support have had avenues to go down to access help and advice. The NHS and the successful development of Primary Care Networks and Local Care Partnerships has brought multi-disciplinary teams together to pool assets locally to help alleviate the post pandemic impact on wellbeing and also following many years of austerity the current cost of living crisis.

It is impossible for one assessment to capture all the depth of needs and assets within the geographical area of the Armley Ward. However, it is hoped this document captures comprehensively most of the major elements which impact on residents overall health and wellbeing.

Health Needs and Assets Assessments across the city work in conjunction with the following city-wide strategies.

- The Locality Working Strategy recognises the need for a place based integrated working approach, in which collective resources are focused on tackling the root causes of inequality and poverty rather than simply treating its effects. As part of this approach, Priority Ward Plans are developed for each ward for partnership working to tackle inequality and poverty and provide a more robust performance management framework. The Priority Ward Plan on a Page (PWPPs) will endeavour to connect and align with the Best City Ambition.
- Best City Ambition which will identify shared priorities and the Public Health 'Three Pillars' (Prevention-Protection-Primary Care) of: Improving Health & Wellbeing; Inclusive Growth and Zero Carbon by identifying how these existing strategies can be delivered at a local level, with the greatest impact.

- Key to the implementation of The Leeds Health and Wellbeing Strategy at a place-based level are Local Care Partnerships (LCPs). LCPs bring together health and social care partners (including voluntary, community and faith-based organisations) on a Primary Care Network footprint to strengthen local relationships between partners, improve joined up working, tackle health inequalities and address determinants of health. There are 15 LCPs covering all of Leeds and each one has its own priorities tailored to local needs and challenges.

"Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, with health and care inequalities reducing, and people being supported to thrive from early years to later life"

Aims

This Health Needs and Asset Assessment (HNAA) for Armley is intended to contribute to the overarching aim to improve the overall health, wellbeing, and social outcomes for residents. Each section will look at a different wider social determinant of health to inform strategic stakeholder plans. This is a systematic method for assessing health related issues within a community population. The relevant data can contribute to informing priority setting, resource allocation and resource pooling, and service commissioning which aims to tackle health inequalities within the area. It will also be useful for local partners seeking local intelligence and evidence to secure funding for focussed projects linked to specific geographical areas (MSOAs) which help to improve and maintain health and wellbeing. In this sense the HNAA is designed to be a directory where you can look for a specific topic linked to a specific area. After carefully and systematically working through each of the three MSOAs that make up the Armley ward this assessment then provides a summary and recommendations at ward level.

Methodology

A Health Needs and Assets Assessment (HNAA) is a systematic method of assessing health related issues within a defined population or place. Its purpose is to gather relevant information to understand the type and distribution of ill health, disease and conditions. The intelligence gathered creates an evidence base to inform priority setting, resource allocation, commissioning and prepare funding bids aimed at improving the health and wellbeing of the population and addressing the determinants of health associated with identified health inequalities.

Local assets are importantly recognised be they in human or physical form and through stakeholder consultation community views can be sort concerning the best methods of strengthening and maintaining the holistic health of a community. The community stakeholders are best placed to identify what makes a community strong.

How to use this Health Needs and Assets Assessment

There is a large quantity of information in this document all of which may not be relevant for your purposes. The most effective way to utilise the information is to use it as a ***'directory'*** and follow the instructions below.

1. Go to the Armley Ward level chapter first if you are new to Armley, it provides an overview and summary of the three smaller geographical areas called Medium Super Output Areas (MSOAs) which make up Armley.
2. If you are interested in a specific **MSOA** or **Topic** then consult the index to locate your area of interest. Sections are laid out in a standard format.
3. If you are interested in or need further information at a lower geographical level, then the table below lists all of the Lower Super Output Areas (LSOAs) by number and name and which MSOAs they fall into so you will be able to locate them fairly quickly by consulting the MSOA chapters. Please see appendix one for definitions of MSOAs and LSOAs.
4. If there is any information you are seeking that is not available in this assessment, please contact the author. Jonathan.Hindley@leeds.gov.uk

The Armley Ward Table by MSOA and LSOA level

Figure 1 MSOA and LSOA listings for the Armley Ward

LSOA	NAME	MSOA	NAME
E01011281	RAYNVILLE CRESCENT, HOUGHLEYS, VICTORIA PARKS	E02002388	BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK
E01011282	ASTONS, SNOWDENS	E02002388	BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK
E01011283	WYTHER PARK	E02002388	BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK
E01011286	HILLTOP, TOWN END	E02002388	BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK
E01011295	OUTGANG LANE, RAYNVILLE, MUSGRAVES	E02002388	BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK

E01011284	AVARIES, ARLEYS, SALISBURYS	E02002400	ARMLEY, NEW WORTLEY
E01011292	CAR CROFTS, CEDARS, WESLEY ROAD	E02002400	ARMLEY, NEW WORTLEY
E01011293	MISTRESS LANE, NANCROFT LANE, BROOKLYNS, MODELS	E02002400	ARMLEY, NEW WORTLEY
E01011294	ARMLEY GROVE PLACE, HALL LANE, ABBOT VIEW	E02002400	ARMLEY, NEW WORTLEY
E01011363	HOLDSWORTHS, CLYDE APPROACH	E02002400	ARMLEY, NEW WORTLEY
E01011287	SPRING VALLEYS	E02002396	UPPER ARMLEY
E01032499	ARMLEY GRANGES, GOTT PARK, HILL END	E02002396	UPPER ARMLEY
E01032500	ARMLEY RIDGE ROAD, EDINBURGHS	E02002396	UPPER ARMLEY
E01032606	GREEN HILL DRIVE, BILLING BANK DRIVE	E02002396	UPPER ARMLEY
E01032607	ABERDEENS, MOOR END, WORTLEY ROAD	E02002396	UPPER ARMLEY
E01032608	HALIDAYS, PARK STREET, ST IVES	E02002396	UPPER ARMLEY

Source: Leeds Observatory and ONS (https://leedscc.maps.arcgis.com/apps/View/index.html?appid=d7819809dd554f6e929b8382b7a96e43)

Special Note: All MSOAs and LSOAs are considered best fit for the Armley Ward as a whole and are sourced from the official Atlas contained in the link above, created and validated by Leeds City Council Mapping Services and UK Central Government Atlas.

- MSOA EO2002396 UPPER ARMLEY is also known as **Bramley South and Upper Armley.**

- MOSA E02002388 - Bramley Hill Top, Raynville and Wyther Park is also known as **Bramley East.**
- MOSA E02002388- Bramley Hill Top, Raynville and Wyther Park changed its name in approximately 2018 to Bramley East and this is its new name. However, both names tend to be used interchangeably though as the name change was not made widely known.
- The LSOA E01011282 also known as Astons, Snowdens sits within the MOSA E02002388 also known as Bramley Hill Top, Raynville and Wyther Park (AKA Bramley East). Because LSOA E01011282 is part of MSOA E02002388 if you consult the official atlas to locate the ward it sits within, then it is shown as the Armley Ward.
- However, if you are just looking at LSOA E01011282 by itself then it falls into the Bramley and Stanningley Ward. This is because the MSOA bridges both wards and just the E01011282 part sits within the Bramley and Stanningley Ward.

Source: LCC PHI 2025

The Wider Social Determinants of Health

Reporting on the wider determinates of health in this study are an essential aspect to Leeds City Council (LCC) Public Health Locality and Primary Care Team's place-based approach. These social factors have a serious and significant impact on resident's lives as only 10% of someone's health is affected by the NHS and local health services. The wider social determinants of health include education, socio-economic status (perceived class), neighbourhood, employment, environment, parentage, social support networks, access to housing and access to health services. These factors have a complex interaction and cannot be viewed in isolation. The Marmot review published in 2010, raised the profile of the wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcome. This is a very important aspect of public health in terms of informing preventative action and reducing inequality (Source: Fair Lives, Healthy Lives) Marmot report 2010). A short introduction and guide to the wider social determinants of health can be seen here. https://www.youtube.com/embed/eF7ZstmCgV and the Marmot report 'Ten years on' (Source: Marmot report 2020) Health Equity in England: The Marmot Review 10 Years On - The Health Foundation reinforces the original findings and marks the state of the nation. One of the central concepts is living in a deprived area is bad for your health.

The report highlights that.

- People can expect to spend more of their lives in poor health.
- Improvements in life expectancy have stalled and declined for women in the most deprived 10% areas.
- The health gap has grown between wealthy and deprived areas.

- Place matters - living in a deprived area in the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.

Led by Professor Sir Michael Marmot, the review explores changes since 2010 in five policy objectives:

- Giving every child the Best Start in life
- Enabling all people to maximise their capabilities and have control over their lives
- Ensuring a healthy standard of living for all
- Creating fair employment and good work for all
- Creating and developing healthy and sustainable places and communities

For Marmot the indicators for Armley are set out below (https://www.instituteofhealthequity.org/resources-reports/fairer-healthier-leeds-reducing-health-inequalities).

Figure 2: Fairer-Healthier Leeds Indicator Set

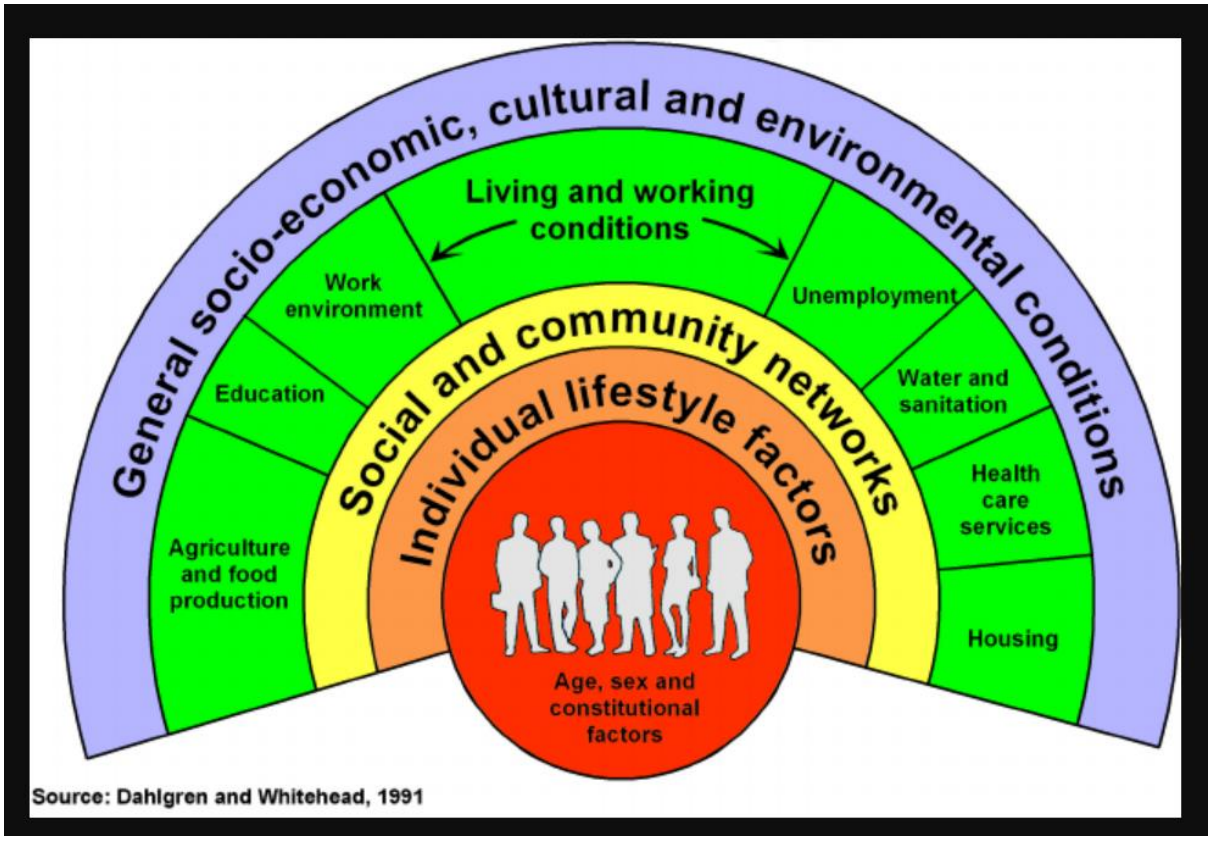
Fairer, Healthier Leeds Indicator set

	Leeds Marmot Indicator	Disaggregation	Source
1	Life expectancy at birth in years	Ward MSOA IMD Decile Sex	NHS Digital and ONS
2	Babies with low birth weight, rate per 1,000 live births	Ward MSOA IMD Decile Sex	NHS Digital
3	Percent of children with a healthy weight at reception age (4-5 years olds)	Ward MSOA IMD Decile Sex Ethnicity FSM status	NHS Digital
4	Percent of pupils achieving a good level of development at end of reception	Ward MSOA IMD Decile Sex Ethnicity FSM status	National Consortium of Education Results
5	Percent of pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2	Ward MSOA IMD Decile Sex Ethnicity FSM status	Local
6	Average Attainment 8 score	Ward MSOA IMD Decile Ethnicity FSM status	Local
7	Percent of school children who reported feeling happy every or most days	tbc	Leeds My Health My School survey
8	Percent of 16-17 year-olds not in employment, education, or training	Ward MSOA IMD Decile Sex Ethnicity	Local with DfE definitions
9	Prevalence of common mental health issues, recorded by GPs, all ages, directly age standardised rate per 100,000 people	Ward MSOA IMD Decile Sex Ethnicity Age	Local
10	Prevalence of severe mental illness, recorded by GPs, all ages, directly age standardised rates per 100,000 people	Ward MSOA IMD Decile Sex Ethnicity Age	Local
11	Percent of people earning less than UK Real Living wage	Ward MSOA IMD Decile Sex Ethnicity Age	Local
12	Number of households in temporary accommodation	LA	ONS, ASHE Survey
13	Percent of physical inactivity, recorded by GPs, adults 50+ years	IMD decile / MSOA Ethnicity	Local
14	*Households in fuel poverty - annual*	*In development**	*In development*
15	*Workforce by ethnicity (TBC)*	*In development***	*In development*

Source: Marmot and Leeds City Council (LCC)

* Developmental indicator - as a place holder pending the development of WYCA fuel poverty measure. ** Developmental indicator - support the development of this aspirational indicator by reporting current information made available at city level.

Figure 3: The rainbow model of the determinants of health



Source: The Rainbow Model of the Determinants of Health (Dahlgren & Whitehead, 1991).

The HNAA intelligence is then used to understand the type and distribution of ill health and disease/conditions. Epidemiological data will examine disease prevalence, the report will also look at social, economic, and qualitative data from a resident / stakeholder survey perspective. We will also look at what assets are within the ward from an Asset Based Community Driven Effort Lens.

AIMS

1. Produce an epidemiological perspective of Armley.
2. Examine the external factors with effect the epidemiology.
3. Look at how area assets contribute to mitigating need and improving wellbeing.
4. Produce a study which stakeholders can utilise to secure funding against for their area of interest.

Social Progress Index for Leeds

The Leeds Social Progress Index (SPI) is part of the global Social Progress Imperative (Social Progress Imperative) and the Leeds SPI (The Leeds Social Progress Index | Inclusive Growth Leeds) helps residents see how well their ward is doing in terms of multiple basic needs. This should empower people to talk to their local councillors and service providers about their neighbourhood and how to improve it. It is a clear unbiased measure of how well the city is

doing. As an official or leader, it creates and an opportunity to include all partners in participatory learning and planning so constituents can best focus resources to improve an area. Lastly, for service providers it is a baseline for general wellness and health and help to focus on the areas that require community investment and a partnership approach. Many, if not all of these are influenced strongly by environmental and social factors.

The Armley ward in this report will be broken up into smaller geographical areas called Middle or Medium Super Output Areas. These MSOAs are made up of lower layer super output areas (LSOAs), usually four or five. MSOAs are typically comprised of between 2,000 to 6,000 households and usually have a resident population between 5,000 and 15,000 and fit into local authorities' wards. LSOAs comprise of 400 to 1,200 households and usually have a resident population of between 1,000 and 3,000 persons. Where data is only available at ward level or makes more sense to display it in that way the ward will be viewed as a whole. LSOA data is used to display lower-level data where it is required and available to pin point need. The MSOAs which make up this ward are.

MSOA codes and names:

- E02002396 Upper Armley (aka Bramley South and Upper Armley)
- E02002388 Bramley Hill Top, Raynville & Wyther Park (aka Bramley East)
- E02002400 Armley, New Wortley

All data will then be summarised at Ward Level.

Social Progress Index and Inclusive Growth-(West)

In England, the gap in life expectancy is growing (PHE, 2021). Those living in the least affluent areas die up to a decade earlier and spend an average of 19 extra years in poor health compared to those living in the most affluent communities (OHID, 2022). The picture is similar in Leeds with those in our most affluent areas expected to live on average, 11 to 12 years longer than those in the most disadvantaged communities (Centre for Ageing Better, 2022).

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 diverse 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). Therefore, in order to tackle health inequality, action is required across these wider determinants. Furthermore, while income and wealth are major determinants of health, a healthy population is more productive, has an extended working life and contributes to wider economic prosperity (PHE, 2021).

Thus, there is growing recognition that economic success, health, and social progress are interconnected (The Health Foundation, 2018) and in order to sustainably tackle inequality and improve quality of life for all, we must focus on developing inclusive growth. Whist the definition of inclusive growth is contested, it refers to "*economic growth that creates opportunities for all segments of the population and distributes the dividends of increased prosperity, both in monetary and non-monetary terms, fairly across society" (OECD, 2015*). As with its definition, the method in which to capture and measure inclusive growth is contested. However, it's widely agreed that relying on economic indicators alone will give no indication of the distribution of the monetary and non-monetary benefits of economic activity (SPI Leeds, 2022).

As part of the Leeds Inclusive Growth Strategy, the Leeds Social progress Index has been developed to help capture and measure inclusive growth by utilising a composite framework that isolates and measures the non-economic dimensions of social performance and wellbeing at a local, ward based, level. The index is said to focus on what matters to all societies and people regardless of their wealth, creating a common understanding of how well a community performs on the things that matter to all (SPI Leeds, 2022).

The index is made up of three main dimensions:

1. **Basic Human Need**: *the ability of society to meet the basic needs of its citizens*
2. **Foundations of Wellbeing**: *the ability of society to establish building blocks that allow citizens and communities to enhance and sustain their quality of life*
3. **Opportunity**: *the capacity for all citizens to reach their full potential*

These dimensions are further broken down into 12 key components and 45 associated indicators. The methodology allows measurement of each component and each dimension and yields an overall score and ranking. Index scores are scaled 0-100, where 0 signifies worst and 100 best performance. Where the wards are ranked, 1 signifies the best ranking and 33 the least.

Ward Interpretation: Armley

Below is a historic example to illustrate movement over 3 years.

Social Progress Index - Armley Ward Ranking

2018	2019	2020
46.34	47.68	46.7

Figure 4 A historic SPS example for Armley ward from 2018 to 2020

Source: Leeds SPI

The above table shows Armley's ranking averages out at 47. There is not a variation of more than two points between the years. However, in as much as these figures cover 2018 until 2020 (when the coronavirus pandemic arrived on UK shores in January 2020), we notice a slight improvement between 2018 and 2019 and decline in 2020. The impact of Covid-19, years of austerity, central government's benefit reorganisation (Universal Credit) and the

current cost of living crisis's impact may be more pronounced in the next set of data; 2021, 2022 & 2023.However the SPI being a very practical tool, shines a spot light on areas which require of concentration.

1. **High Level Ward Trends**

Looking at ward trends in the broadest sense the statistics show that for the **Basic Human Needs** domain twelve of the total sixteen indicators have deteriorated and four have improved. We can see an increase in 2019 and then a decline in 2020 attributed to the Covid-19 pandemic and deteriorating economic environments for residents.

Basic Human Needs

2018	2019	2020
50.72	52.98	48.7

2. For **Foundations of Wellbeing** domain, nine of the total seventeen indicators have deteriorated and encouragingly eight having improved.

Foundations of Wellbeing

2018	2019	2020
44.98	48.42	45.72

3. For **Opportunity** again encouragingly deterioration is less prevalent with four of the total twelve indicators having deteriorated and eight having improved. This is by far the most encouraging domain with a general increase after a drop in 2019 to its highest score in the three years for 2020.

Opportunity

2018	2019	2020
43.31	41.64	44.94

4. If we look at the table below prepared by **Imogen Wilson - Leeds City Council Communities Team**, we can see which indicators have deteriorated and which have improved in more detail.

Figure 5 SPI domain table for Armley ward 2018-2020 **Indicator**	**2018 Score (0 signifies worst, 100 signifies best performance)**	**2019 Score (0 signifies worst, 100 signifies best performance)**	**2020 Score (0 signifies worst, 100 signifies best performance)**	**Improvement or Deterioration (Between 2019 and 2020)**
Basic Human Needs				
Adult Obesity	46.10		45.70	

Child Healthy Weight	30.52	39.07	28.80	
Free School Meals	41.37	35.02	28.61	
Immunisation Rates	65.17		56.45	
Premature Death – Preventable Causes	35.52	36.36	36.00	
Decent Homes Standard	78.53	92.20	82.93	
Food Hygiene Ratings	19.25	36.42	37.64	
Housing in Multiple Occupation (Licenses)	93.50	92.00	86.60	
Empty Homes	60.00	57.40	51.98	
Households in Fuel Poverty	70.57	78.14	42.90	
Housing Affordability	80.53	79.84	78.84	
Housing Sustainability	12.31	6.25	18.32	
Anti-Social Behaviour	43.99	52.44	32.52	
Crime Rates	38.95	37.74	41.94	
Domestic Abuse	14.22	16.51	16.45	
People Killed or Seriously Injured in RTA	74.29	59.89	81.00	
Foundations of Wellbeing				
Early Years Foundation Stage Profile	12.70	19.45	16.43	
Key Stage 2 Attainment	21.27	32.55	40.84	
Key Stage 4 Attainment	28.81	21.73	25.79	
Persistent Absentees	44.50		37.90	
Schools Judged as Outstanding / Good	61.54	43.08	23.08	

Average Broadband Speed	32.44	43.88	58.13	
Broadband Under USO	95.50	98.40	96.80	
Skills Improvers on Employment and Skills Programmes	46.77	46.12	32.94	
Diabetes	39.95	34.04	36.64	
Frailty	76.79	58.41	73.66	
Life Expectancy at Birth	50.00	46.84	50.53	
Mental Health by GP (18+)	46.53	42.16	44.80	
Mortality Rate for Different Diseases	55.45	53.18	50.04	
Smoking Related Conditions COPD	43.57		45.87	
Fly Tipping	0.00	54.72	19.64	
Noise Complaints	41.59	39.32	26.80	
Pest/Vermin Control Requests	66.46	61.83	57.55	
Opportunity				
Hate Crime Levels	60.40	57.80	56.80	
Housing Benefit	42.06	49.30	62.54	
Voter Turnout (Local Elections)	33.71	27.71		
Early Years Placements	51.93	29.58	52.40	
Long Term Unemployment Rate	55.16	38.15	10.70	
Pension Credit Claimants	49.62	55.15	59.67	
Adults with Learning Disabilities in Employment	30.00	11.90	27.27	

Gender Gap in Unemployment	13.87	26.53	46.78	
Racist / Hate Crime	43.15	42.04	45.45	
16-24 Education Access	40.39	28.57	41.57	
25+ Education Access	39.60		46.33	
NEET Levels	54.80	70.40	56.04	

Source: SPI LCC

Above table prepared by Imogen Wilson - Communities Team Manager

This section is going to look a little more closely at a couple of indicators for each of the three domains, these are covered in further detail later in this Health Needs and Asset Based Analysis.

For **Basic Human Needs** it is worrying but unsurprising to see **fuel poverty** in such a dramatic increase. A large body of work has been conducted in the ward to combat this, from specific targeted work at local schools aimed at struggling families to mobile information provision and financial inclusion pop ups on the poorest estates. In this historic time period, over 60% of the population is economically active which is slightly higher than Leeds and UK averages, which means they are in work, looking for work or waiting to start a job. However, even those in employment may be categorised as 'working poor' and be struggling to meet their fuel bills. 70% of the population still live in the two poorest deciles within the Armley Ward.

Crime rates have dropped within this SPI time frame, Some of this can be attributed to the pandemic lockdown and a sustained Police presence ensuring 'petty' crime and other more serious incidents are investigated, both of which have a direct impact on resident's perceived and actual fear of crime which can contribute to deteriorating mental and emotional health. Since the time frame of the SPI crime has increased and plateaued at approximately 240 cases per month up to June 2023 (Crime - Ward | Armley | Report Builder for ArcGIS (leeds.gov.uk)).

For **Foundations of Wellbeing**, it is encouraging to see **life expectancy** has slightly increased, and it is hoped this will continue as community members recover from the residual impact of the pandemic, and local economies slowly start to reinstate themselves affecting residents overall health and wellbeing.

There is much to be optimistic about within this dimension and **mental health** recorded by GP's at eighteen years plus is one of those within this section. Lockdown, lack of social interaction and educational and economic inactivity had a significant impact on the health of this age group. It is encouraging to see emotional health scores rising and returning to previous levels. Agencies within the Armley Local Care Partnership have been working hard to provide support and activities to help residents improve their mental health and keep it that way. A leaflet for local hub staff has been prepared called 'Armley Rise' listing all the local activities available.

For **Opportunity** there is much to be encouraged by with eight domains showing improvement and providing areas of strength to build on. **Adults with learning disabilities in employment** and the **gender gap in employment** have improved. This is important for

Armley because this ward like many others has traditionally struggled to get those citizens with severe or mild learning disabilities into employment. When this group secures employment their overall physical and emotional health improves. The female workforce in Armley is significant in its contribution to the local economy we are told by local community workers and our employment service, explaining that in some of the households women are the only members economically active and extremely flexible in which jobs they seek. Creating an environment of equal access and equal pay within the local labour market is paramount to lifting this ward out of marked deprivation. (The gender pay gap: what now? | The King's Fund (kingsfund.org.uk) and (Women & girls | Health Poverty Action)

Challenges, Strengths & Opportunities

The SPI is a strong and logical tool for measuring the progress of a ward. Dividing the 'measuring success' domain of this tool into three essential dimensions that build upon one another allows us to see the positive or negative direction of travel of a geographical area. However, to make the SPI tool accessible it cannot carry every category as it would become too cumbersome for the disparate audience (from citizen to elected member) to use. Further analysis in this Health Needs and Assets document should help to explore different topics in more detail, as readers can go directly to areas of interest and work. Much of what we see on the SPI we know already from our work within Localities and Primary Care, but grouping the topics is a straightforward way to monitor and make progress and extremely useful for many partners undertaking work projects in these wards. Where the SPI marks improvement in a specific category that does not equate to '*no more work is required in this field'* simply that the work that has been undertaken and has made an impact.

Time Lag where the SPI paints a useful and pragmatic picture for a ward. The current SPI is three years old, described above and data has changed, especially considering the challenging and volatile economic, social, and political environment of this year (2023) and the two proceeding it. This can be in part alleviated by accessing more up to date (2021-2022-2023) data on individual domains from other data sources such as NHS intelligence, GP recorded figures, Public Health Intelligence Unit and many, more dashboards and score cards. Please consult the author for more information.

Employment & Opportunity

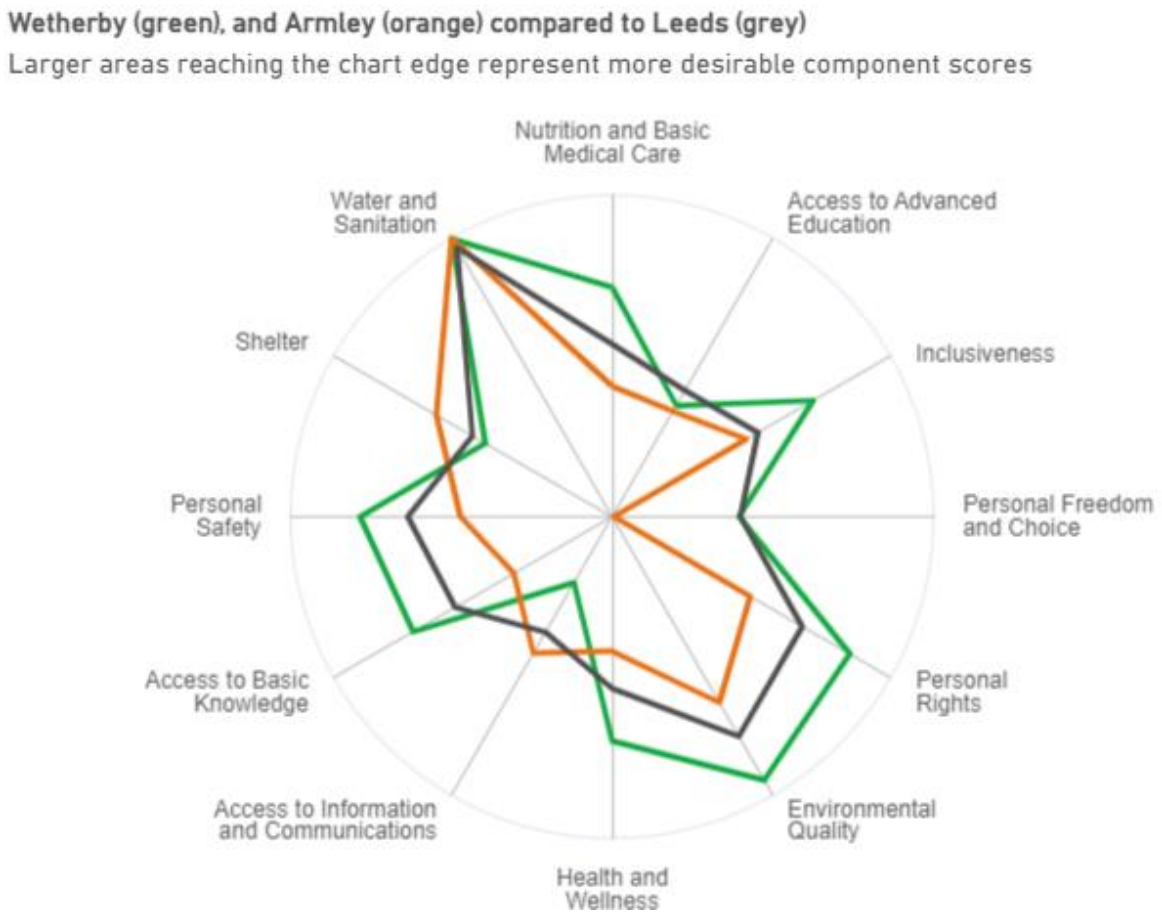
Employment continues to be a challenge and we know generally that working people enjoy a better overall quality of health related to their life expectancy (Relationship between employment and health - The Health Foundation). Early education and cultural capital in the form of experience for children is a key factor in residents acquiring meaningful work in later life that they have some control over. Early years for children is key for them realising their true potential and becoming socially mobile (Social_Mobility_Action_Plan_-_for_printing.pdf (publishing.service.gov.uk)). Unfortunately, Key Stage Foundation Profile has declined but there is some positivity in the fact that Key Stage Two, Key Stage Four, and Early Year Placements have all improved. Even though Armley is one of the most deprived wards, families have been successfully raised here for years and these indicators provide hope for all involved in the field during these challenging economic times.

The Social Progress Index is a practical tool that helps to provide a broad overview of social wellbeing in and across the wards of Leeds. Annually updated, this index can show the direction of progress at ward level in relation to 45 datasets chosen as indicators of inclusive growth. Due to the real time nature of the Index, it may be possible to see the impact of policy

decisions as they happen, aiding more decisive and effective decision making around policy change and implementation.

In 2022 the Armley Ward compared to the more affluent ward of Wetherby and the City of Leeds.

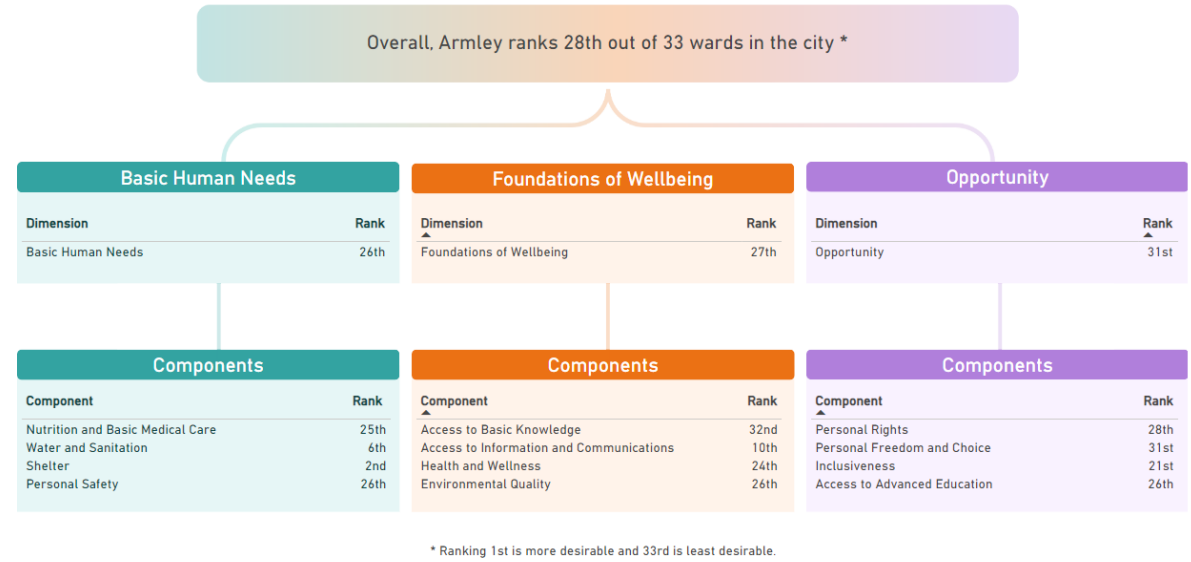
Figure 6: SPI comparing Armley to Wetherby



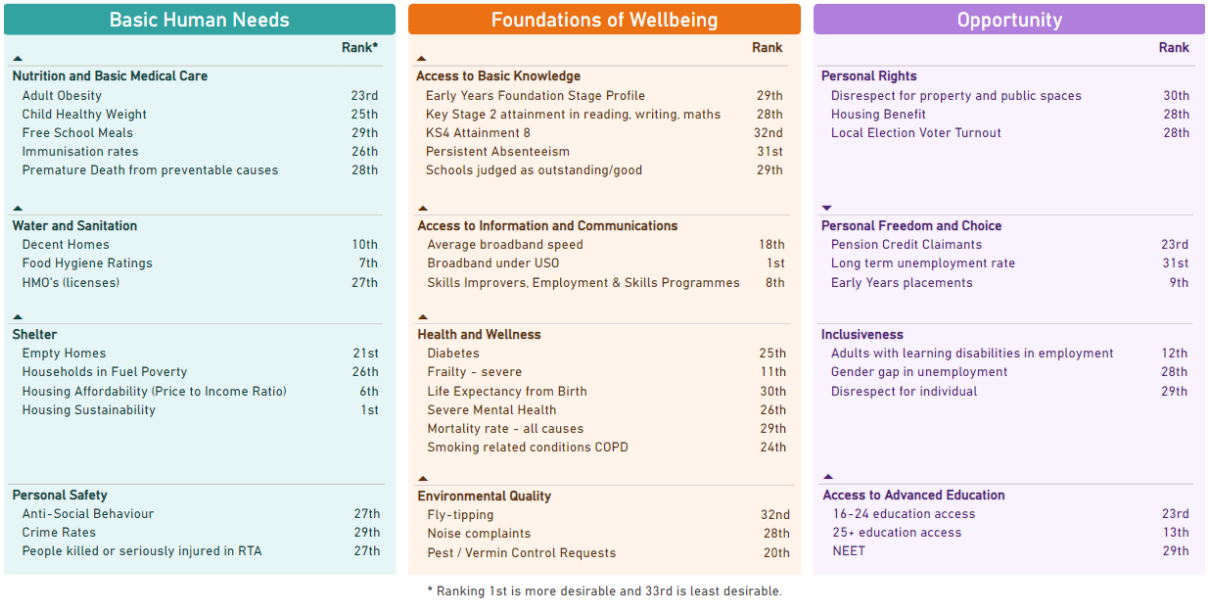
Source: SPI Leeds

The 2022 *'spider chart'* above and table below Armley falls behind the comparators in many areas.

Figure 7: Overall Armley SPI ranks



Source: SPI Leeds



Source: SPI Leeds

The table above although most rankings are closest to the bottom (least desirable in the city), we can see in housing, education, access to information there are some encouraging rankings such as housing sustainability, housing affordability (price to income ratio), early years placements and adults with learning disabilities finding employment are not ranked at the bottom.

There are many interwoven variables to tackle to help local residents. Armley moved negatively from a Full Social Progress Index Ranking of 50.2 in 2021 to a ranking of 45.7 in 2022. With 100 being the most desirable score this was a decline of 4.5 points.

The locality-based health needs and assets assessment will provide a more in-depth analysis and interpretation of health and wellbeing data by condition on a ward and middle super output area (MSOA) footprint. Qualitative data in the form of focus groups and stakeholder interviews will provide a rich exploration of local health needs and assets, further adding to our understanding of how the wider determinants affect people's health and wellbeing.

In 2022 Armley was ranked 26 out of 33 wards in Leeds with rank 1 being the most desirable and 33rd the least desirable.

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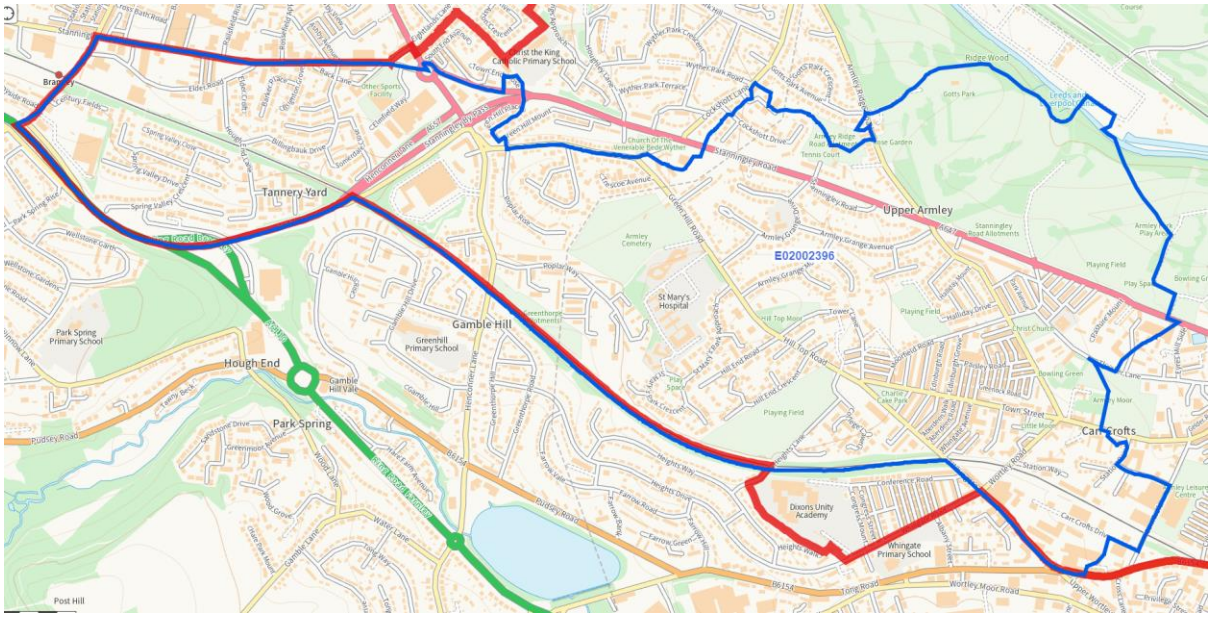
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The Health Foundation, 2018. Understanding inclusive growth and health in practice

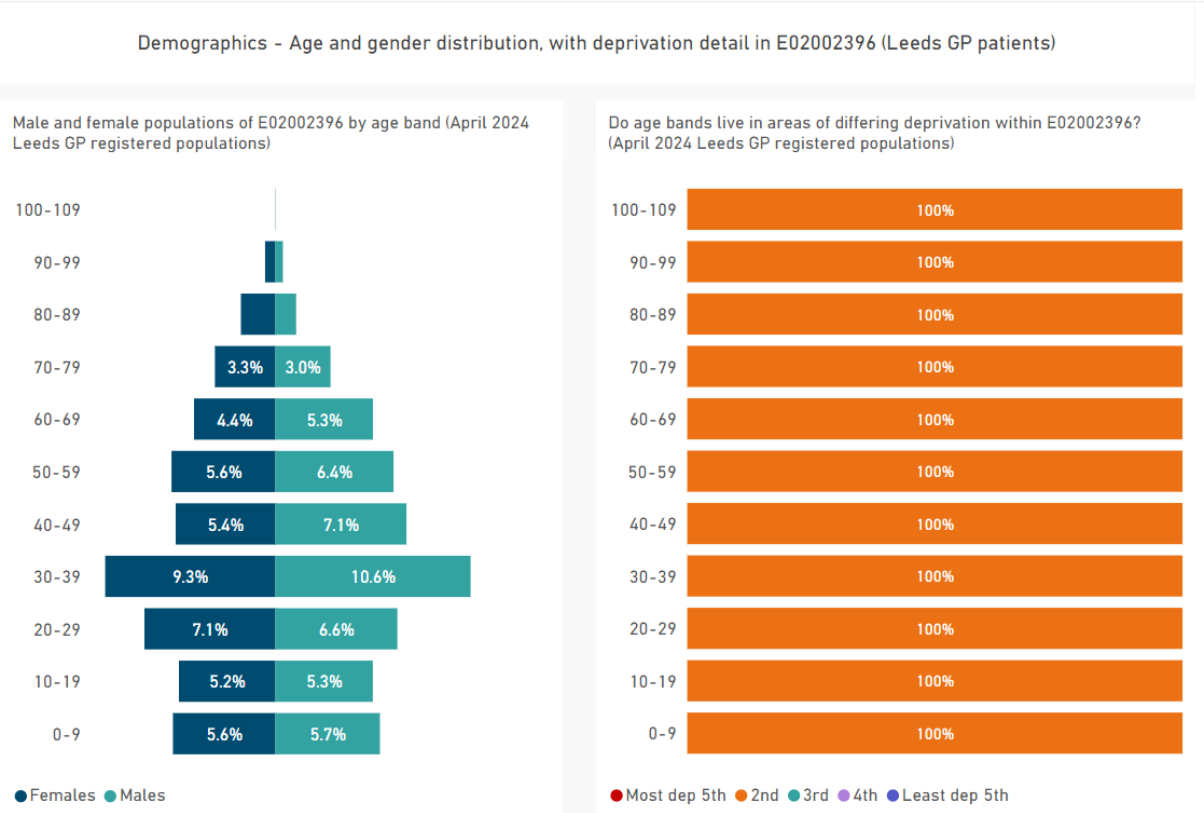
Chapter 1 Who lives in Upper Armley (E02002396) and what influences on health are present within the community?



Age and Gender with Deprivation Detail for GP Registered Patients for Upper Armley

In this MSOA 100% of the population sampled live in the 2nd most deprived 5th of Leeds.

Figure 8: Age and gender distribution in E02002396

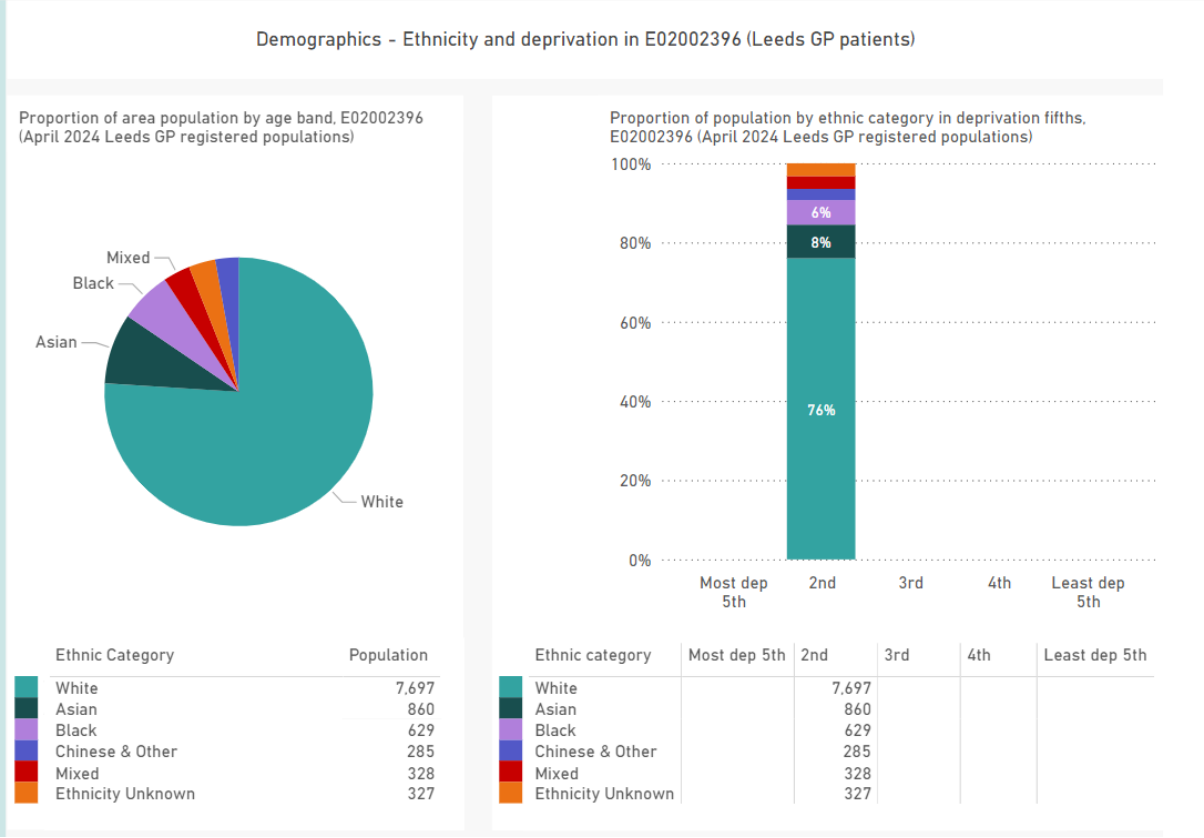


Source: PHI

Approximately 48% of the GP registered population that live here are female and 52% male with the largest proportion occupying the 30-39 age bracket. The is a smaller proportion of residents living in the 20-29 age bracket, other age categories are broadly similar to the Leeds average.

Ethnicity and Deprivation for Upper Armley

Figure 9: Ethnicity and deprivation in E02002396



Source: PHI

The population is predominantly white; however, the area contains a significant Black and Asian community. The Asian community has been established the longest, with increases in the black community and within the white ethnicity category there is strong and growing presence of the Eastern European Community. This entrepreneurial section of this population have made their presence felt with the increasing number of retail units on Armley Town Street and surrounding area. Within the black population there is a growing number of Sudanese community members moving out from areas such as Harehills as social housing becomes available for their families.

Languages Spoken and Deprivation for Upper Armley

Figure 10: Languages and deprivation in E02002396

Demographics - Languages and deprivation in E02002396 (Leeds GP patients)

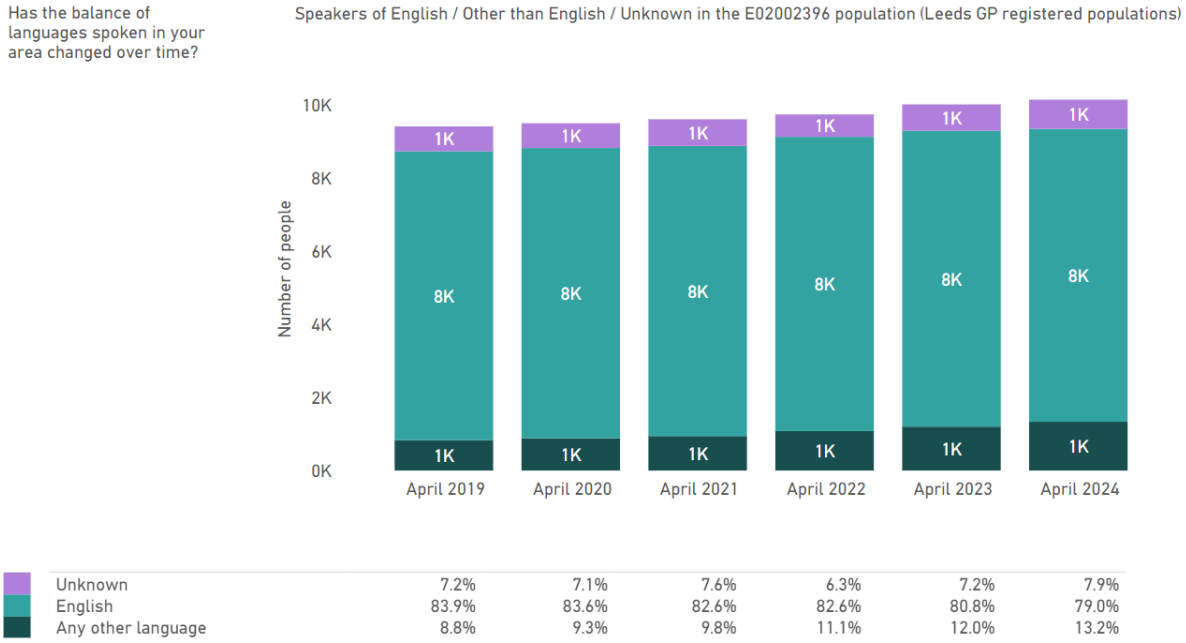
Population by GP recorded language category, in deprivation fifths. E02002396 (April 2024 Leeds GP registered populations)

GP recorded language	Most dep 5th	2nd most dep.	Mid	2nd least dep.	Least dep 5th	Total
English		7,997				7,997
Unknown		797				797
Other European Language (EU)		593				593
South Asian Language		246				246
Arabic		100				100
African language		83				83
West/Central Asian Language		75				75
Portuguese		65				65
East Asian Language		45				45
Spanish		37				37
Other European Language (non EU)		26				26
Russian		22				22
French		19				19
Turkish		16				16
Sign Language		4				4
Other European Language (non-national)		1				1
Total		**10,126**				**10,126**

Source: PHI

English is the dominant language in the area and unfortunately due to GP recoding accuracy the second largest category is unknown, which doesn't provide any detail to analyse in a meaningful way. Other European languages also have a high ranking , followed by the South Asian language. See chart below.

Figure 11: Speakers of English and other languages.

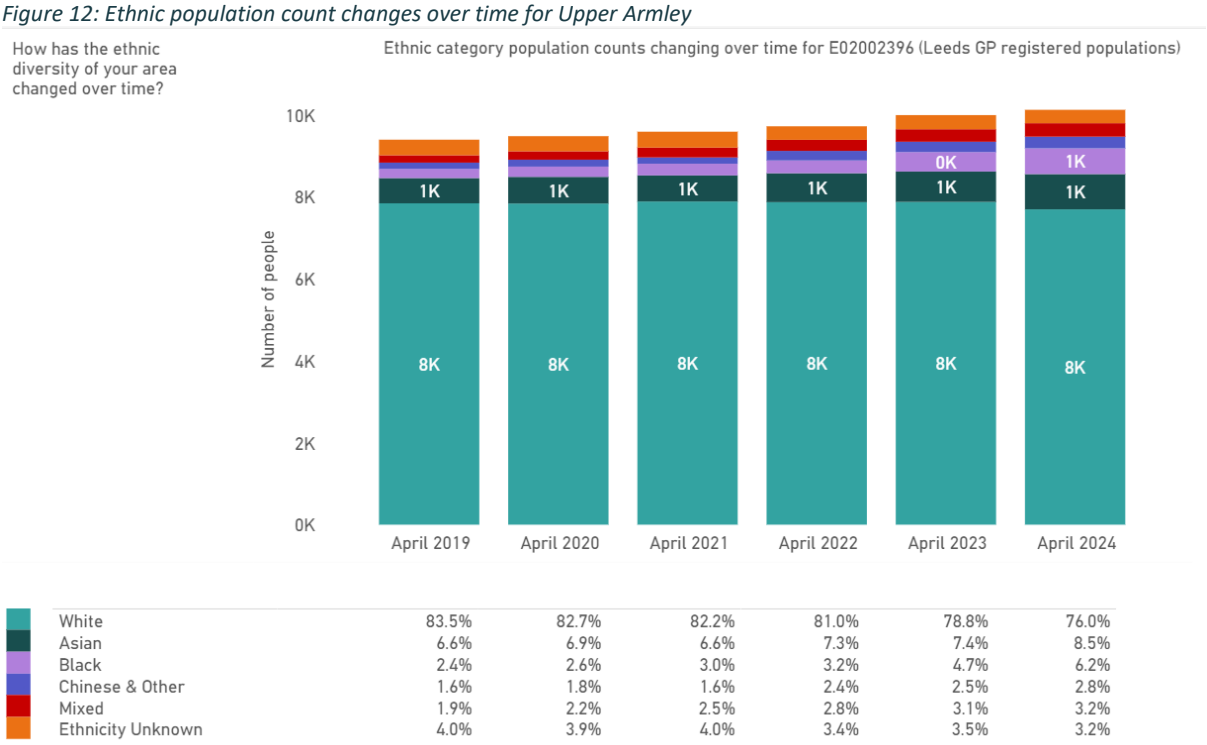


Source: PHI

The chart above shows a slight decline in the English language spoken and small increase in 'Unknown' language spoken with a slightly greater increase in any other language spoken as new community members move into the area.

Ethnic Population Count Changes Over Time for Upper Armley

Figure 12: Ethnic population count changes over time for Upper Armley



White	83.5%	82.7%	82.2%	81.0%	78.8%	76.0%
Asian	6.6%	6.9%	6.6%	7.3%	7.4%	8.5%
Black	2.4%	2.6%	3.0%	3.2%	4.7%	6.2%
Chinese & Other	1.6%	1.8%	1.6%	2.4%	2.5%	2.8%
Mixed	1.9%	2.2%	2.5%	2.8%	3.1%	3.2%
Ethnicity Unknown	4.0%	3.9%	4.0%	3.4%	3.5%	3.2%

Source: PHI

The white community have slightly declined by 2.8% in Upper Armley making way for increases in the Asian community of 1.1% and 1.5% in the black community. This trend is likely to continue as these populations become established over time.

English is the predominant language in this MSOA, unfortunately the second largest category is recorded again as 'unknown'. In line with this growing population, the Eastern European languages are the third most significant language.

Figure 13 Population by GP recorded language category, in deprivation fifths (April 2024 Leeds GP registered populations)

Population by GP recorded language category, in deprivation fifths. E02002396 (April 2024 Leeds GP registered populations)

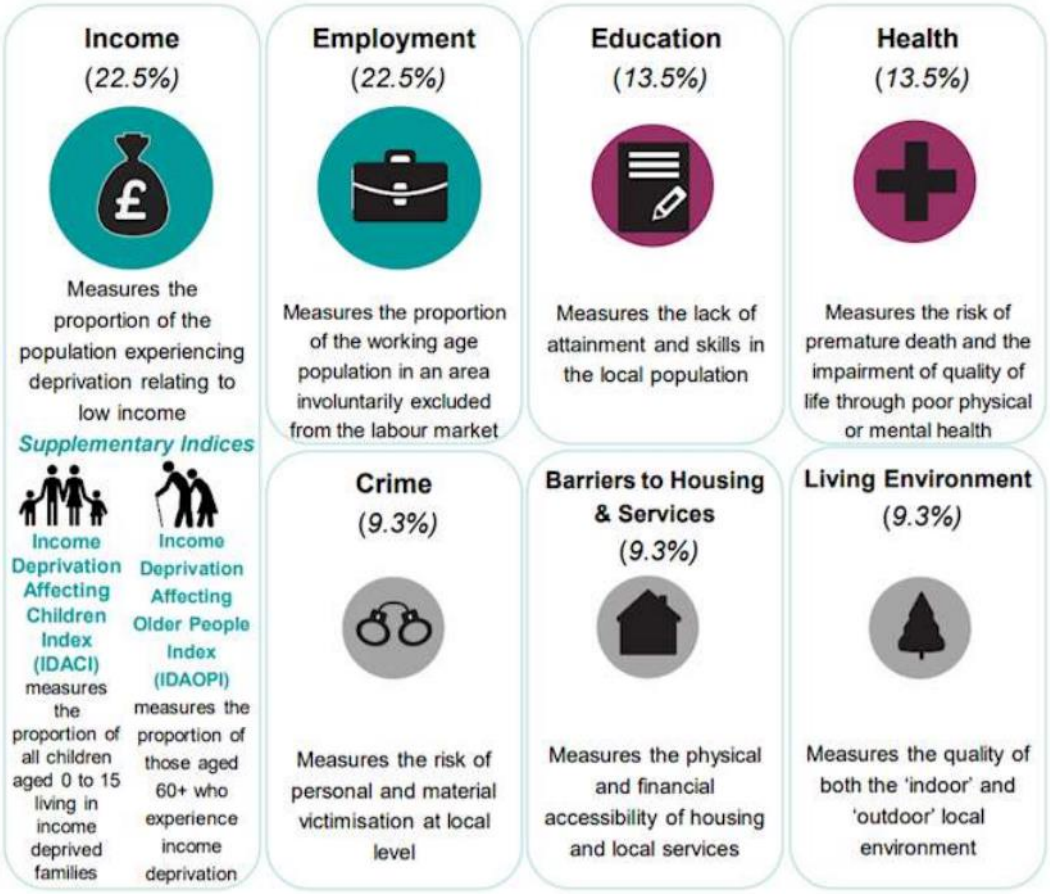
GP recorded language	Most dep 5th	2nd most dep.	Mid	2nd least dep.	Least dep 5th	Total
English		7,997				7,997
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Other European Language (EU)		593				593
South Asian Language		246				246
Arabic		100				100
African language		83				83
West/Central Asian Language		75				75
Portuguese		65				65
East Asian Language		45				45
Spanish		37				37
Other European Language (non EU)		26				26
Russian		22				22
French		19				19
Turkish		16				16
Sign Language		4				4
Other European Language (non-national)		1				1
Total		**10,126**				**10,126**

Source: PHI

Upper Armley and the Index of Deprivation

Background to the Index of Multiple Deprivation (IMD). The IMD is the official measure of relative deprivation in England. It measures the relative deprivation across 32,844 small areas or neighbourhoods, called Lower-layer Super Output Areas (LSOA), in England. It ranks each LSOA from most deprived (1) to least deprived (32,844) based on 39 separate indicators organised across seven distinct domains of deprivation, which are combined and weighted to calculate the IMD. Rankings are divided into deciles with 1 referred to as the most deprived 10% nationally and 10 referred to as the least deprived 10% nationally. (Leeds City Count-Leeds Observatory, 2025).

Figure 14: Seven domains of deprivation



Source: PHI

Looking at this MSOA the smaller geographical components can be viewed and how deprivation plays a part in the day to day life of this MSOA is demonstrated. There are six LSOA (smaller geographical areas containing about 1,000 to 3,000 citezens equating to between 400 and 1,200 households) shown below.

LSOAs of MSOA E02002396 Upper Armley and Deprivation

Deccile one is the most deprived rank and decile 10 the least deprived. (2019)

Figure 15: LSOAs of MSOA E02002396 and deprivation

LSOA	NAME	IMD RANK	IMD most deprived 1%, 3%, 5% or 10% in England
E01011287	Spring Valleys	4	_
E01032499	Armley Granges, Gotts Park, Hill End	5	10%

E01032500	Armley Ridge Road, Edinburghs	1	10%
E01032606	Green Hill Dr, Billingbank Dr…	2	_
E01032607	Aberdeens, Moor End, Wortley Rd	2	_
E01032608	Hallidays, Park Street, St Ives	2	_

Source: Leeds Observatory (https://observatory.leeds.gov.uk/economy-and-employment/)

All of the LSOAs are deprived on the national scale, THE LSOAs of particular interest due to its deprivation rankings is Armley Ridge Road, The Edingburghs (E1032500).

These areas could be targeted as many estates have been done in the past with specific outreach around cost-of-living help and advice. With limited resources and staff teams it would make sense to target these areas first, which experience the greatest deprivation.

Employment Deprivation for Upper Armley

Figure 16: LSOAs and employment deprivation.

LSOA	NAME	Employment Decile	Employment Deprived
E01011287	Spring Valleys	4	10%
E01032499	Armley Granges, Gotts Park, Hill End	7	7%
E01032500	**Armley Ridge Road, Edinburghs**	**2**	**17%**
E01032606	**Green Hill Dr, Billingbank Dr…**	**4**	**16%**
E01032607	Aberdeens, Moor End, Wortley Rd	3	13%

E01032608	Hallidays, Park Street, St Ives	3	14%

Source: Leeds Observatory (https://observatory.leeds.gov.uk/economy-and-employment/)

The chart shows all areas that require employment support to move residents into or closer to the employment market. The highest ranking for employment deprivation is.

Figure 17: LSOAs with the four highest ranking employment deprivation scores

LSOA	NAME	Employment Decile	Employment Deprived
E01032500	Armley Ridge Road, Edinburghs	2	17%
E01032606	Green Hill Dr, Billingbank Dr…	4	16%
E01032608	Hallidays, Park Street, St Ives	3	14%
E01032607	Aberdeens, Moor End, Wortley Rd	3	13%

Source: Leeds Observatory (https://observatory.leeds.gov.uk/economy-and-employment/)
In the diagram below, the chart illustrates what constitutes destitution and the various levels of poverty.

Figure 18 Levels of Poverty



Source: LCC

Surrounding Area of Upper Armley

The living environment within this LSOA is a mixed picture with some residents living in good quality housing, some average and others in poorly maintained rented accommodation. Social housing is of mixed types with the general standard being good, however some of the high rise blocks adjacent or in this area suffer from anti-social behaviour as intruders access their communal areas, stairways and landings. For those with no gardens there are ample green spaces such as Gotts Park, Charlie Cake Park and at the bottom of this MSOA Armley Moor which has a green gym. There is a movement of residents who are experiencing poverty throughout the MSOAs which make up the ward but this is difficult to track.

The LSOAs are ranked as follows for living environment deprivation.

The lower the score the worse the living environment.

Figure 19 Upper Armley-Living Environment Deprivation LSOAs

		1
E01032500	Armley Ridge Road, Edinburghs	1
E01032606	Green Hill Dr, Billingbank Dr…	1
E01032607	Aberdeens, Moor End, Wortley Rd	1
E01032608	Hallidays, Park Street, St Ives	1
E01011287	Spring Valleys	3
E01032499	Armley Granges, Gotts Park, Hill End	4

(Source: Leeds Observatory – Welcome to the Leeds Observatory)

Please note for air and traffic pollution consult ward chapter.

Crime and Anti-Social Behaviour for Upper Armley

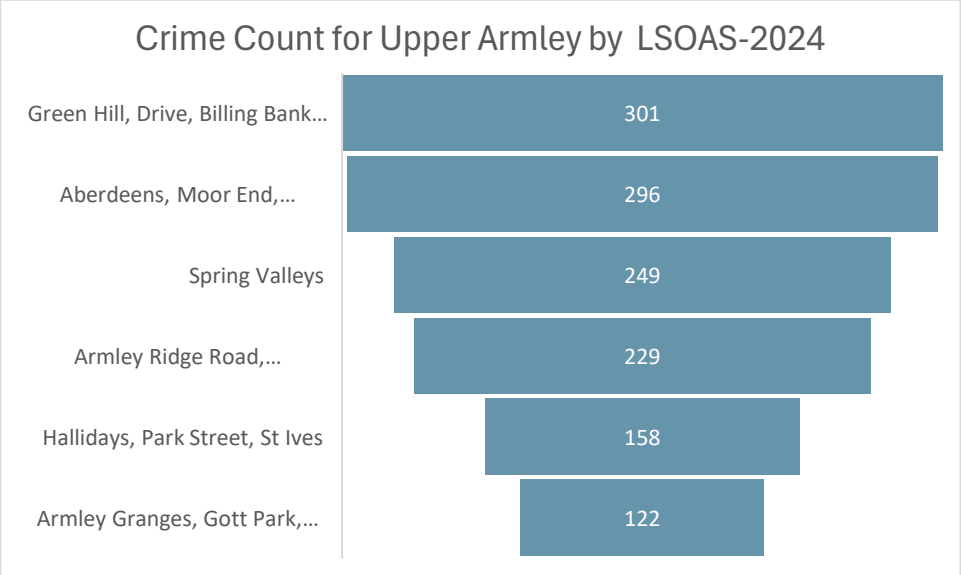
On Leeds observatory it states that the absence of a safe and secure place can have an extremely negative impact on physical and emotional health and wellbeing. Living in a MSOA which is plagued by crime and anti-social behaviour makes resident's lives a misery and blunts their experience of local amenities if the perceived fear of crime prevents them leaving their accommodation. Partners working in Armley and resident associations have requested a breakdown of crime across the wards at LSOA level so they can see where hot spots are and where action can be taken such as 'Neighbourhood Watch' (https://www.ourwatch.org.uk/) projects.

Figure 20 Crime statistics upper Armley LSOAs Nov-23 to Oct 24

LSOAs-Upper Armley	LSOA Name	Crime Count	Violence & sexual offences	Vehicle crime	Burglary	Criminal damage & arson	Public order	Shop lifting	Drugs	Robbery & theft from a person
E01011287	Spring Valleys	249	54	13	20	18	19	48	1	3
E01032499	Armley Granges, Gotts Park, Hill End	122	46	19	13	14	6	0	2	1
E01032500	Armley Ridge Road, Edinburghs	229	117	15	13	21	13	1	9	7
E01032606	Green Hill Drive, Billingbank Drive	301	141	26	20	47	9	6	6	3
E01032607	Aberdeens, Moor End, Wortley Road	296	138	31	26	21	15	12	8	13
E01032608	Halidays, Park Street, St Ives	158	77	21	13	8	10	0	10	6

Source: Data.police.uk (Nov 23-Oct 24) Crime - UTLA | Leeds | Report Builder for ArcGIS

Figure 21 Crime count by Upper Armley LSOA -2024



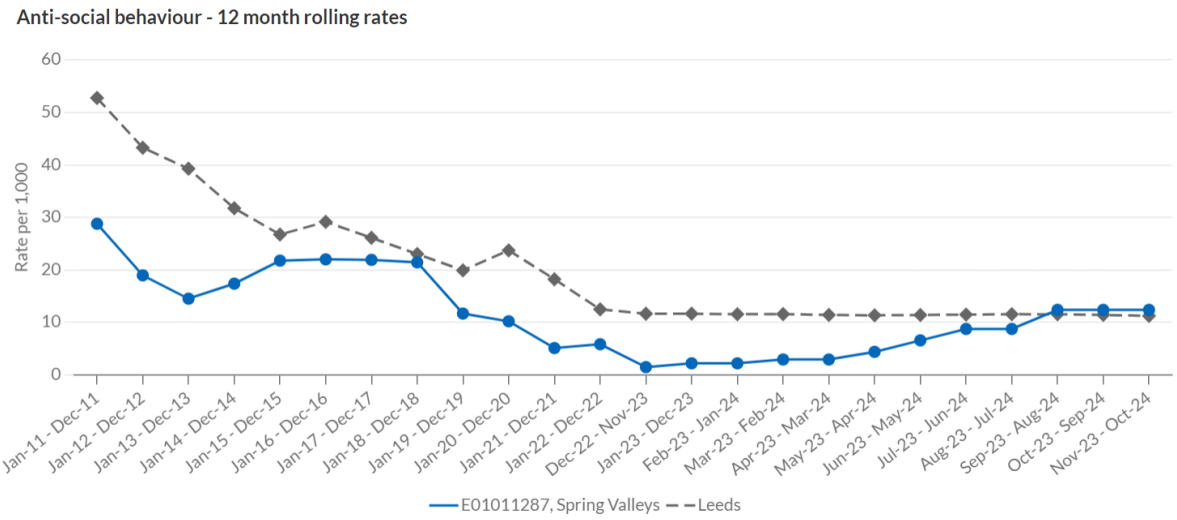
Source: Data.police.uk (Nov 23-Oct 24) [Crime - UTLA | Leeds | Report Builder for ArcGIS]

The Green Hill followed by the Aberdeens experience by far the largest crime count. These specific LSOAs could be targeted and the focus of emotional health and crime prevention street corner pop ups to support residents impacted by crime or the fear of it. There are opportunities for local charities and residents to work with the local Police as they have in the past.

Anti-Social Behaviour (ASB) -12 Month Rolling Rates.

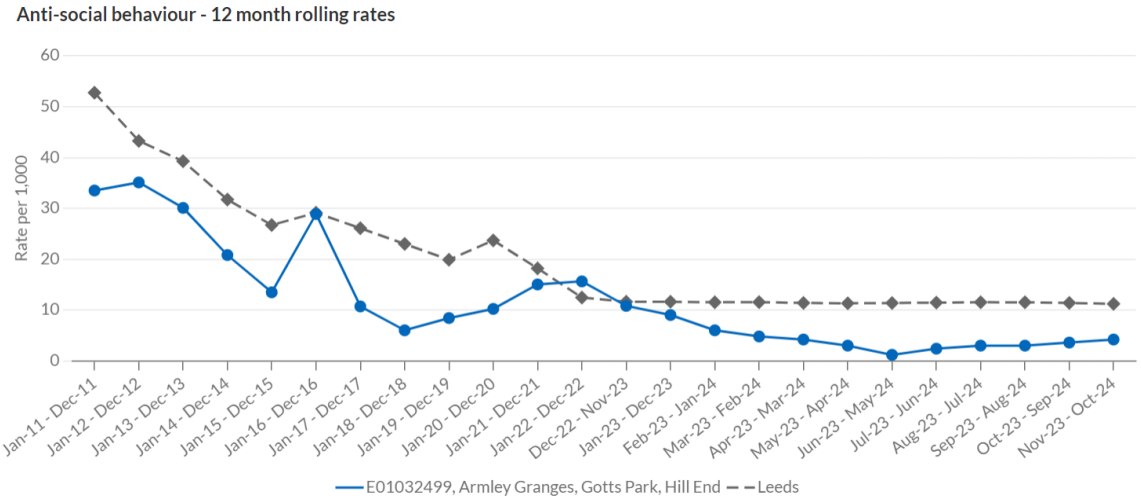
Below are the Anti-Social Behaviour trends from Jan 11 to October 24 for each of the LSOAs that make up the Upper Armley MSOA. With longer time periods partners can get a clearer picture of where anti-social behaviour impacts residents the most and what the long-term trends appear to be. There is a heavier focus on crime in this early section as data has been requested by partners and the topic was very prevalent in resident surveys, described as a pressing area of concern for this geography.

Figure 22 ASB Spring valleys



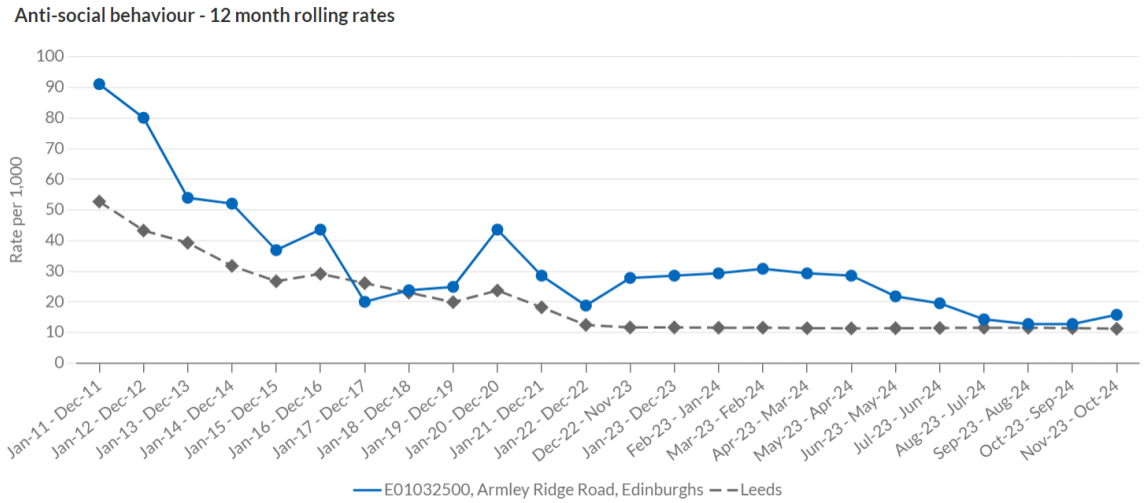
Source: Data.police.uk (Nov 23-Oct 24) [Crime - UTLA | Leeds | Report Builder for ArcGIS]

Figure 23 ASB Armley Granges



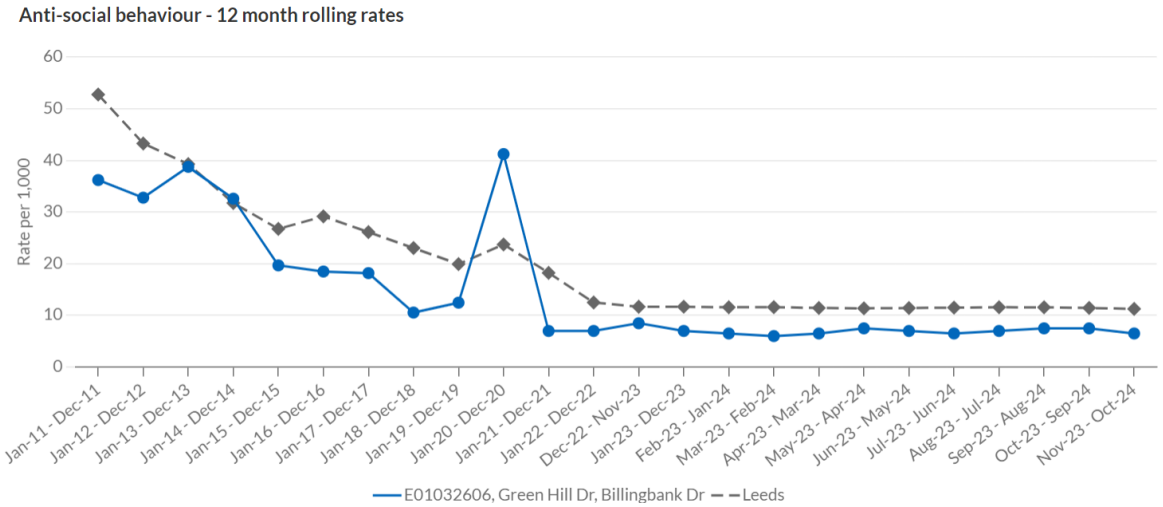
Source: Data.police.uk (Nov 23-Oct 24) [Crime - UTLA | Leeds | Report Builder for ArcGIS]

Figure 24 ASB Armley Ridge Road



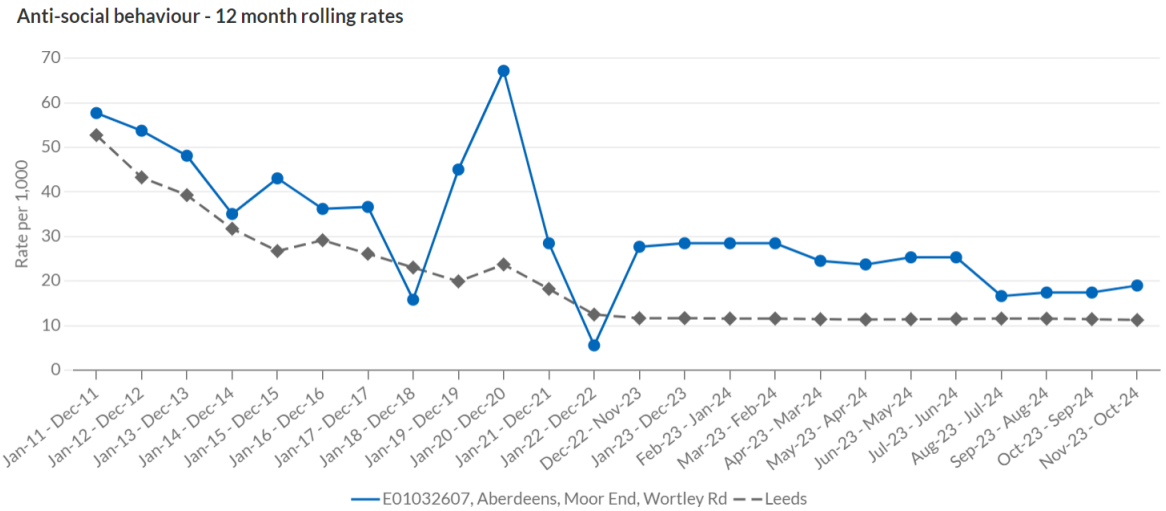
Source: Data.police.uk (Nov 23-Oct 24) [Crime - UTLA | Leeds | Report Builder for ArcGIS]

Figure 25 ASB Green Hill



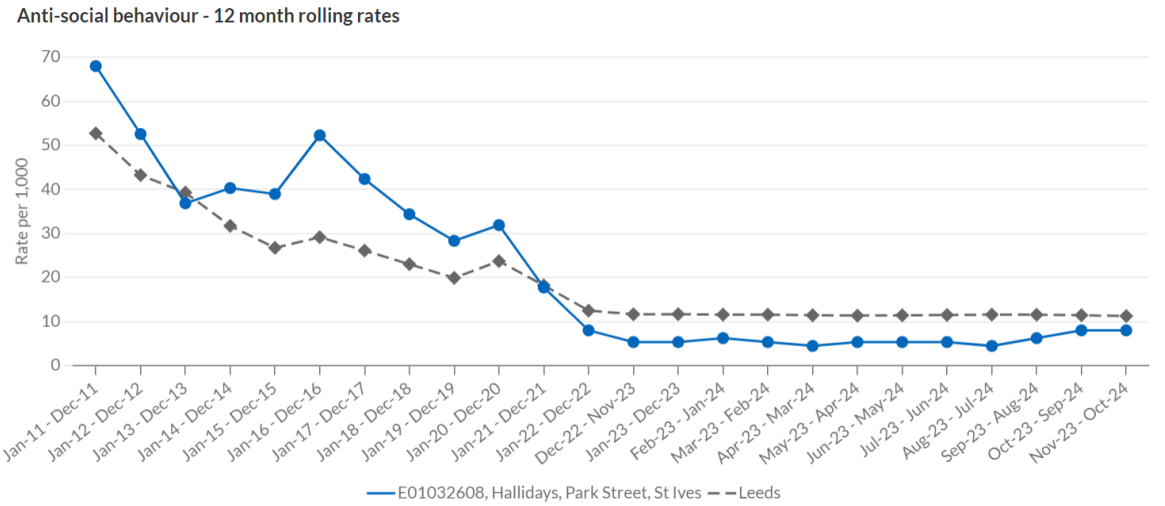
Source: Data.police.uk (Nov 23-Oct 24) [Crime - UTLA | Leeds | Report Builder for ArcGIS]

Figure 26 ASB Aberdeens



Source: Data.police.uk (Nov 23-Oct 24) [Crime - UTLA | Leeds | Report Builder for ArcGIS]

Figure 27 ASB Halidays



Source: Data.police.uk (Nov 23-Oct 24) [Crime - UTLA | Leeds | Report Builder for ArcGIS]

For ASB the below summary shows after significant effort by Police, resident groups, charitable organisations, Armley Action Team, Leeds City Council (LCC) Town Street Team, Community Builders, LCC Communities Team have reduced levels of ASB and crime over the years from the highs early in the year. There is a trend summary for each LSOA that makes up the upper Armley MSOA below.

Legend:

- Above Leeds rate.
- Below Leeds rate.

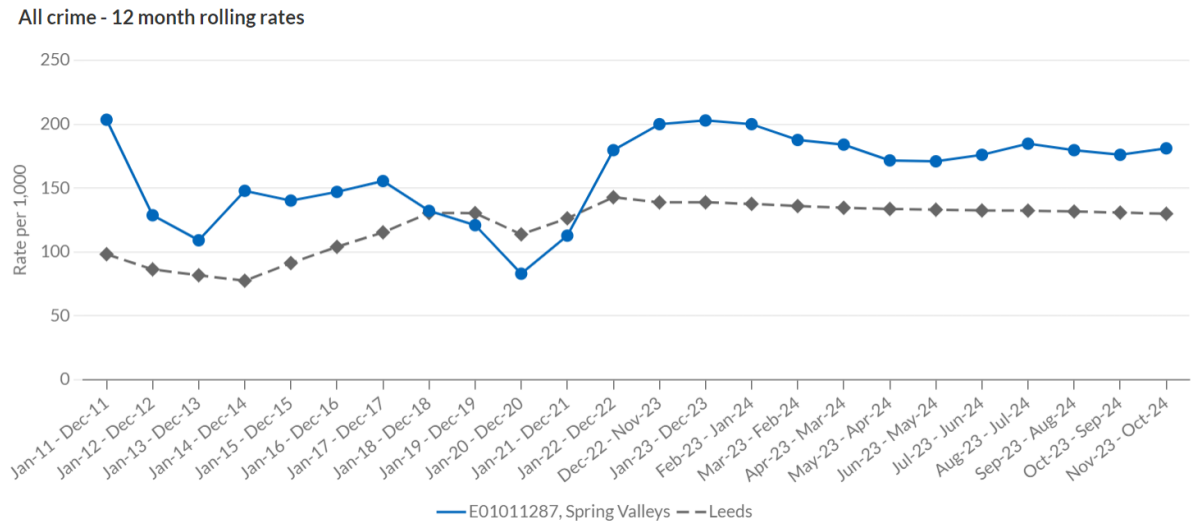
Figure 28 ASB trends Upper Armley by LSOA

LSOA NAME	COMMENTARY ON ASB
Armley Ridge Rd, Edinburghs	Plateaued after a downwards trend above the Leeds rate.
Aberdeens, Moor End, Wortley Road	Downwards trend with a few spikes, plateaued and currently above the Leeds rate.
Spring Valleys	Trend is below Leeds rate, currently same as / slightly above.
Armley Granges, Gotts Park, Hill End	Below Leeds average
Green Hill Drive, Billingbank Drive	A spike mid-year now below Leeds average
Halidays, Park Street, St Ives	Downward trend and then plateaued to be below Leeds average.

Source.data.police.uk

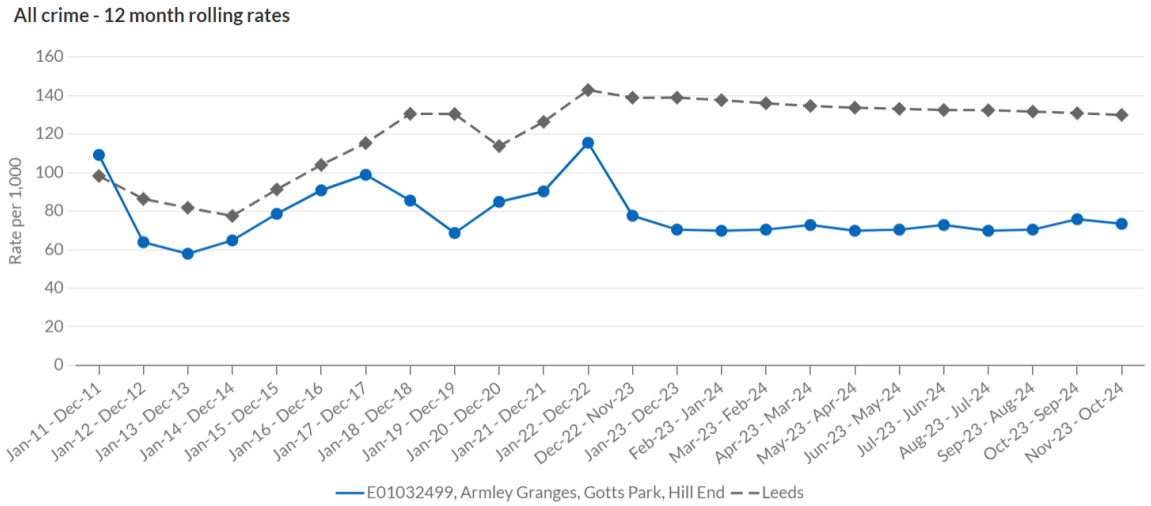
One of the purposes of examining crime statistics at this granular level is to compare actual recorded crime statistics with resident fear of perceived crime. At a recent meeting of the Armley Town Street Group one of the actions was to reassure residents that crime had been falling in some of the neighbourhoods to improve their emotional health in relation to crime and so they could see progress was being made. Where some neighbourhoods anti-social behaviour has been falling, in some it remains above the Leeds rate. Some residents do not report all cases of ASB either through fear of retaliation or they believe nothing will be done. The Police have a strong record of responding and would always encourage citizens to report all incidents of crime so they can build up a comprehensive picture of a neighbourhood and take appropriate action.

Figure 29 Spring Valleys all crime



Source: Data.police.uk (Nov 23-Oct 24) Crime - UTLA | Leeds | Report Builder for ArcGIS

Figure 30 Armley Granges all crime



Source: Data.police.uk (Nov 23-Oct 24) Crime - UTLA | Leeds | Report Builder for ArcGIS

Figure 31 Armley Ridge all crimes

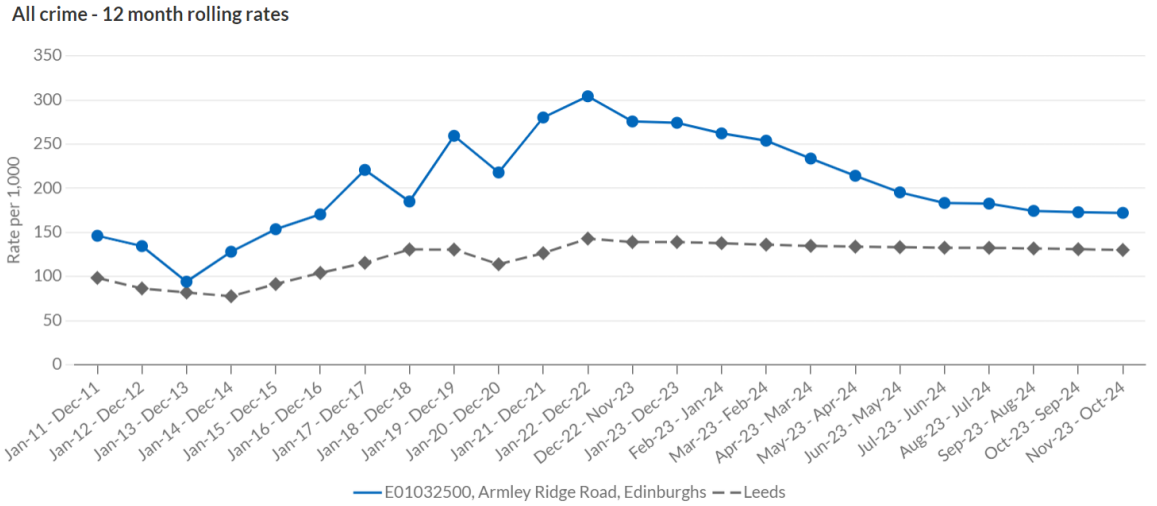


Figure 32 Green Hill all crimes

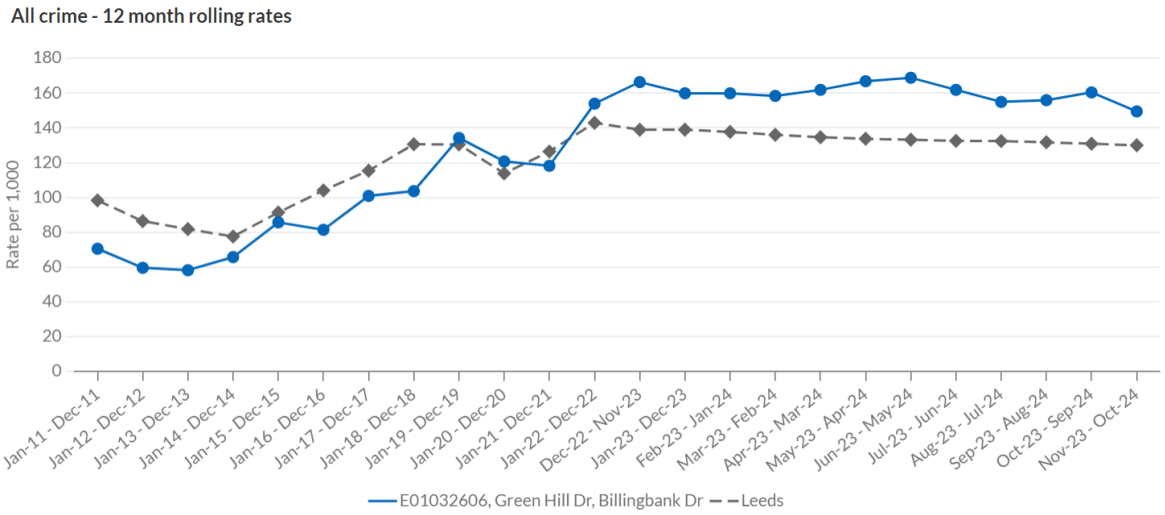


Figure 33 Aberdeens all crimes

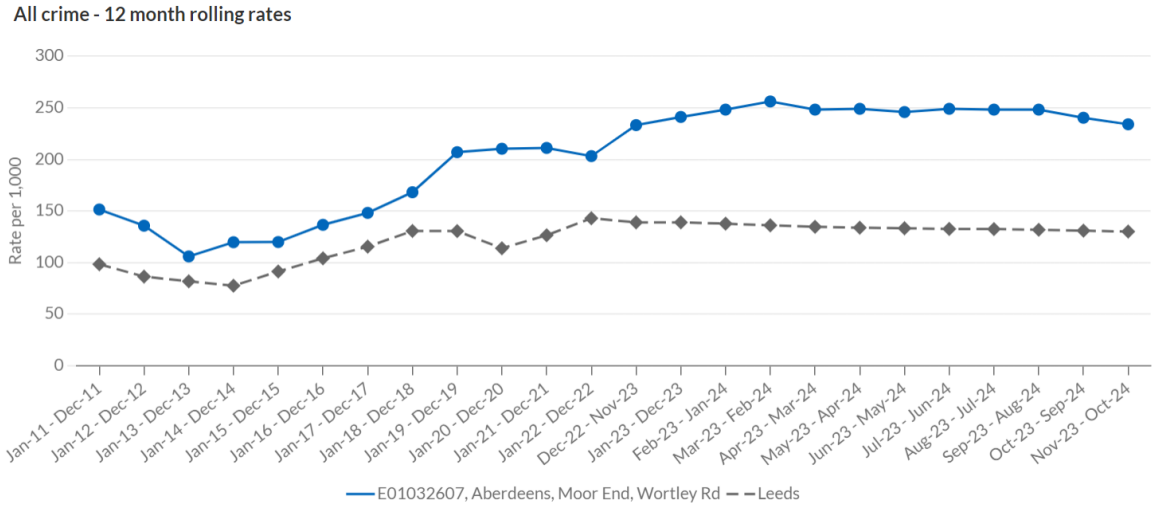
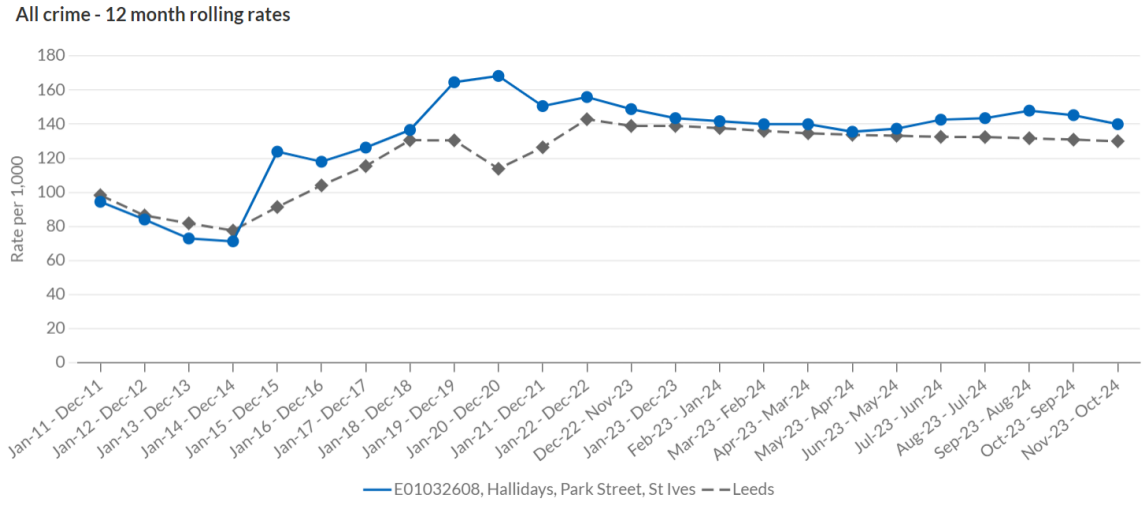


Figure 34 Halidays all crimes



Source: All crime charts data.police.uk

We can see from the above month rolling rate trend graphs that all LSOAs are above the Leeds rate after a rise and have plateaued mirroring the Leeds rate or above to varying degrees. The one exception the Armley Granges LSOA.

In the American Journal of Public Health (Stafford, Chandola and Marmot,2007) in a longitudinal study participants reported greater fear were 1.93 (95% confidence interval) times as likely to have depression as those reporting to have a lower fear of crime and subsequently had a lower mental health score 0.9 on a medical Outcomes Short Survey form. In areas where the crime count is high Armley residents experience poorer emotional health. The article concludes in these words that fear of crime may be a barrier to participation in promoting physical and social activities. Public Health practitioners and partners should engage in fear reducing initiatives, working with the Police, local charities and promote guides on improving and maintaining resilience, and strong mental and emotional health such as The Armley Rise-People-Places & Activities Mood Booster pamphlet. Accompanying residents or organising transport to organised ward activity, which is social, attractive, easy and benefits their health can help to reduce fear and anxiety if nervous about leaving the house.

Housing of Upper Armley

Housing is a crucial element to a person's overall health and wellbeing from their physical health to their emotional health. According to the Health Foundation UK the condition, nature, security and location of our housing has a big impact on our lives, influencing our health and wellbeing in numerous ways. A healthy home is affordable, warm and stable: somewhere safe that meets the diverse needs of the people living there, and helps them connect to community, work and services. (Housing | The Health Foundation).

Housing has historically played a part in policies to improve health, such as seeking to prevent the spread of infectious disease in the 19th century by improving sanitation and reducing overcrowding. When Leeds announced it was becoming a Marmot city one of its two prime objectives was housing, recognising its importance to health.

In a recent survey of Leeds Housing Social Housing Tenants, the following was found.

Every three months Housing Leeds send a satisfaction survey to a random sample of residents to ask how satisfied you are with the council's service. This has been instigated fairly recently, started in April 2022, so there are now two years of satisfaction information in this report. This has also included an average of 16 landlords who are similar in size to the councils accommodation offer to show how the council compares.

	2022 to 2023	2023 to 2024	Landlords of a similar size*
With our overall service	60%	66% (+6%)	64% (+2%)
With the repair service in the last 12 months	66%	70% (+4%)	69% (+1%)
With the time taken to complete your most recent repair	61%	67% (+6%)	66% (+1%)
That we provide a home that is well maintained	61%	68% (+7%)	66% (+2%)
That we provide a home that is safe	61%	74% (+13%)	73% (+1%)

Source: Housing Leeds annual report

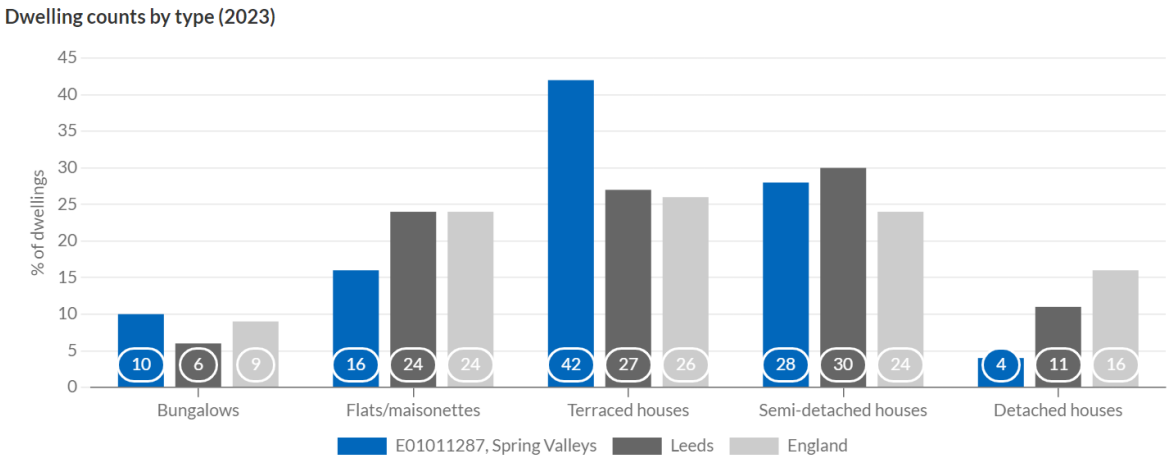
Simon Hill (Hill, 2023) describes the issue of affordable social housing thus. There are a variety of tenures, including social rent, affordable rent, intermediate rent, affordable homeownership, and shared ownership. Of these, affordable rent, shared ownership and social rent houses are the most commonly built, comprising 45.5%, 32.8% and 11.4% respectively of completions in 2020 – 21. Unfortunately, while the government dubs all three as "affordable", only one category can really be viewed as such.

Shared ownership, for example, is far out of the reach of most average or low-income households. Acquiring the average UK property (valued at £276,755, as of February 2022) through shared ownership requires a minimum income of £38,400; considerably above the 2021 median household income of £31,400.

Leeds observatory provides information on housing and households which may allow us to identify areas where people may be at risk of social exclusion, due to the type and condition of their housing or their household structure.

Below is a chart listing the dwelling types in the LSOAs that make up the MSOA of Upper Armley. Household counts are given and can be used in working out size of outreach teams for door knocking and / or how many leaflets to print off for leafleting saving partners who operate in the area money. Dwelling types can be used to focus the category of resident and the level of support they may require.

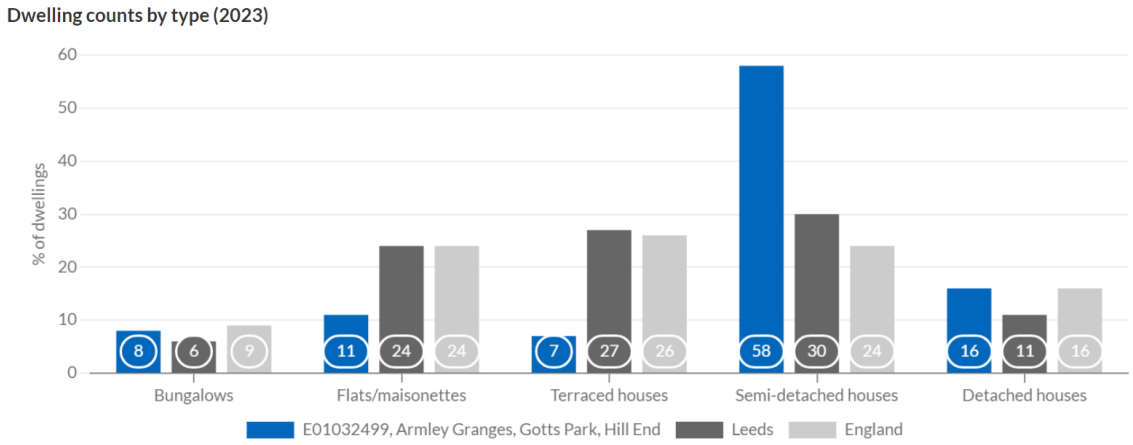
Figure 35 Dwelling count-Spring Valleys



Source: Valuation Office Agency-Leeds Observatory

Total properties 670 and the vast majority properties fall into the cheapest council tax bands (A, B & C). We can see 42% of all the properties are terraced houses. The most prevalent council tax band is B, followed by A and then C.

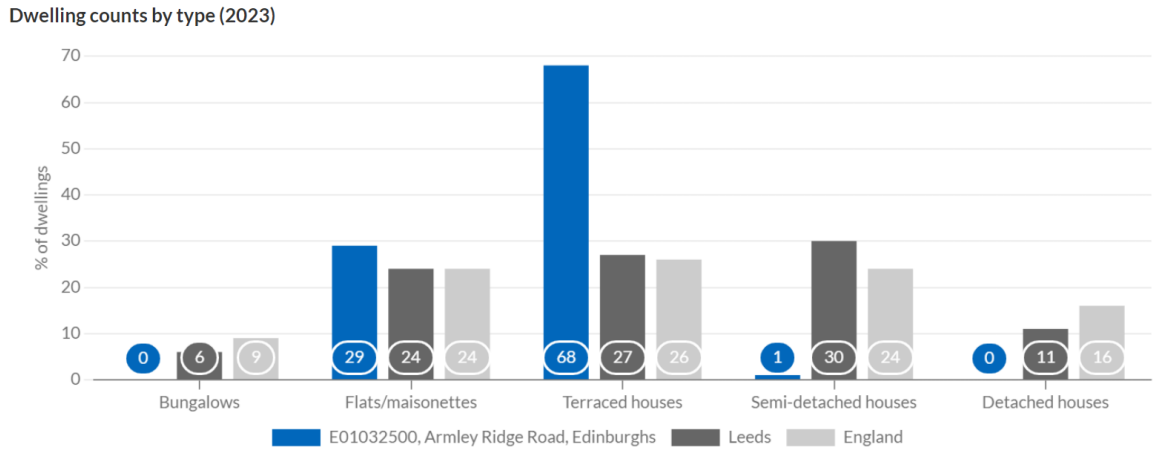
Figure 36 Dwelling count-Armley Granges



Source: Valuation Office Agency-Leeds Observatory

In contrast we can see this LSOA is more affluent than those around it, situated close to Gotts Park as the name suggests by far the greatest dwelling count is semi-detached houses. However, this LSOA is not without its pockets of poverty and associated challenges. The most prevalent council tax band is C, followed by A. There are 740 properties in this area.

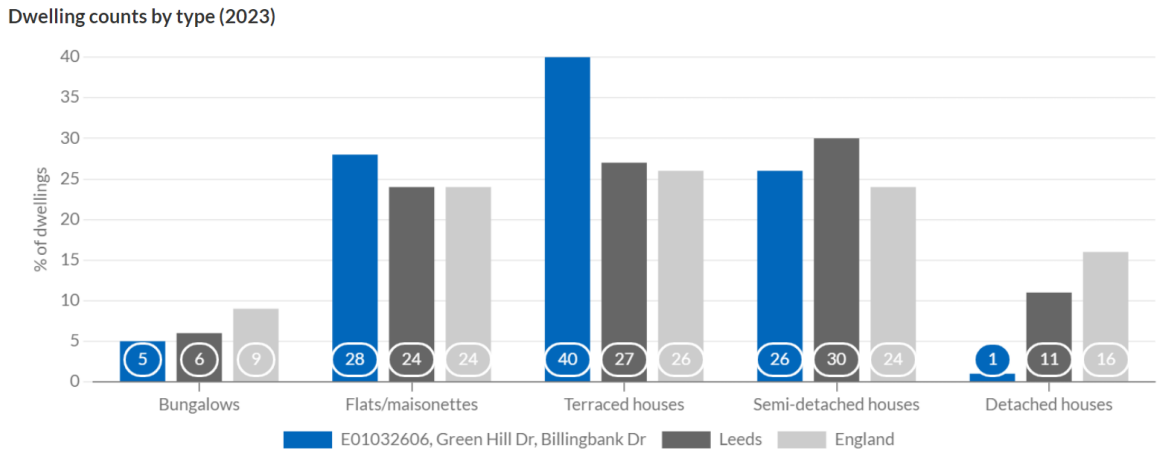
Figure 37 Dwelling count-Armley Ridge Road



Source: Valuation Office Agency-Leeds Observatory

The predominant dwelling in this LSOA is terraced housing, the area is a mixture of predominantly private rented and social housing. Council tax band A is the predominate band in this LSOA. There are 690 properties in this area.

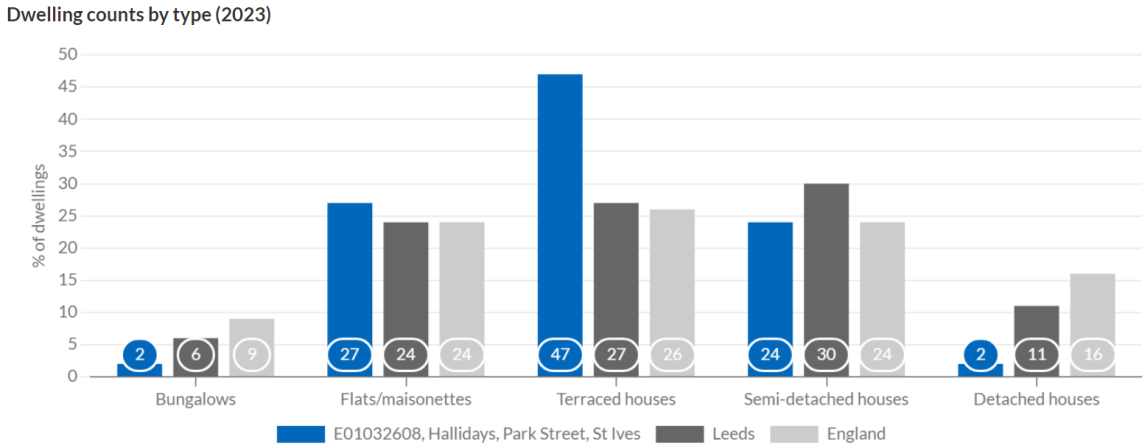
Figure 38 Dwelling counts-Green Hill



Source: Valuation Office Agency-Leeds Observatory

Terraced housing is predominant in this LSOA and with council tax band B followed very closely by band A are the prevalent in Green Hill. There are 960 properties in this geography.

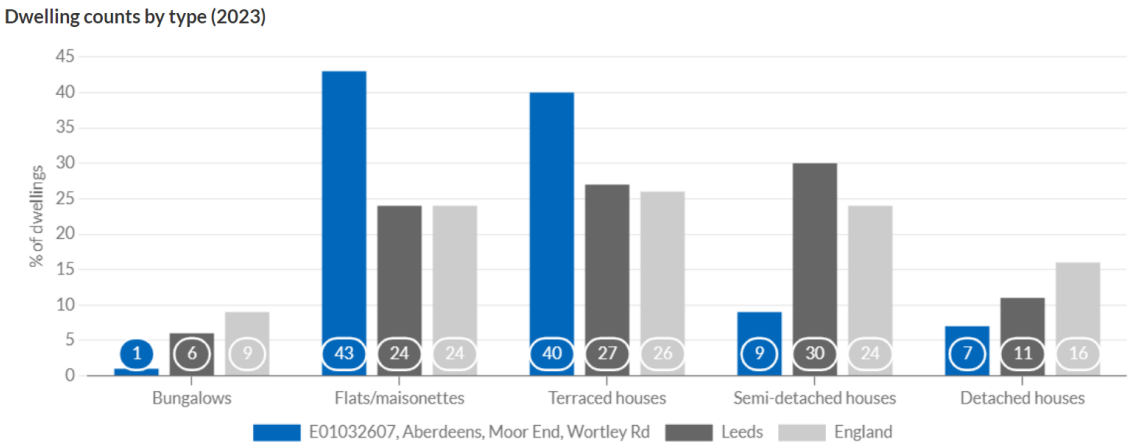
Figure 39 dwelling count- Halidays



Source: Valuation Office Agency-Leeds Observatory

Terraced housing is again the most prevalent dwelling in this area, with 550 properties in this LSOA, with council tax band A accounting for the vast amount of residents.

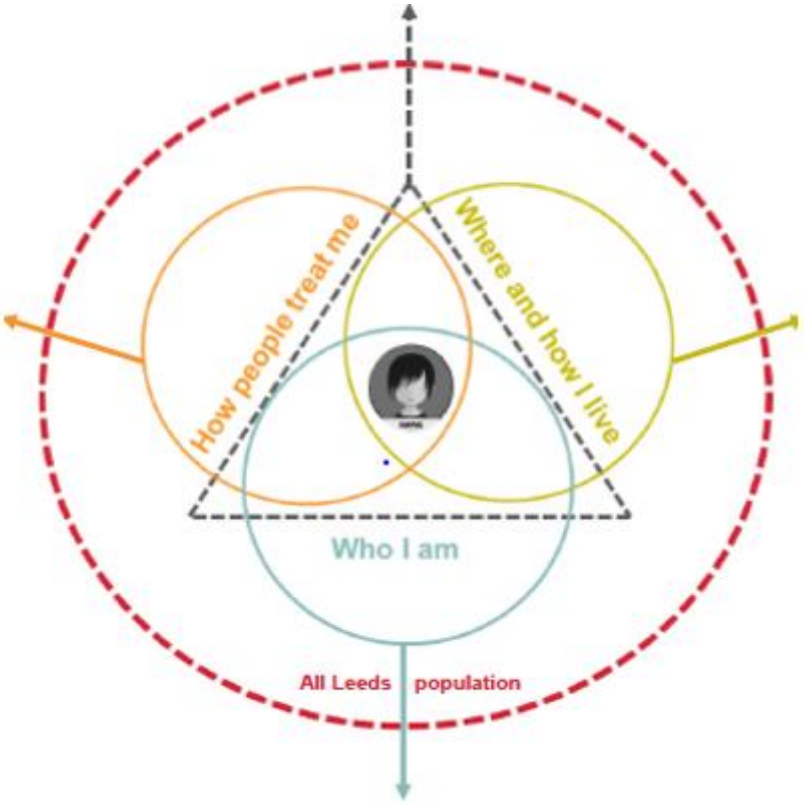
Figure 40 Dwelling Count Aberdeens



Source: Valuation Office Agency-Leeds Observatory

In this LSOA there are almost equal amounts of flats and terraced houses as the predominant form of housing. There are 680 households in this location and the dominant council tax band is A.

Figure 41 Where I Live, how I live and who I am



Source: Pia Bruhn- Leeds City Council-Public Health Workforce Development.

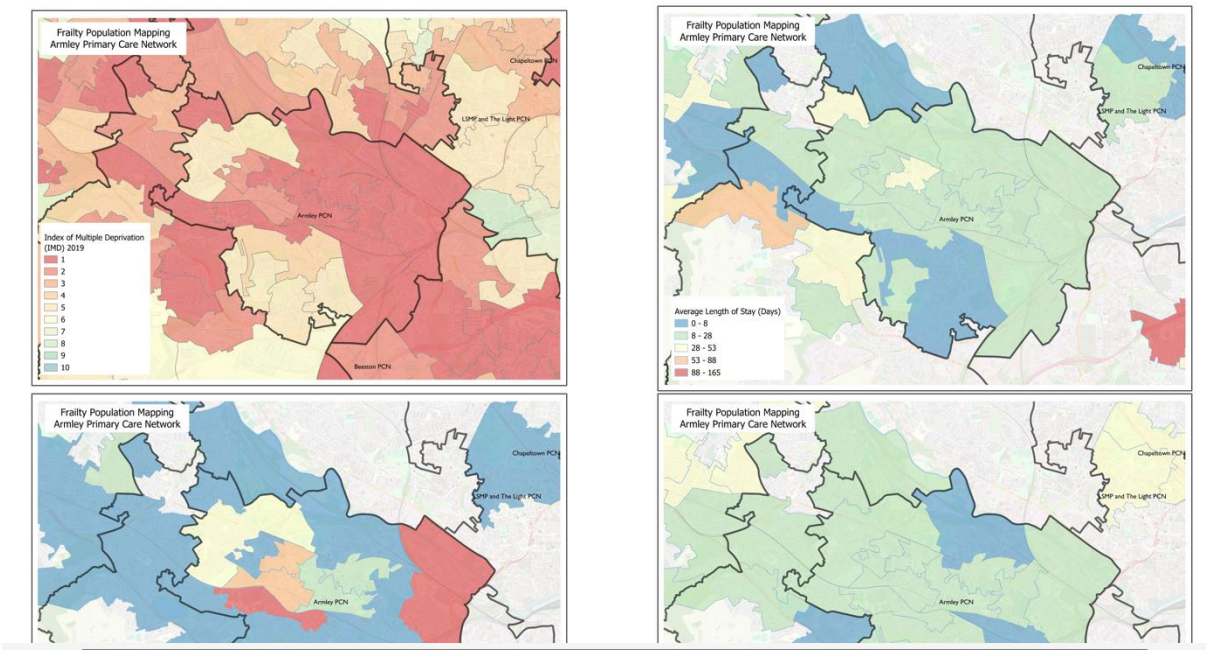
Where and how I live is an integral part of health inequalities triangle (shown above) and how people are treated, what resources and opportunities are available to them and their life outcomes. Examining housing stock and resident needs is an essential part of where to focus resources and look for potential assets and how to support them.

In poorer areas flats and some terraced housing dwellers on the lowest council tax band in Armley may need additional support with issues such as the cost of living. This will not necessarily categorise them as poor and needing support, but it can assist door knocking, leafleting and pop-up stall information activities. Examining housing stock in this particular MSOA can help partners determine where to start.

Anecdotally some of privately owned and social housing suffers from overcrowding with some unregistered tenants moving in and 'sofa surfing' taking place as friends and associates fail to secure accommodation. The extent of the problem is difficult to determine, however advice and rapid responsive support can be available at Armley Hub if unhoused citizens are directed there.

Property type listings (dwelling counts) by area also allows us to look at where there may be issues with frailty, falls, some potentially connected to alcohol and drug use and older members of the community by overlaying frailty maps which show length of stay by area for accident and emergency admissions due to frailty and falls and examining housing type in those hot spot areas.

Figure 42 Frailty population mapping



Source: CYP Data Pack 2025 -Leeds Health and Care Partnership

Fuel Poverty

An essential element to health and happiness is warmth during cold periods, adverse weather, household budgets and fuel poverty.

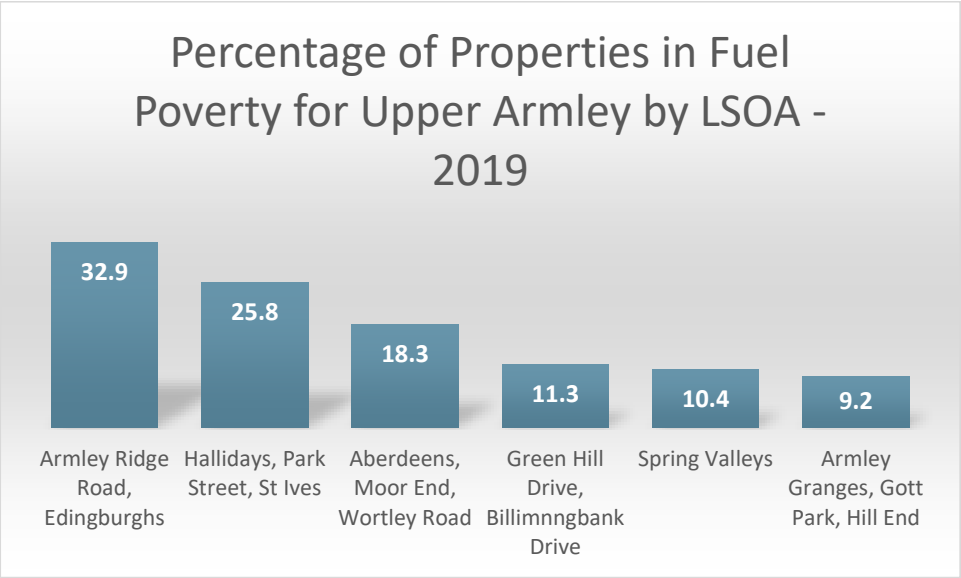
Figure 43 Fuel poverty in Upper Armley by LSOA

LSOA	Properties	Households in Fuel Poverty	% of Properties in Fuel Poverty
Armley Ridge Road, Edingburghs	657	216	32.9
Halidays, Park Street, St Ives	535	138	25.8
Aberdeens, Moor End, Wortley Road	665	122	18.3
Green Hill Drive, Billing Bank Drive	952	108	11.3
Spring Valleys	672	70	10.4
Armley Granges, Gott Park, Hill End	720	66	9.2

Source: Department of Energy Security and Net Zero 2024 Figures are 2 yrs in arrears so correspond to 2022. Please note figures are not ideal and rely on modelling but do give an indication of where residents have issues.

We can see from the table above and the percentage graph below that Armley Ridge Road, Hallidays and Aberdeens require the most support in terms of fuel poverty and household budgets.

Figure 44 Percentage of properties in fuel poverty in Upper Armley



Source: Leeds Observatory

Later on, in this report in the overall ward section we look at housing, fuel poverty and health in more detail using data from a prototype mapping tool developed by LCC Public Health Intelligence.

Education for Upper Armley

Education, school readiness and a child's ability to problem solve are all strong indicators of whether that child will reach its full potential and contribute to civic life. Education can have an impact on cognitive development, how a future version of the child makes sense of the world. Its ability to reflect on life and critically think about the situations and environments it finds itself in. A solid well-rounded education can be a strong predictor of a child's economic, social and emotional wellbeing.

Early years being the most significant. In the first five years of their lives, children are learning behaviourally, cognitively, physically, and socially at a faster rate than at any other time in their lives (OECD, 2020).

(The Teacher Development Trust , Quality early years education crucial for better life outcomes - Teacher Development Trust 23 Feb, 2024 | 2024, CPD, Early Years Education, NPQEYL)

Archer and Oppenheim (2021) talk directly to the subject of a child's life chances in relation to early education.

Figure 45 Education, skills and training deprivation for Upper Armley

For this MSOA the LSOA which experiences the greatest education, skills and training deprivation is Armley Ridge Road, Edingburghs (E01032500).

LSOA	Education, Skills and Training Deprivation Rank (The lower the rank, the higher the deprivation)
ARMLEY RIDGE ROAD, EDINGBURGHS	2
GREEN HILL DRIVE, BILLLINGBANK DRIVE	3
HILL TOP, TOWN END	4
SPRING VALLEYS	4
ABERDEENS, MOOR END, WORTLEY ROAD.	4
HALIDAYS, PARK STREET, ST IVES.	4

Source: Leeds Observatory 2019

There is a more detailed summary on education in the ward level chapter.

Chapter Summary Surrounding Area for Upper Armley

We can see that much of the population within this MSOA are disproportionately impacted by poverty and many children's life chances are stunted by the wider determinants of health which are within this MSOA of Upper Armley. The area has been blighted by crime, anti-social behaviour low aspirations due to economic conditions and possibly struggling parents who had succumbed to drug and alcohol resulting in poor role models. There may be a high level of one parent families in some of these neighbourhoods. These views have certainly be expressed in many of the resident surveys over the last five years. However, it should always be remembered that all across this ward parents, carers and guardians have successfully been raising families for generations under some extremely demanding and challenging economic conditions. Thankfully traffic noise and air pollution whilst an issue at some times of the day is certainly not as severe as some inner-city wards.

For all of the metrics expressed within these LSOAs which make up this MSOA with acknowledged limited partner resources Armley Ridge Rd, Edingburghs would be the one to focus on in terms of cost of living, employment and early years education. An examination of private housing conditions would be Carcrofts. For fuel poverty and household budget support the LSOAs to target suggested by the data would be Armley Ridge Road and Halidays.

There is a ward summary later on looking specifically at the LSOAs to target for support and asset searching.

Chapter 2 Health Related Intelligence for Upper Armley

Common Health Conditions-All Ages unless specified for Upper Armley

This chapter looks at the epidemiology of Upper Armley. Partners have requested disease explanations, causes and symptoms and these are supplied in this chapter and throughout the assessment. Useful links to statuary organisations such as the NHS have also been supplied where requested.

Asthma

Asthma is a common lung condition that affects people of all ages. Symptoms include shortness of breath, occasional breathing difficulties, a whistling sound when breathing. This often starts in childhood but can develop in adults. There is no cure but there are self - management techniques which means it may not have a big impact on your life. Causes can be allergies like dust mites, air pollution and cold air (https://www.nhs.uk/conditions/asthma/)

Rates for Asthma are significantly below the Leeds average and account for 9,654 cases. We will revisit asthma in the ward level children's chapter specifically in relation to 0–6-year-old and long at hot spots where children are hospitalised for asthma.

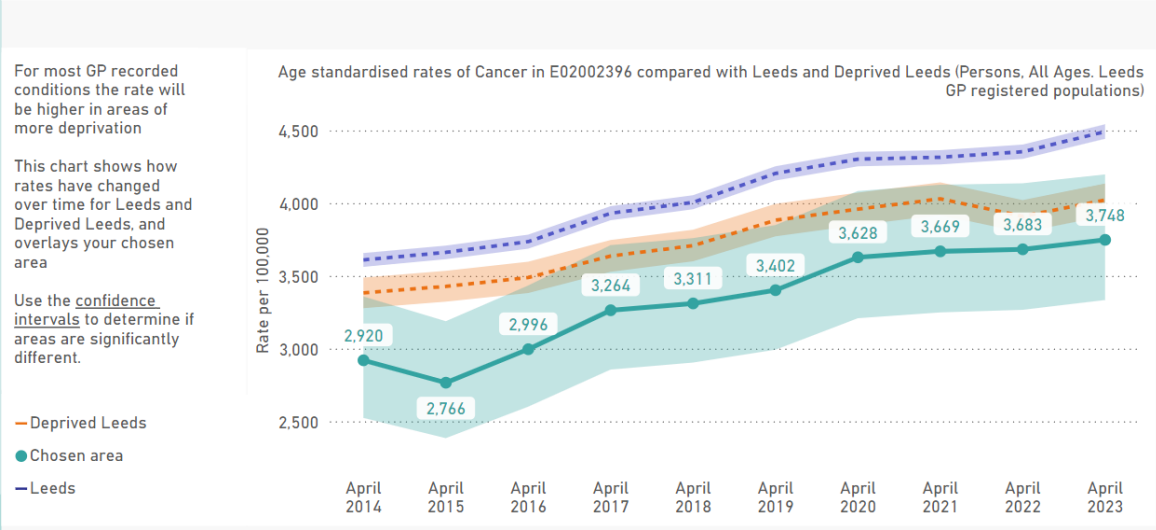
Cancer

Cancer cases in this ward may be unreported and underreported, it is difficult to know but cancer prevalence rates remain low for all persons when we know poor nutrition and unhealthy lifestyles associated with poverty can be a significant factor which may cause cancer in some cases.

This reinforces the fact that the prevalence rate of cancer might give an inaccurate picture of how frequently cancers are actually occurring in the Armley Ward, and that factors such as low screening uptake and late detection could be leading to increased mortality.

More work is being undertaken with a clinical ambition to understand what the current disparities are and what factors are causing them. Many of the Health Needs and Assets Assessments across the city in poorer neighbourhoods all show a general trend for cancer prevalence rates lower than Leeds and mortality rates higher than Leeds.

Figure 46 Age standardised rates-all cancers, all persons Upper Armley



Source: Leeds City Council (LCC) Public Health Intelligence Team (PHI)

Unusually for a deprived area that the figures for all persons is below the Leeds and Deprived Leeds rate. Below are examples of some risk factors for cancer.

Figure 47 Partners guide to main causes of cancer

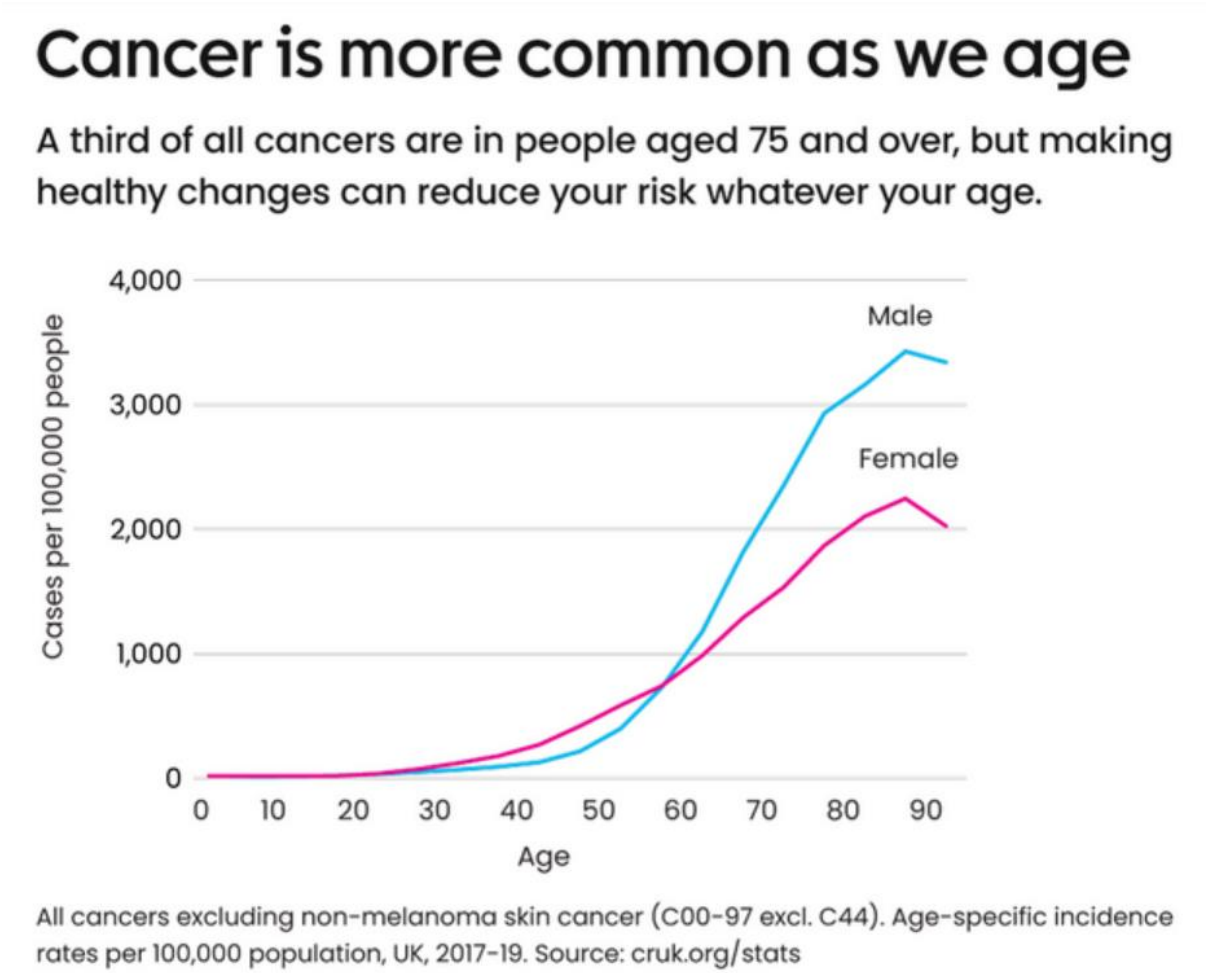
Life Area	Risk Factor
Alcohol	The less alcohol you drink the lower your risk.
Diet and Healthy Eating	Eating a healthy balanced diet can help reduce your risk of cancer and other heart conditions.
Physical Activity	Moving more and being more active can reduce your risk.
HPV and other infections	You can't catch cancer but some infections like some varieties of Human Papillomavirus Virus can increase the risk. You can receive HPV vaccinations.
Hormone levels	Changes across our life course such as puberty, pregnancy and the menopause can impact on our risk of developing cancer. Your doctor can advise residents if they are considering taking the contraceptive pill or Hormone Replacement Therapy (HRT) and associated risks to help citizen make an informed choice.
Workplace factors	Some occupations increase your risk of developing cancer. For example, exposure to asbestos, silica dust, diesel engine

	exhaust and working in the sun. The Health and Safety Executive enforce strict guidelines for workplace conditions.
Air Pollution and Radon gas	Poor air quality can increase your risk of developing cancer; however, the risk is relatively small compared to say smoking. Radon is a naturally occurring radioactive gas where in areas of high concentration and in poorly ventilated accommodation can be a risk factor. However, the risk of developing lung cancer from it is relatively small.
Inherited Genes	Most cancers are not hereditary. But some people inherit faulty genes which may increase the risk of developing certain cancers. More information from Cancer Research UK can be found here. https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/inherited-cancer-genes-and-increased-cancer-risk
Age and Cancer	Cancer generally increases as we age, and most cancers develop in the over fifties. As we age, we accrue more cell damage, it's a natural part of the ageing process, this can lead to cancer. Most cancers can be avoided by leading a healthy lifestyle.

Source: Cancer Research UK and NHS 2025

Figure 48 Cancer is more common as we age graph

Below is an example of a Cancer Research UK Information graph demonstrating how cancer risk and rates increase with age across the United Kingdom (UK).

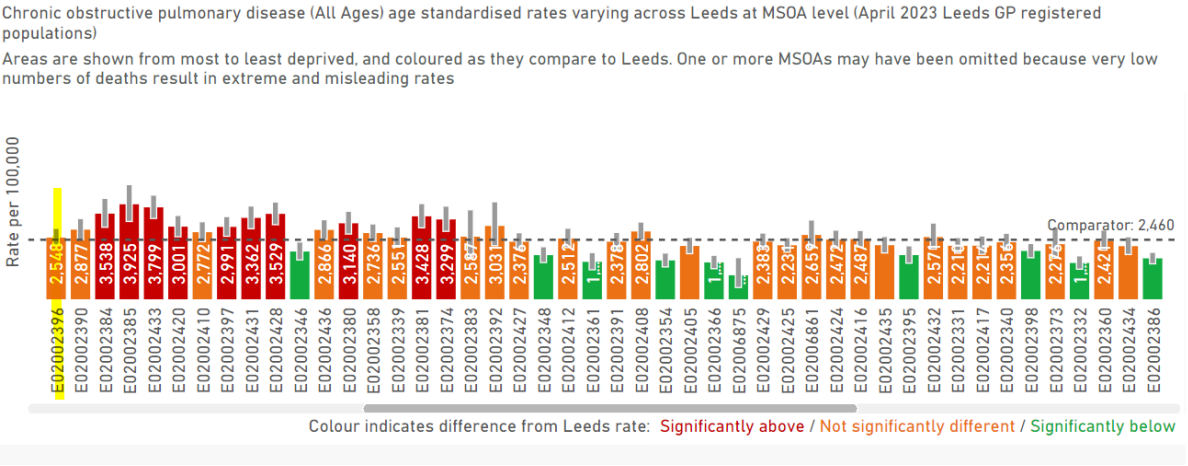


Source: Cancer Research UK

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a collective term for a number of disease affecting the lungs and causing lung difficulties.

Figure 49 COPD rates Upper Armley 2023



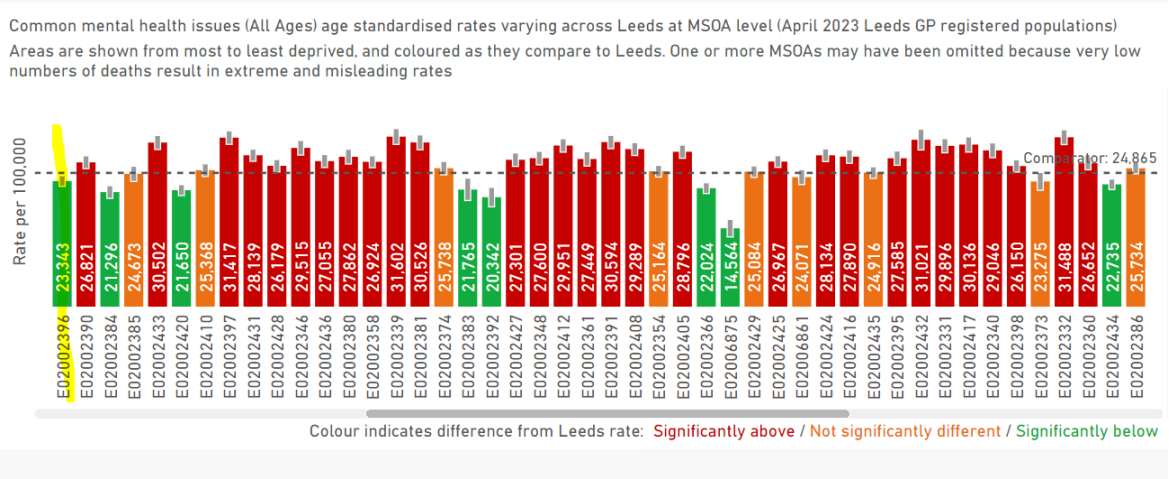
Source: PHI

This MSOA is not significantly different to Leeds with a rate of 2,548. COPD happens when lungs become inflamed, damaged and narrowed. The main cause of COPD is smoking, although the damage is permanent the condition can be managed with inhalers, medicine and structured education and exercise programmes (https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/causes/).

Common Mental Health Issues

There are many types of mental health conditions from anxiety, panic attacks, body dysmorphia, agoraphobia to clinical depression (https://www.nhs.uk/mental-health/conditions/) . Common mental health problems such as depression and anxiety may be distributed according to a gradient of economic disadvantage across society, there are some social commentators who may disagree with this. Consequently, it may be more accurate and balanced to say – mental illness is not distributed based on a social gradient as such, but the poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences. The poorer you are the more likely you are to suffer from a common mental health problem.

Figure 50 Common mental health issues Upper Armley

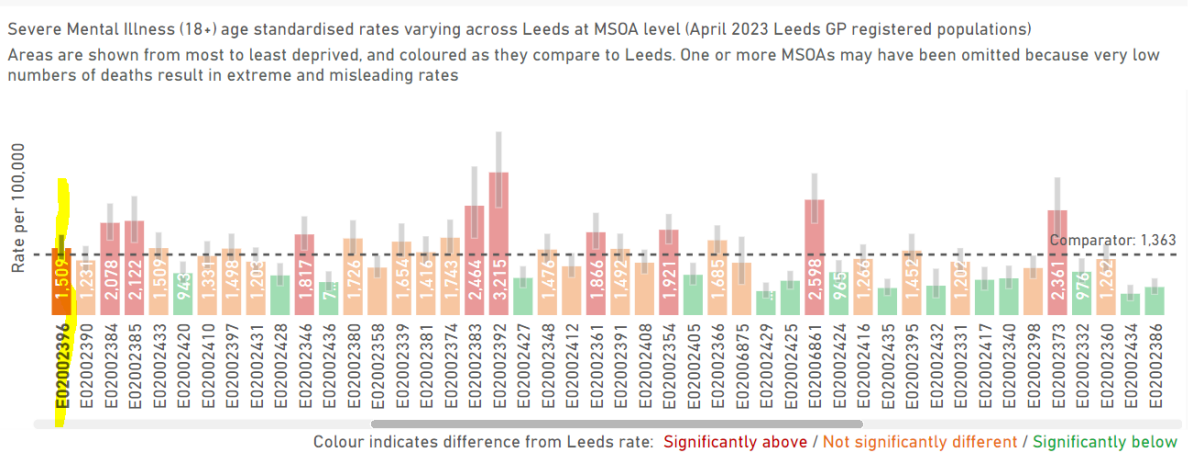


Source: PHI

Upper Armley is significantly below the Leeds average, showing rates of 23,343 patients per 100,000 population.

Severe Mental Health Illness

Figure 51 Severe mental health issues in Upper Armley



Source: PHI

Severe mental health issues in Upper Armley are not significantly different to Leeds. In the overall ward summary, we look at the specific geographic areas where it is high. Please note for Armley Ward residents suffering from Severe Mental Health Illness (SMI) life expectancy may be lower based on physical health conditions not individual risk-taking behaviours, which may be around the quality of healthcare, support they receive, stigma etc. People living with SMI face one of the greatest health equality gaps in England. Their life expectancy is 15–20 years shorter than that for the general population, and this disparity is largely due to preventable physical illnesses (Source: LCC PH MH Team)

Coronary Heart Disease

The NHS definition of coronary heart disease is 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.

Over time, the walls of your arteries can become furred up with fatty deposits. This process is known as atherosclerosis and the fatty deposits are called atheroma.

Atherosclerosis can be caused by lifestyle factors, such as smoking and regularly drinking excessive amounts of alcohol.

You are also more at risk of getting atherosclerosis if you have conditions like high cholesterol, high blood pressure (hypertension) or diabetes. More information can be found on the official NHS website Coronary heart disease - NHS.

The diagram below illustrates the build-up of fatty substances in the coronary arteries.

Figure 52 Build-up of fatty substances in coronary arteries

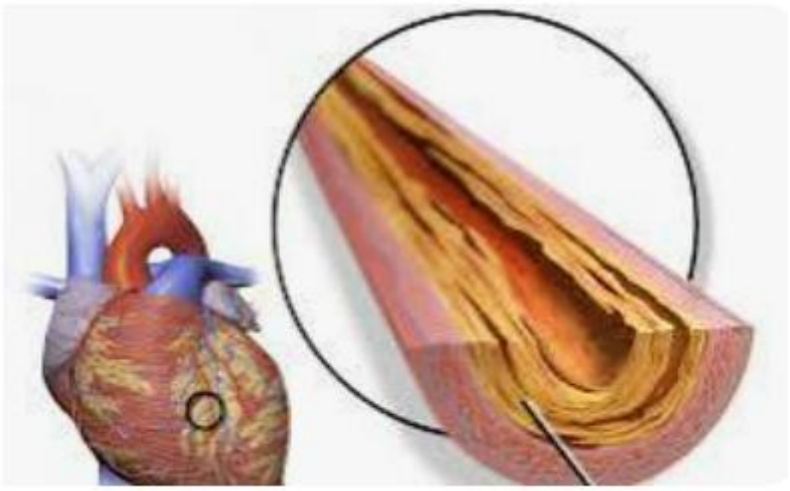
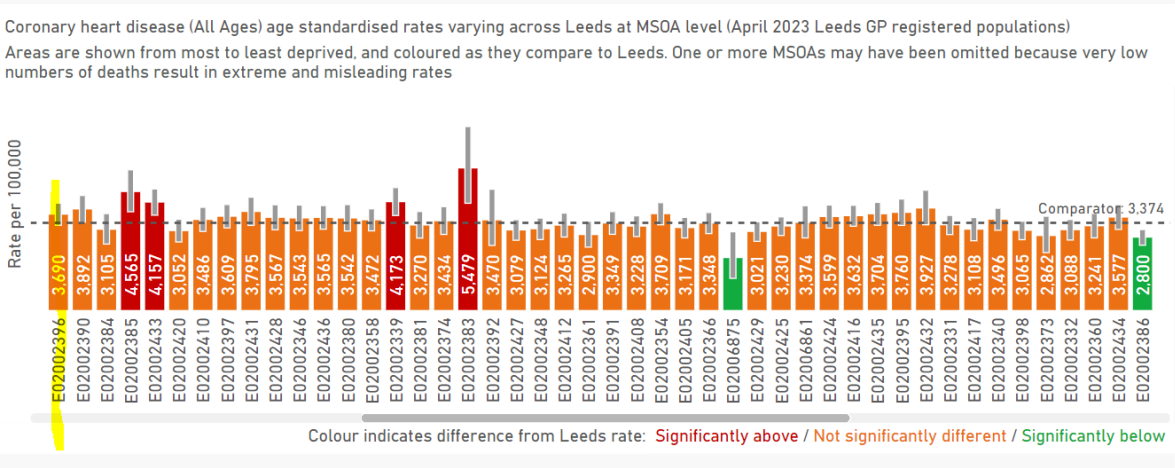


Figure 53 Rates of coronary heart disease in Upper Armley



Source: PHI

We can see the rates per 100,000 for coronary heart disease for Upper Armley are not significantly different for Leeds.

Dementia

The World Health Organisation definition of dementia is, Dementia is a term for several diseases that affect memory, thinking, and the ability to perform daily activities. The illness gets worse over time. It mainly affects older people but not all people will get it as they age. Dementia is a syndrome that can be caused by a number of diseases which over time destroy nerve cells and damage the brain, typically leading to deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from the usual consequences of biological ageing. While consciousness is not affected, the impairment in cognitive function is commonly accompanied, and occasionally preceded, by changes in mood, emotional control, behaviour, or motivation.

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for people who care for them, families and society at large. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care.

Factors that increase the risk of developing dementia include:

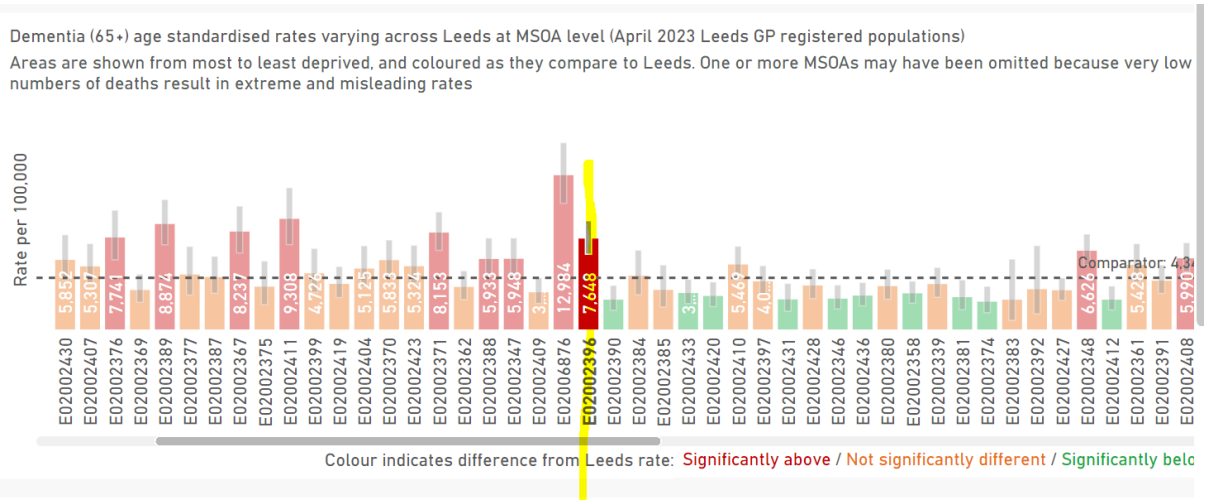
- Age (more common in those 65 or older).
- High blood pressure (hypertension).
- High blood sugar (diabetes.)
- Overweight or Obese.
- Smoking.
- Drinking too much alcohol.
- Physically inactive
- Socially isolated
- Depression.

Alzheimer's accounts for 60-70% of the cases and early symptoms may include short term memory loss, feeling sad and angry that things can't be remembered. A person may become lost easily when out and about and confused. More information can be found Dementia

The condition cannot be cured so special arrangements may have to be made for a resident to carry out their daily tasks and requirements. It has a profound impact on family and loved ones and a significant socio-economic impact.

Dementia can be poorly understood and so lead to stigmatisation. There are training courses available for those professionals looking after dementia sufferers from charities such as the Alzheimer's Society and can be accessed Dementia training services | Alzheimer's Society and there is a free 'Living with Dementia' guide for families, loved ones and carers We live with dementia - Dementia UK.

Figure 54 Dementia rates in Upper Armley 65 yrs +



Source: PHI

Dementia rates per 100,000 are significantly higher in this MSOA at 7,648 patients. The ward as a whole will be considered later in this assessment. This MSOA is known to have a higher concentration of older residents than some other MSOAs that make up the ward.

Diabetes

Diabetes is a condition that causes a person's blood sugar level to become too high.

There are 2 main types of diabetes:

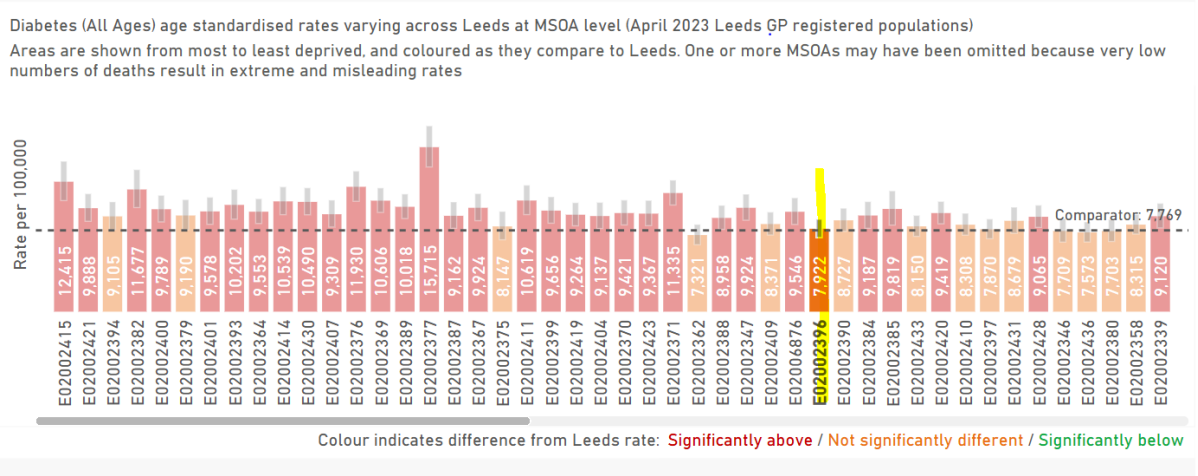
- type 1 diabetes – a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin
- type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin properly

Type 2 diabetes is far more common than type 1. In the UK, over 90% of all adults with diabetes have type 2.

High blood sugar that develops during pregnancy is known as gestational diabetes. It usually goes away after giving birth.

Source: NHS (overview page 2025)

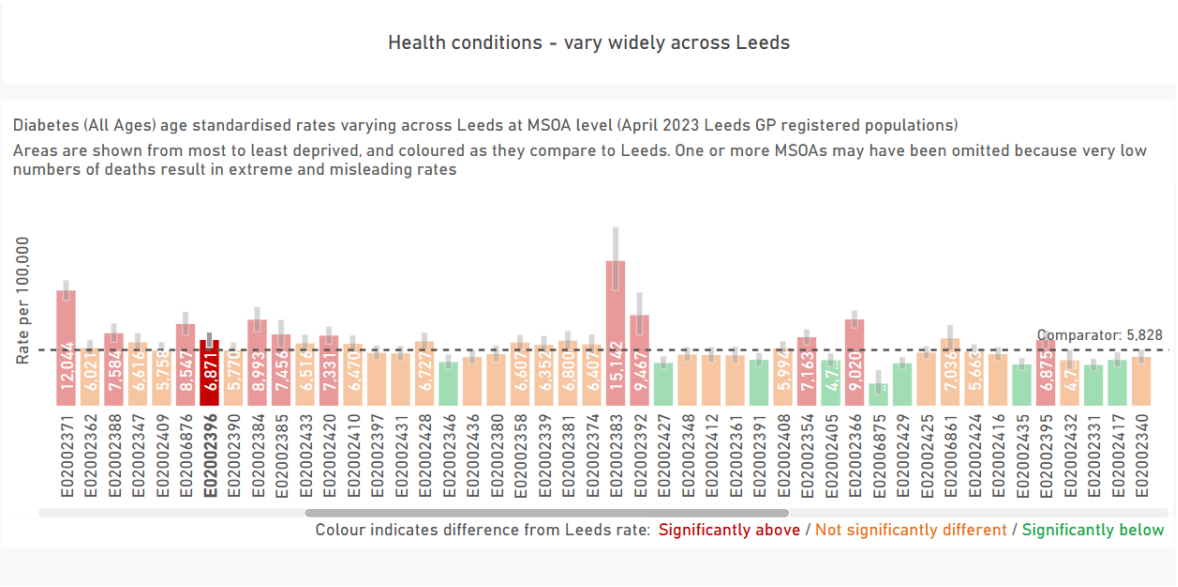
Figure 55 Male rates of Diabetes for Upper Armley



Source: LCC Public Health Intelligence Team (PHI)

For most health conditions in this MSOA we can see male and female outcomes and rankings are broadly similar until we come to diabetes where male rates for April 2023 are not significantly different to Leeds. However female diabetes rates are significantly above the Leeds average in this MSOA. The patient count is 6,871.

Figure 56 Diabetes rates, female all ages for Upper Armley

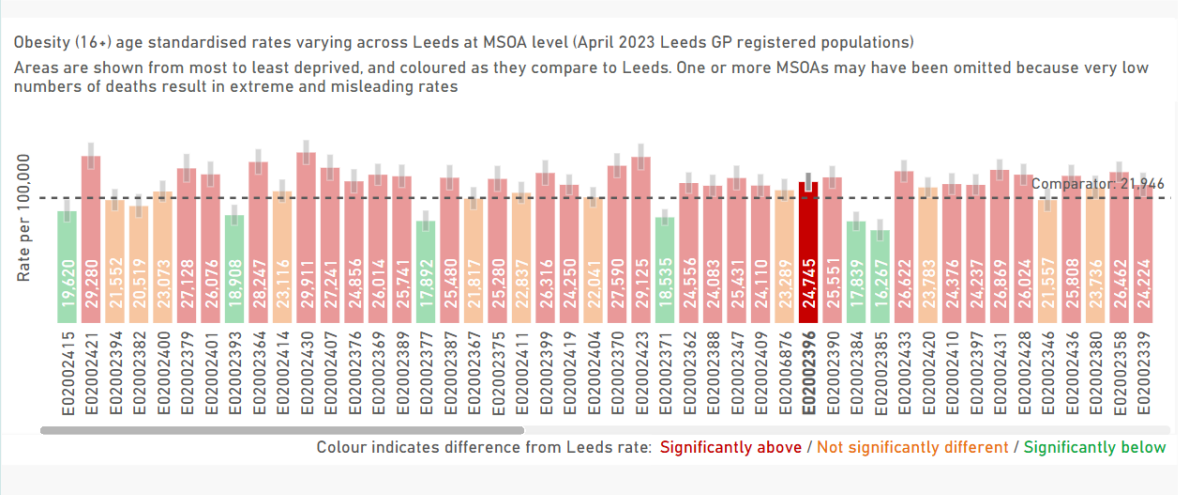


Source: PHI

Obesity

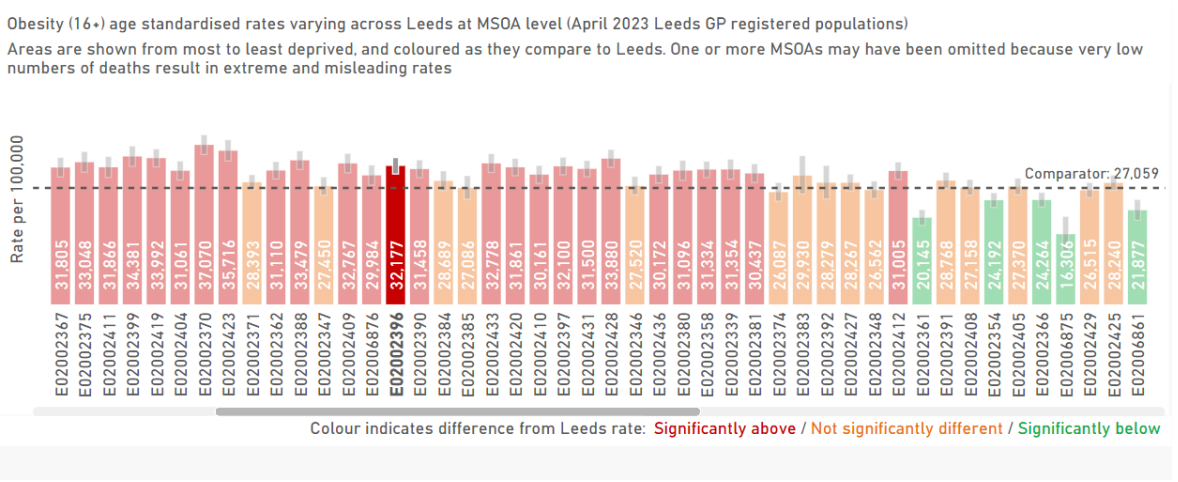
Obesity rates in the Upper Armley MSOA are significantly high for both male and females. With male rates per 100,00 coming in at 24,475 and the female rates at 32,177.

Figure 57 Male obesity rates for Upper Armley



Source: PHI

Figure 58 Male obesity rates for Upper Armley



Source: PHI

The World Health Organisation's information and position on obesity is, Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. In 2019, an estimated 5 million noncommunicable disease (NCD) deaths were caused by higher-than-optimal BMI.

Rates of overweight and obesity continue to grow in adults and children. From 1990 to 2022, the percentage of children and adolescents aged 5–19 years living with obesity increased four-fold from 2% to 8% globally, while the percentage of adults 18 years of age and older living with obesity more than doubled from 7% to 16%. (Source: Obesity WHO 2025)

Not maintaining a healthy weight and being obese can limit life span, contribute to your risk of cancer and heart disease.

Obesity is also associated with some cancers, including endometrial, breast, ovarian, prostate, liver, gallbladder, kidney and colon. The risk of these noncommunicable diseases increases even when a person is only slightly overweight and grows more serious as the body mass index (BMI) climbs.

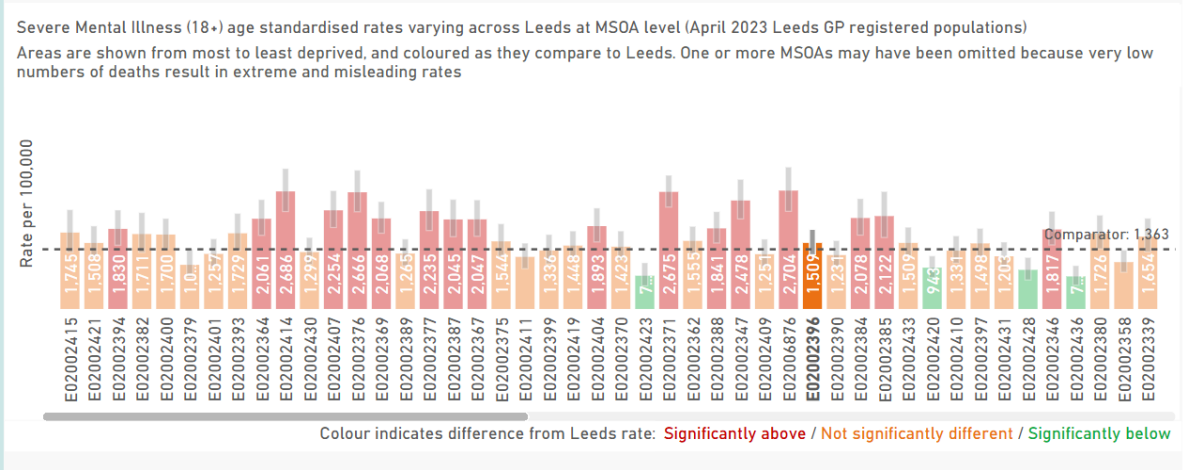
Obesity in childhood is associated with a wide range of serious health complications and an increased risk of premature onset of related illnesses. Studies have found that without intervention, children and adolescents with obesity will likely continue to be obese into adulthood.

Severe Mental Health (SMI)

Severe Mental Illness is a term for a series of debilitating mental health conditions such as bi-polar and schizophrenia making it challenging for citizens to function within everyday life. Poor mental health can be strongly linked to health inequalities and poverty.

(https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing)

Figure 59 Severe Mental Health-all persons Upper Armley



Source: PHI

If left untreated, managed or supported SMI can reduce a person's lifespan by between 15-20 years through poor physical health and unreasoned / irrational risk taking. Severe mental health rates for Upper Armley for all persons are not significantly different to the Leeds average rates.

Smoking

Smoking can significantly impact on your immediate and long-term health. There is a strong support and service network that can help in Leeds (https://leedsstopsmoking.co.uk/) Medical interventions tend to be more successful and services offer 1:1, group or remote support

Reduced risks of smoking-related diseases

Your longer-term risks of cancer, lung disease, heart disease and stroke will be significantly reduced, and:

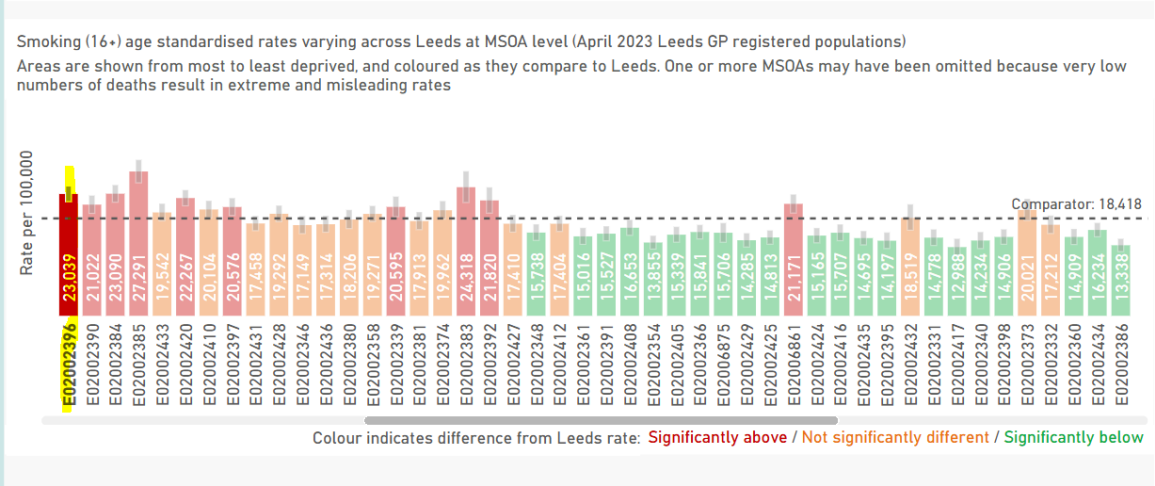
- after 1 year, risk of heart attack halves compared to a smoker's
- after 10 years, risk of death from lung cancer falls to half that of a smoker
- after 15 years, risk of heart attack falls to the same as someone who has never smoked

You will also be less likely to develop type 2 diabetes, bone disease including osteoporosis, eye disease and dementia.

(https://www.nhs.uk/better-health/quit-smoking/why-quit-smoking/benefits-of-quitting-smoking/)

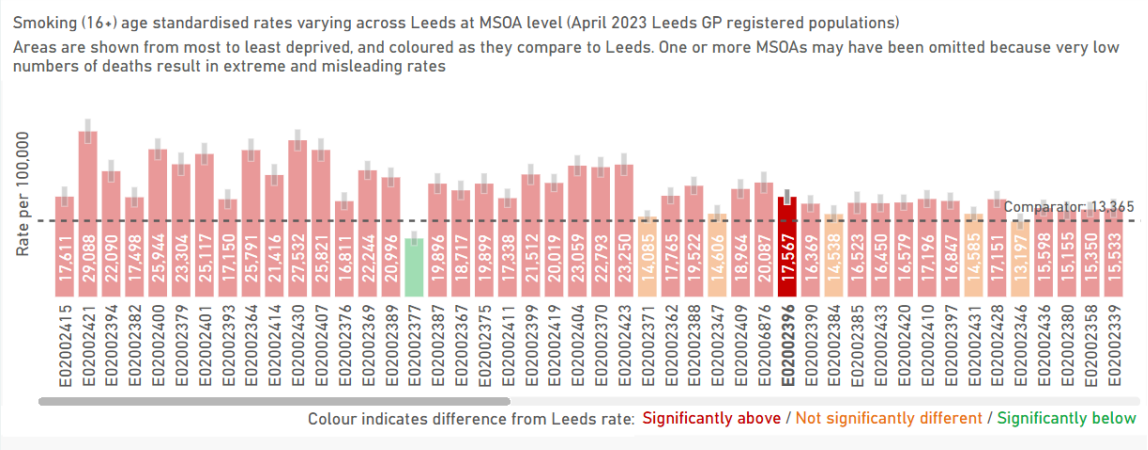
Smoking in this MSOA is significantly higher for males and females.

Figure 60 Male smoking rates in Upper Armley



Source: PHI

Figure 61 Female smoking rates in Upper Armley



Source: PHI

Smoking rates for males and females in this MSOA are significantly higher than the Leeds average and a cause of concern, with males having the highest rate per 100,000.

GP Registration in Upper Armley

Figure 62 GP registration by practice-Upper Armley

Practice Code	Practice Name	E02002396
B86003	Armley Medical Practice	4,281
B86015	Manor Park Surgery	1,080
B86104	The Highfield Medical Centre	945
B86060	Thornton Medical Centre	917
B86024	Priory View Medical Centre	900
B86655	Beechtree Medical Centre	302
B86071	Whitehall Surgery	260
B86014	Robin Lane Health and Wellbeing Centre	225
B86050	Dr Lee & Partners	224
B86069	Burley Park Medical Centre	186
B86094	The Gables Surgery	151
B86672	Hawthorn Surgery	151
B86068	Abbey Grange Practice	99
B86041	Vesper Road and Morris Lane Surgery	75
B86109	Kirkstall Lane Medical Centre	41
B86011	Hillfoot Surgery	38
Y02002	One Medicare - The Light	38
B86086	Laurel Bank Surgery	37

B86018	Pudsey Health Centre	35
B86669	Primary Health Care for the Homeless	34
B86030	Burton Croft Surgery	30

Source: PHI

The above table shows patient registration by practice for Upper Armley. This MSOA falls into Armley Primary Care Network and Local Care Partnership. We can see patient numbers down to about thirty and the table does not pick up patients in collections of ten in other practices. The second largest practice for patients in this MSOA is Manor Park which falls into a different Primary Care Network.

Mortality Rates for Upper Armley

These rates give a general indication of the health of the population. Below is a summary from the Mortality rates for all causes:

Below is a summary from the UK government of statistical changes and paints a picture for the UK and areas of high poverty (Office for Health Improvements and Disparities 2025). (https://www.gov.uk/government/statistics/mortality-profile-november-2024-update/mortality-profile-commentary-november-2024)

In 2021, the England age-standardised mortality rate for all causes, for people of all ages, was 1,008 per 100,000 population. The rate for males was 1,190 per 100,000, 38% higher than the rate for females (860 per 100,000).

For those aged under 75, the all-cause mortality rate was 363 per 100,000 population. The gap between sexes was wider than for deaths at all ages: the rate for males aged under 75 was 448 per 100,000, 58% higher than the rate for females (283 per 100,000).

The region with the highest mortality rate for persons of all ages was the North East (1,121 per 100,000 population) and the region with the lowest rate was the South West (917 per 100,000 population).

The South West also had the lowest rate for persons under age 75 (306 per 100,000 population) while the region with the highest rate was the North West (431 per 100,000 population).

People living in the most deprived tenth of local authority areas in England had a mortality rate which was 48% higher than the rate for people in the least deprived tenth of areas in 2021.

Blackpool, in the North West, was the local authority with the highest mortality rate for people of all ages in 2021. Its rate of 1,382 per 100,000 population was almost double the rate in Hart, in the South East, the area with the lowest rate (718 per 100,000).

Below is further information on national trends so we can compare with the locality picture:

Recent UK wide trends

This update shows that between 2022 and 2023:

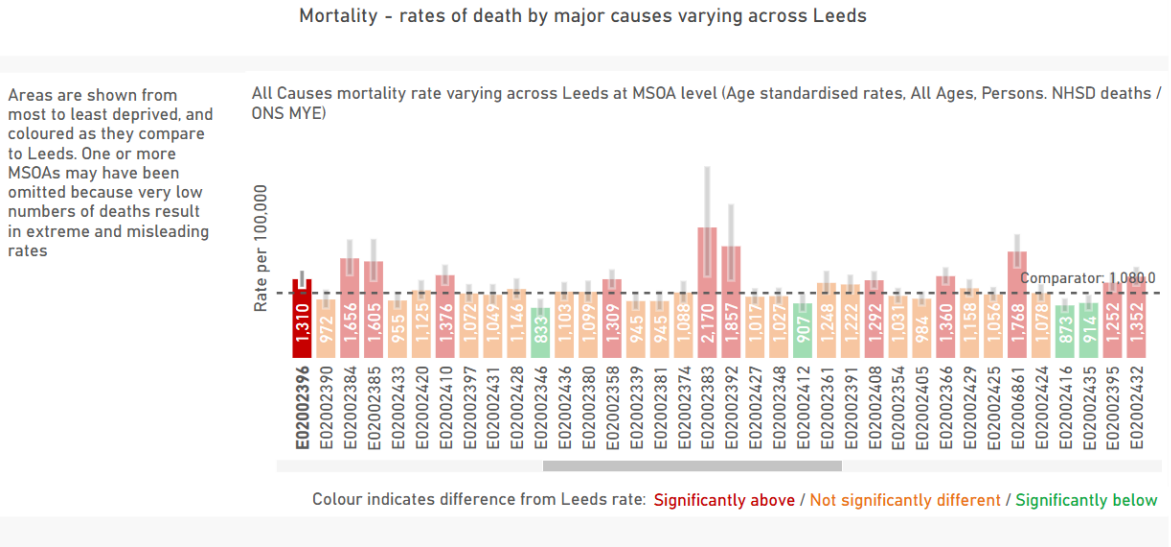
- the mortality rate from all causes reduced significantly for both sexes, but the 2023 rates were still significantly higher than pre-pandemic rates for 2019: 4% higher for males and 3% for females
- there was a significant increase in the mortality rate for persons of all ages from respiratory diseases as a whole, as well as specific respiratory diseases, including influenza and pneumonia, chronic lower respiratory disease and chronic obstructive pulmonary disease. Rates for these respiratory diseases have all increased since 2021
- following a small increase between 2021 and 2022, cancer mortality fell significantly between 2022 and 2023. Apart from the increase in 2022, there have been gradual, year-on-year reductions in the cancer mortality rate since 2001
- the cardiovascular disease mortality rate, for persons of all ages, fell significantly. This followed an upward trend in cardiovascular disease mortality between 2019 and 2022, however the 2023 rate remains significantly higher than 2019
- the trend is similar for premature cardiovascular mortality. There was a small fall between 2022 and 2023, which was not statistically significant, and the 2023 rate remains significantly higher than 2019
- mortality from COVID-19 continued to fall for persons of all ages, the rate in 2023 was almost half the rate in 2022

The UK data also shows that:

- mortality rates for liver disease increased between 2001 and 2023, by 51% for males and 42% for females
- accidental deaths increased for both sexes between 2011 to 2013 and 2021 to 2023, by 39% for males and 30% for females
- deaths involving diabetes and hypertensive diseases both increased between 2001 and 2023. Rates for deaths involving diabetes increased by 96% for males and 76% for females. Rates for deaths involving hypertensive diseases more than doubled, increasing by 147% for males and 131% for females. Despite significant falls in 2023, rates for both causes remained higher than 2019

(Office for Health Improvements and Disparities 2025)

Figure 63 All-cause mortality rates for Upper Armley



Source: PHI

We can see the mortality rate in Upper Armley is significantly above the Leeds rate.

Armley partners have asked us for hospital admissions data for this specific geographical areas where they work and live, and it may be useful to see the most common cause of hospital admissions by cause in Upper Armley. We can see they are common digestive system disease followed by reasons associated to alcohol, this is a broad category.

Common Digestive Diseases

The digestive system made up of the gastrointestinal tract (GI), liver, pancreas, and gallbladder helps the body digest food. Digestion is important for breaking down food into nutrients, which your body uses for energy, growth, and cell repair.

Some digestive diseases and conditions are acute, lasting only a short time, while others are chronic, or long-lasting. Partners can find comprehensive information here: https://www.niddk.nih.gov/health-information/digestive-diseases

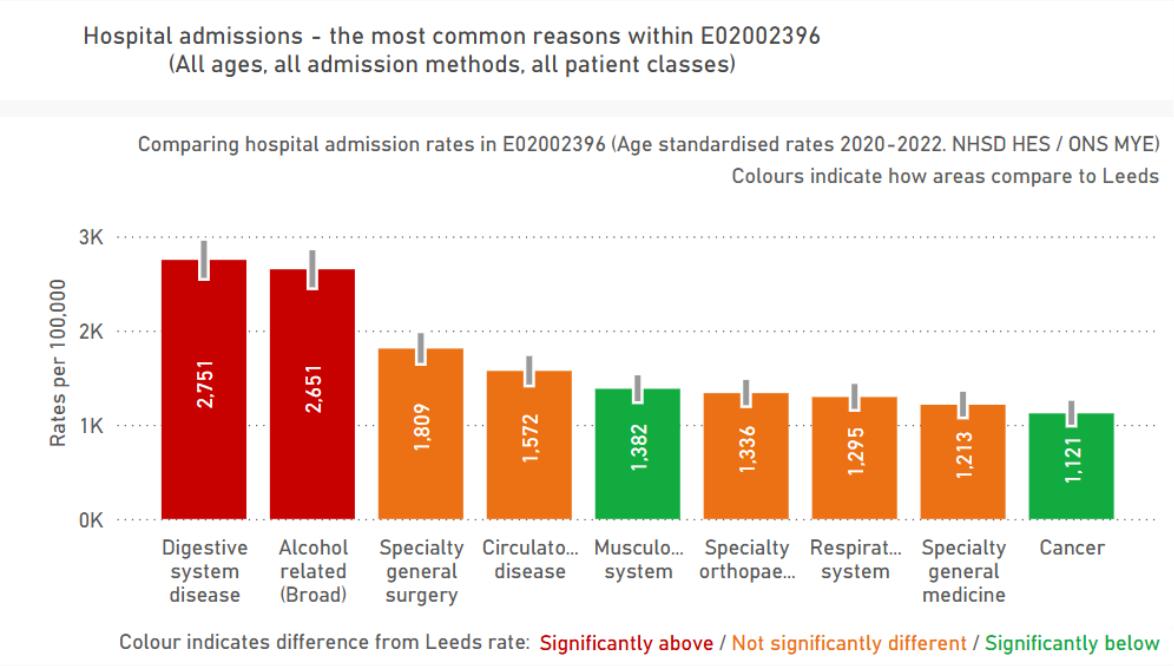
Some of the more common digestive disorders include:

- Irritable bowel syndrome (IBS)
- Small intestinal bacterial overgrowth (SIBO)
- Gastroesophageal reflux disease (GERD)
- Gallstones.
- Celiac disease.
- Crohn's disease.

- Ulcerative colitis (UC)

Hospital Admissions-Common Causes for Upper Armley

Figure 64 Hospital admissions-common causes-Upper Armley



Source: PHI

Summary of Health-Related Data for Upper Armley

Key: Significantly above /Not significantly different/Significantly below

Figure 65 Summary of health data for Upper Armley

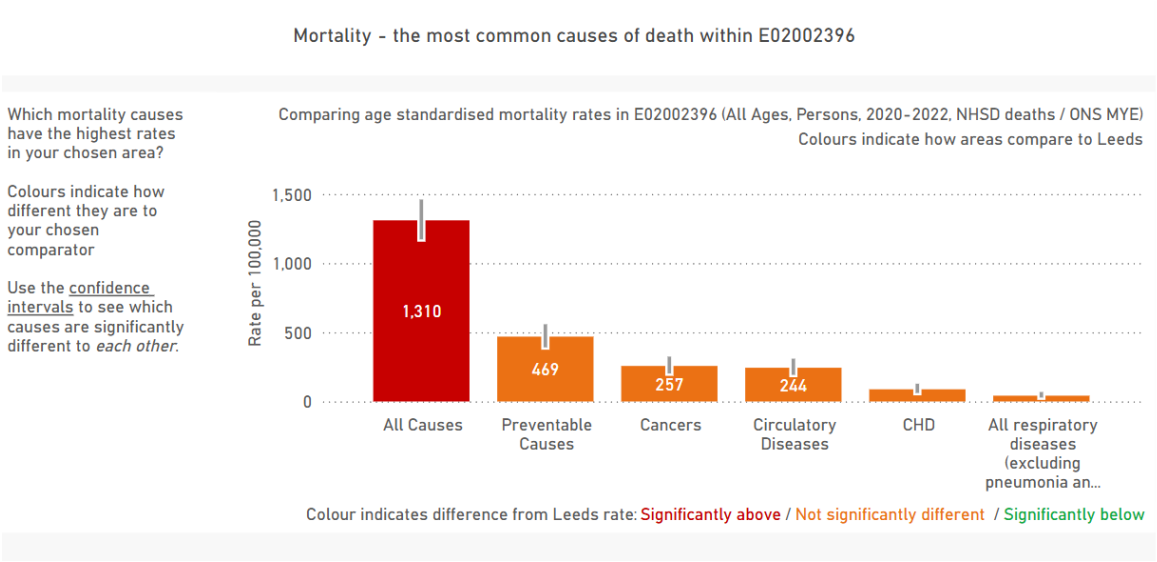
Topic	Severity
Asthma	Below Leeds and deprived Leeds
Cancer	Below Leeds and deprived Leeds
COPD	Not significantly different
Common Mental Health Disorders	Below Leeds and deprived Leeds
Coronary Heart Disease	Above Leeds and below deprived Leeds
Dementia	Above Leeds and deprived Leeds
Diabetes	Above Leeds and below deprived Leeds
Hypertension (High Blood Pressure)	Above Leeds and below deprived Leeds
Obesity	Above Leeds and below deprived Leeds
Severe Mental Illness	Above Leeds and below deprived Leeds
Smoking	Above Leeds and below deprived Leeds

Source: Leeds Observatory-LCC Public Health Intelligence Unit)

We can see within this MSOA Coronary Heart Disease, Diabetes, High Blood Pressure, Obesity, Severe Mental Illness and smoking are all potential areas for focus, interventions,

campaigns and initiatives. Dementia is both above the Leeds and Deprived Leeds Level. The health of this MSOA is inextricably linked to deprivation as the ward is. The graph below shows mortality all causes is above the Leeds average.

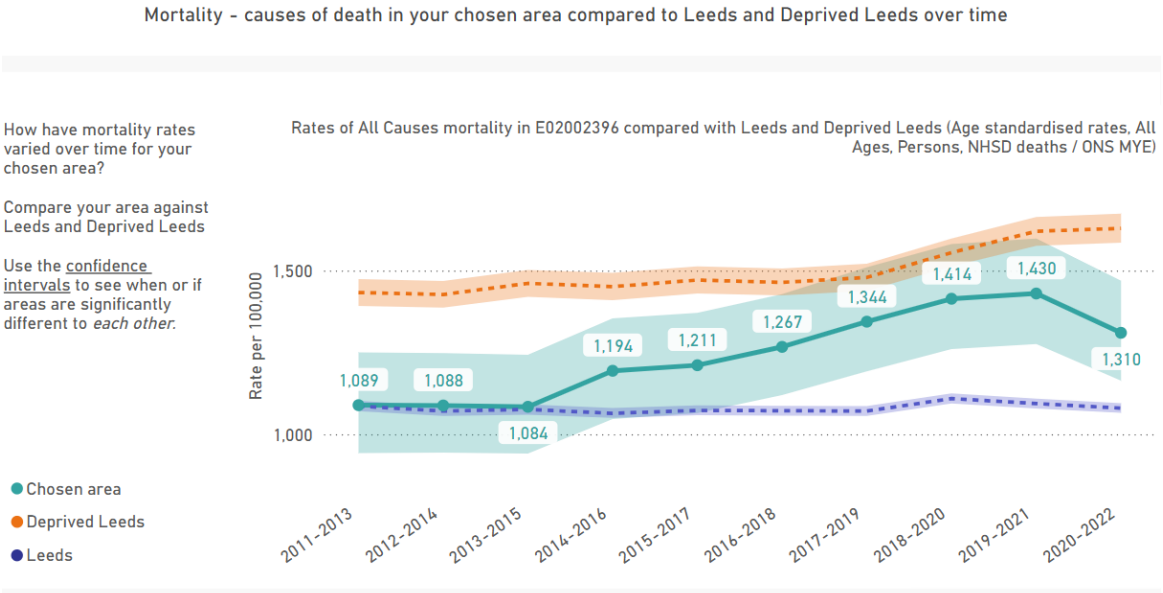
Figure 66 Most common causes of death-Upper Armley



Source: LCC PHI

We can see over time how Mortality rates have worsened over time, creeping up to meet the deprived Leeds rates and then post Covid-19 pandemic when the World Health Organisation officially ended the pandemic on the 5th May the rates slowly dropped from 2021- moving nearer to the Leeds average.

Figure 67 Upper Armley mortality rates over time



Source: PHI

The all causes under 75 rate for females is now below the Leeds rate where by contrast the male rate is above the Leeds rate with a slight decline towards 2023.

The impact of poverty and early death has been commented about in the media.

The bad news is we're dying early in Britain – and it's all down to 'shit-life syndrome' | Will Hutton | The Guardian

Chapter 3-Children Specific Health Related Data for Upper Armley

Giving children the Best Start in life is a council imperative (Leeds original Best Start Plan - Microsoft Word - 10 2 Best Start Plan long version FINAL VERSION for HWB Board 4 2 2015.docx) and along with housing one of the prime objectives of Leeds as a Marmot City. Early years are crucial in the healthy development of a child mentally, emotionally and physically so it can reach its full potential and contribute to civic life. The first 1001 days or conception to year two are when are large amount of cogitative development takes place, the baby starts to form an opinion on the world, for example as it has yet to develop language to express itself it simply feels, *'am I warm'*, *'am I fed'* and *'am I loved'*. This is essential for a child's resilience and ability to 'self-soothe' in later life when it experiences problems. A loving, interactive and stimulating childhood for a baby are the building blocks of a happy and hopefully prosperous life.

Smoking (Child-Health) for Upper Armley

Smoking during pregnancy is detrimental to a baby's development. Lower growth rates, impaired development and an increased risk of birth defects such as cleft lip and cleft palate may occur. The baby's movements are weaker in the womb for at least an hour after smoking each cigarette. Impaired development and working of the placenta can lead to problems during birth and for the healthy growth of the new born infant. Stopping smoking during pregnancy is the best thing a mother can do to avoid the risk of complications and stopping smoking all together will protect the child through its life. There are a number of services that parents can access through their midwife and also from Leeds Stop Smoking services (https://leedsstopsmoking.co.uk/). There are a number of options from remote coaching, one to one support and group sessions. The website also has a number of downloadable resources and there is an option of 'swap to stop' where tobacco is substituted for a vaper starter kit and a supply of oils (More information **HERE**).

(Source and for more information on stopping smoking: https://www.nhs.uk/pregnancy/keeping-well/stop-smoking/)

Breastfeeding Data for Upper Armley

Breast feeding can be the best form of nutrition for a baby. Breast feeding and skin to skin contact will keep your baby warm, calm and aid the mother and baby attachment bond. It can take a while to get the hang of this, but your midwife and accessing antenatal classes can greatly reassure mothers and help with tips and techniques to do this correctly. Mothers are legally allowed to breast feed their babies in public under the equality Act 2020, this may be in café or on public transport for example. It is recommended by the NHS that babies are exclusively fed for the first 6 months of their life on breast milk (https://www.leedsth.nhs.uk/services/maternity/after-birth/feeding/). There are also peer support groups across locally and across Leeds called Bosom Buddies. More information here from Leeds City Council (LCC) (https://familyinformation.leeds.gov.uk/professionals/breastfeeding-friendly).

Breasting feeding data is usually collected and recorded by initiation and maintenance (duration) via the NHS health system and early years assessment. Poor or low breast-feeding uptake can be linked to poorer areas where mothers struggle to breast feed due to other social conflicting pressures upon them, not allowing them time, space or peace and quiet to bond with the baby to initiate breast feeding and/or a local or family perception that bottle feeding is as good and more convenient in their lives and the usual practice in this area and so not seen as out of the ordinary.

The natural prevalence of breastfeeding at 6 to 8 weeks in England is 52.7% in 2023 to 2024. This is a steady upward trend

The most recent national indicator data we have for initiation is 71.7% (Baby's first feed breastmilk 2020/21).

Drop off can seem quite steep looking at national trends and there could be many reasons for this – one that initiation can literally be baby going to the breast once then moving on to formula milk, so this can seem inflated and not representative of intention. People are often leaving hospital very quickly so haven't had the opportunity of skilled support in the hospital. Midwife contacts are limited, and often now offered outside the home which can be a challenge for new families to access. Unfortunately, due to financial pressures there are fewer baby clinics in Leeds. However, there is a great offer of breastfeeding support from the 0-19 service (following on from the Mid Wives) and breastfeeding peer support groups. It can be that often people forget having been told about these, find it too much inconvenience to get to them or feel nervous about attending groups or think that groups are really for them.
(Source: above explanation, guidance and commentary kindly provided by LCC Public Health Children and Families Team).

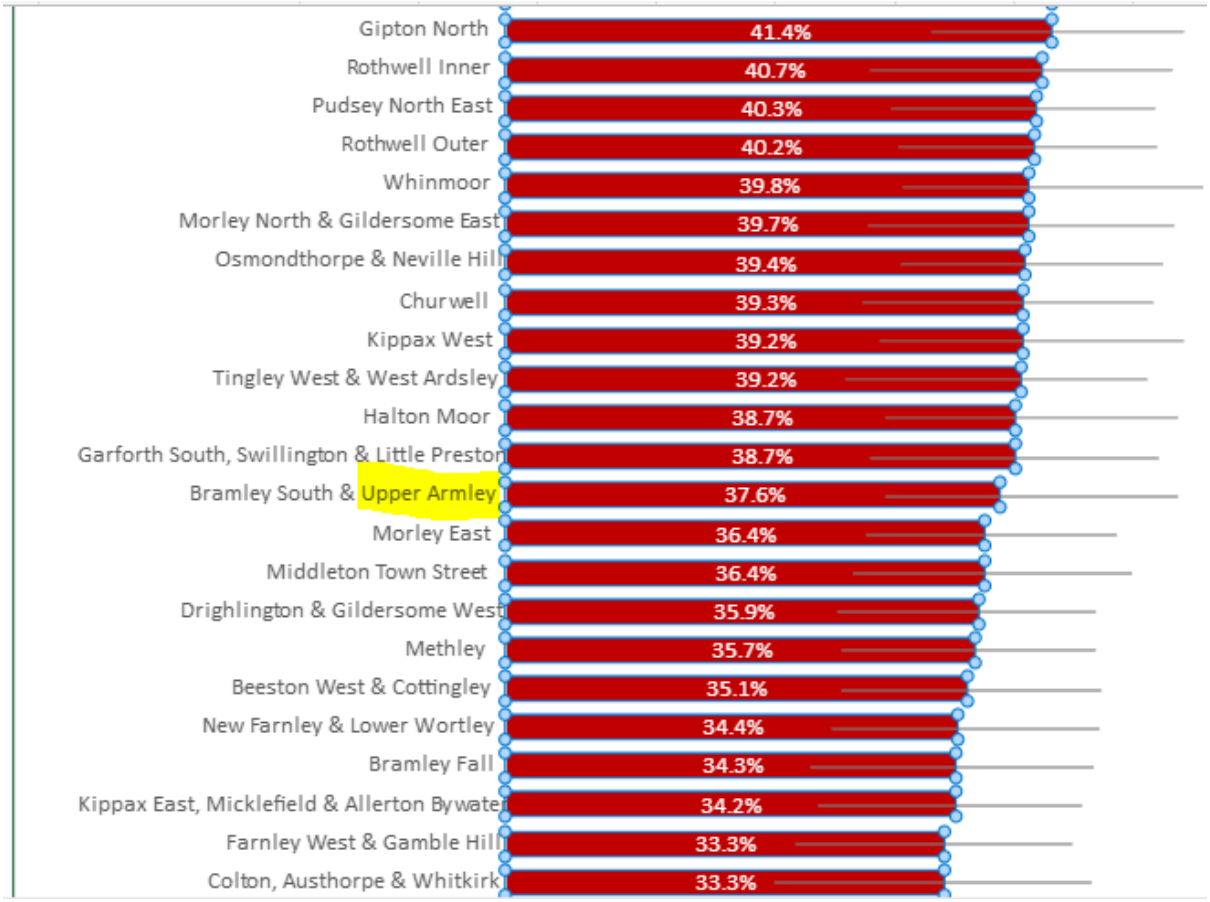
Below are the Breast-Feeding Rates for Upper Armley.

Breast Feeding Maintenance by MSOA in 2021/22 (%)

Red is statistically worse than the Leeds average and this chart shows the lowest rates by MSOA,

The Leeds average is 48.5%

Figure 68 Breast feeding rates in Upper Armley



Source: PHI

It is difficult to accurately show trends as the pandemic impacted on some service delivery and there are some statistical errors in the data. We will look at ward level data later on in the assessment. Breastfeeding rates in Upper Armley are significantly below the Leeds and national average.

MMR Vaccine for Upper Armley

Measles · **Mumps** · **Rubella**, these 3 infections spread easily between people and can lead to serious problems including meningitis, blindness and hearing loss. If you're pregnant, getting measles can cause premature birth, miscarriage or still birth. And getting rubella can cause serious problems for a baby such as damage to their sight and hearing. 2 doses of the MMR vaccine gives you long-term protection.

The MMR vaccine is recommended for all babies and young children, but older children and adults can have it if they were not vaccinated when they were younger. Residents should seek advice from their GP or Health professional.

Getting vaccinated also helps protect people who cannot be vaccinated, such as unborn babies, newborn babies and anyone with a weakened immune system (https://www.nhs.uk/vaccinations/mmr-vaccine/).

The Measles Mumps and Rubella vaccination is given in two doses, the first dose is given to children aged 1 year, with a second dose at 3 years and 4 months or soon after. Ideally all children should receive the vaccination. The national target is 95%.

Figure 69 MMR uptake in Upper Armley for QTR 3-2023/24

MSOA	NAME	MMR 1 At Age 2			MMR 2 At Age 3		
		Patient Count	Population	Percentage	Patient Count	Population	Percentage
E02002396	Upper Armley	12	24	50%	33	34	97.1
E02002396	Upper Armley	MMR 1 At Age 5			MMR 2 At Age 5		
		Patient Count	Population	Percentage	Patient Count	Population	Percentage
		30	38	78.9%	28	38	73.7%

Source: LCC Public Health-Health Protection Team and Public Health Intelligence Unit

Uptake is higher in the later years; however, every child should benefit from the MMR vaccine. Rates could certainly be improved in Upper Armley.

Childhood Obesity for Upper Armley

Obesity can blight a child's life, lead to bullying at school, obesity in adolescence and later life and the development of long-term health conditions such as Type 2 Diabetes and Coronary heart disease. The three major causes of childhood obesity are (1) Unhealthy eating habits, (2) lack of physical activity (3) poor family lifestyle choices. "**Dr Clare Hambling, NHS National Clinical Director for Diabetes and Obesity, said: "**Obesity is one of the biggest threats to health in the UK – it affects every human organ system and can have a major impact on people's lives.

"Obesity increases people's risk of type 2 diabetes, heart disease, stroke, cancer, mental ill health and many other illnesses which can lead to shorter lives, or affect quality of life, with greater need for healthcare".

Around one in eight children aged between two and 10 in England are obese, an NHS survey found.

New statistics show around one in seven children (15%) aged between two and 15 were obese in 2022 – similar to 2019 (16%). Obesity rates in 2022 were 12% among those aged between two and 10, and 19% in those aged between 11 and 15.

The latest Health Survey for England shows 64% of adults were overweight or obese in 2022, including three in 10 (29%) who were obese, with more men (67%) classified as overweight or obese than women (61%).

The figures for adults have remained similar to 2019, when 64% of adults were overweight or obese, including 28% who were obese.

The Health Survey for England 2022, part 2, published by NHS England, found that obesity increased with age among adults, from 14% of those aged between 16 and 24 to 36% of those aged between 55 and 64.

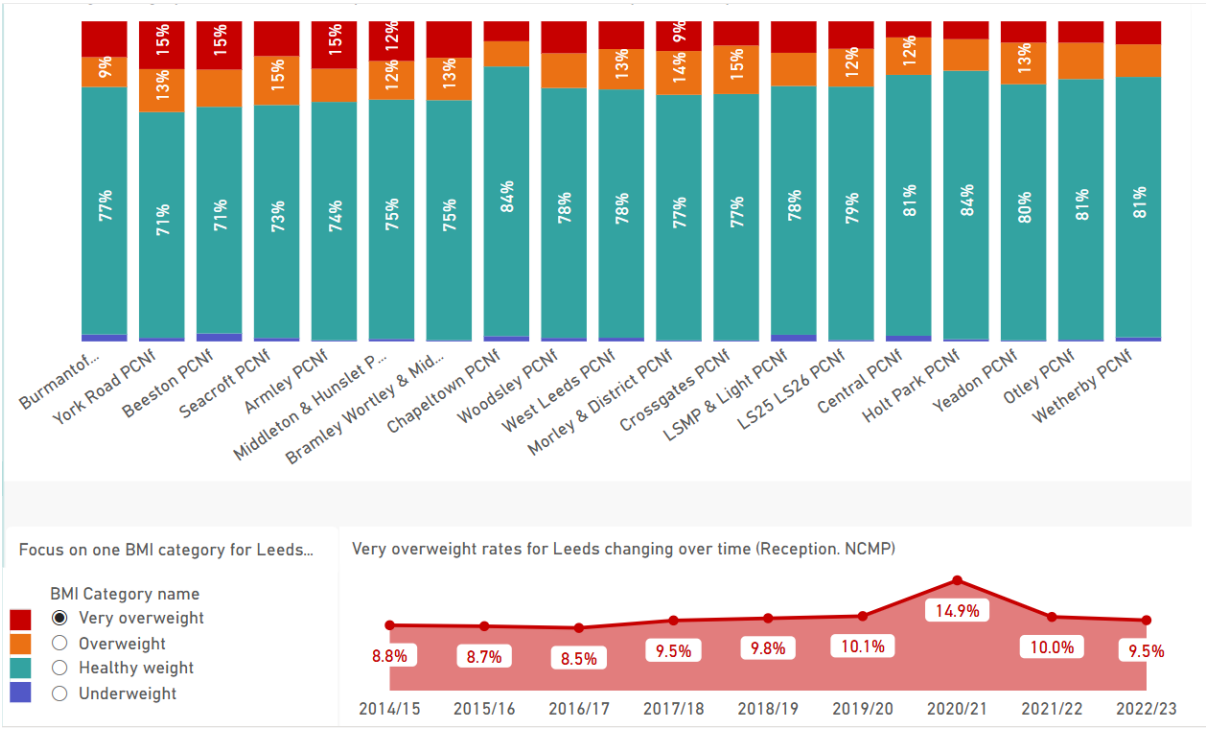
Obesity prevalence was highest among adults and children living in the most deprived areas.

The NHS in England typically spends £6.5 billion a year on treating obesity-related ill health and has introduced a range of innovative services to support people to improve their health.

Source: https://www.england.nhs.uk/2024/09/one-in-eight-toddlers-and-primary-school-aged-children-obese/ 24th September 2024)

Childhood obesity is now available now at MSOA level, here is a snap shot at Armley Primary Care Network (PCN) Level, before we look at this specific MSOA. Below is child weight category for all PCNs ranked from the most to the least deprived for reception 2022/23 National Child Measurement Programme.

Figure 70 Child obesity rates-reception for Upper Armley

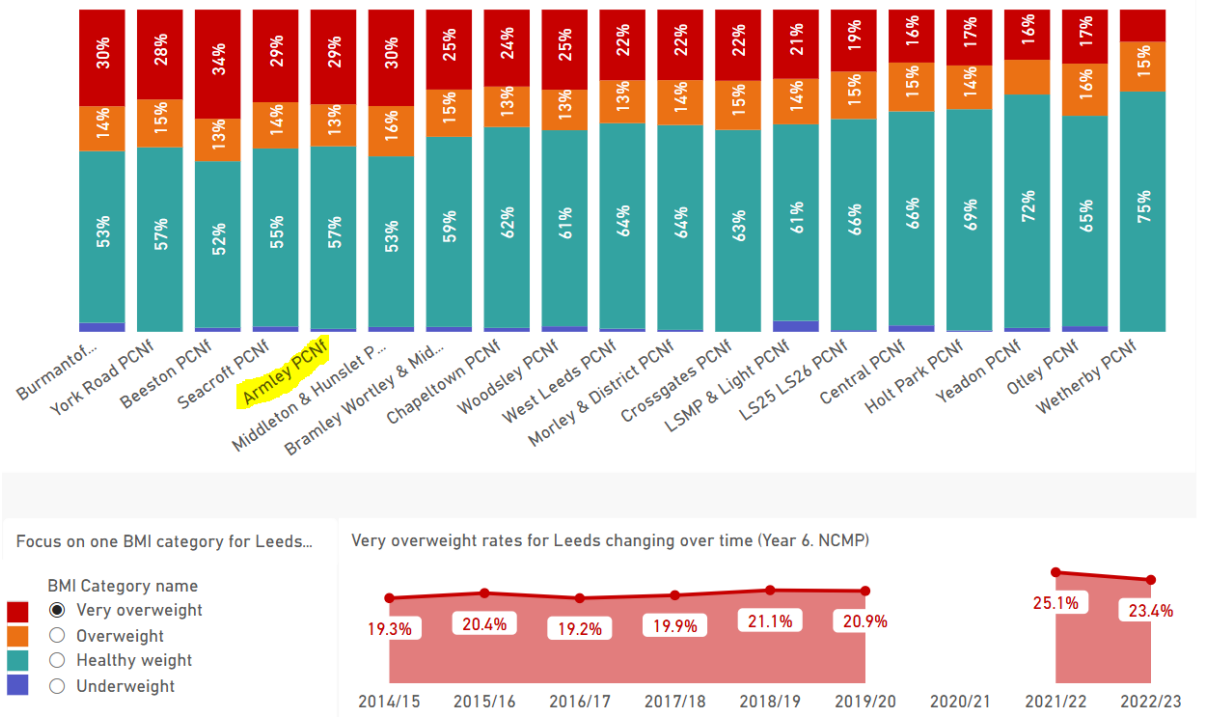


Source: PHI

Rates for very overweight children climbed from the pandemic and its aftermath and then has started declining towards 2022/23 to 9.5% for reception children.

We can see that for Year 6 levels are worryingly higher.

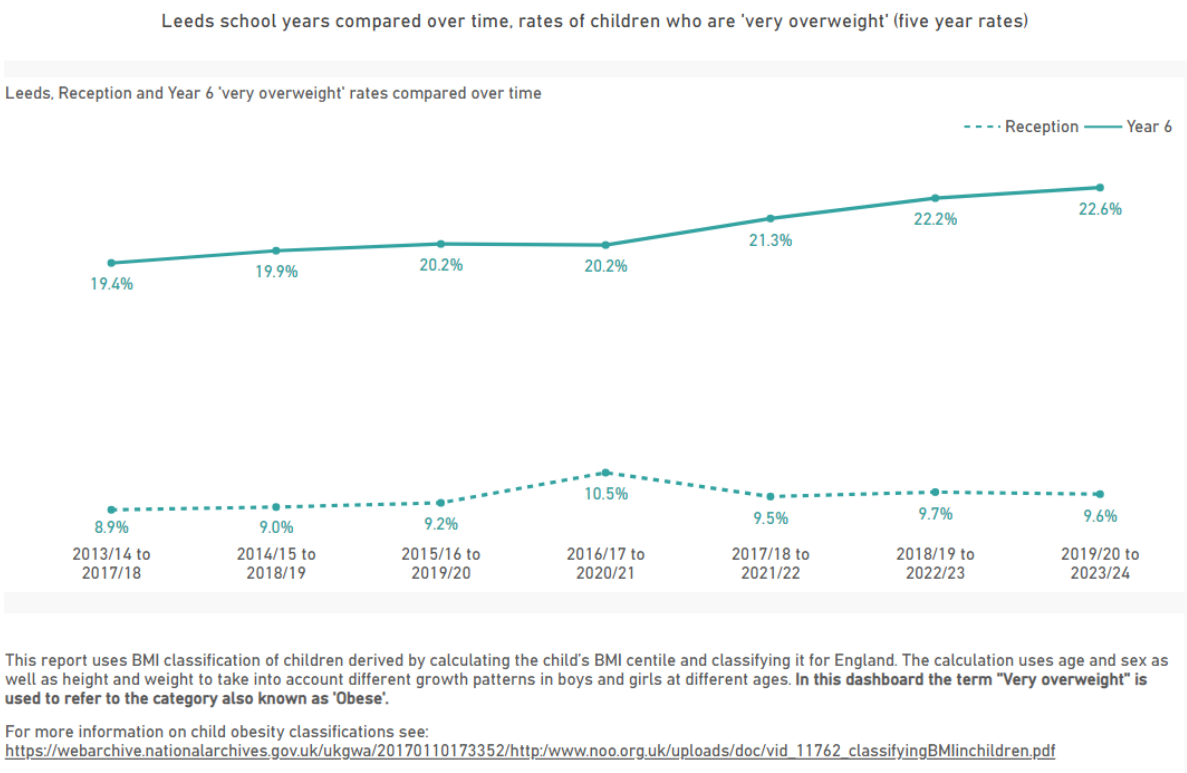
Figure 71 Child obesity Yr 6 for Upper Armley



Source: PHI

Please note there was a gap in data collection for the NCMP during the UKs Covid-19 Pandemic.

Figure 72 Leeds rates for very overweight children 2013/14 to 2023/24

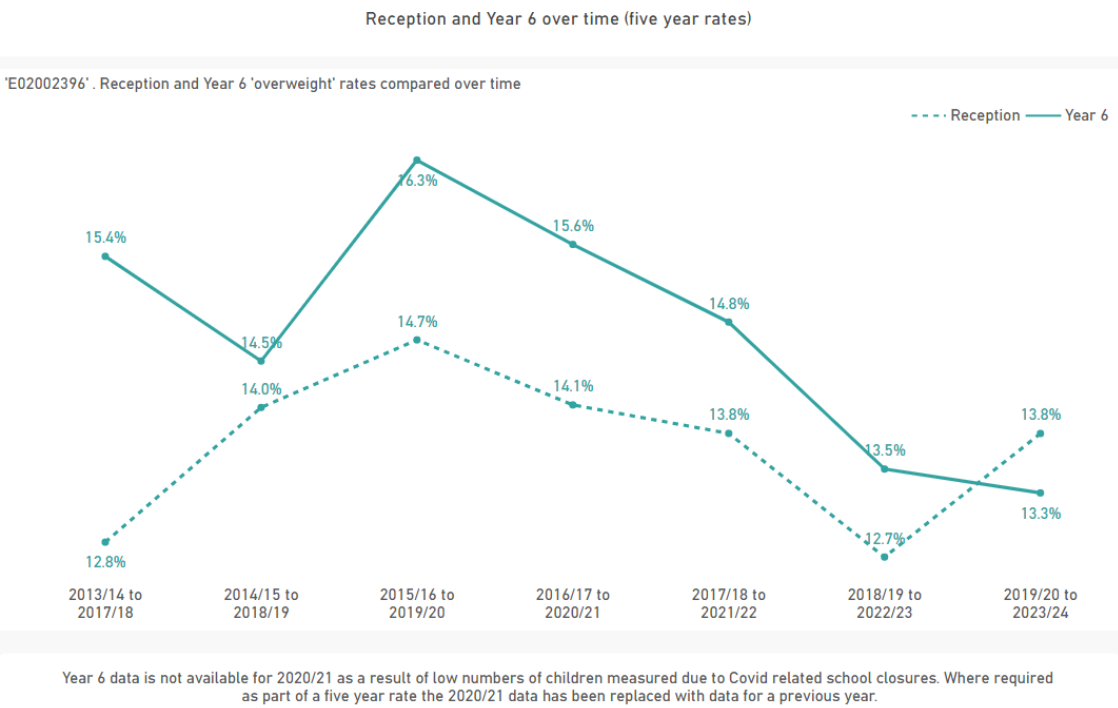


Source: PHI

The city-wide picture above shows up there is an incline with year six very overweight children. The local, city and national trends for childhood obesity remain extremely worrying.

Below we can see the picture in this MSOA.

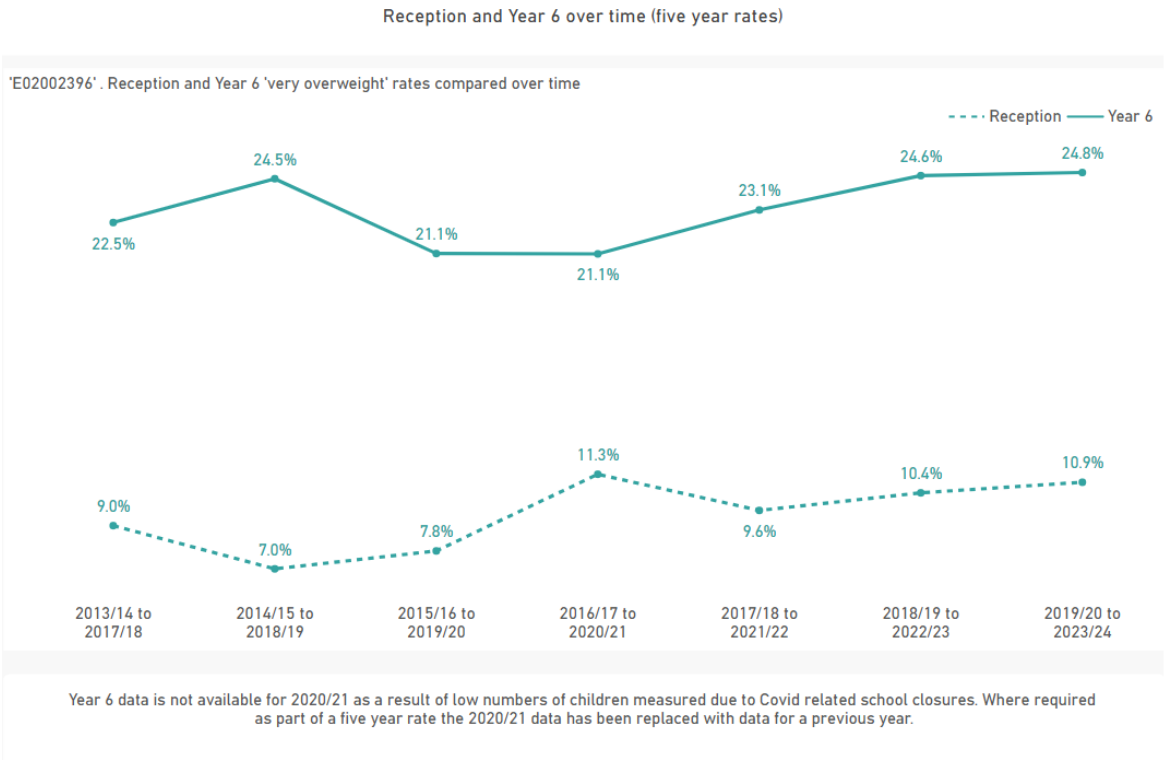
Figure 73 Overweight children for reception and year 6 over time (five-year rates) for MSOA E02002396



Source: LCC PHI NCMP

The graph shows rates for year six have dropped by 2.1% over time, the spike in the graph is accounted for by the covid 19 epidemic, school closures and population confinement during this period. Encouraging to see rates have fallen. However, the reception rate has worryingly started to increase from the 2018/19 to 2022/23 period to the 2019/20 to2023/24 period up to 13.8% from a low point of 12.8% in 2013/14 to 2017/18.

Figure 74 Reception and year 6 over time (five-year rates) for 'very overweight' children -MSOA E02002396



Source: NCMP-LCC PHI

The chart above shows an increase for both reception and year 6 'very overweight' children which is concerning by 1.9% from when the data was recorded for reception age children and a greater increase of 2.3% for year six.

Teenage Pregnancy for Upper Armley

Teenage mothers and their babies often experience significantly worse outcomes than older mothers – a 60% higher rate of infant mortality, low birth weight and poor emotional health – key factors in health inequalities and social exclusion. What is also clear is that pregnant teenagers' poor up take of maternity care contributes to these poor outcomes. Late booking and lack of sustained contact with antenatal services often mean that key issues such as maternal nutrition, smoking and preparation for breastfeeding fail to be addressed (Department for Children, Schools and Families, 2008) and (https://observatory.leeds.gov.uk/wp-content/uploads/2020/08/Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf).

Statistics for teenage pregnancy rates are currently unavailable at LSOA, MSOA or Ward Level unfortunately.

Conclusion for Children Specific Data for Upper Armley

Poor breast feeding up take, obesity levels, and margins for improvement in MMR can all contribute to poor outcomes for children. The unifying factor which is associated with all of these metrics is stress on the mother, low level awareness of available services financial burdens, poor education, lack of resources and anxiety that crime levels and fear of crime cause for parents. However, Health Visitors and local charities such as Armley Action Team through *'Bundles'*(https://www.leedsinspired.co.uk/places/bundles) shop and associated food pantry are aware of the pressures on mothers, especially new ones and attempt to mitigate these through early years education, affordable food and baby resources such as equipment, food, friendship groups, help, support and advice. Mid wives and health visitors have also now been linked up with *'Bundles'* to ensure any advice is given.

Conclusion for Upper Armley

Later on in this assessment we consider some of the many assets, both human and physical that are available in the ward to help mitigate some of the factors in an impoverished neighbourhood which may stunt human development, enjoyment of a happy and healthy life and are detrimental to a resident's overall health and well-being. Many of this assets function across all three MSOAs that constitute the ward.

As this assessment goes on the multiple problems many of the citizens who live in Armley becomes clear as we move from LSOA to LSOA, MSOA and then finally conclude at Ward level.

In summary, briefly the predominant age in this LSOA falls within the 30–39-year age bracket, the predominant ethnicity is white, and the most common spoken language is English. The white population is in slight decline and African and Asian populations slightly increasing.

Moving down to the LSOAs that make up this MSOA the following neighbourhoods require particular attention. By just considering a few sample measures and with limited resources we can work out which neighbourhoods to give priority to action, examples are shown below.

- Deprivation levels at IMD 1 are.
    - EO1032500 ARMLEY RIDGE ROAD, EDINBURGHS
- Employment deprivation categories of the most concern are identical to the above.
    - EO1032500 ARMLEY RIDGE ROAD, EDINBURGHS
- Substandard living environment.
    - E01032606 GREEN HILL DRIVE, BILLING BANK DRIVE
    - E01032607 ABERDEENS MOOR END, WORTLEY ROAD
    - E01032608 HALIDAYS, PARK STREET, ST IVES
- Housing fuel poverty.

    - EO1032500 ARMLEY RIDGE ROAD, EDINBURGHS
    - E01032608 HALIDAYS, PARK STREET, ST IVES
- Anti-Social Behaviour.
    - E01032606 GREEN HILL DRIVE, BILLING BANK DRIVE

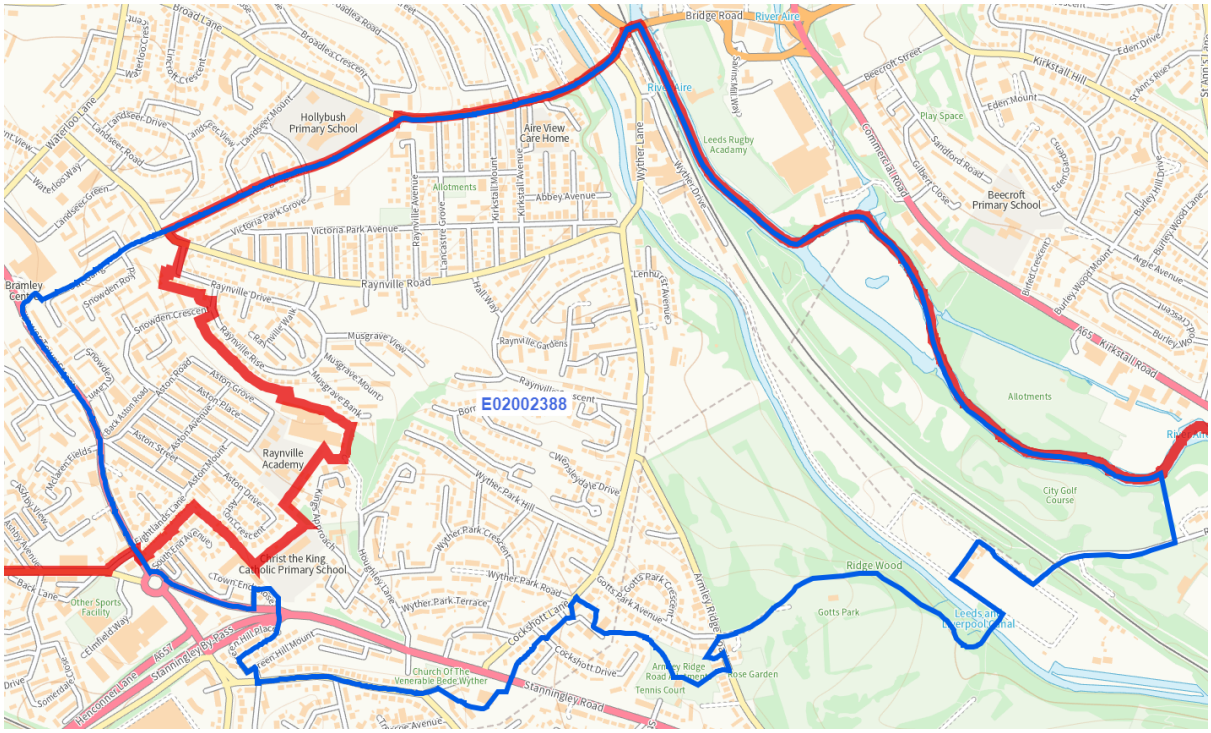
Currently with partners having limited resources and labour due to the current economic situation and looking at the above and the categories where residents are struggling it would be a logical approach to focus on Armley Ridge Road residents. All the LSOAs need attention and support but unfortunately there is insufficient capacity to approach all LSOAs simultaneously. By door knocking, leafleting and street corner information *'pop ups'* residents in these specific LSOAs could be informally talked to about what needs are most pressing for them, which may be emotional health support with the day-to-day stresses of living in Car Crofts. Housing information for 'private renters', educational and employment opportunities and financial inclusion information for those citizens navigating negative household budgets are some examples.

For those areas experiencing high crime it is worth sharing the fact crime statistics have decreased and have now plateaued, although unfortunately still above the Leeds average.

In terms of support for parents by removing some of the social and financial barriers they face so they can focus on bringing up their children in a healthy and happy way, Best Start principles discussed in later chapters would be a logical approach and applying those objectives to Armley on a whole ward level. This would lead to better educational achievement, personal fulfilment and overall economic value as the child matures into adolescence and then adulthood.

Childhood obesity and maintaining a healthy weight is a worry across the ward and particularly in this MSOA.

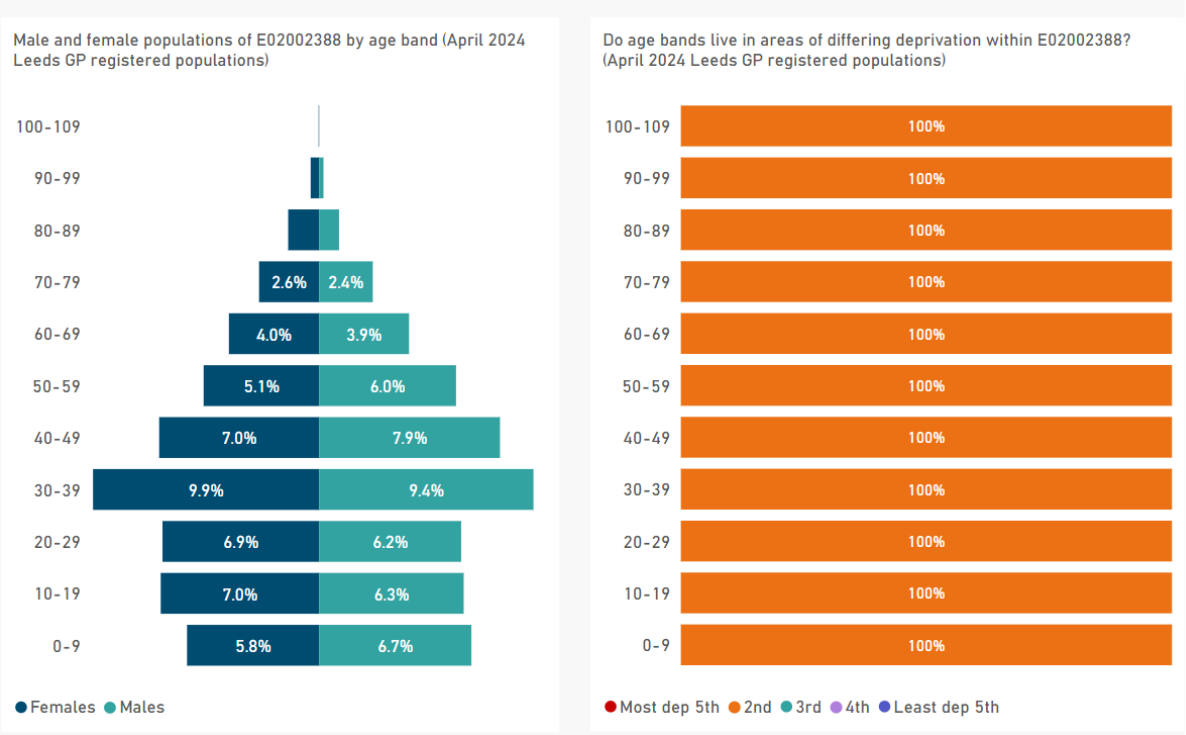
Chapter 4 Who lives in Bramley Hill Top, Raynville and Wyther Park (EO2002388) and what influences on health are present within the community.



Source: PHI

Age and Gender with Deprivation Detail for Registered Patients for E02002388

Figure 75 Age and gender distribution with deprivation detail for E02002388

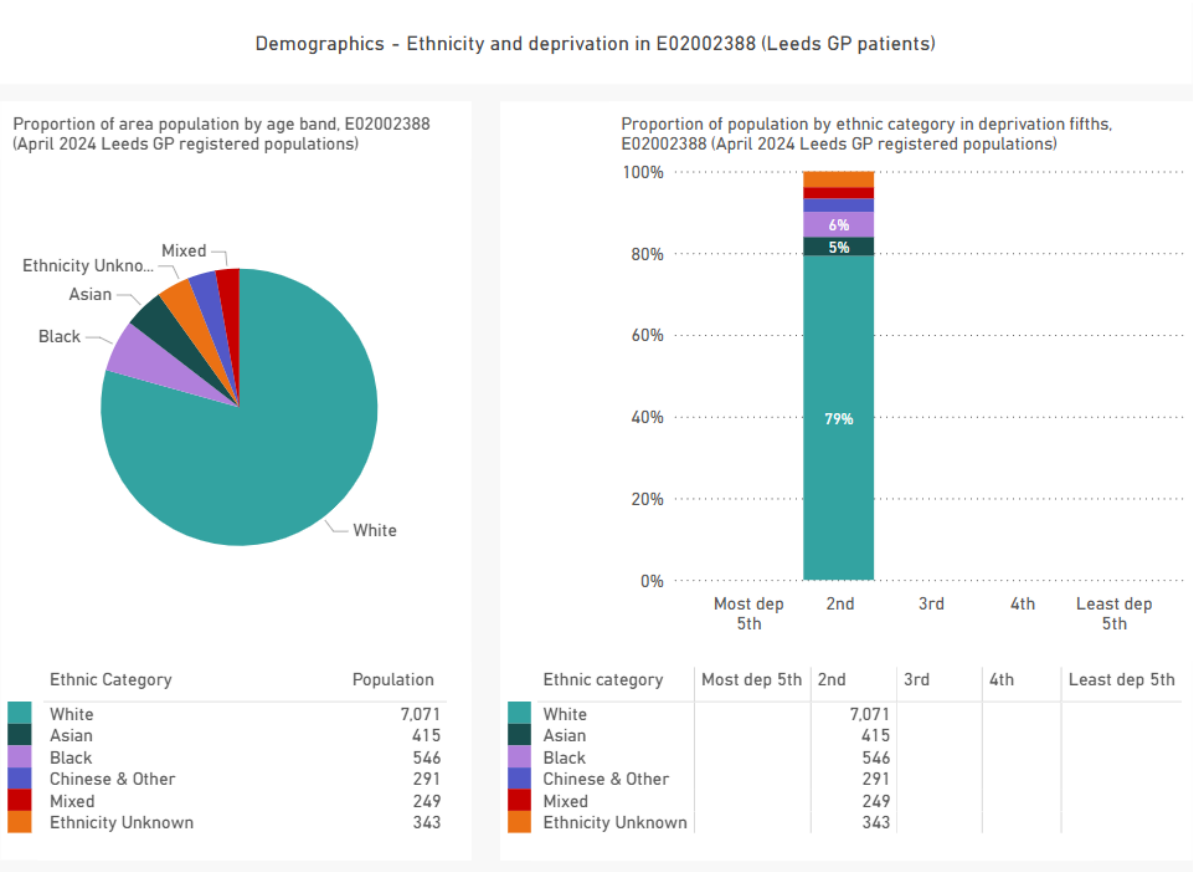


Source: LCC Public Health Intelligence for the Leeds Office of Data Analytics (ODA)

The above charts shows similar to the last MSOA that the largest age band is 30–39-year-olds both male and female and the whole population of any age band lives in the 2nd most deprived IMD in Leeds.

Ethnicity and Deprivation for MSOA E02002388

Figure 76 Ethnicity and deprivation in E02002388



Source: LCC Public Health Intelligence for the Leeds Office of Data Analytics (ODA)

The above pie chart and graph shows the predominant population in this MSOA is white and all ethnicities live in the 2nd most deprived geography.

Languages Spoken and Deprivation for MSOA E02002388

Figure 77 GP recorded language in deprivation fifths

Demographics - Languages and deprivation in E02002388 (Leeds GP patients)

Population by GP recorded language category, in deprivation fifths. E02002388 (April 2024 Leeds GP registered populations)

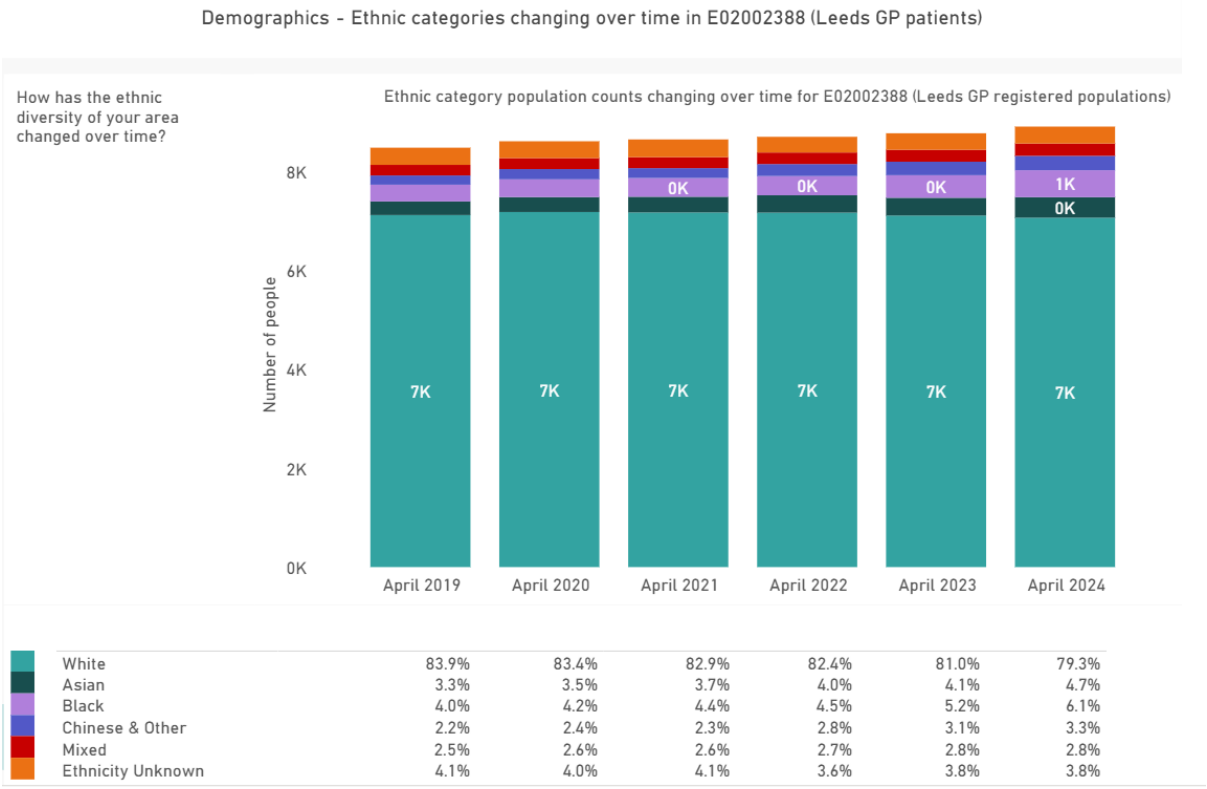
GP recorded language	Most dep 5th	2nd most dep.	Mid	2nd least dep.	Least dep 5th	Total
English		7,133				7,133
Unknown		758				758
Other European Language (EU)		483				483
South Asian Language		130				130
East Asian Language		81				81
Arabic		71				71
African language		59				59
Portuguese		50				50
West/Central Asian Language		38				38
Spanish		30				30
French		22				22
Russian		22				22
Turkish		20				20
Other European Language (non EU)		9				9
Sign Language		6				6
Irish		2				2
Other European Language (non-national)		1				1
Total		**8,915**				**8,915**

Source: LCC Public Health Intelligence for the Leeds Office of Data Analytics (ODA)

The most common language spoken is English and unfortunately the second most common language is unknown due to this not being recorded at GP level. Recorded languages spoken from April 2019 to April 2024 have not significantly changed but population levels of certain ethnicities have by looking at the chart below.

Ethnic Population Count Changes over Time for MSOA E02002388

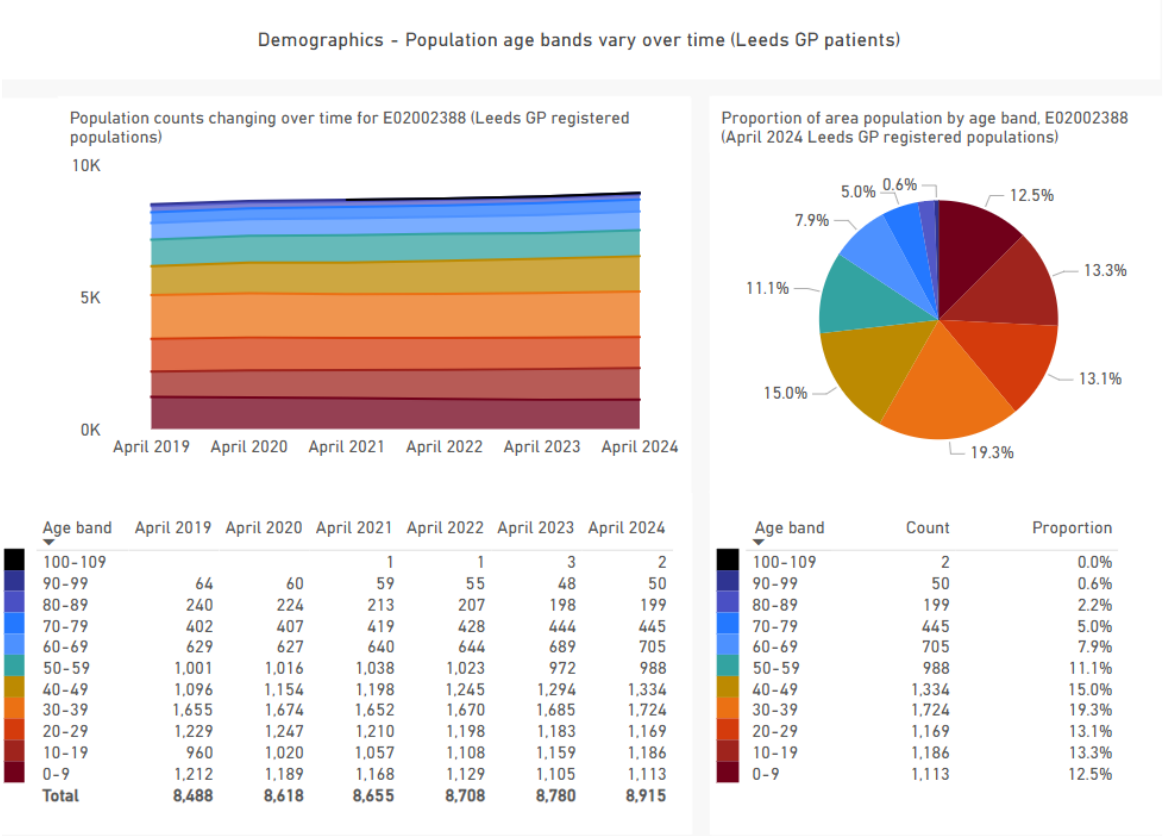
Figure 78 Ethnic categories changing over time in E02002388



Source: LCC Public Health Intelligence

The chart above shows the white population has shrunk slightly by 4.6% and black ethnicity has increased by 2.1%, Asian residents by 1.4%.

Figure 79 Population age bands vary over time for E02002388



Age band	April 2019	April 2020	April 2021	April 2022	April 2023	April 2024
100-109			1	1	3	2
90-99	64	60	59	55	48	50
80-89	240	224	213	207	198	199
70-79	402	407	419	428	444	445
60-69	629	627	640	644	689	705
50-59	1,001	1,016	1,038	1,023	972	988
40-49	1,096	1,154	1,198	1,245	1,294	1,334
30-39	1,655	1,674	1,652	1,670	1,685	1,724
20-29	1,229	1,247	1,210	1,198	1,183	1,169
10-19	960	1,020	1,057	1,108	1,159	1,186
0-9	1,212	1,189	1,168	1,129	1,105	1,113
Total	**8,488**	**8,618**	**8,655**	**8,708**	**8,780**	**8,915**

Age band	Count	Proportion
100-109	2	0.0%
90-99	50	0.6%
80-89	199	2.2%
70-79	445	5.0%
60-69	705	7.9%
50-59	988	11.1%
40-49	1,334	15.0%
30-39	1,724	19.3%
20-29	1,169	13.1%
10-19	1,186	13.3%
0-9	1,113	12.5%

Source: LCC Public Health Intelligence

There have been slight fluctuations in age bands above eighty years old and slight increases in all other age bands.

Deprivation in MSOA E02002388

LSOA	NAME	IMD RANK
E01011283	WYTHER PARK	1
E01011282	ASTONS, SNOWDENS	1
E01011295	OUTGANG LANE, RAYNVILLE, MUSGRAVE	2
E01011281	RAYNVILLE CRESCENT, HOUGHLEYS, VICTORIA PARKS	2
E01032606	GREEN HILL DRIVE, BILLINGBANK DRIVE	2
E01011286	HILLTOP, TOWN END	3

Wyther Park and Astons, Snowdens are the most deprived LSOA in this MSOA and warrants special attention from a multi-disciplinary team of partners. Astons and Snowdens although included in the Armley Ward straddles both Armley and Bramley and Stanningley Wards and

as a standalone LSOA belongs to the Bramley and Stanningley Ward. This is slightly confusing, however the Astons and Snowdens LSOA has been included as some LCC Public Health commissioned services works across these LSOAs.

Employment Deprivation in MSOA E02002388

The income deprivation rate overall for this MSOA is 23.5%.
Breaking this figure down to the LSOAs that make up this MSOA allows us to examine employment deprivation in smaller geographical units.

Figure 80 Employment deprivation ranking by LSOA for MSOA E02002388

LSOA	NAME	EMPLOYMENT DEPRIVATION RANK
E01011283	Wyther Park	28%
E01011295	Outgang Lane, Raynvilles, Musgraves	18%
E01011282	Astons, Snowdens	18%
E01011281	Raynville Cres, Houghleys, Victoria Parks	13%
E01011286	Hilltop, Town End	9%

Source: Leeds Observatory

The table shows the LSOA Wyther Park being the poorest ranking neighbourhood in terms of employment deprivation and an area of ongoing focus in terms of education, training and employment.

Income Deprivation in MSOA E02002388

Figure 81 Income deprivation by LSOA for MSOA E02002388

LSOA	NAME	INCOME DEPRIVATION RANK
E01011283	Wyther Park	38%
E01011282	Astons, Snowdens	26%
E01011281	Raynville Cres, Houghleys, Victoria Parks	22%
E01011295	Outgang Lane, Raynvilles, Musgraves	21%
E01011286	Hilltop, Town End	10%

Source: Leeds Observatory

The chart shows Wyther Park has a very high rating for income deprivation compared to the other LSOAs.

Surrounding Area in MSOA E02002388

The living environment within this LSOA is a slightly mixed picture with some residents living in good quality housing, some average and others in poorly maintained rented accommodation. There is a large amount of social housing is of an estate type with the general standard being good, however the residents in this area suffer anti-social behaviour in the street surrounding the estate. For those with no gardens there are ample green

spaces such as Gotts Park and there are small areas of grassed areas which could be developed with seating areas, communal areas and communal green gyms.

The LSOAs are ranked as follows for living environment deprivation.

Figure 82 Living environment deprivation by LSOA for MSOA E02002388

LSOA	NAME	LIVING ENVIRONMENT DEPRIVATION RANK
E01011283	Wyther Park	4
E01011281	Raynville Cres, Houghleys, Victoria Parks	4
E01011295	Outgang Lane, Raynvilles, Musgraves	2
E01011282	Astons, Snowdens	2
E01011286	Hilltop, Town End	2

Source: Leeds Observatory

From the above table EO1011295 Outgang Lane, Raynvilles, Musgraves has a low ranking compared to the others listed, where considering the other deprivation metrics you would imagine Wythers Park would have a poorer score.

Crime and Anti-Social Behaviour for MSOA E02002388

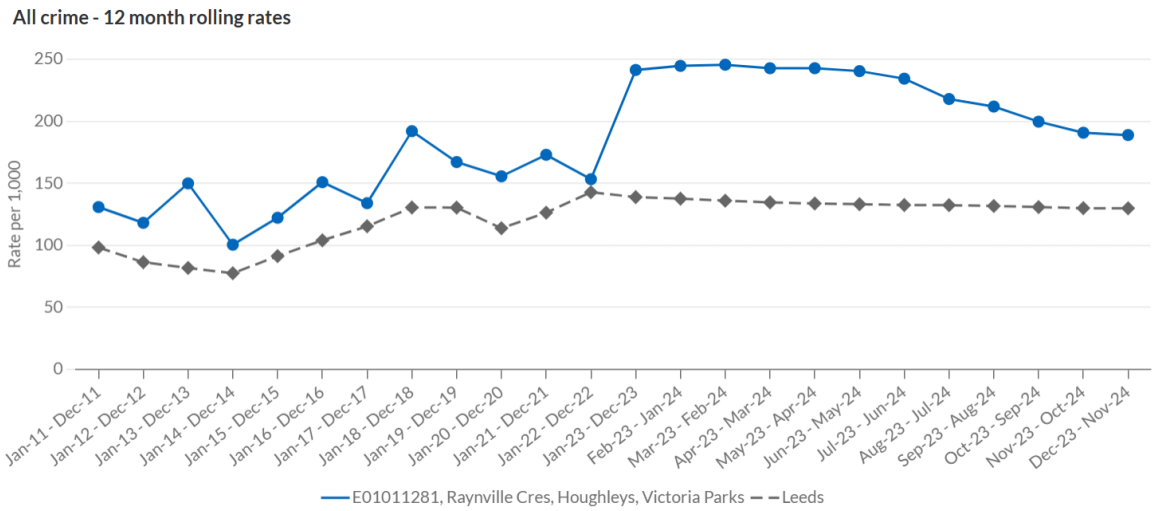
Figure 83 Crime counts for the LSOAs of MSOA E2002388

LSOA	NAME	Crime count (Dec-23 - Nov-24)
E01011281	Raynville Cres, Houghleys, Victoria Parks	**403**
E01011283	Wyther Park	**286**
E01011295	Outgang Lane, Raynvilles, Musgraves	**207**
E01011282	Astons, Snowdens	**171**
E01011286	Hilltop, Town End	**120**

Source: data.police.uk

The chart shows the LSOA E01011281 has a large number of crime counts compared to the other LSOAs. Below we are going to examine the crime rates and types of crime for each LSOA within this MSOA. The LSOA Raynville Crecent is untouched by much of the deprivation of a LSOA like Wyther Park and this LSOA may be possibly seen as an area of opportunity for criminals.

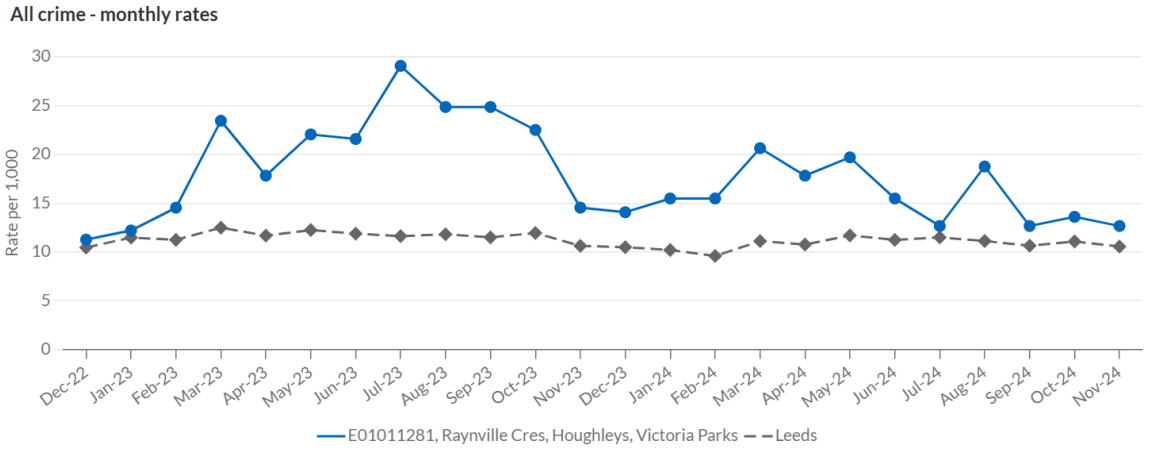
Figure 84 All crime 12 month rolling rates for E01011281



Source: data.police.uk

The chart above shows rates have increased since January 11 and from November 23-October 24 are plateauing but still above the Leeds rate. For this specific LSOA it is worth looking at little closer at the monthly rates in more detail to get a better understanding of the picture.

Figure 85 All crime-monthly rates for E01011281

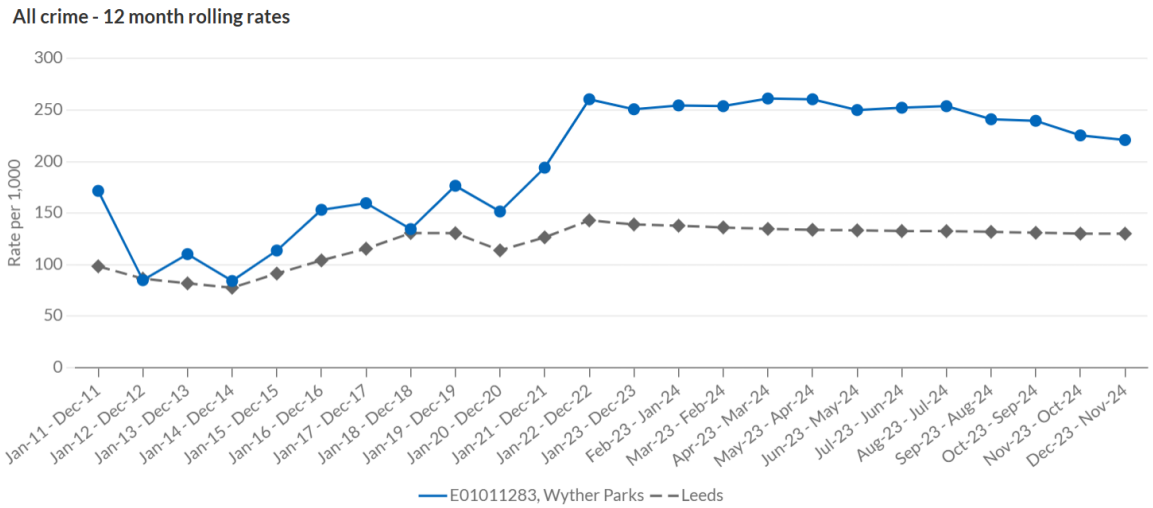


Source: data.police.uk

We can see crime has decreased with a few monthly spikes and almost returned to December 22 figures which are nearer the Leeds average.

For Wyther Park LSOA the trends are shown below.

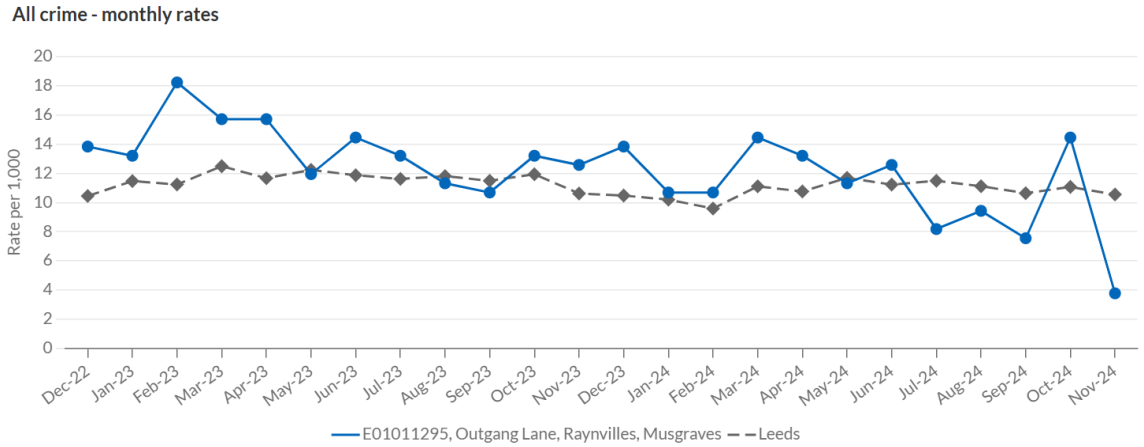
Figure 86 All crime-12 month rolling rates for E01011283



Source: data.police.uk

Rates are well above the Leeds average for this LSOA but appear to be showing a slight decrease towards the end of the year.

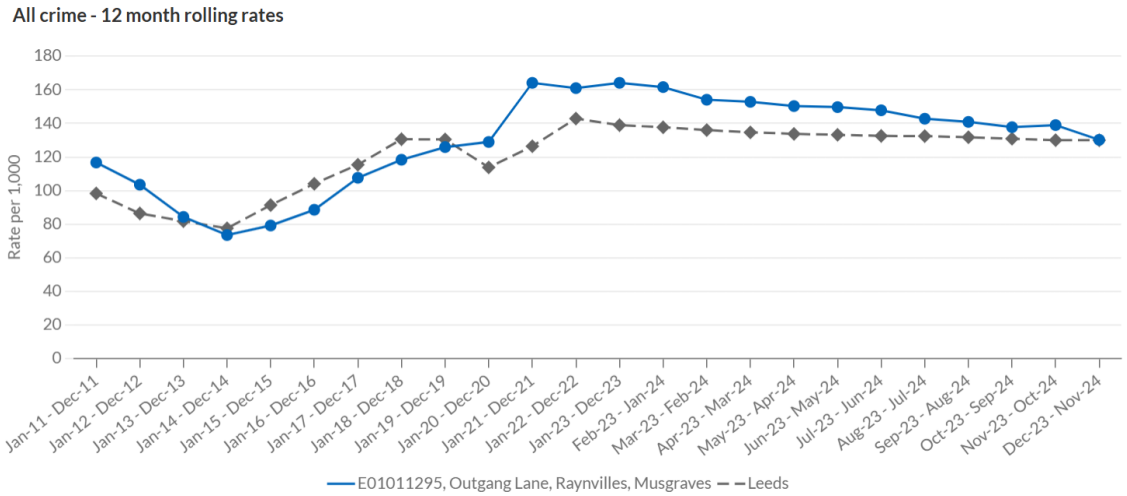
Figure 87 All crime-monthly rates for E01011295



Source: police.data.uk

Encouragingly for the above LSOA we can see a steady downward trend in crime followed by a steep decline in by the end of November.

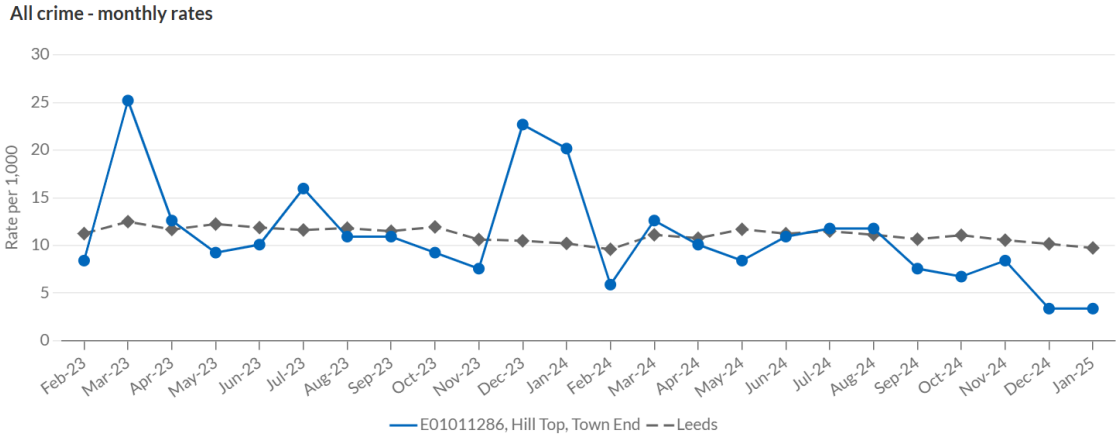
Figure 88 All crime-12 month rolling rates for E01011295



Source: data.police.uk

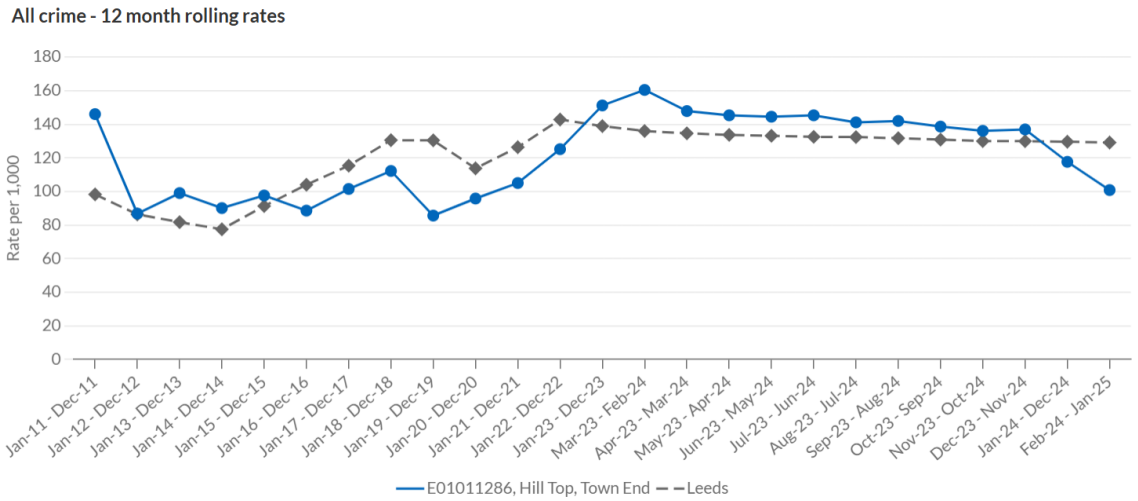
For 12 month rolling rates for E01011295 we can see a rise to the 160 mark and then a slight decline which becomes more marked as the data moves towards the Leeds average.

Figure 89 All crime monthly rates for E010111286



Source: data.police.uk

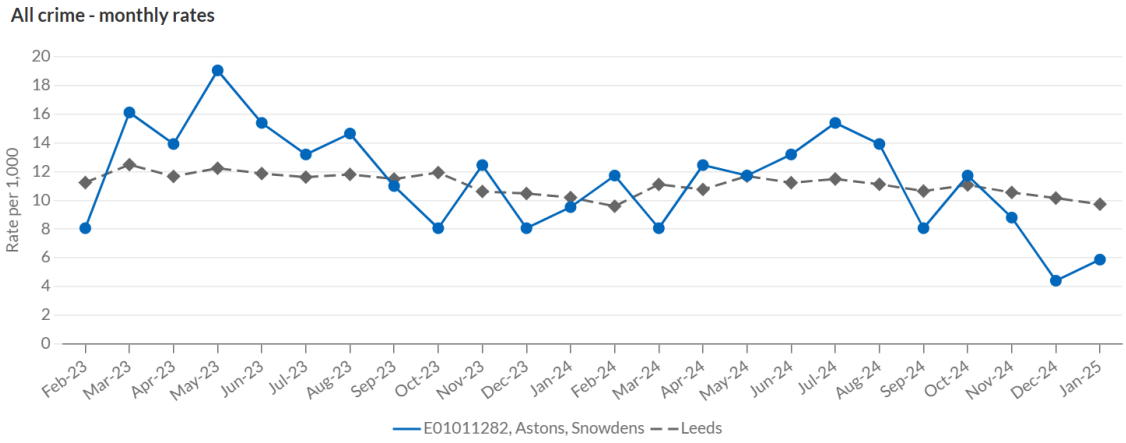
Figure 90 All crime-12 month rolling rates for E01011286



Source: data.police.uk

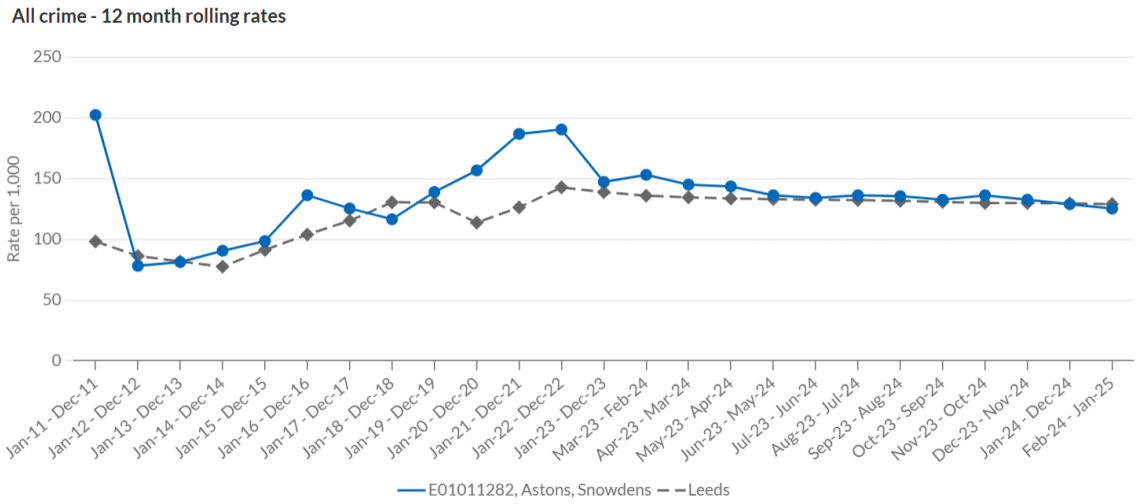
Encouraging to see in this LSOA monthly and 12-month rolling crime rates have dropped below the Leeds average.

Figure 91 All crime-monthly rates for E01011282



Source: data.police.uk

Figure 92 All crime-12 month rolling rates for E01011282

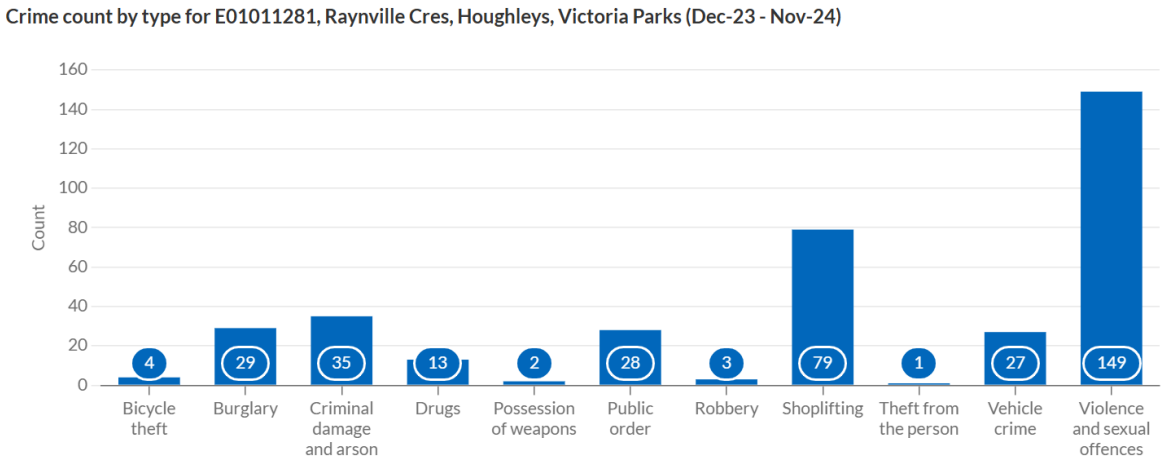


Source: data.police.uk

For Astons, Snowdens LSOA it is good to see monthly crime rates falling to below the Leeds average and 12 month rolling rates meeting the Leeds average and starting to fall below the Leeds average.

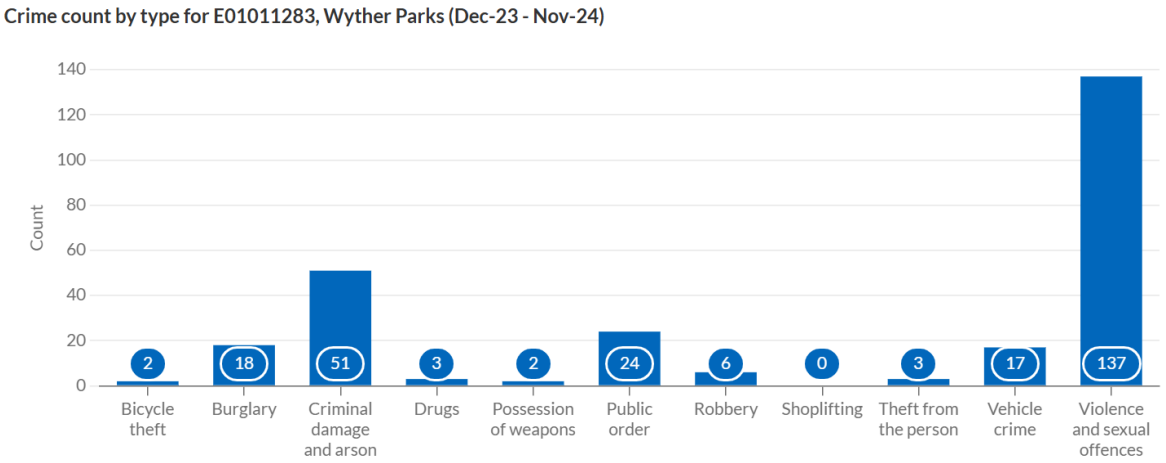
Below are sets of graphs show the nature of each crime by type for each of the three LSOAs that make up this MSOA.

Figure 93 Crime count by type for E01011281



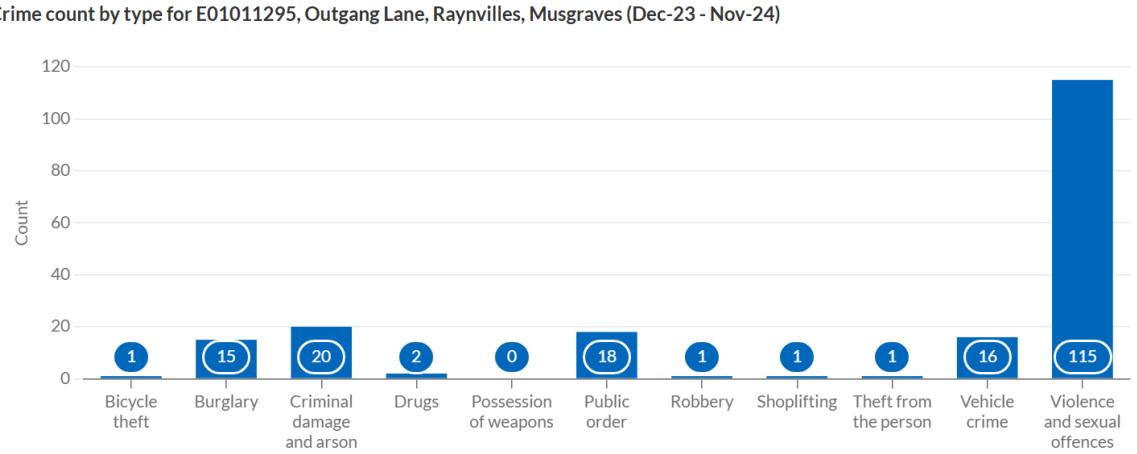
Source: data.police.uk

Figure 94 Crime count by type for E01011283



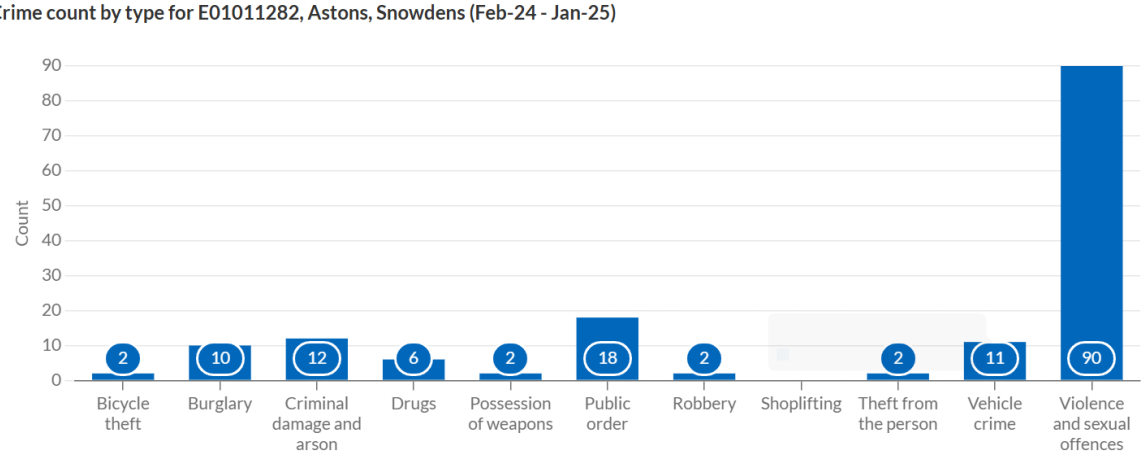
Source: data.police.uk

Figure 95 Crime count by type for E01011295



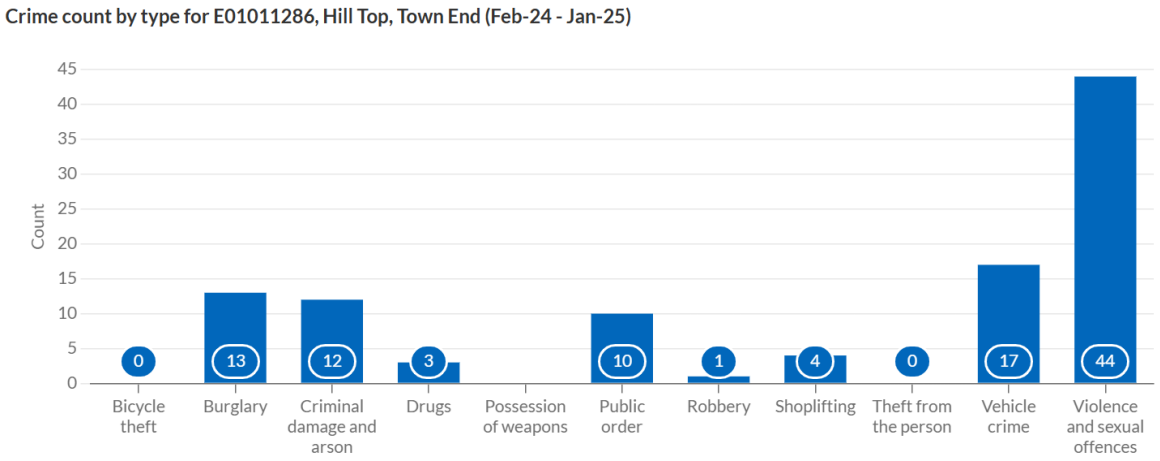
Source: data.police.uk

Figure 96 Crime count by type for E01011282



Source: data.police.uk

Figure 97 Crime count by type for E01011286

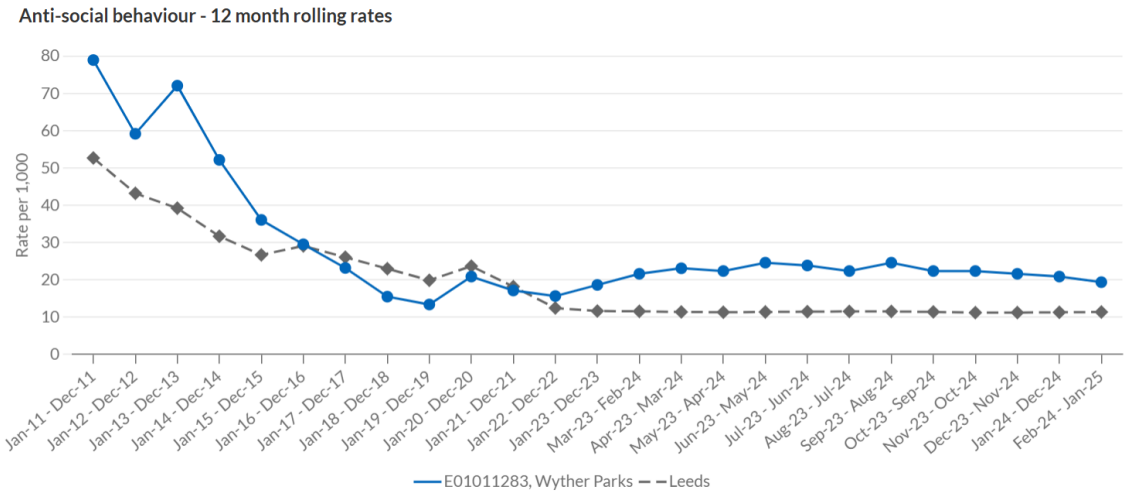


Source: data.police.uk

Across this MSOA we can see by far the highest crime count are crimes of a violent nature and sexual offences, making a total count of 401. Crimes of a violent or sexual nature are not separated out in these statistics.

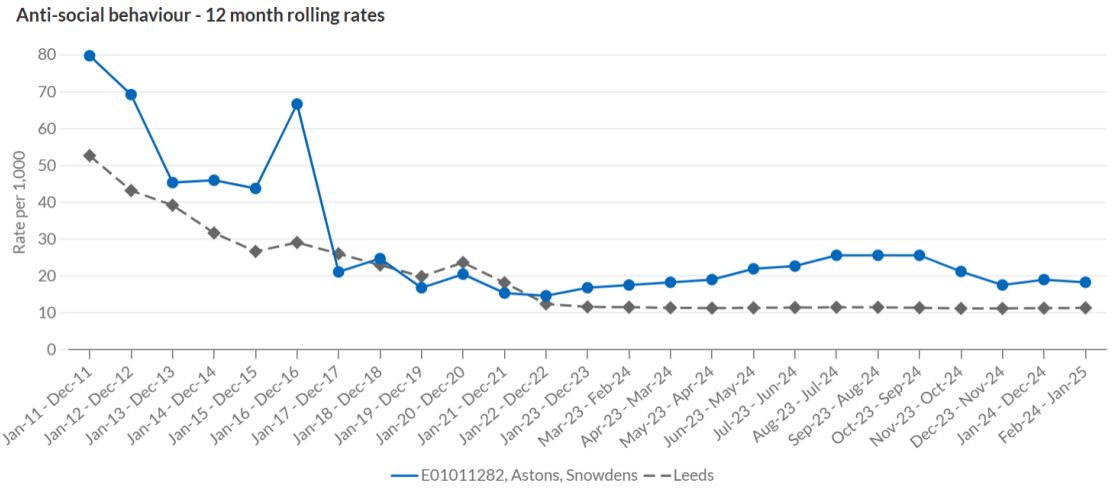
Anti-Social Behaviour by LSOA for MSOA E02002388

Figure 98 ASB for E01011283



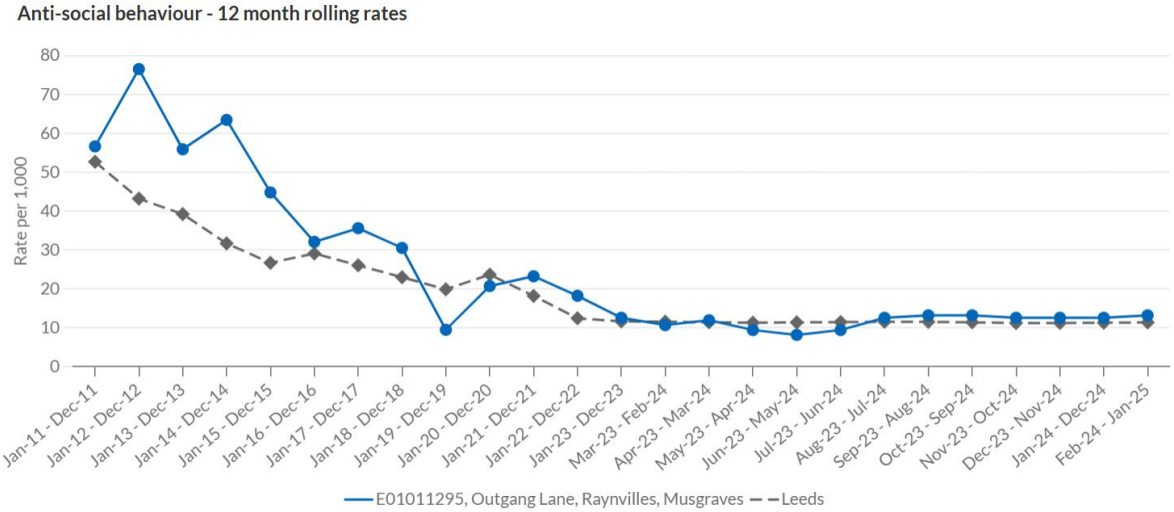
Source: data.police.uk

Figure 99 ASB for E01011282



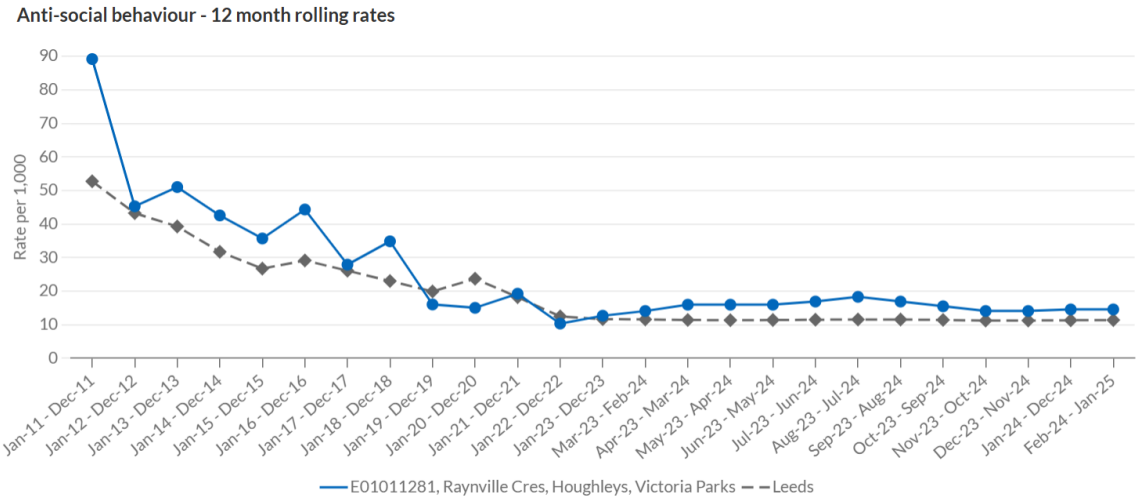
Source: data.police.uk

Figure 100 ASB for E01011295



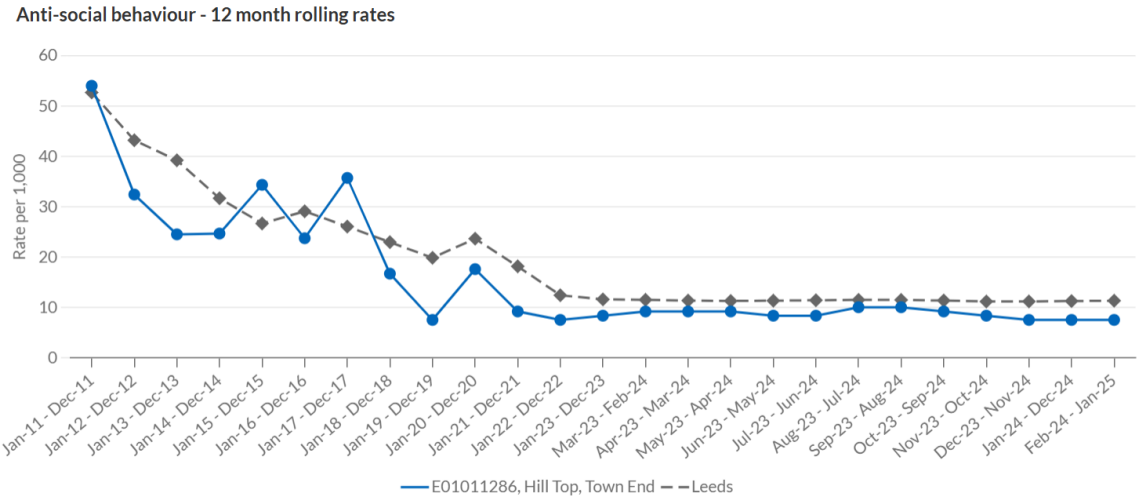
Source: data.police.uk

Figure 101 ASB for E01011281



Source: data.police.uk

Figure 102 ASB for E01011286



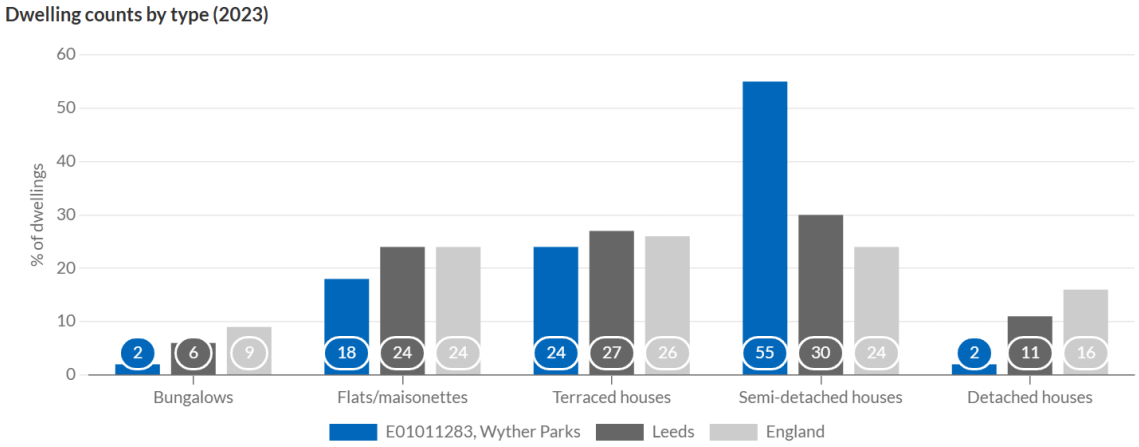
Source: data.police.uk

Encouragingly we can see trends for ASB have fallen throughout the LSOAs and roughly plateaued to the Leeds average. It should be noted that some crime is under reported and anecdotally from partner comments the Wythers Estate may be an example of this.

Housing in MSOA E02002388

Within this MSOA there are some stark contrast between type of dwelling, value, who lives there and how well the properties are maintained.

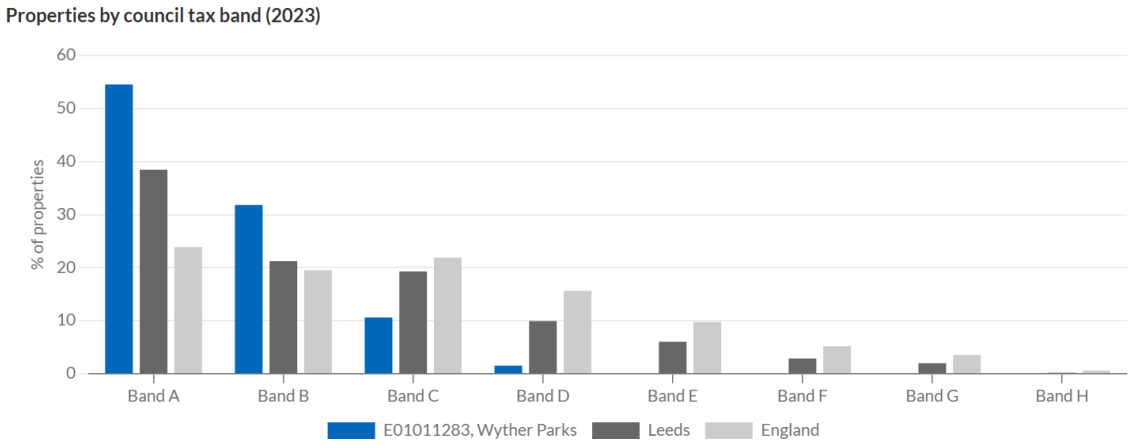
Figure 103 Dwelling count by type for Wyther Park



Source: Valuation Office Agency

Semi-detached dwellings are the most prominent on this estate with a typical mix of social and private rented accommodation.

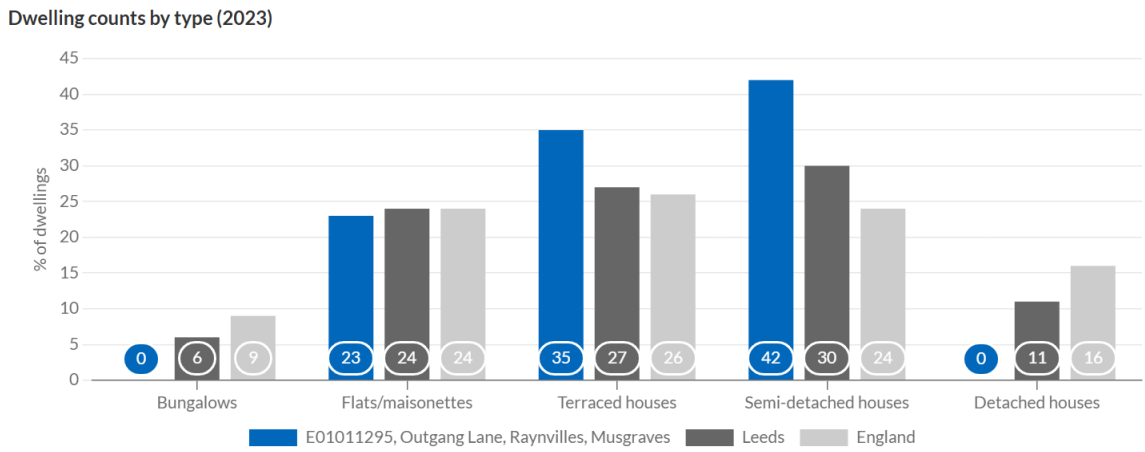
Figure 104 Properties by council band (2023) Wyther Park



Source: ONS

The lowest council tax bands being A and B are the most prevalent on this estate, with 360 in band A and 210 in band B out of a total of 660 properties in this geographical area.

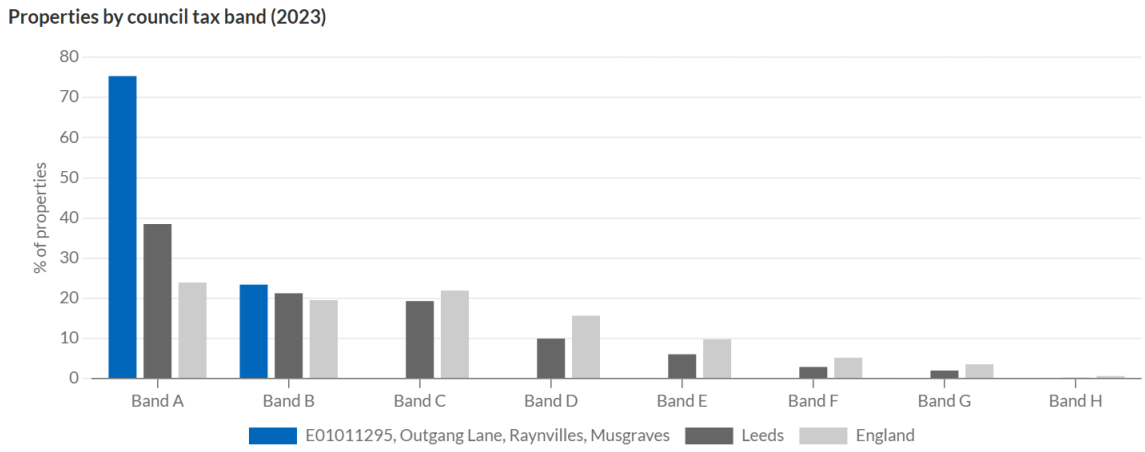
Figure 105 Dwelling counts by type (2023) for LSOA E01011295



Source: Valuation Office Agency

Semi-detached houses are again the most prevalent form of dwelling in this LSOA.

Figure 106 Properties by council tax band (2023) for LSOA E01011295



Source: ONS

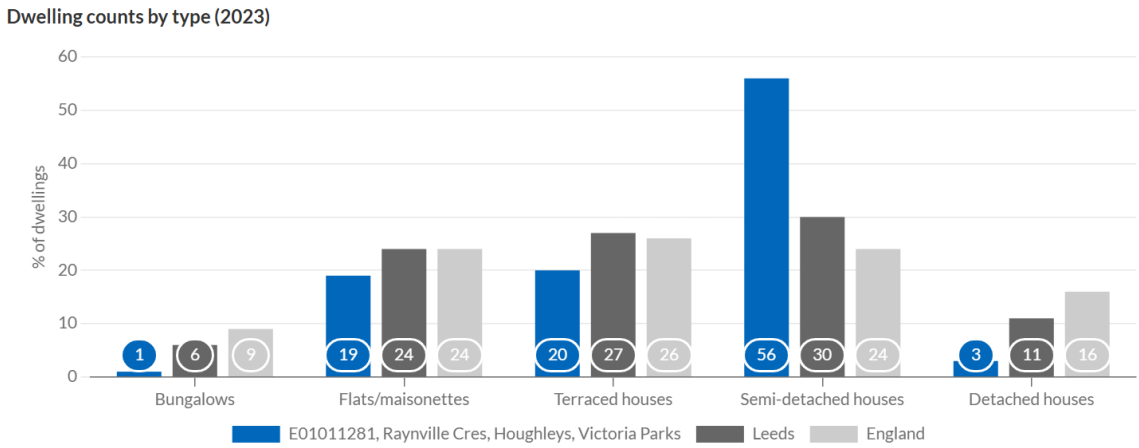
The most prominent council tax bands are A followed by B and typical of this geography. Council bands are assessed as follows.

Assessments are based on a number of factors, such as a property's:

- size
- layout
- character
- location
- change in use
- value on 1 April 1991 (England) or 1 April 2003 (Wales)

The total number of properties in this LSOA are 770.

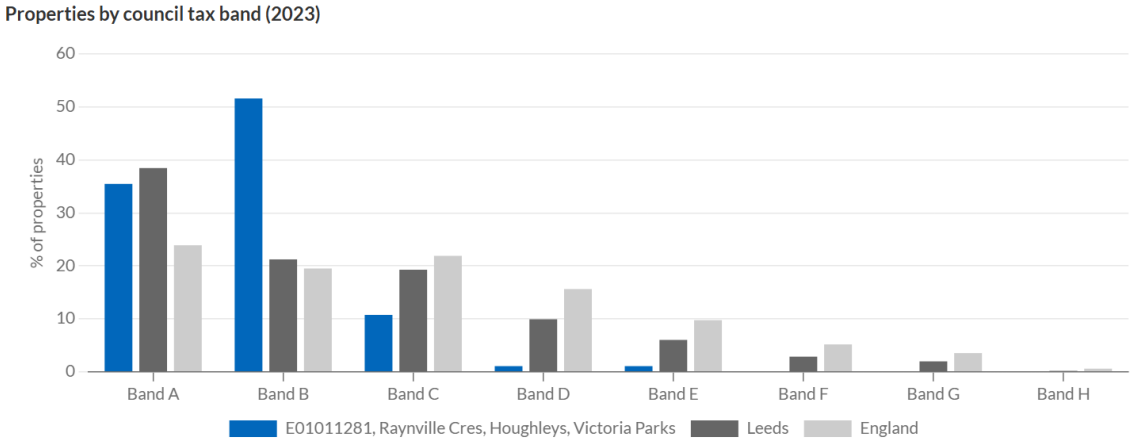
Figure 107 Dwelling counts by type (2023) for LSOA E01011281



Source: Valuation Office Agency

Semi-detached housing is dominant in this LSOA.

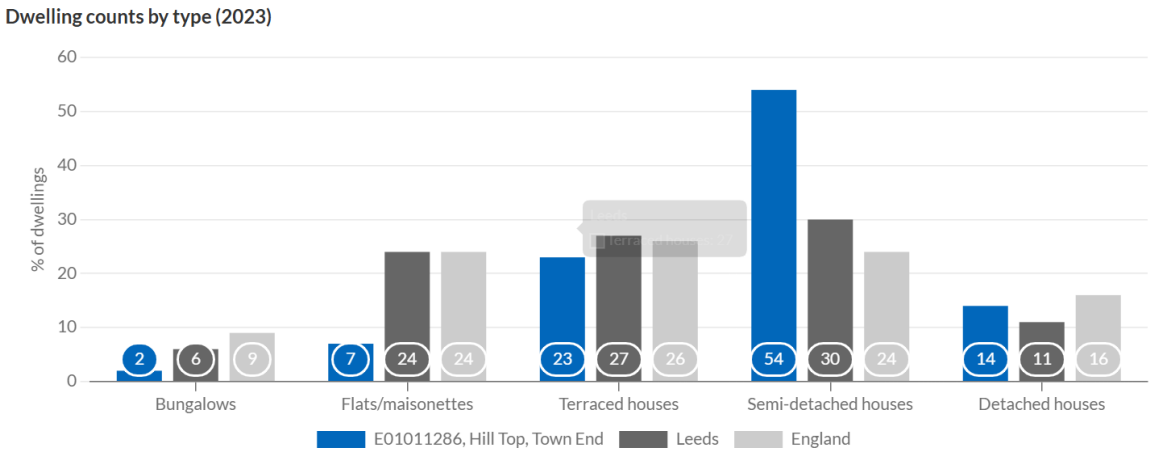
Figure 108 Properties by council tax band (2023) for LSOA E01011281



Source: ONS

Contrasting with the other two LSOAs which make up this MSOA council tax band B is the most prevalent followed by band B.

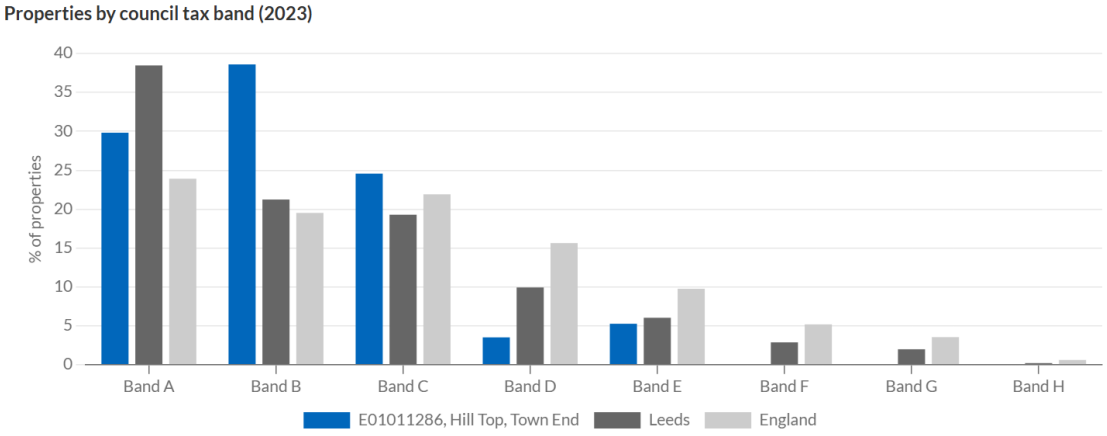
Figure 109 Dwelling counts by type for LSOA E01011286



Source: ONS

Within this LSOA semi-detached houses are the most prevalent dwelling type is semi-detached housing.

Figure 110 Properties by council tax band for E01011286



Source: ONS

Council Tax band B is the most dominant band in this LSOA.

Figure 111 Fuel poverty rates for LSOAs making up MSOA E02002388

Fuel Poverty

LSOA	Properties	Households in Fuel Poverty (2022)	% of Properties in Fuel Poverty
WYTHER PARK	649	137	21.1%
ASTONS, SNOWDENS	637	119	18.7%
OUTGANG LANE, NANCROFT LANE, BROOKLYNS, MODELS	772	108	14%
RAYNVILLE CRESCENT, HOUGHLEYS, VICTORIA PARKS	926	121	13.1%
HILL TOP, TOWN END	602	68	11.3%

Source: Department of Energy Security and Net Zero 2024 Figures are 2 yrs in arrears so correspond to 2022. Please note a comment for the compiler of this data is that figures are not ideal and rely on modelling but do give an indication of where residents have issues.

The chart above shows Wyther Park as having the greatest percentage of properties experiencing fuel poverty. Examining individual LSOAs of this MSOA allows us to investigate carefully which residents are struggling to heat their home and how we might help them with various support schemes energy providers have on offer.

Education in MSOA E02002388

Figure 112 Education, skills and training deprivation rank for the LSOAs in MSOA E02002388

Later on in this assessment we look at education to get a clearer overall picture at ward level. The below tables shows the education, training and skills deprivation for the LSOAs in this ward.

LSOA	Education, Training and Skills Deprivation Rank. (The lower the value the more deprived)
Wyther Park	1
Outgang Lane, Raynville, Musgraves	2
Raynville Crescent, Houghleys, Victoria Parks	2
Astons, Snowdens	3
Hill Top, Town End	4

Source: Leeds Health Observatory (2019)

Wyther park has the poorest ranking for education, training and skills and has been a focus of attention by partners for a number of years.

Chapter summary for Surrounding Area of MSOA E02002388

Wyther Park is by far the most important estate for special attention and support, it also has many assets in the form of local people willing to get involved in local groups. Work in this area has been on going with LCC Communities Team organising community action days around environmental clear ups, listening events and general support services around crime, housing and with LCC Public Health contributing to health awareness days in 2024.

It is suspected because of the culture of the estate that some crime may go unreported and may or may not be dealt with by residents on the estate. In the past the estate has had a reputation for racial intolerance and general prejudice to non-white residents and visitors. A home office grant was applied for to help stem hate crimes which have been rarely reported here but anecdotally still an issue which has been recognised by local charities in the past. Men's groups were planned to help local male residents explore these narratives and perspectives with the end goal being a heightened awareness and tolerance for different cultures. Unfortunately, the bid was unsuccessful due to high UK wide demand for the funding. The LCC youth service have been working hard to distract and motivate local youths away from crime and into more fulfilling pursuits. This work is extremely challenging and relentless but for those young people who do benefit from it ultimately life changing and rewarding.

Education, training and skills levels resulting to poor access to more rewarding jobs are a problem on the estate are low and have been targeted by local charities for support. Low aspiration in terms of job and career aspiration have been reported anecdotally by youth workers.

Charities like BARCA (https://www.barca-leeds.org/) and New Wortley Community Centre (https://www.newwortleycc.org.uk/) have run successful youth projects on the estate but due to limited funding it is difficult to get consistency over many years. Apart from a well-resourced activity center (https://www.westleedsactivitycentre.co.uk/) at the bottom of the estate there is a lack of community spaces since the last center was converted back to houses which was located at the top of the estate near Wyther Lane. Again, it has been stated by residents young people will not travel to the bottom of the estate if they live at the top, why this should be the case is unclear. However, this has not stopped partners utilising cars, vans, buses and pop ups for event where residents can access support. Running different pop ups at different times in different sections of the estate might be a potential solution to cater for resident activity and working time tables.

Noise and traffic pollution is not a major issue compared to other wards across the city, there have been incidents of trail bike and one quad bikes causing noise and nuisance late at night, generally traffic volume is low within the estate although it is flanked by major roads.

In terms of cohesion there has been an old adage around for a while that the estate is divided invisibly into three and the residents will not mingle or interact, especially between the top estate and bottom. This may make estate wide pop-up event and activities difficult. How true this is today is difficult to ascertain but certainly it seems some anecdotal evidence from youth workers that certain sections of the estate do not mix.

Environmentally, dumping and the removal of rubbish has been an issue on the estate, the clean-up days help the estate look more aesthetically pleasing as large items of rubbish and fly tipping is removed where residents without cars or the resources to hire skips can have this removed, free of charge.

In terms of assets through BARCA Better Together Outreach Service (Better Together | Barca-Leeds) the community health development and community development workers have managed to mobilise local people to form groups, this has tended to be mainly local women, however Barca have also managed to attract a few men into their various men's groups.

- An example of BARCA Better Together timetable can be downloaded from here (Better Together | Barca-Leeds).

There is additional information about this estate in the ward level summary.

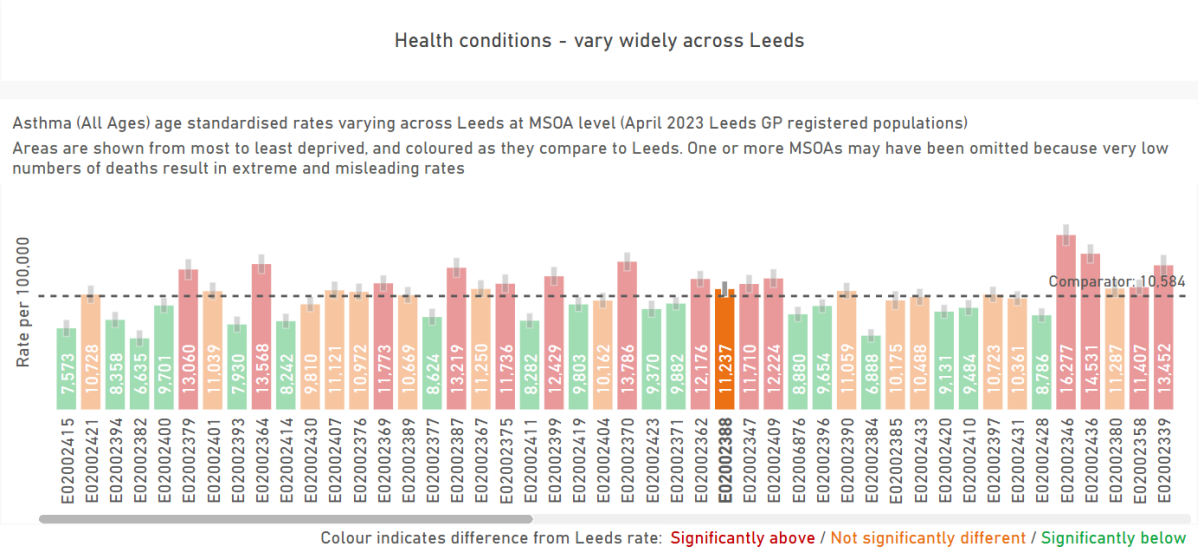
Chapter 5 Health Related Intelligence for MSOA E02002388

Common Health Conditions-all ages unless otherwise specified for MSOA E02002388

Asthma

For males, females and all persons categories asthma levels in this MSOA are not significantly different to Leeds. However, there are 'hot spots' across the West of the city of Leeds where there are a pronounced number of children who experience unplanned hospital admissions and extended stays (bed days) in hospital due to respiratory illness. This is considered later in this report.

Figure 113 Asthma levels for all persons in MSOA E02002388



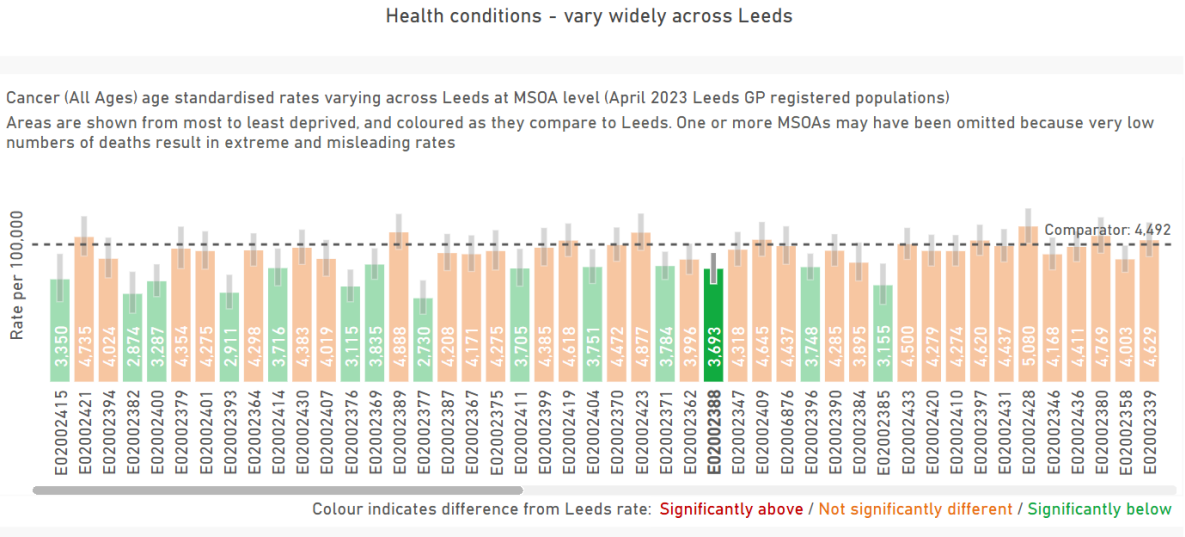
Source: Leeds PHI Unit

Cancer

- Cancer for females in this MSOA is not significantly different to Leeds.
- Cancer for males in this MSOA is significantly below Leeds.
- Cancer for all persons is significantly below Leeds.

Cancer for all persons is shown below for this MSOA.

Figure 114 Cancer-all persons MSOA E02002388



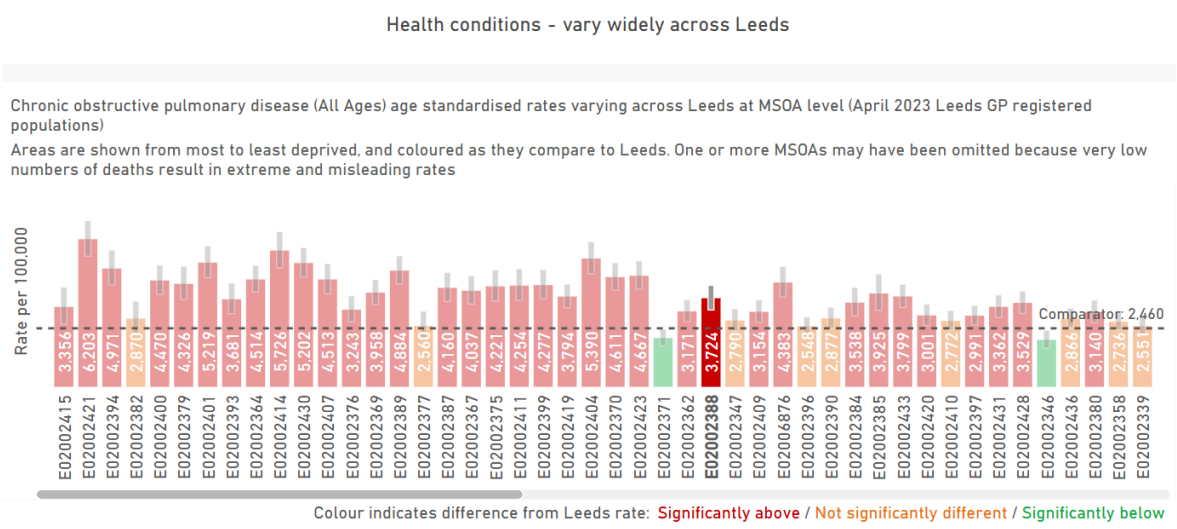
Source: PHI

Cancer prevalence figures in poorer neighbourhoods can be misleading due to late reporting by residents and under reporting generally.

Coronary Obstructive Pulmonary Disease (COPD)

COPD in this MSOA is significantly higher than Leeds for all persons.

Figure 115 COPD All persons for MSOA E02002388

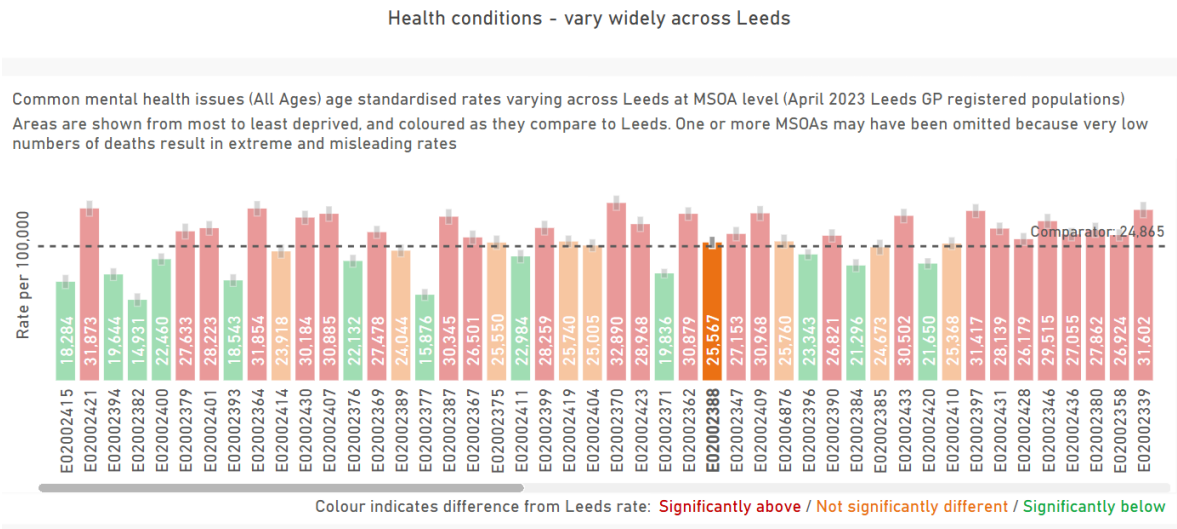


Source: PHI

Common Mental Health Issues

Common mental health issues in this MSOA for all persons are not significantly different to Leeds.

Figure 116 Common mental health issues-all persons for MSOA E02002388

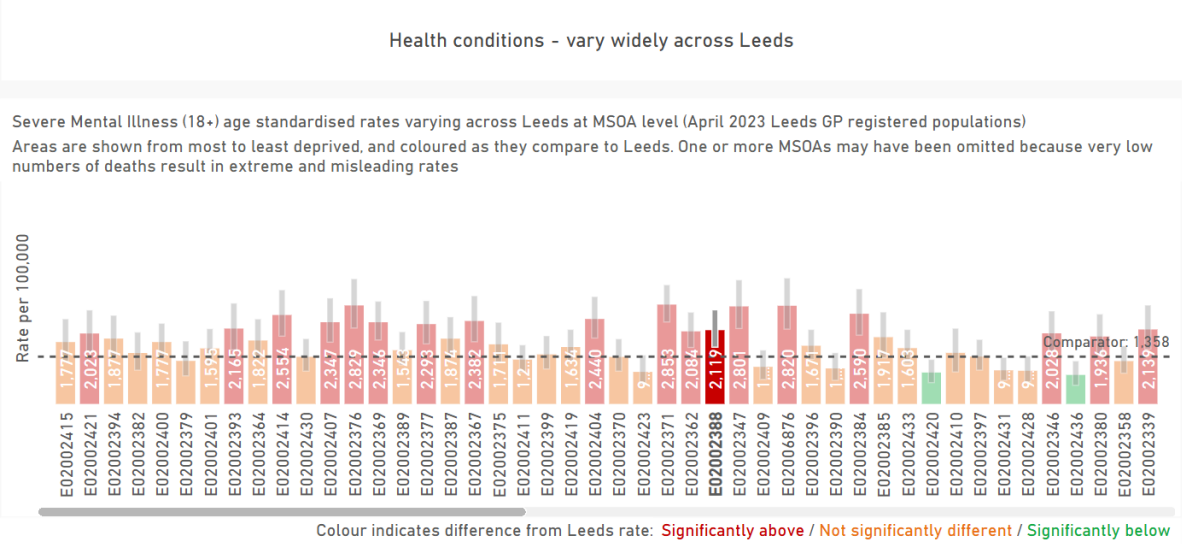


Source: PHI

Severe Mental Illness

- ❖ Severe mental illness for <u>females</u> in this MSOA are not significantly different to Leeds.
- ❖ Severe mental illness for <u>males</u> in this MSOA is significantly higher than Leeds.
- ❖ Severe mental illness for all persons in this MSOA is significantly higher than Leeds.

Figure 117 Severe mental illness for men in MSOA E02002388



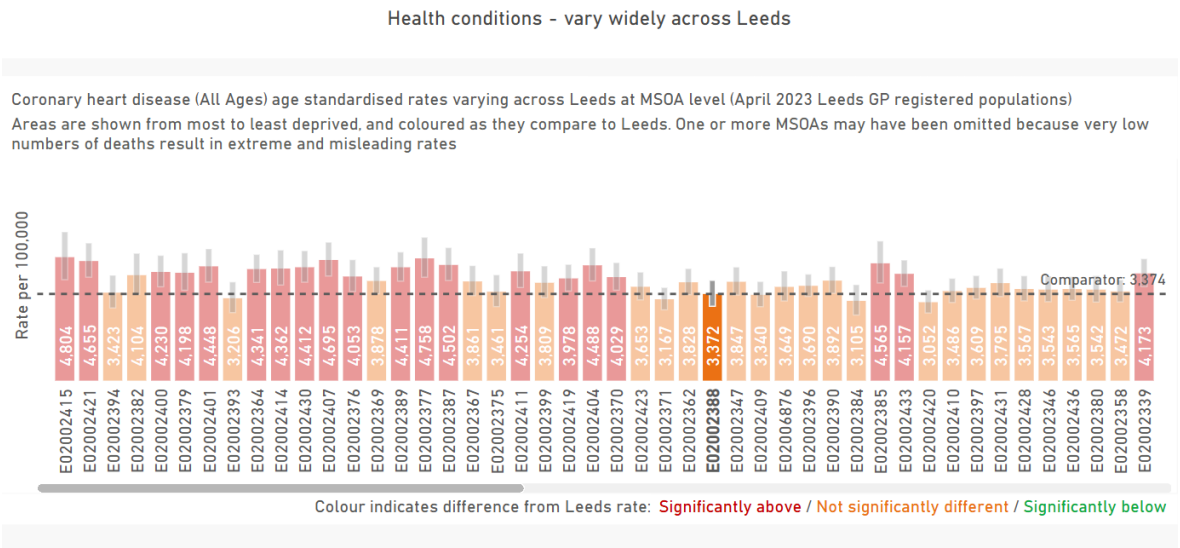
Source: PHI

- **Common Mental Health Issues – Example Definitions:** Anxiety, Obsessive Compulsive Disorder, Panic, Phobia and Depression.
- **Severe Mental Health Issues- Example Definitions:** Active Psychosis, Delusional Disorder, Manic Disorder, Psychotic Disorders, Schizophrenia, Paranoia, Bipolar and Affective Disorder.

Coronary Heart Disease

Coronary heart disease is not significantly different to Leeds in this MSOA for males, females and all persons categories.

Figure 118 Coronary heart disease-all persons for MSOA E02002388

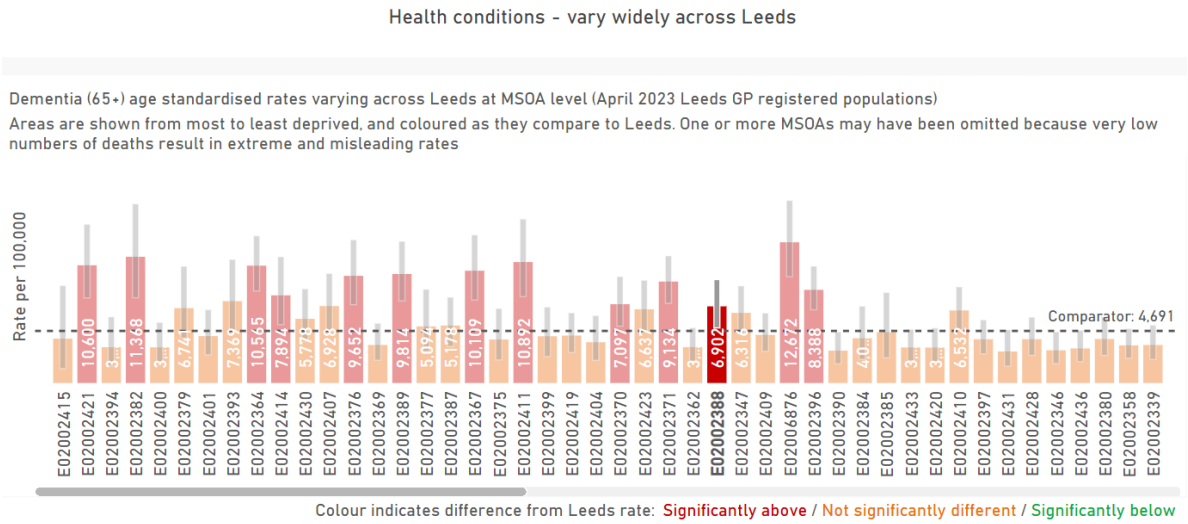


Source: PHI

Dementia

- Dementia for males is not significantly different to Leeds in this MSOA.
- Dementia for females is significantly higher to Leeds in this MSOA.
- Dementia for all persons is significantly higher to Leeds in this MSOA.

Figure 119 Dementia rates for females in MSOA E02002388



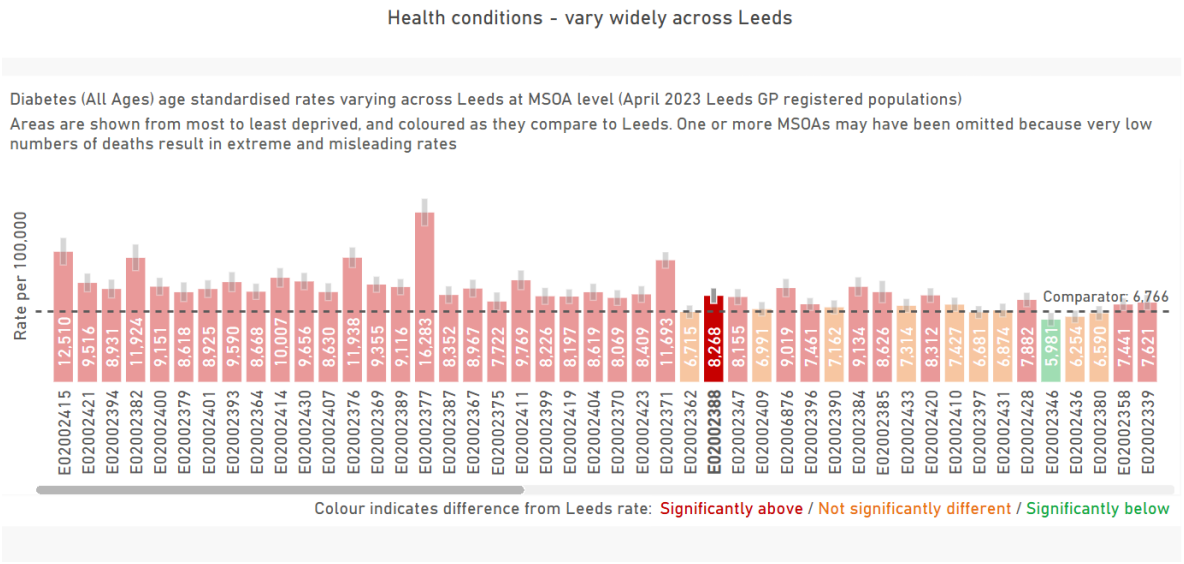
Source: PHI

"In fact, around twice as many women have Alzheimer's disease – the most common type of dementia – compared to men. The main reason for this greater risk is because women live longer than men and old age is the biggest risk factor for this disease" (Source: Alzheimer's Society).
More information available at: [Why is dementia different for women? | Alzheimer's Society]

Diabetes

- Diabetes for all persons in this MSOA is significantly higher than Leeds for all categories.

Figure 120 Diabetes all persons for MSOA E02002388

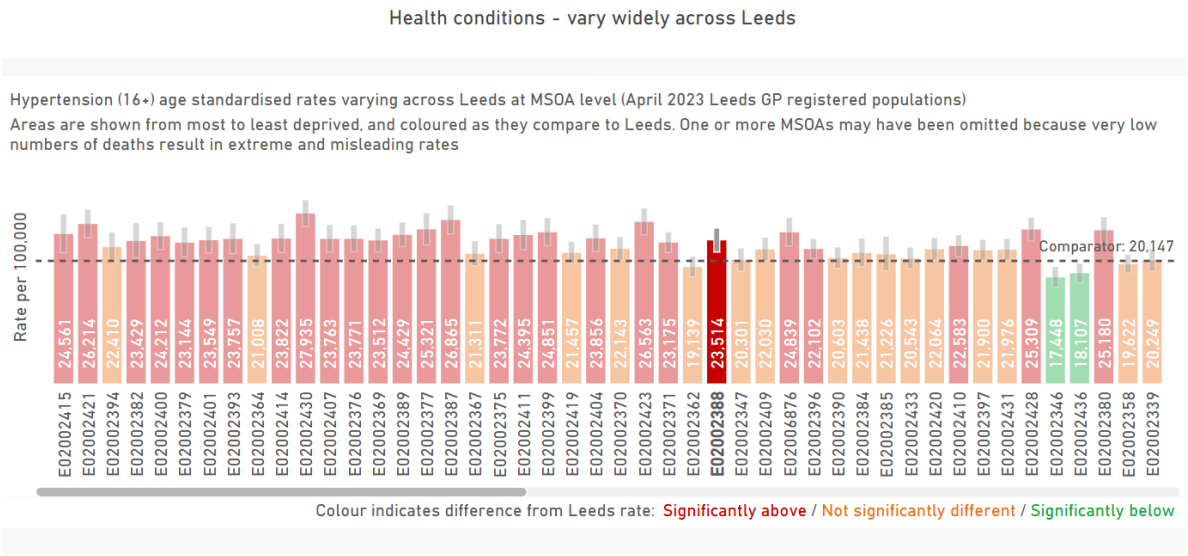


Source: PHI

Hyper tension

- Hyper tension for <u>males</u> is not significantly different to Leeds.
- Hyper tension for <u>females</u> is significantly higher than Leeds.
- Hyper tension for all persons is significantly higher than Leeds.

Figure 121 Hypertension for females in MSOA E02002388

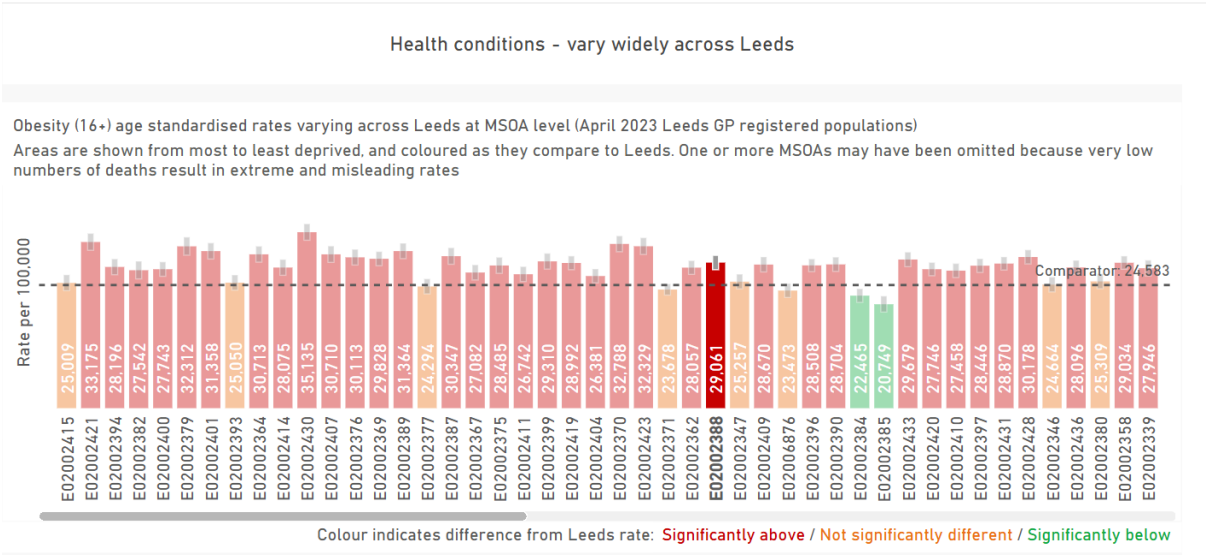


Source: PHI

Obesity

Obesity rates for the categories of male, female and 'all persons' are significantly above the Leeds rate.

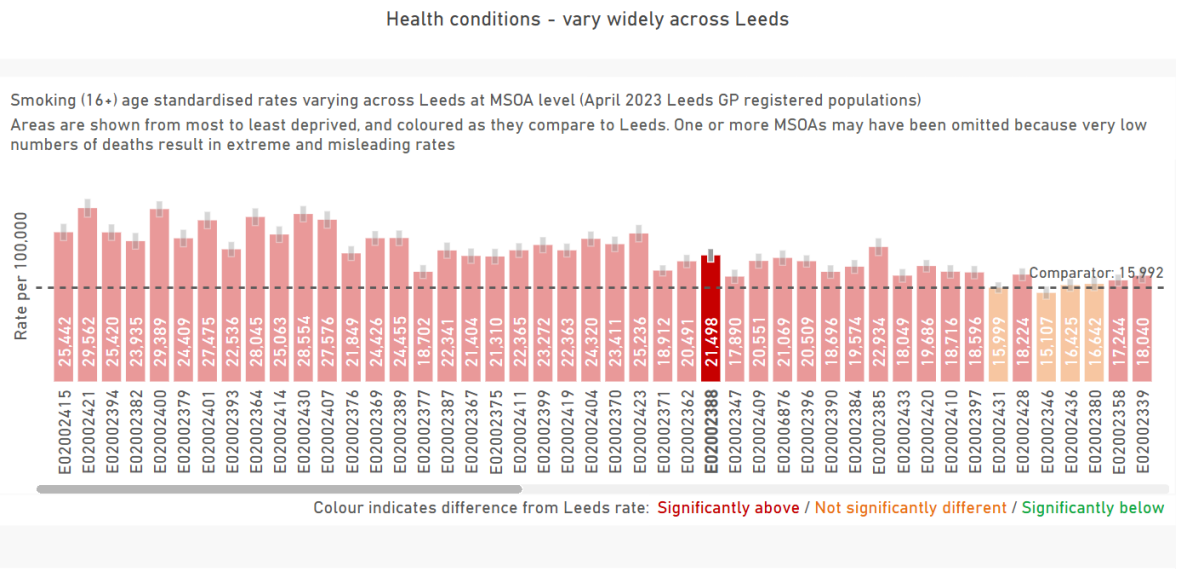
Figure 122 Obesity rates-all persons for MSOA E02002388



Source: PHI

Smoking rates for males, females and 'all person' categories are significantly higher than Leeds.

Figure 123 Smoking rates-all persons for MSOA E02002388



Source: PHI

Summary of Health-Related Intelligence for MSOA E02002388

Figure 124 Summary of health-related data for MSOA E02002388

Topic	Severity
Coronary Obstructive Pulmonary Disease (COPD)	Significantly higher than Leeds
Common Mental Illness (CMI)	Not significantly different to Leeds
Severe Mental Illness (SMI)	Significantly higher than Leeds
Coronary Heart Disease (CHD)	Not significantly different to Leeds
Dementia	Significantly higher than Leeds
Diabetes	Significantly higher than Leeds
Hyper Tension	Significantly higher than Leeds
Obesity	Significantly higher than Leeds
Smoking	Significantly higher than Leeds

Source: PHI

The summary chart above shows that the health of the population in MSOA E02002388 is significantly worse than Leeds in all common health conditions apart from Common Mental Illness and Coronary Heart Disease.

Poverty and poor health at local level, city wide, UK and worldwide are inextricably linked. The causes of poor health for millions globally are rooted in political, social and economic injustices. Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health, in turn, traps communities in poverty (Source: Health Poverty Action Organisation- https://www.healthpovertyaction.org/news-events/key-facts-

poverty-and-poor-health/). We will look at causes and potential solution in the ward level chapter.

GP Registration in MSOA E02002388

Figure 125 GP registration for MSOA E02002388

Leeds GP registered pop Nov 2024 by MSOA showing practices the residents are registered to

		BRAMLEY HILL TOP, RAYNVILLE & WYTHER PARK
Grand Total		11,953
pcode	**Practice Name**	**E02002388**
B86002	City View Medical Practice	
B86003	Armley Medical Practice	1,518
B86005	Oakley Medical Practice	
B86007	Windmill Health Centre	4
B86008	Alwoodley Medical Centre & Adel	
B86009	Manston Surgery	
B86011	Hillfoot Surgery	22
B86012	Leeds City Medical Practice	
B86013	The North Leeds Medical Practice	8
B86014	Robin Lane Health and Wellbeing Centre	85
B86015	Manor Park Surgery	1,906
B86016	Doctor Penn & Partners	1
B86017	Craven Road Medical Practice	20
B86018	Pudsey Health Centre	19
B86019	Rutland Lodge Medical Centre	8
B86020	Church Farm Close Medical Practice	
B86022	Oakwood Lane Medical Practice	5
B86024	Priory View Medical Centre	431

B86025	Hyde Park Surgery	11
B86028	South Queen Street Medical Centre	
B86029	Westgate Surgery	1
B86030	Burton Croft Surgery	41
B86032	Chevin Medical Practice	
B86035	The Whitfield Practice	1
B86038	Guiseley and Yeadon Medical Practice	2
B86039	Allerton Medical Centre	2
B86041	Vesper Road and Morris Lane Surgery	458
B86042	Lingwell Croft Surgery	1
B86043	East Park Medical Centre & Halton Medical Practice	
B86044	Ireland Wood Surgery	7
B86048	Garforth Group Medical Practice	
B86049	Woodhouse Medical Practice	2
B86050	Dr Lee & Partners	138
B86051	Yeadon Tarn Medical Practice	5
B86054	The Garden Surgery	
B86059	Meanwood Group Practice	20
B86060	Thornton Medical Centre	469
B86061	The Practice Harehills Corner	2
B86062	Dr S Laybourn and Partners	1
B86064	Leigh View Medical Practice	
B86066	The Street Lane Practice	
B86067	The Fountain Medical Centre	
B86068	Abbey Grange Practice	375
B86069	Burley Park Medical Centre	283

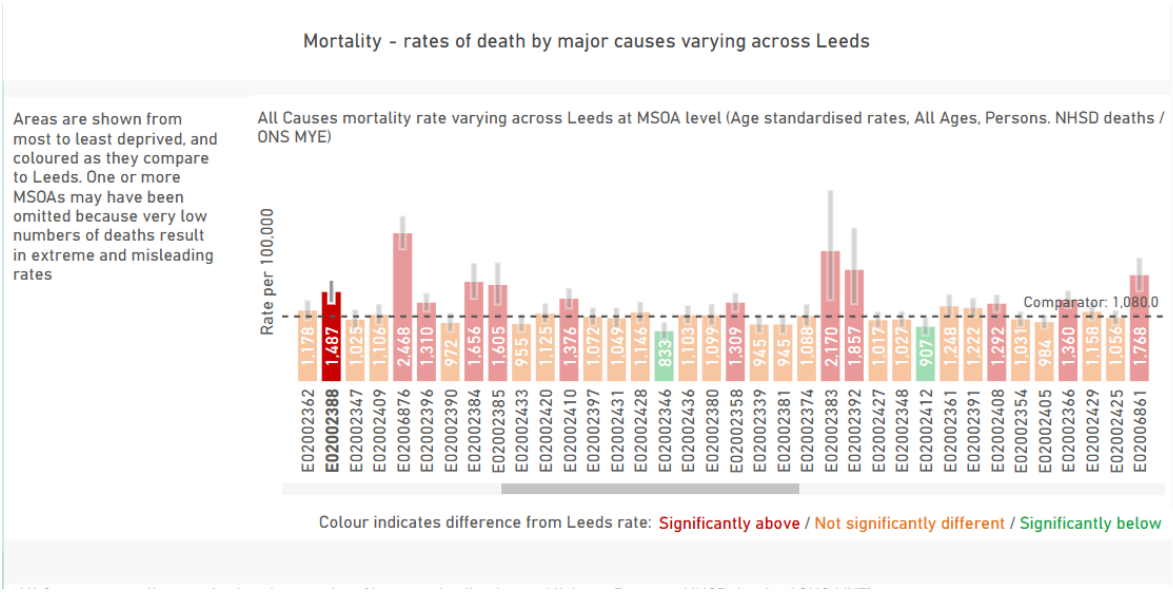
B86070	Aireborough Family Practice	3
B86071	Whitehall Surgery	82
B86075	Colton Mill and The Grange Surgeries	
B86081	Bellbrooke Surgery	1
B86086	Laurel Bank Surgery	122
B86092	Kippax Hall Surgery	
B86093	Park Edge Practice	
B86094	The Gables Surgery	90
B86096	Arthington Medical Centre	2
B86100	St Martins Practice	4
B86101	Gildersome Health Centre	
B86103	Conway Medical Centre	1
B86104	The Highfield Medical Centre	2,244
B86106	Foundry Lane Medical Practice	
B86108	Chapeltown Family Surgery	5
B86109	Kirkstall Lane Medical Centre	194
B86110	Leeds Student Medical Practice	9
B86623	Ashton View Medical Centre	4
B86642	Church Street Surgery	2
B86643	Roundhay Road Surgery	2
B86648	Austhorpe View Surgery	
B86655	Beechtree Medical Centre	98
B86658	Moorfield House Surgery	2
B86666	Newton Surgery	7
B86667	Beeston Village Surgery	4
B86669	Primary Health Care for the Homeless	12

B86672	Hawthorn Surgery	42
B86673	Bramham Medical Centre	
B86675	The Practice Lincoln Green	1
Y02002	One Medicare - The Light	41
Y02494	Shakespeare Medical Practice	19

The chart shows the vast majority of patients are registered with practices which are out of ward such as Highfield and Manor Park, suggesting that when working on large population health initiatives patient post code would have to be sorted carefully and the appropriate Primary Care Network selected. This means topic-based health work such as smoking cessation clinic can be advertised carefully and effectively targeting the correct patients that live within the ward.

Mortality Rates in MSOA E02002388

Figure 126 Mortality all major causes for MSOA E02002388

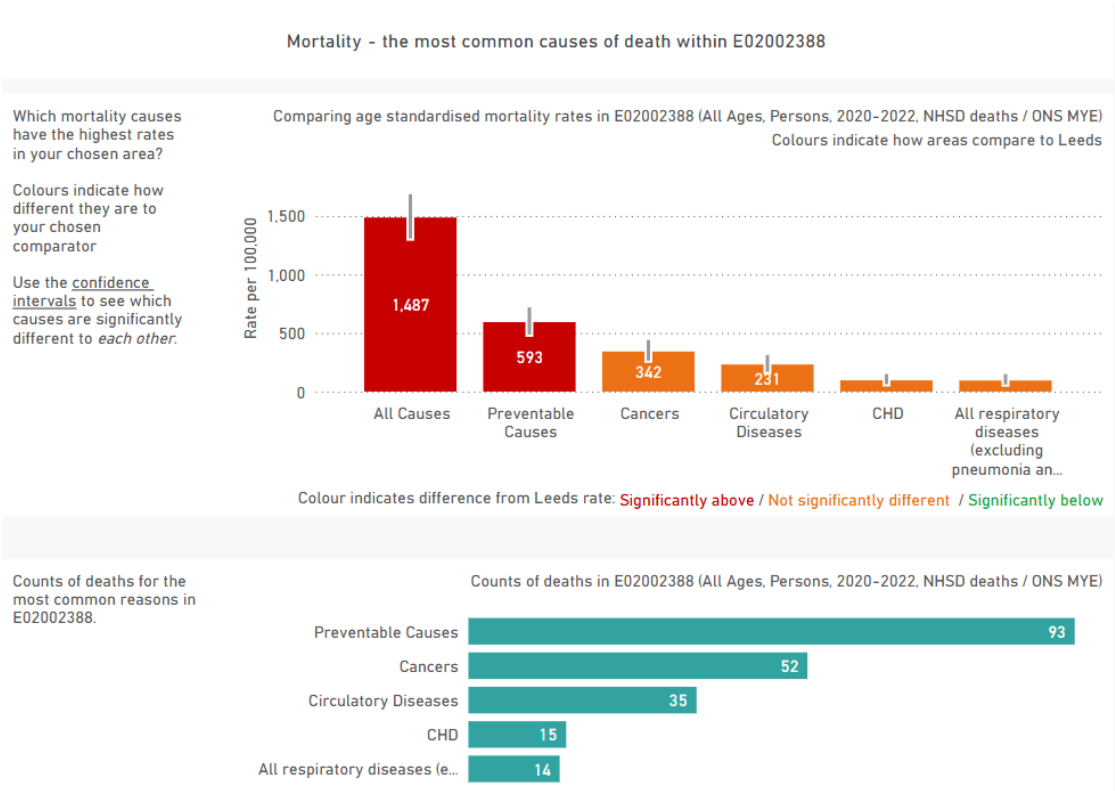


Source: PHI

Mortality Rates

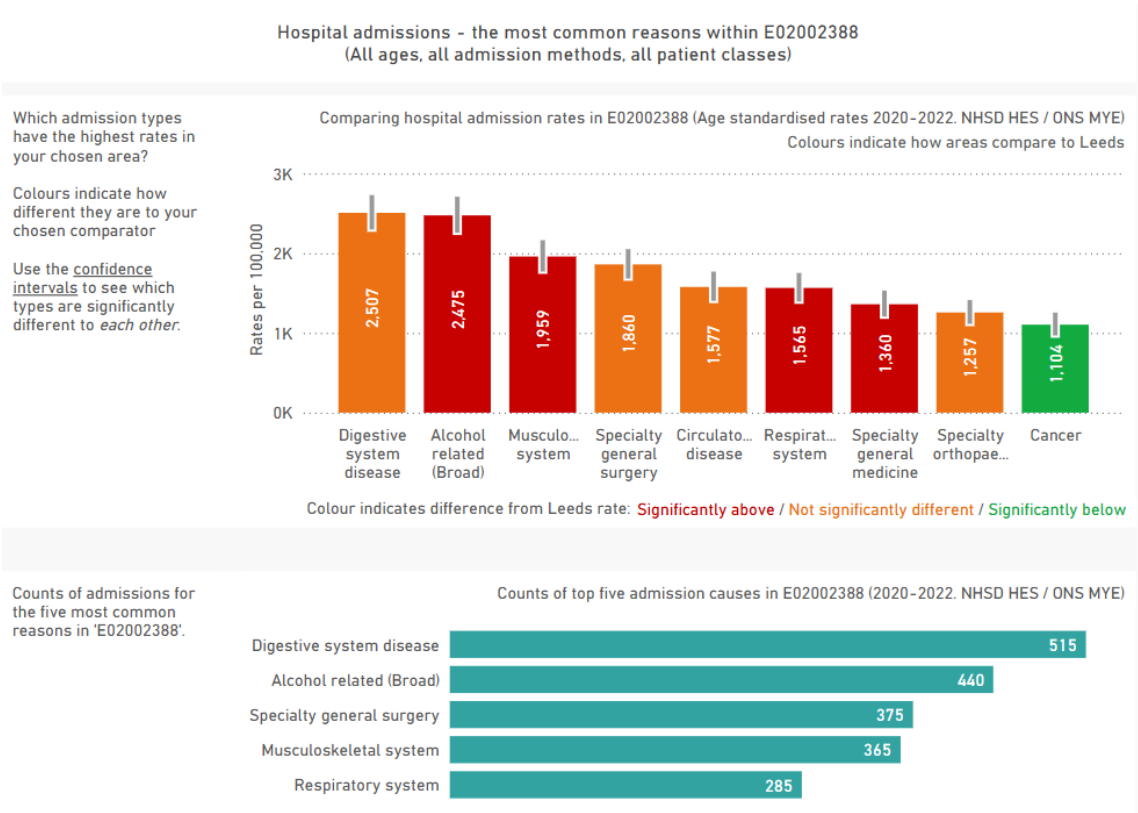
Mortality rates for this MSOA for all persons / all causes are significantly higher than Leeds. Below we can see the causes of deaths with sadly preventable causes taking up a large number of the deaths.

Figure 127 Mortality-most common causes within E02002388



Source: PHI

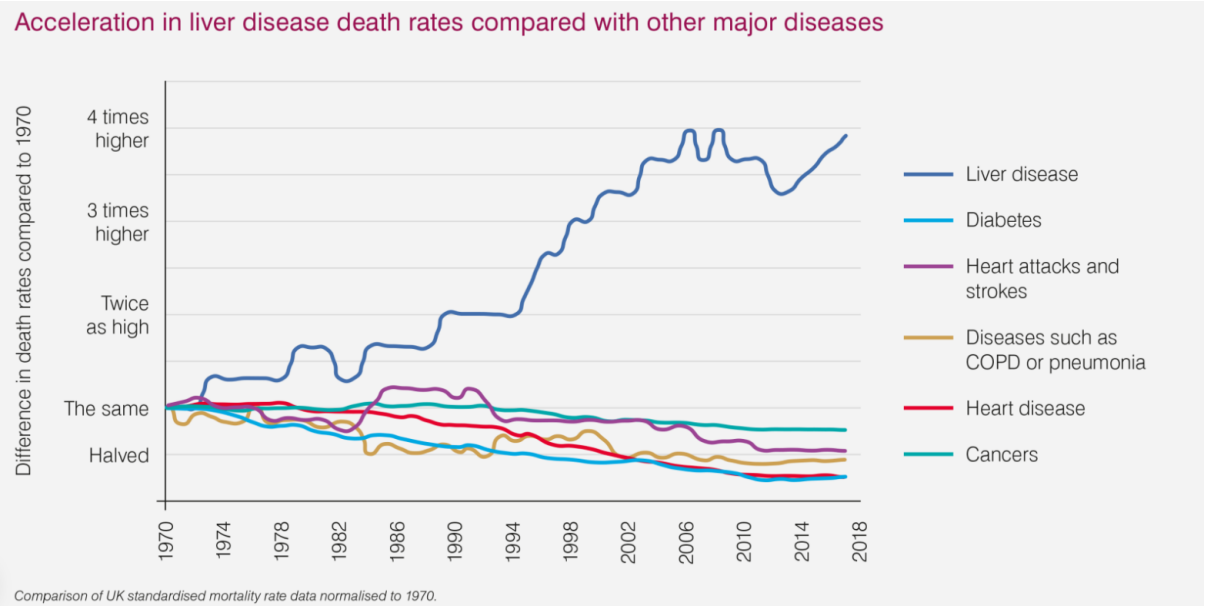
Figure 128 Hospital admissions-most common causes within E02002388



Source: PHI

The chart above shows digestive system disease and alcohol related issues to be the largest number of admissions in this MSOA. Worryingly alcohol related issues is significantly above the Leeds level. For digestive diseases the trend from 1999 to 2019 in the United Kingdom (UK) and Wales has increased significantly with the greatest rise being in liver diseases impacting on the digestive system. (Alwafi and Alsharif, 2024). There was a 21% rise in deaths from liver disease in 2021 compared to 2019 (Source: British Liver Trust). More information from the British Liver Trust and be found [Liver disease in numbers – key facts and statistics - British Liver Trust].

Figure 129 Acceleration of liver disease death in the UK compared with other major diseases 1970-2018



Source: British Liver Trust 2025

There are many different types of Liver Disease, below is the NHS table which illustrates some examples.

Types of Liver Disease

There are several types of liver disease, which can have different causes.

Common types of liver disease and the possible causes

Condition	Possible causes
Alcohol-related liver disease	Regularly drinking too much alcohol
Non-alcoholic fatty liver disease	Being very overweight (obese) – this may cause fat to build up in the liver
Hepatitis	Catching a viral infection or regularly drinking too much alcohol

Common types of liver disease and the possible causes

Condition	Possible causes
Haemochromatosis	A gene that runs in families and may be passed from parents to children
Primary biliary choLangitis	May be caused by a problem with the immune system

Source: NHS 2025 Available at https://www.nhs.uk/conditions/liver-disease/

Chapter 6-Children Specific Health Related Data for MSOA E02002388

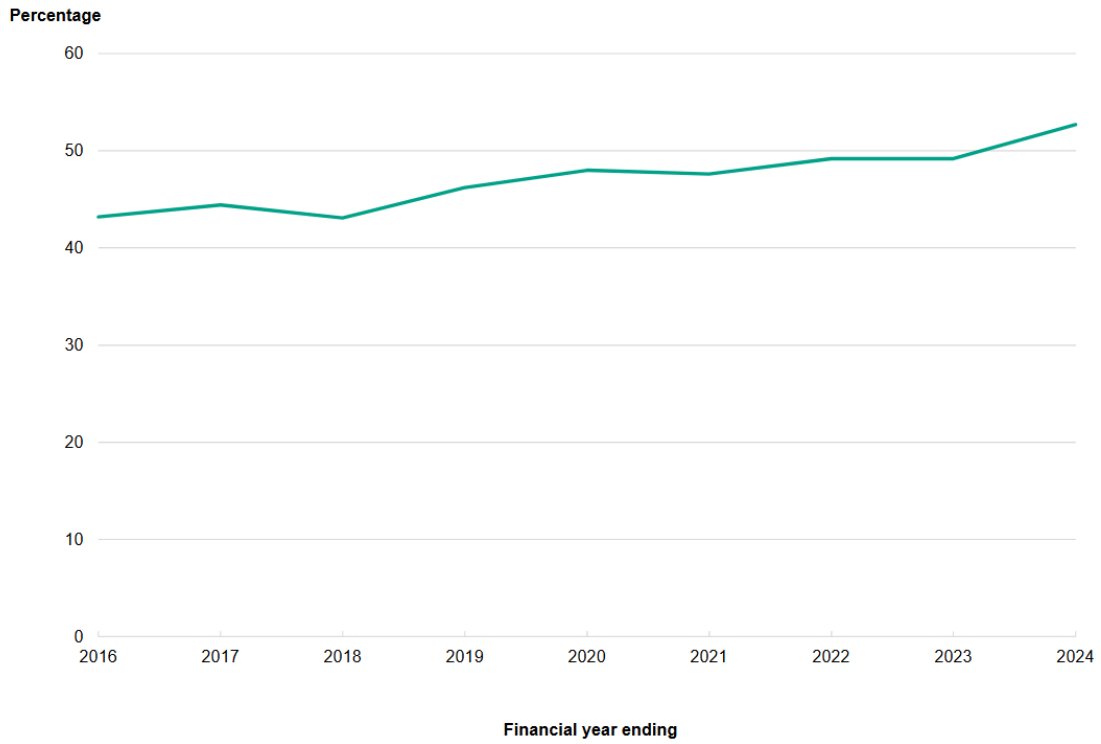
Breastfeeding data in MSOA E02002388

- As a UK wide trend breastfeeding has increased and we know from government statistical sources that the prevalence of breastfeeding at 6 to 8 weeks in England increased to 52.7% in 2023 to 2024 compared with 49.2% in 2022 to 2023 (see figure 121). This is the highest prevalence of breastfeeding at 6 to 8 weeks reported since 2015 to 2016 when the current data collection commenced
- the longer-term trend in prevalence of breastfeeding at 6 to 8 weeks in England is one of increase, up from 48.0% in 2019 to 2020
- breastfeeding rates are generally improving at local level in England. Of the 72 upper tier local authorities with valid data for 2023 to 2024 and 2022 to 2023, 46 significantly increased, 26 were stable and none significantly decreased
- there is wide variation in breastfeeding rates in upper tier local authorities across England, ranging from 27.6% in Halton to 81.2% in Hertfordshire
- 5 regions did not pass data validation and do not have a breastfeeding rate published. In the other 4 regions, there is a 20.8 percentage point gap between the North East, which is the lowest at 38.5%, and the East of England, which is the highest at 59.3%
- mothers living in affluent areas are more likely to breastfeed than mothers living in more deprived areas. The gap in breastfeeding rates at 6 to 8 weeks between the most and least deprived areas in England has decreased to 10.7 percentage points in

2023 to 2024 (see figure 2), which is down from a 15.8 percentage points in 2022 to 2023

- most deprivation groups have seen an increase year on year apart from the most affluent areas, which have seen a marginal decrease. The most and least deprived areas are determined using deprivation scores for upper tier local authorities

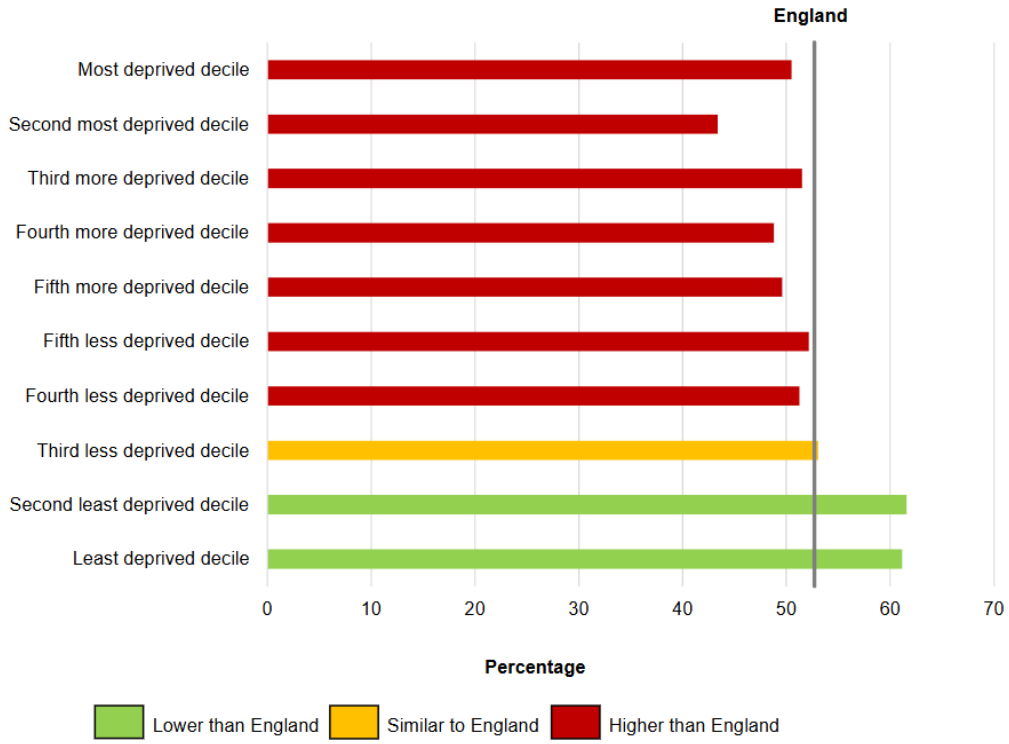
Figure 130 Prevalence of Breastfeeding in England at 6 to 8 weeks 2015-2016 to 2023 to 2024.



Source: UK Government Breast Feeding Statistics 2024 (Breastfeeding at 6 to 8 weeks, 2023 to 2024 statistical commentary - GOV.UK).

However, many of the mothers multi-disciplinary teams and partners support live in deprived LSOAs within this MSOA and the breastfeeding trends are significantly different to the UK picture. More affluent mothers breastfeeding rates are higher but encouragingly the gap between breastfeeding rates comparing affluent and deprived areas is decreasing.

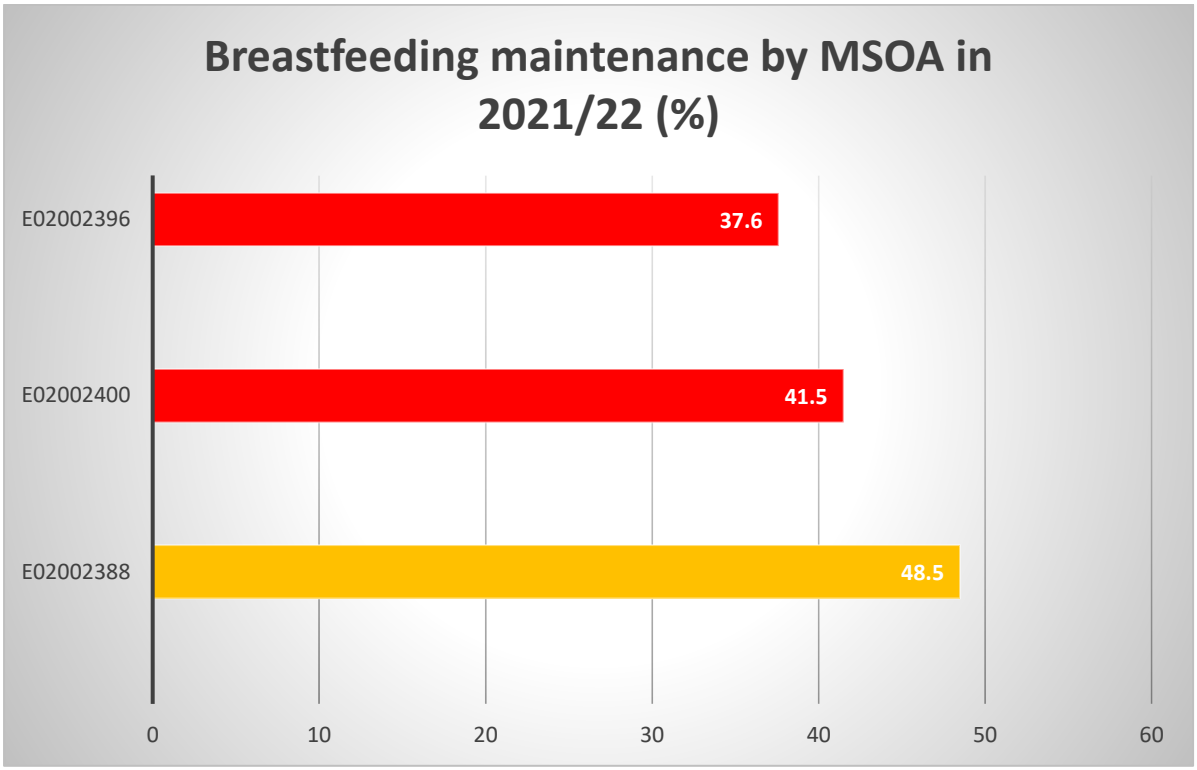
Figure 131 Inequalities in breastfeeding prevalence at 6 to 8 weeks by upper tier local authority deprivation decile (IMD 2019) in England 2023, 2024



Source: UK Government Breast Feeding Statistics 2024 (Breastfeeding at 6 to 8 weeks, 2023 to 2024 statistical commentary - GOV.UK).

The chart above shows no deprived decile reaches the over fifty percent mark in terms of breastfeeding prevalence within the highest deprivation deciles.

Figure 132 Breastfeeding maintenance by MSOA 2021/22 (%)



Leeds Average	48.5

Legend: **GREEN** is statistically better than the Leeds Average, **RED** is statistically worse, and **ORANGE** is not statistically different.

Source: NHS Midwifery service 2021/22

The chart shows this MSOA is the same as the Leeds Average and compares it to the other two MSOAs that constitute the ward of Armley.

MMR in MSOA E02002388

Figure 133 MMR uptake in MSOA E020002388 QTR 3 2023/24

MSOA	NAME	MMR 1 At Age 2			MMR 2 At Age 3		
		Patient Count	Population	Percentage	Patient Count	Population	Percentage
E02002388	Bramley Hill Top, Raynville & Wyther Park	4	13	30.8%	23	25	92.0%

E02002388	Bramley Hill Top, Raynville & Wyther Park	MMR 1 At Age 5			MMR 2 At Age 5		
		Patient Count	Population	Percentage	Patient Count	Population	Percentage
		24	25	96.0%	23	25	92%

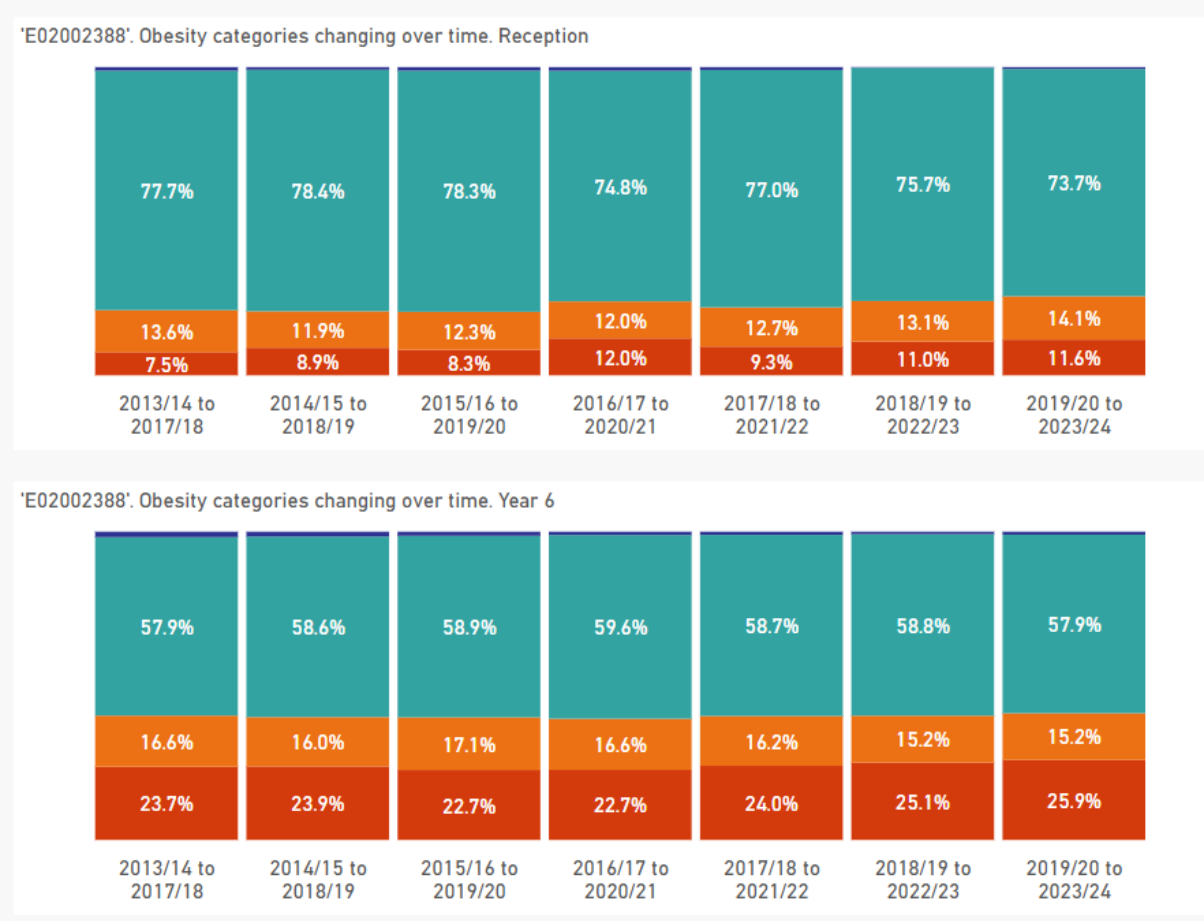
QTR 3-2023/24

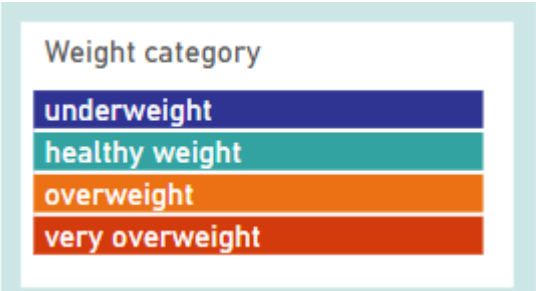
Source: LCC Public Health-Health Protection Team and Public Health Intelligence Unit

Similar to other MSOAs in Armley and across the city we can see the uptake increases the older the child is and greater uptake is to be encouraged.

Childhood Obesity in MSOA E02002388

Figure 134 E02002388 Obesity categories changing over time reception and year six





Source: NCMP

Reception categories.

- The above chart shows for categories changing over time over for reception children (4-5yrs old when they join) children who are **overweight** has increased by 0.5% in this MSOA.
- Children who are **very over weight** have increased by a worrying **4.1%**
- Children who are a **healthy weight** has decreased by 4% for reception over time.

Year 6 categories.

- The above chart shows for categories changing over time for reception children (4-5yrs old when they join) encouragingly children who are **overweight** has decreased by **1.4%** in this MSOA.
- Children who are **very over weight** have increased by a worrying **2.2 %,**
- Children who are a **healthy weight** have roughly stayed the same in year 6 over the above time period.

Summary for Children's Health Related Data for MSOA E02002388

Encouragingly the data shows us that breastfeeding rates are not significantly different to Leeds, still encouraging those who work with mothers to increase uptake is always worthwhile and of massive benefit to the child.

MMR take up toward five years old is near 100% again the benefits of MMR uptake should be encouraged.

One of the outstanding issue in this MSOA is the trend of increasing very overweight children, for reception categories it is 4.1%. When a child gains weight at this early age it may be difficult to reverse in later years and into adolescence. For year six categories the increase is less pronounced but the same future issues for the child persist. This is a common issue across all of the MSOAs that make up Armley. Potential solutions are examined in the final chapter.

Some of the potential future health problems for children beyond a healthy weight are.

- Obstructive Sleep Apnoea (OSA)
- Hypertension (HTN)
- Cardiovascular Disease (CVD)

- Type 2 Diabetes
- Certain Cancers
- Joint Pain and Osteoarthritis
- Bullying at School leading to exclusion and low mood
- Low Self-Esteem and a Psychological Feeling of Worthlessness

(Balasundaram & Krishna 2023)

Summary for MSOA E02002388

In summary, briefly the predominant age in this LSOA falls within the 30–39-year age bracket, the predominant ethnicity is white, and the most common spoken language is English.

Looking through the data we can see out of all the LSOAs in this MSOA, E01011283 Wyther Park by far warrants the most attention and support, it is the most deprived LSOA of all the LSOAs in this area. Wyther Park is also the most deprived in terms of employment and income deprivation. Wyther Park has the biggest proportion of properties within fuel poverty and also the highest level of deprivation for Education, Training and Skills.

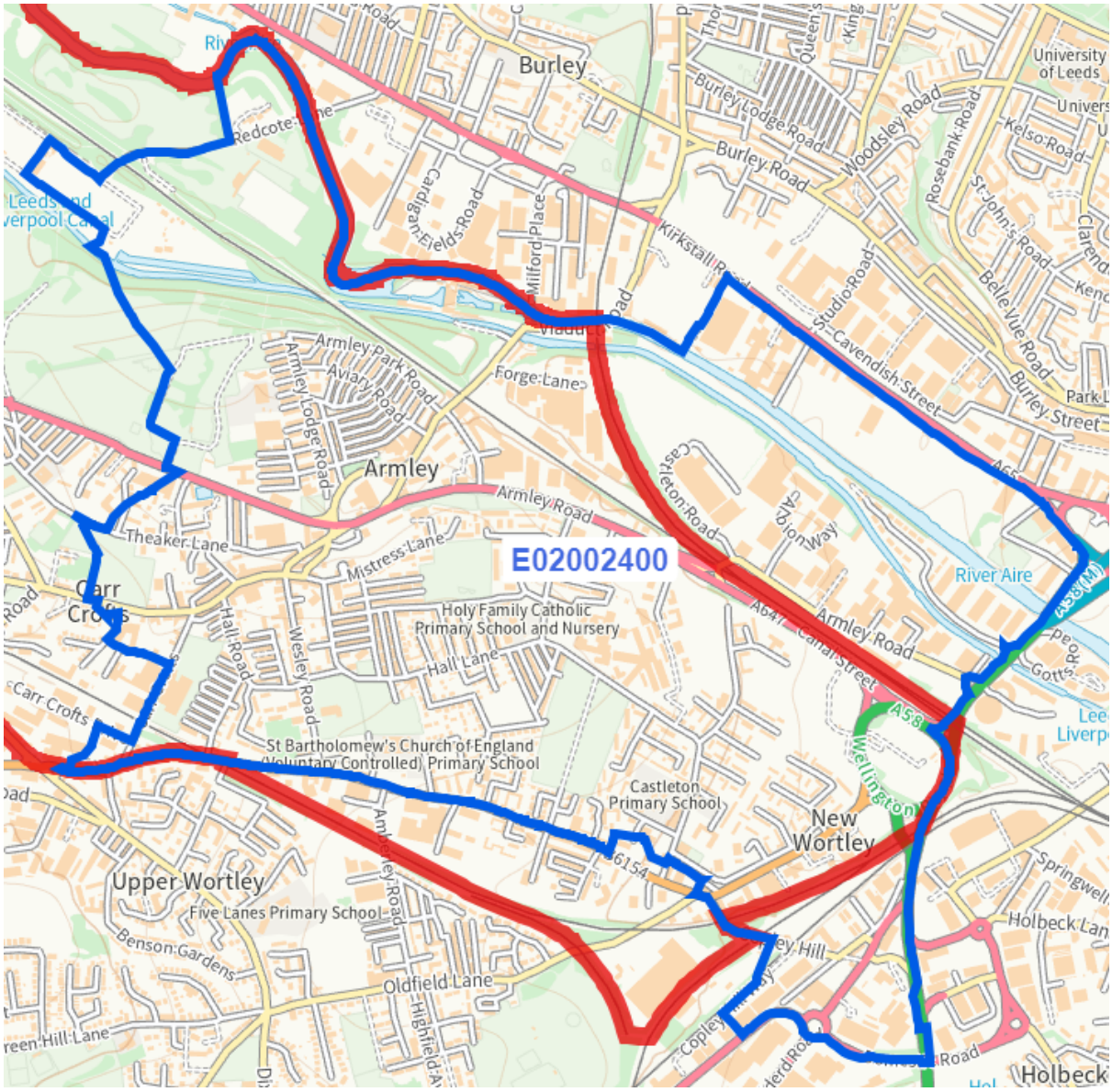
LSOA E101011295 Outgang lane, Raynvilles, Musgraves has the lowest rank living environment deprivation and LSOA E01011281 Raynville Crescent, Houghleys, Victoria Parks has the highest crime count.

The health section has its own summary looking at all common health conditions and severe mental health conditions, COPD, Dementia, Diabetes, Obesity, Hyper Tension, Smoking and Obesity are all worryingly significantly above the Leeds average. Mortality rates are significantly higher than the Leeds average. In terms of hospital admissions, digestive diseases are the most common cause of admission followed by alcohol related admissions.

Interesting to note this MSOA has some of the highest patient registration figures with practices outside the ward boundary such as The Highfield Medical Center at 2,224, Manor Park Surgery at 1,906. Inside the Armley ward boundary is Armley Medical Practice in third place for patient registrations at 1,518. This is important when we look at work undertaken through Primary care which is practice based.

For children’s health breast feeding rates are around the Leeds average, MMR levels are similar to the city but what is concerning is the rising trend in child obesity.

Chapter 7-Who lives in Armley, New Wortley (E02002400) and what influences on health are present within the community?



Source: PHI

Introduction to Armley, New Wortley (MSOA E002400)

This MSOA out of all three MSOAs that make up the ward of Armley has received the most attention and support over the years from multiple agency efforts and this is because it falls within the 1% most deprived indices of multiple deprivation ranking within the United Kingdom and warrants its own introduction. There have been four or more health needs assessments written about it over the last fifteen years and many of the social issues have decreased, but then increased again in relation to local, city and nationwide economic policy and circumstance. These life outcome and life quality determinants have been a constant presence within resident's lives. The social determinants of health have worsened in response to local economic conditions and central government policy around the migration

of citizens onto universal credit. This transition has led to greater debt and poorer mental health (Walton, E, 2018).

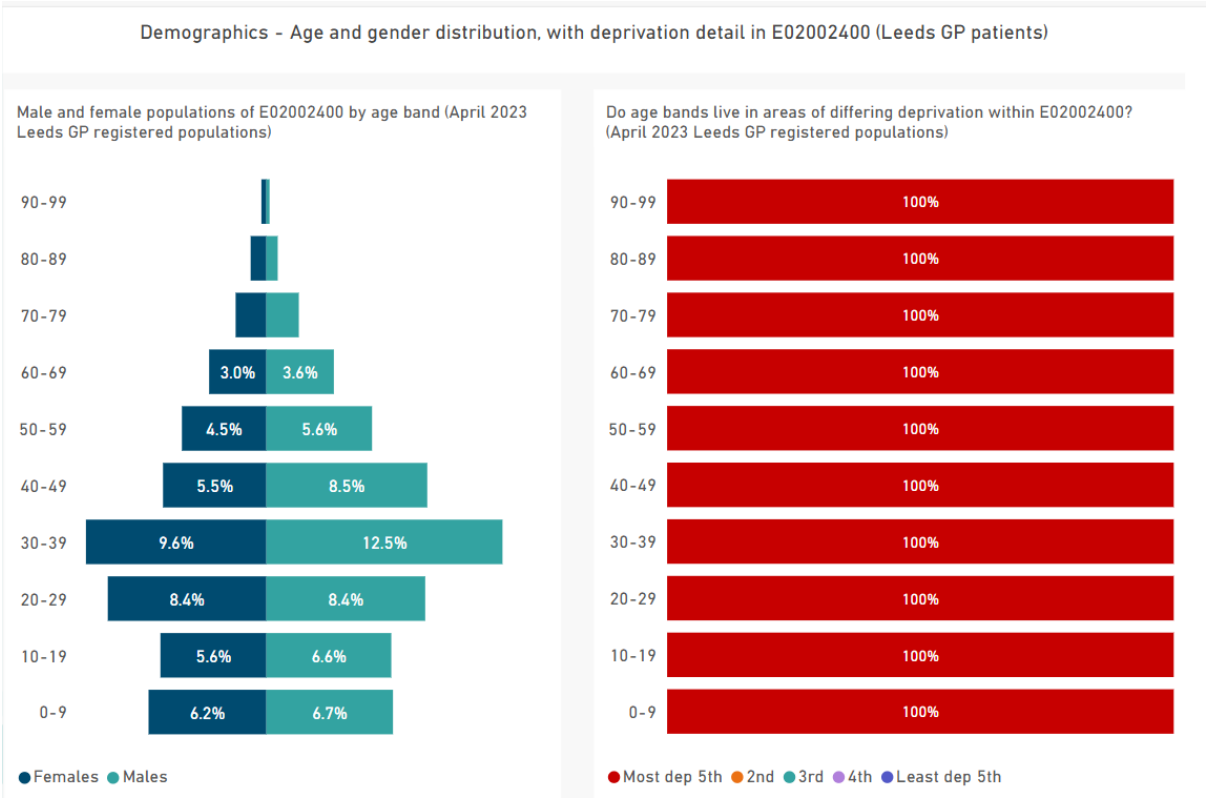
Despite the many factors residents in this MSOA have to endure and navigate it is an asset rich area full of committed residents, associations, charities, faith groups, citizens with skills, amenities, sports club and a large number of small and large green open spaces to enjoy and choose from.

In this chapter before we look at all the MSOAs combined at ward level we are going to examine as we have with the other MSOAs some of the influences that impact on these resident's lives.

Previous Health Needs Assessment (HNA) for New Wortley from 2014 and the refreshed update from 2020 can be can be found here: https://observatory.leeds.gov.uk/wp-content/uploads/2021/01/New-Wortley-Profile_Full-document-HNA-2020.pdf

Age and Gender for Registered Patients in MSOA E02002400

Figure 135 Age and gender distribution with deprivation detail in E02002400 (Leeds GP patients)

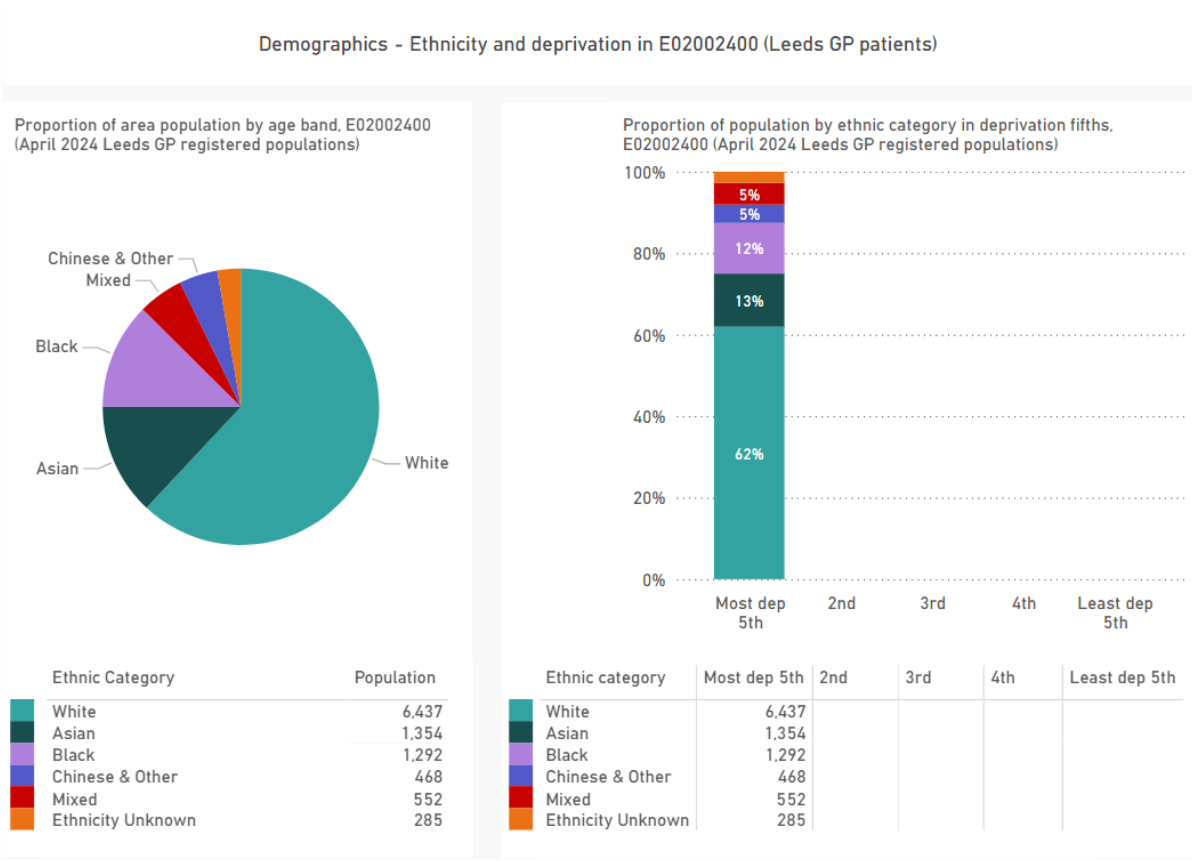


Source: PHI

We can see 100% of all age groups live in the most deprived area, in contrast with the other two MSOAs where 100% of the GP registered population live in the 2nd most deprived fifth.

Ethnicity and Deprivation for MSOA E02002400

Figure 136 Ethnicity and deprivation in E02002400



Source: PHI

We can see white residents are the predominant demographic followed by Asian and then Black residents.

Languages Spoken and Deprivation for MSOA E2002400

Figure 137 Languages and deprivation in E02002400

Demographics - Languages and deprivation in E02002400 (Leeds GP patients)

Population by GP recorded language category, in deprivation fifths. E02002400 (April 2024 Leeds GP registered populations)

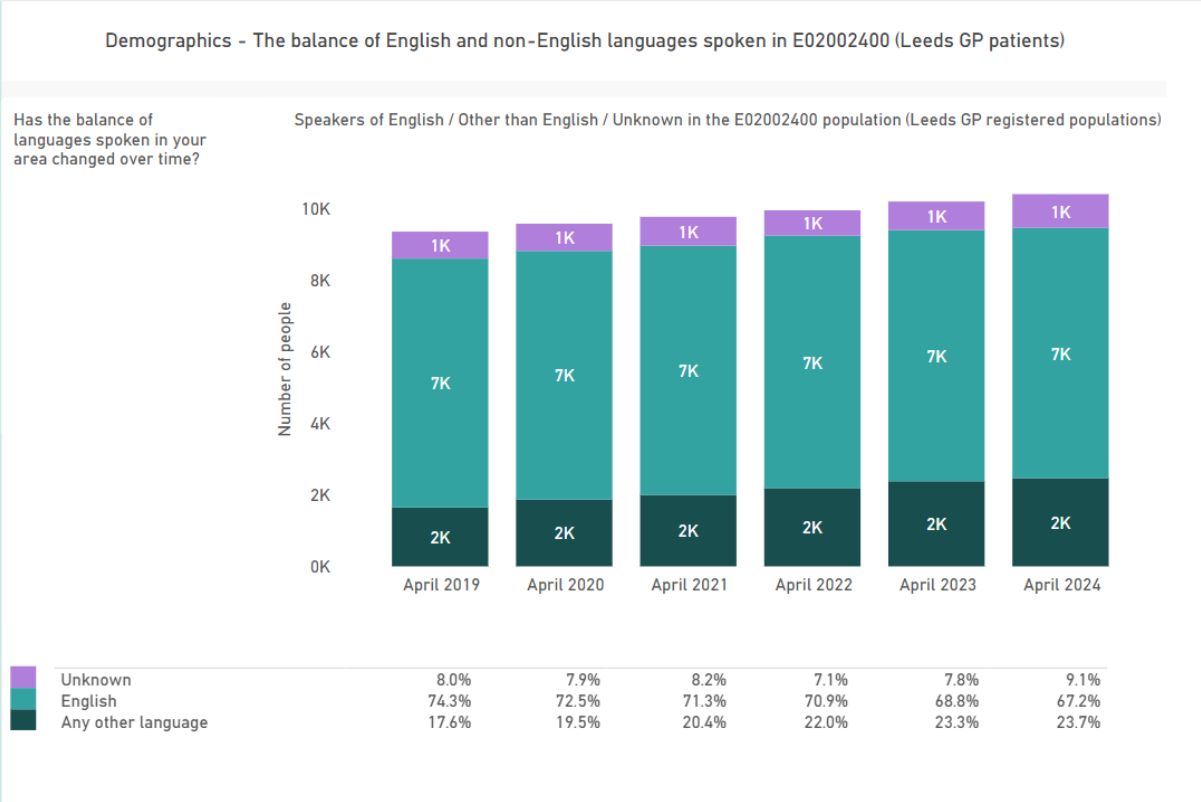
GP recorded language	Most dep 5th	2nd most dep.	Mid	2nd least dep.	Least dep 5th	Total
English	6,983					6,983
Other European Language (EU)	944					944
Unknown	943					943
South Asian Language	462					462
African language	305					305
Portuguese	226					226
West/Central Asian Language	160					160
Arabic	158					158
Spanish	57					57
Russian	40					40
East Asian Language	39					39
French	30					30
Other European Language (non EU)	28					28
Sign Language	7					7
Turkish	3					3
Irish	1					1
North/South American language (any)	1					1
Other European Language (non-national)	1					1
Total	**10,388**					**10,388**

Source: PHI

We can see English is the predominant language in this MSOA, unfortunately categories such as other European Language and African languages are not broken down further into more detail.

Ethnic Population Count Changes over Time for MSOA E02002400

Figure 138 The balance of English and non-English languages in E02002400 (Leeds GP patients)



Source: PHI

There is not a detailed language break down here, unfortunately as the data does not currently exist. Over time languages reported at general GP level have improved and will continue to provide more detail but this will take time, resulting in the inclusion of more languages. However, with the data available we can see a small increase in 'unknown' of 1.1% and any other language apart from English a marked increase of 6.1%. Spoken English has decreased by 7.1% illustrating the slow demographic change of the area over the last six years. Diversity makes the city a better place to live, work and enjoy leisure time, it also increases innovation (Glasson 2021).

Deprivation in MSOA E020024004

Figure 139 Deprivation by LSOA for MSOA E020024004

LSOA NUMBER	LSOA NAME	DEPRIVATION IMD RANK	DEPRIVATION RANK PERCENTAGES
E01011284	Avaries, Arleys, Salisburys.	1	10%
E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models.	1	10%
E01011294	Armley Grove Place, Hall Lane, Abbot View.	1	1%, 3%, 5% & 10%

E01011363	Holdsforths, Clyde Approach	1	1%, 3%, 5% & 10%
E01011292	Car Crofts, Cedars, Wesley Road	1	3%, 5% & 10%

Source: Leeds Observatory: Leeds Observatory – Deprivation

We can see LSOAs E01011294 (Armley Hall Place etc) and E01011363 (Holdforths etc) are located in the IMD with the greatest deprivation containing 1% ,3%, 5%, and 10% most deprived. All of the above LSOAs are ranked the most deprived. This presents many challenges to those who live in these neighbourhoods associated with deprivation such as health inequalities.

Employment Deprivation in MSOA E020024004

Figure 140 LSOAs which make up MSOA E02002400 showing employment deprivation

LSOA NUMBER	LSOA NAME	EMPLOYMENT DEPRIVATION RANK (The lower the number the worse the deprivation score)	EMPLOYMENT DEPRIVATION PERCENTAGE
E01011284	Avaries, Arleys, Salisburys.	2	15%
E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models.	2	18%
E01011292	Car Crofts, Cedars, Wesley Road	1	26%
E01011294	Armley Grove Place, Hall Lane, Abbot View.	1	29%
E01011363	Holdsforths, Clyde Approach	1	29%

Source: Leeds Observatory: Leeds Observatory – Deprivation We can see LSOA's E01011294 (Armley Grove…) and E01011363 (Holdsforths…) being the areas with the most employment deprivation, closely followed by E01011292 (Car Crofts…).

Income Deprivation in MSOA E020024004

Figure 141 Income deprivation for MSOA E02002400 by LSOA

LSOA NUMBER	LSOA NAME	INCOME DEPRIVATION RANK	INCOME DEPRIVATION PERCENTAGE
E01011284	Avaries, Arleys, Salisburys.	2	24%
E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models.	1	28%
E01011292	Car Crofts, Cedars, Wesley Road	1	34%
E01011294	Armley Grove Place, Hall Lane, Abbot View.	1	39%
E01011363	Holdsforths, Clyde Approach	1	41%

Source: Leeds Observatory: Leeds Observatory – Deprivation

With an unfortunate predictability as poverty has such a huge negative impact on many if not all of the deprivation domains, we can see LSOAs E01011294 and LSOA E01011363 and E01011292 are suffering from income deprivation ranging from 34% to 41%. This is a moving picture, which over time can slightly improve and move back to original positions. The income deprivation has been a constant factor in people's lives who live in this area.

Surrounding Area in MSOA E02002400

Crime and Anti-Social Behaviour for MSOA E02002400

Partners have requested detailed crime statistics in this HNAA at LSOA neighbourhood level as many residents have mentioned it in community consultations, focus groups and resident association meetings historically. Crime statistics allow partners to see where the crime *'hot spots'* are, work with the Police to act and improve the situation. Crime data also allows partners to back funding bids for local youth projects to reduce ASB and provide education, employment, training and skills development for young people.

Figure 142 Crime counts by LSOA for MSOA E020024004

LSOA NUMBER	LSOA NAME	CRIME COUNT
E01011284	Avaries, Arleys, Salisburys.	405
E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models.	443

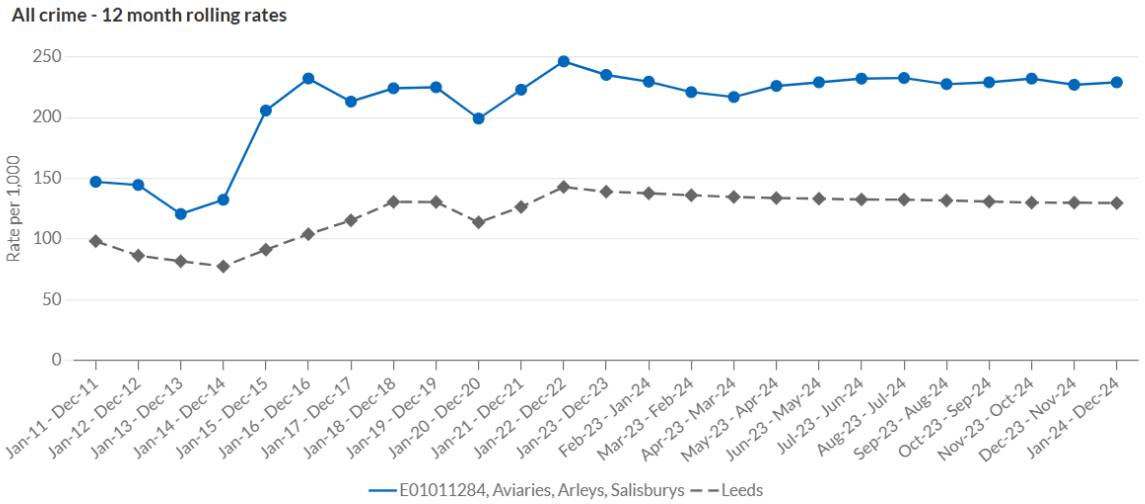
E01011294	Armley Grove Place, Hall Lane, Abbot View.	527
E01011363	Holdsforths, Clyde Approach	531
E01011292	Car Crofts, Cedars, Wesley Road	431

Source: data.police.uk

Above the table shows the crime count figures for MSOA E020024004, it can be more informative to look at the rates and types of crime for each individual LSOA. Holdsforths, Clyde Approach has the largest crime count followed by Armley Grove Place, Hall Lane, Abbot View.

E01011284 Avaries, Arleys, Salisburys

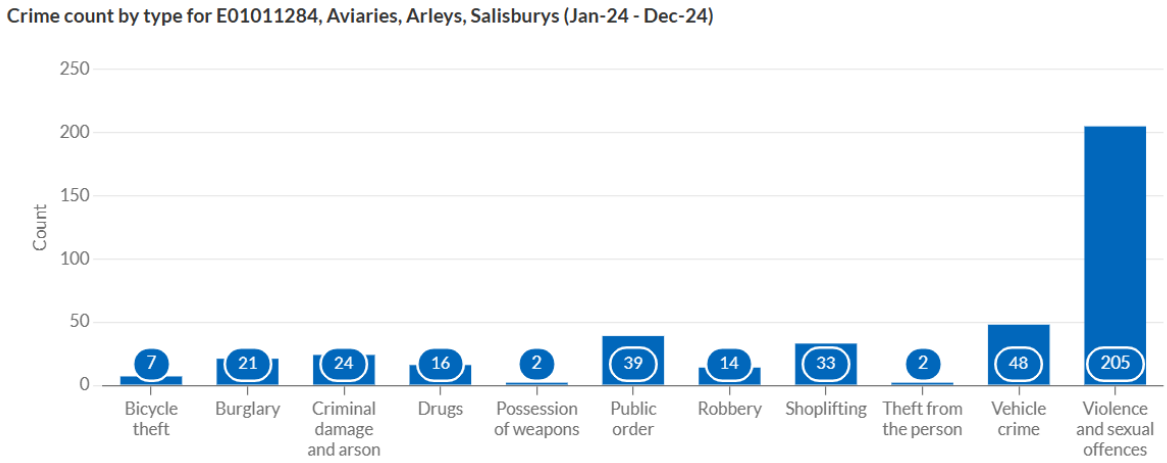
Figure 143 All crime rolling rates for LSOA E01011284



Source: data.police.uk

For this LSOA we can see crime has plateaued and is still above the Leeds rate and follows the Leeds trend.

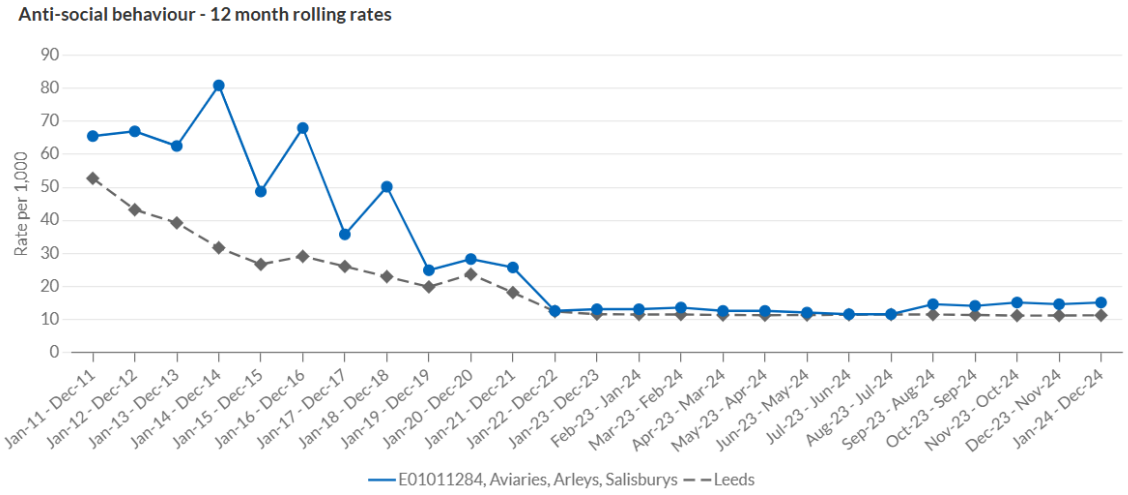
Figure 144 Crime by type for LSOA E01011284



Source: data.police.uk

In line with most of the LSOAs which make up this MSOA we can see violence and sexual abuse crimes are by far the highest across ward.

Figure 145 Anti-social behaviour-12 month rolling rates for LSOA E01011284

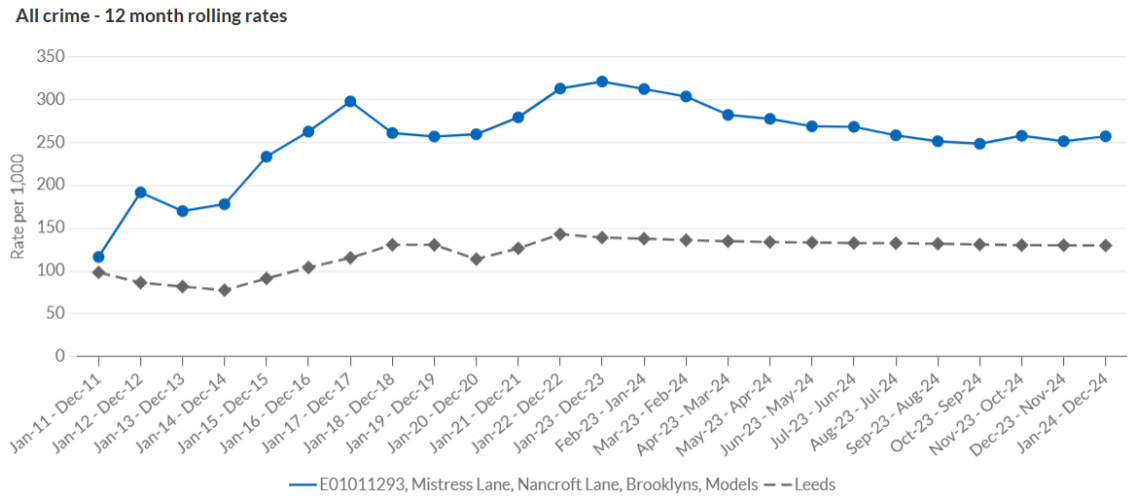


Source: data.police.uk

It is extremely encouraging to see anti-social behaviour rates in this LSOA have plummeted and plateaued and are slightly above the Leeds rate.

E01011293 Mistress Lane, Nancroft Lane, Brooklyns, Models

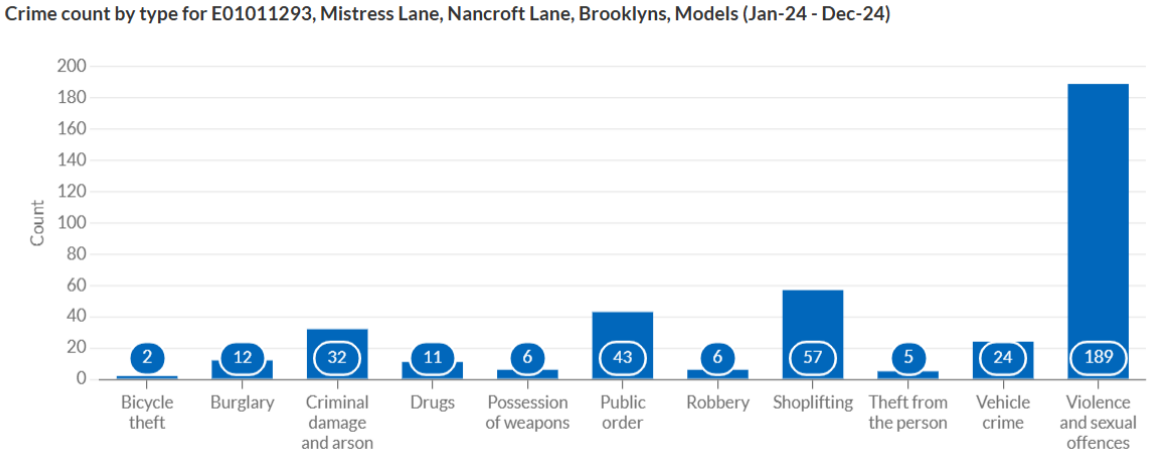
Figure 146 All crime-12 month rolling rates for E01011293



Source: data.police.uk

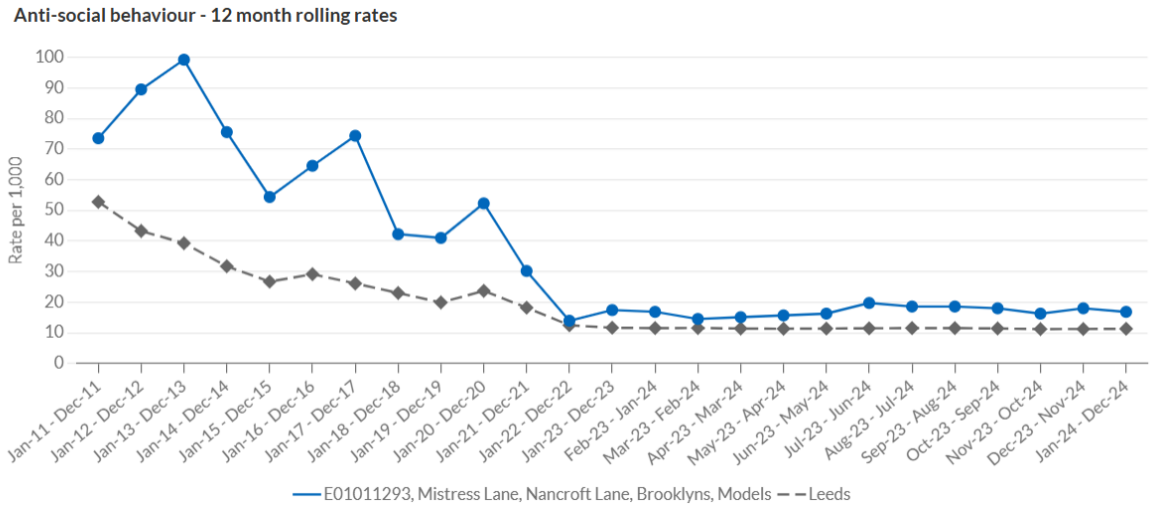
Rolling rates for this LSOA are above Leeds rates and have plateaued with a slight increase towards the end of the data set.

Figure 147 Crime count by type for E01011293 (Jan 24-Dec-24)



Source: data.police.uk

Figure 148 Anti-social behaviour-12 month rolling rates for E01011293

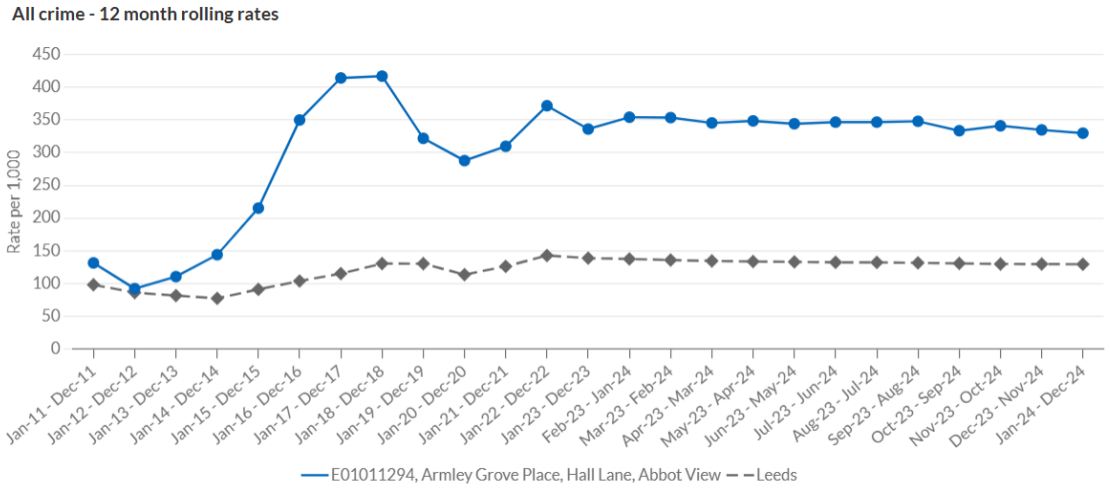


Source: police.data.uk

Encouragingly again we can see a steep drop off in anti-social behaviour similar to the previous LSOA to just above the Leeds average.

E01011294 Armley Grove Place, Hall Lane, Abbot View

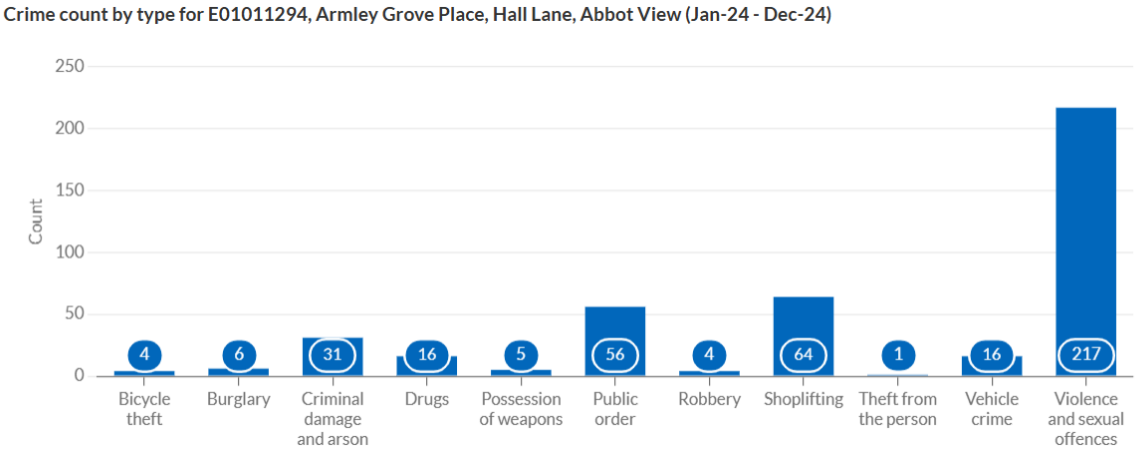
Figure 149 All crime-12 month rolling rate for E01011294



Source: data.police.uk

This LSOA has endured a steep rise towards the start of the data set and then a plateau to mirror the Leeds trend but significantly higher.

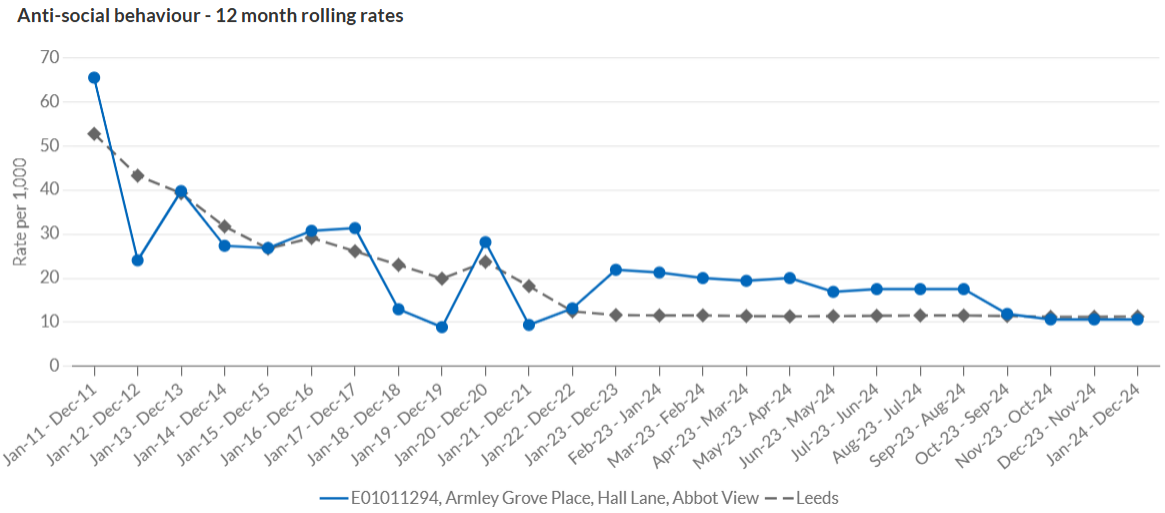
Figure 150 Crime count by type for E01011294



Source: data.police.uk

Prevalence of violent and sexual crimes is similar to many of the LSOAs within the Armley Ward.

Figure 151 Anti-social behaviour-12 month rolling rates for E01011294

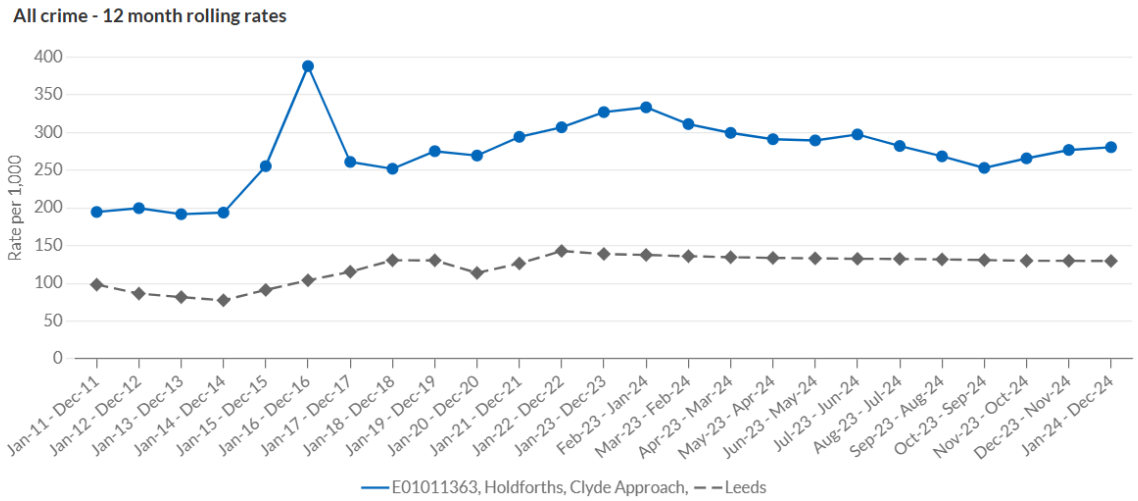


Source: data.police.uk

An encouraging trend within this LSOA where anti-social behaviour has fallen to the Leeds average.

EO1011363 Holdsforths, Clyde Approach

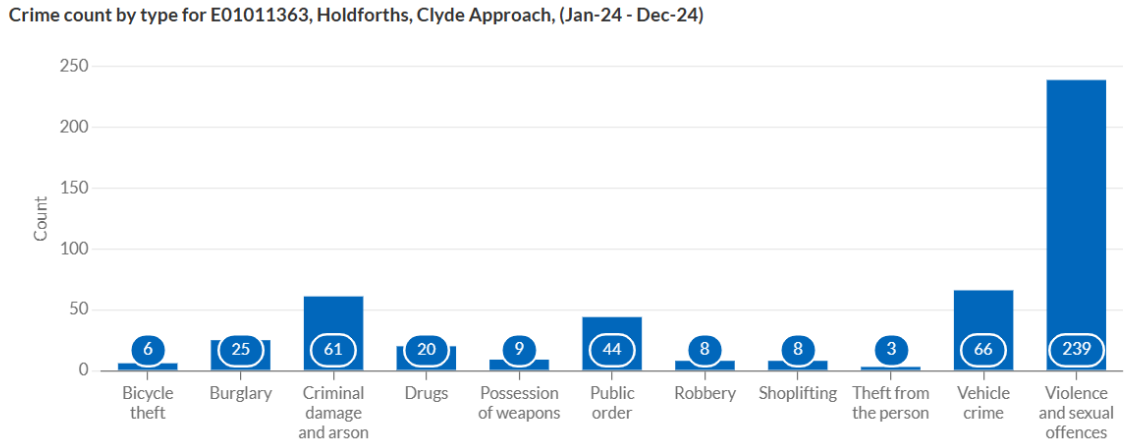
Figure 152 All crime-12 month rolling rates for E01011363



Source: data.police.uk

Within this LSOA worryingly crime is well above the Leeds average and towards the end of the data set is increasing.

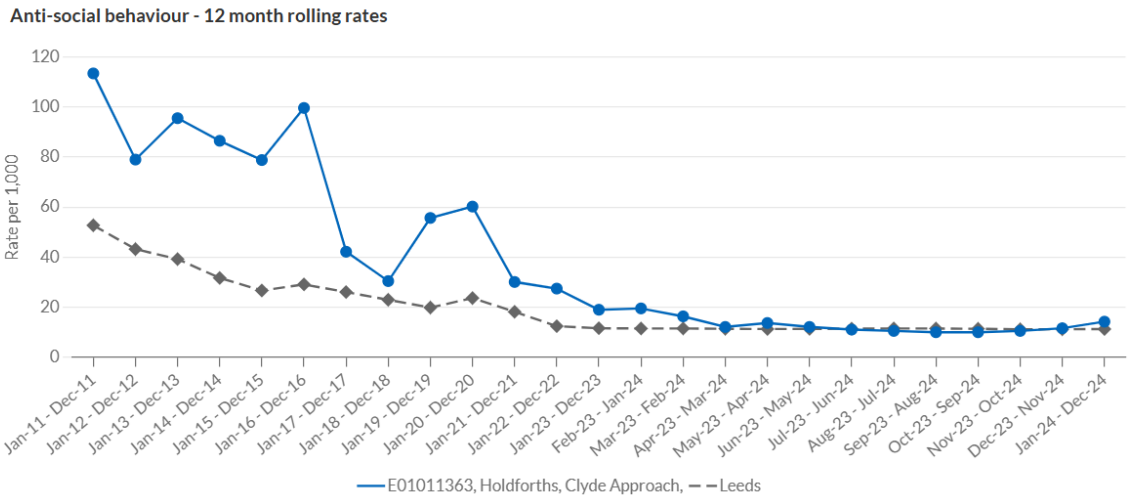
Figure 153 Crime count by type for E01011363 (Jan-24- Dec-24)



Source: data.police.uk

A similar pattern to the other Armley LSOAs. Although crime has significantly decreased in this MSOA it's not always the perception of residents.

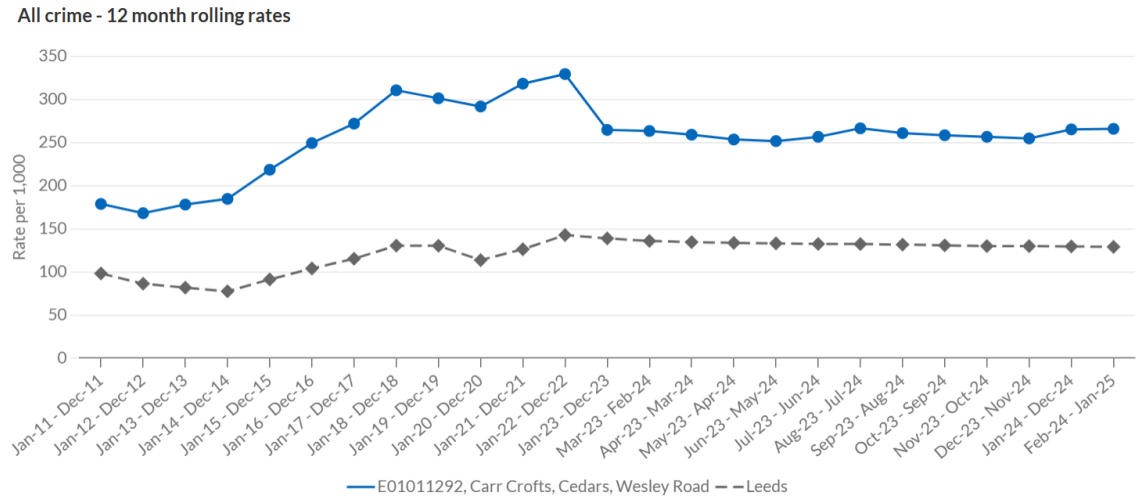
Figure 154 Anti-social behaviour-12 month rolling rates for E01011363



Source: data.police.uk

E01011292 Car Crofts, Cedars, Wesley Road

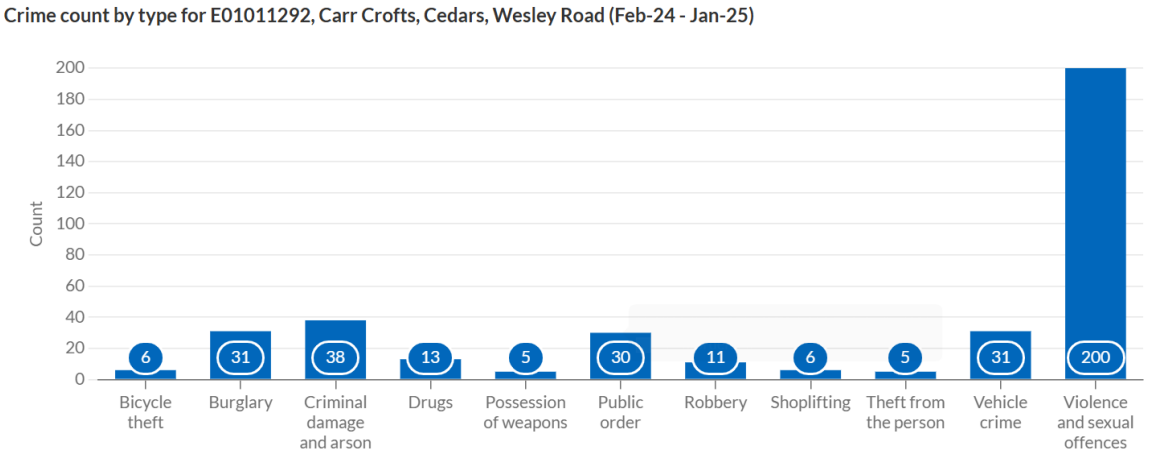
Figure 155 All crime-12 month rolling rates for E01011292



Source: data.police.uk

All crime in this LSOA has mirrored the plateau of the Leeds rate but is still well above it.

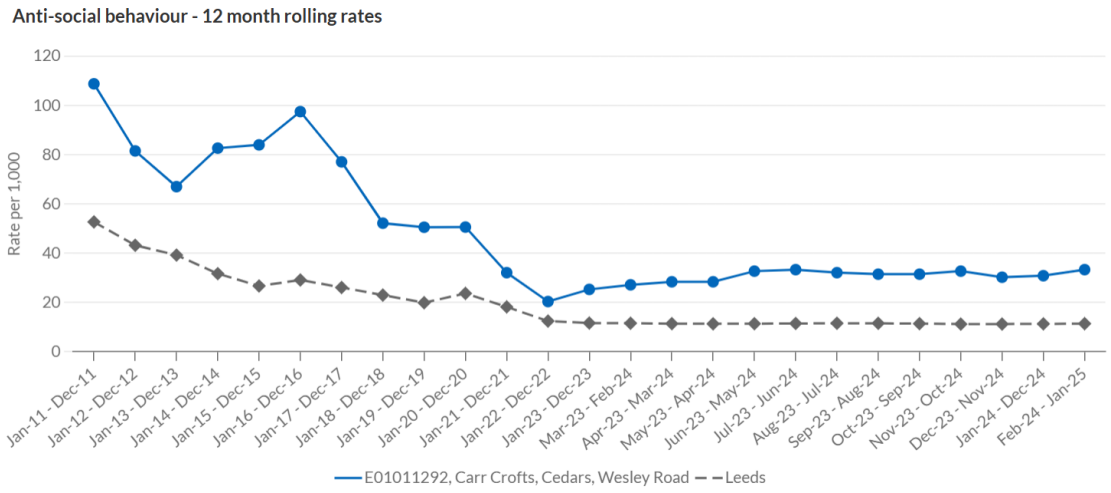
Figure 156 Crime count by type for E01011292



Source: data.police.uk

Alarmingly the violence and sexual offences crime count is 200 for this LSOA.

Figure 157 ASB for E01011292



Source: data.police.uk

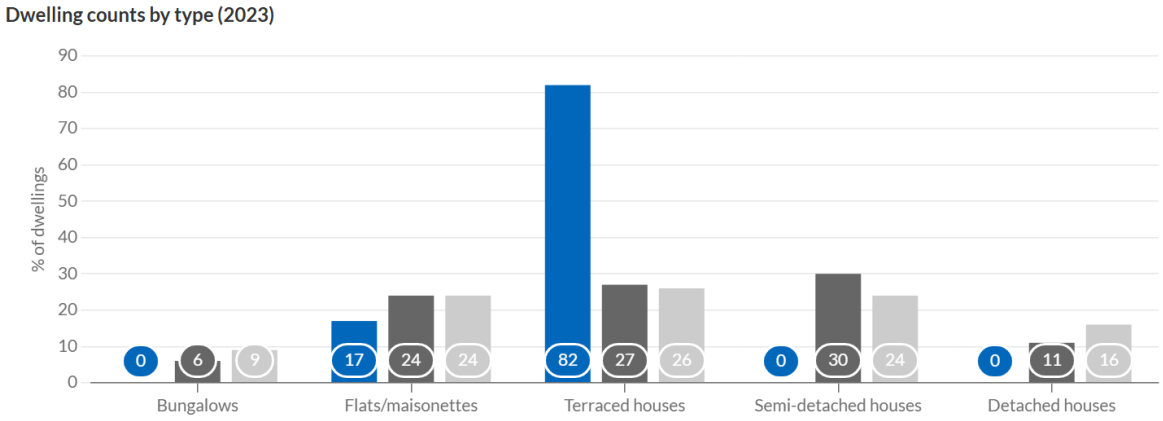
Anti-social behaviour like all of the LSOAs has decreased moving towards the Leeds average, we look at crime in a little more detail in the ward chapter and the reasons for its decrease (https://westleedsdispatch.com/police-highlight-crack-down-on-armley-town-street-anti-social-behaviour/).

Housing in MSOA E02002400

E01011284 Avaries, Arleys, Salisburys

There are approximately 1,030 properties in this geographical area.

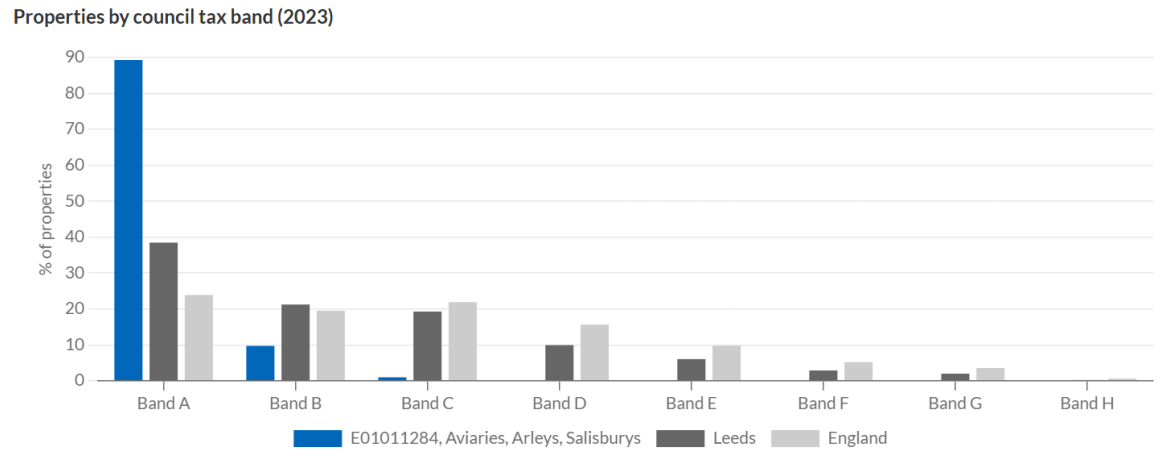
Figure 158 Dwelling counts by type (2023) for LSOA E01011284



Source: Valuation Office Agency

Terraced housing is by far the highest dwelling count in this LSOA.

Figure 159 Properties by council tax band in LSOA E01011284



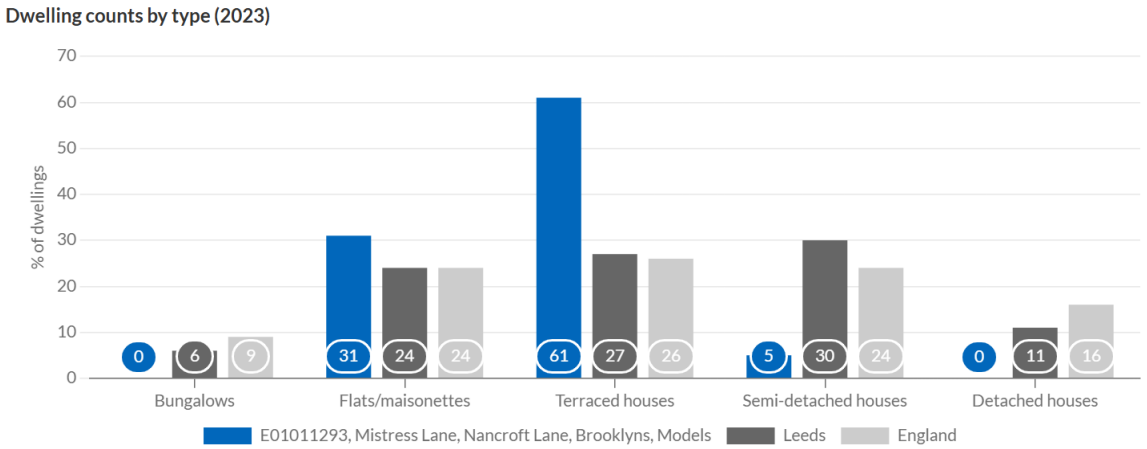
Source: ONS

The lowest council tax band A is the predominant one in this geography.

E01011293 Mistress lane, Nancroft Lane, Brooklyns, Models

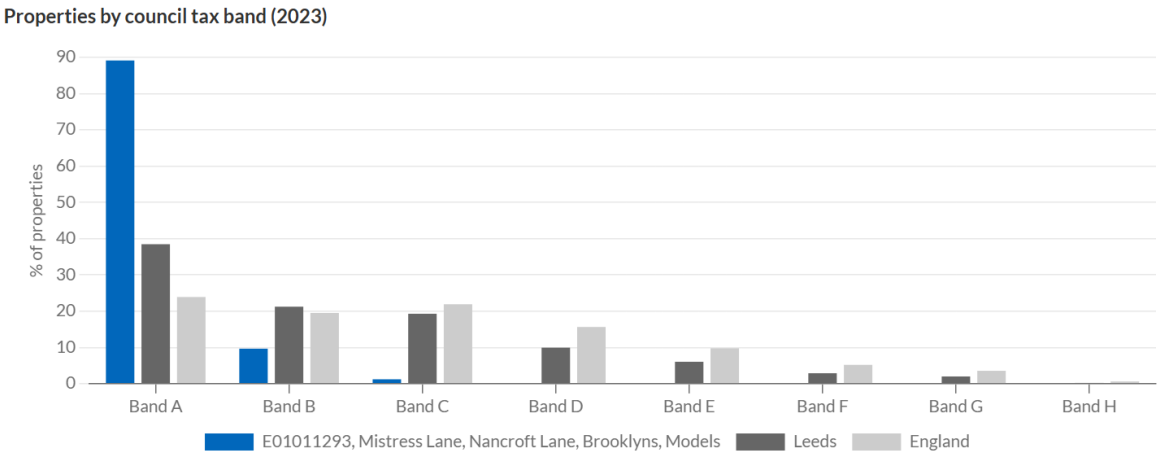
There are 830 properties in this LSOA.

Figure 160 Dwelling count by type (2023) for LSOA E01011293



Source: Valuation Office Agency

Figure 161 Properties by council tax band (2023) for LSOA E01011293



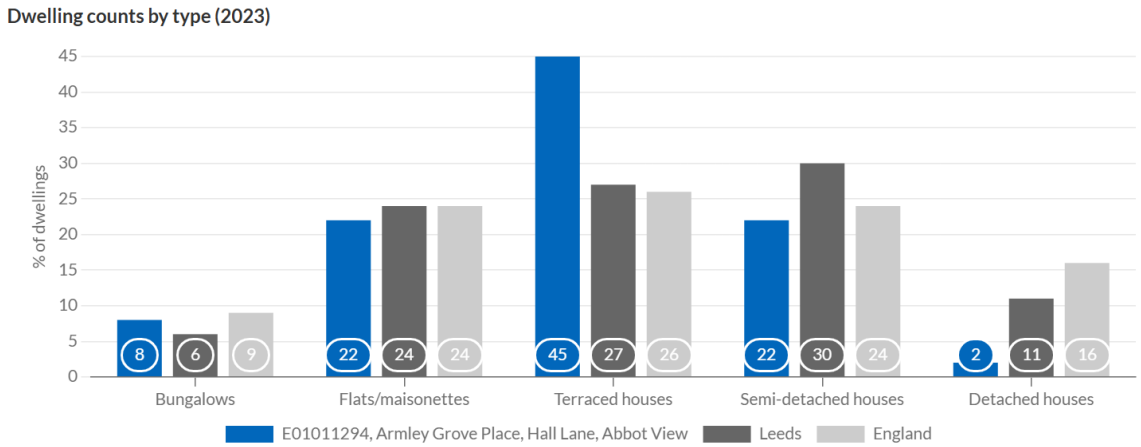
Source: Valuation Office Agency

Similar to many of the other LSOAs in this ward council tax band A is predominant.

E01011294 Armley Grove Place, Hall Lane, Abbot View

There are 490 properties in this LSOA.

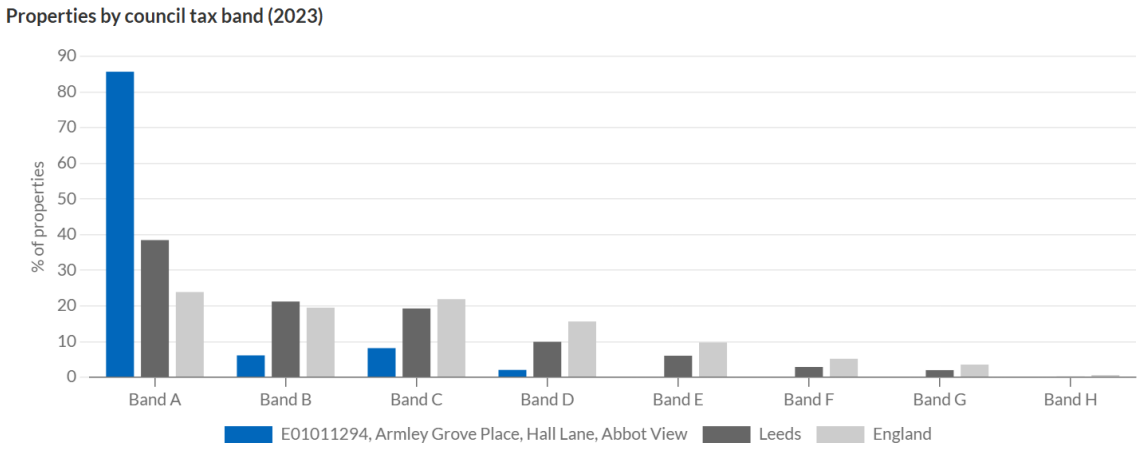
Figure 162 Dwelling counts by type (2023) for LSOA E01011294



Source: Valuation Office Agency

Terraced housing as the dominant dwelling type is a repeating pattern within these LSOAs.

Figure 163 properties by council tax band for LSOA E01011294



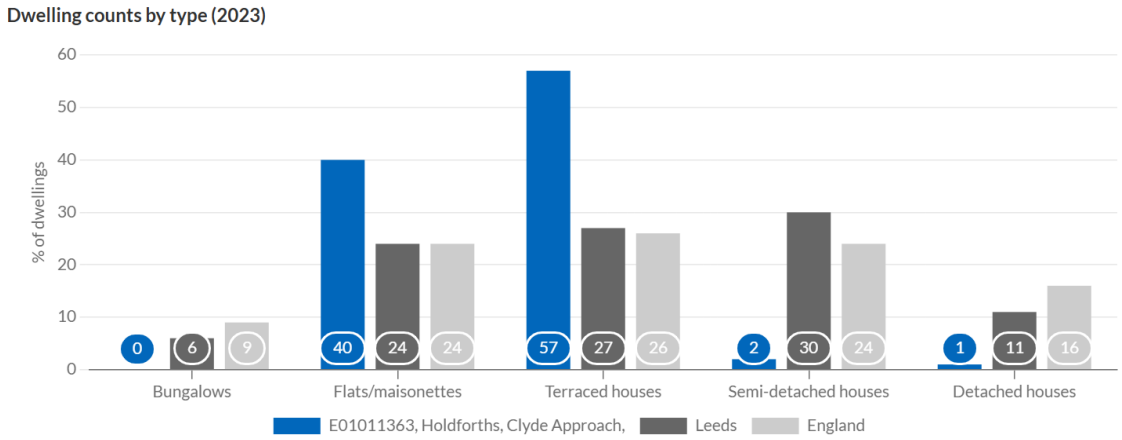
Source: ONS

Band A is predominant as a council tax band as it is across the whole of Armley.

E01011363 Holdsforths, Clyde Approach

There are 920 properties in this area.

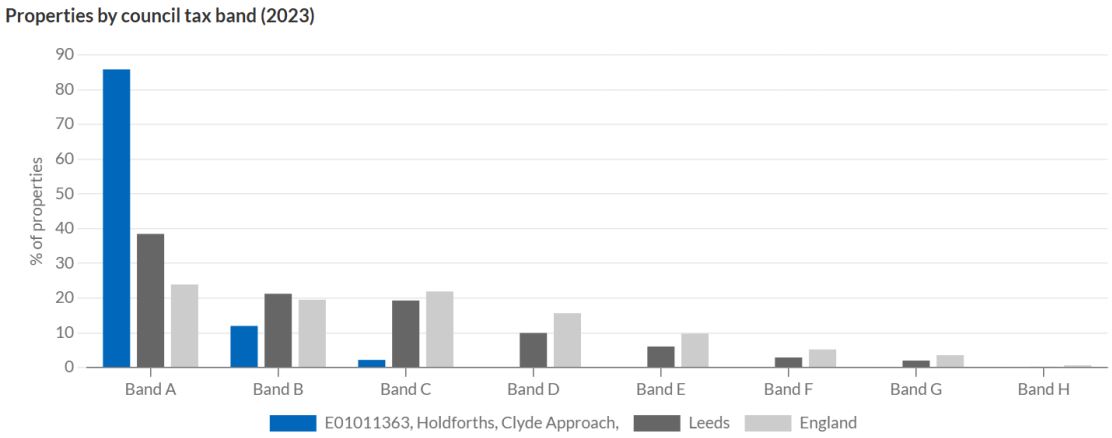
Figure 164 Dwelling counts by type (2023) for LSOA E01011363



Source: Valuation Office Agency

Terraced housing predominates in this neighbourhood.

Figure 165 Properties by council tax band (2023) for LSOA E01011363



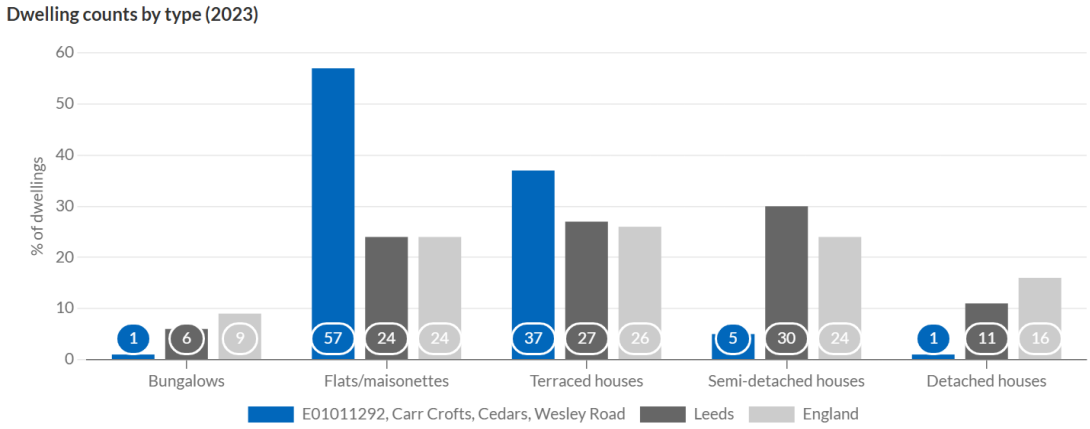
Source: ONS

Lastly for this LSOA council tax band A is the predominant one.

E01011292 Car Crofts, Cedars, Wesley Road

There are 950 properties in this LSOA

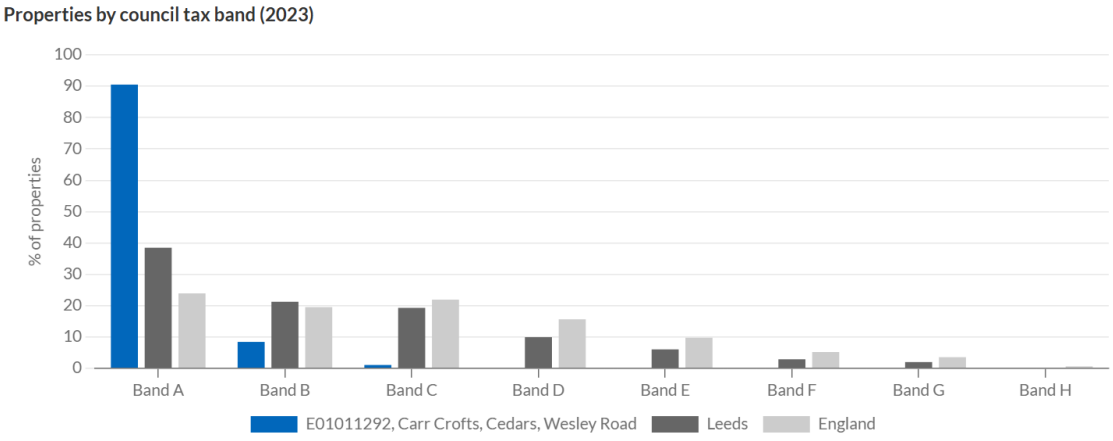
Figure 166 Dwelling counts by type for E01011292 (2023)



Source: Valuation Office Agency

Flats are the predominant dwelling type in this LSOA.

Figure 167 properties by council tax band for E01011292 (2023)



Source: ONS

Council Tax Band A is the predominant band in this LSOA

Fuel Poverty in MSOA E02002400

Figure 168 Fuel poverty by LSOAs for MSOA E02002400

LSOA NUMBER	LSOA NAME	NUMBER OF PROPERTIES ON SURVEY	NUMBER OF PROPERTIES IN FUEL POVERTY	PERCENTAGE OF PROPERTIES IN FUEL POVERTY
E01011284	Avaries, Arleys, Salisburys	1,119	354	31.6%
E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models	873	222	25.4%
E01011294	Armley Grove Place, Hall Lane, Abbott View	513	109	21.2%
E01011292	Car Crofts, Cedars, Wesley Road	985	175	17.8%
E01011363	Holdsforths, Clyde Approach	886	147	16.6%

Source: Leeds Observatory

LSOAs E01011284 (31.6%) and E01011293 experience the worst fuel poverty with over 25% of the properties experiencing it closely followed by E01011294. Although all of the LSOAs require some form of support it makes sense to target the ones with the highest number of properties experiencing fuel property.

Education in MSOA E02002400

Figure 169 Education, skills and training deprivation in MSOA E02002400

LSOA NUMBER	LSOA NAME	EDUCATION, SKILLS & TRAINING DEPRIVATION DECILE (The lower the decile the higher the deprivation rank).
E01011284	Avaries, Arleys, Salisburys	2

E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models	2
E01011292	Car Crofts, Cedars, Wesley Road	1
E01011294	Armley Grove Place, Hall Lane, Abbott View	1
E01011363	Holdsforths, Clyde Approach	1

Source: Leeds Observatory

We can see LSOAs E01011294, E01011292 and E01011363 are the most educationally deprived, we look at education in more detail at ward level.

Chapter Summary for Surrounding Area-MSOA E02002400

Within the surrounding area E01011294 and E01011363 have the highest crime rates with crimes of a violent and sexual nature being by far the most predominant. Encouragingly anti-social behaviour has dropped in many of the LSOAs with the exception of E01011363 where is starting to increase again after a fall, this however in terms of statistics may be a temporary data blip and it may decline back to the Leeds average as the past rates have suggested.

For accommodation terraced housing is by far the most prevalent form of accommodation and the lowest council tax band A is the predominant charge. Fuel poverty within E01011284 and E01011293 is high with over 25% of the properties experiencing difficulties.

Lastly in terms of education, training and skills deprivation E01011294, E01011292 and E01011363 are in IMD 1 and consequently the most deprived.

Areas Warranting Increased Attention and Support Summary Table for MSOA E02002400

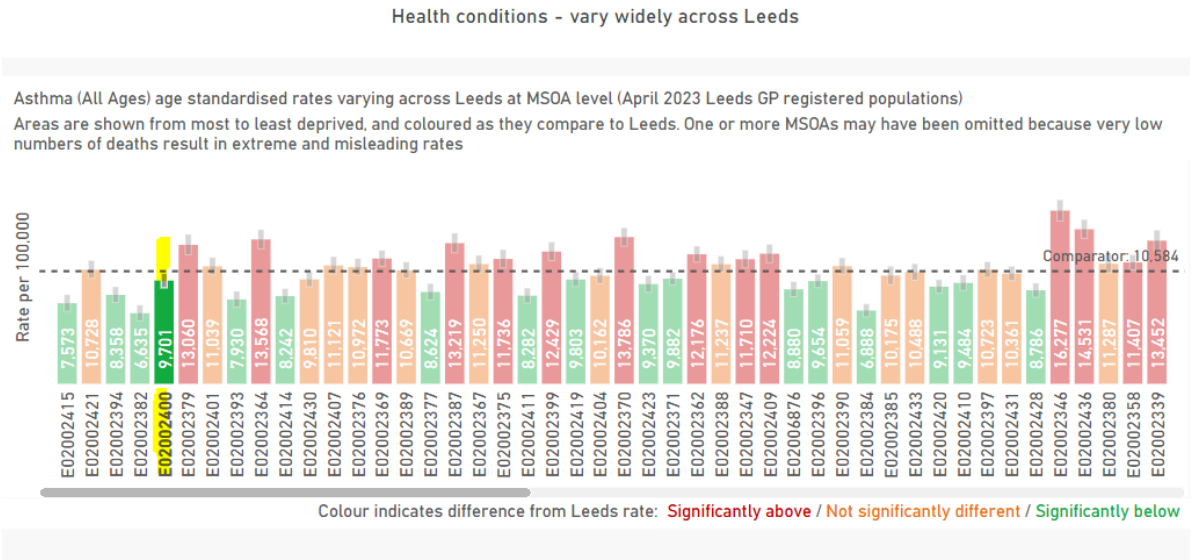
Figure 170 Areas warranting most attention MSOA E02002400 **LSOA NO.**	**LSOA NAME**	**RANKED IMD 1 MOST DEPRIVED**	**EMPLOYMENT RANKED MOST DEPRIVED**	**ECONOMICALLY RANKED MOST DEPRIVED**	**CRIME COUNT-HIGHEST**	**FUEL POVERTY**	**EDUCATION**
E01011284	**Avaries, Arleys, Salisburys.**						
E01011293	**Mistress Lane,**						

	Nancroft, Brooklyns, Models						
E01011294	**Armley Grove Place, Hill Lane, Abbot View**						
E01011363	**Holdsforths, Clyde Approach**						
E01011292	**Car Crofts, Cedars, Wesley Road**						

Source: ONS

Chapter 8 - Common Health Conditions all ages unless otherwise specified for MSOA E02002400

Figure 171 Asthma rates-all persons for MSOA E02002400

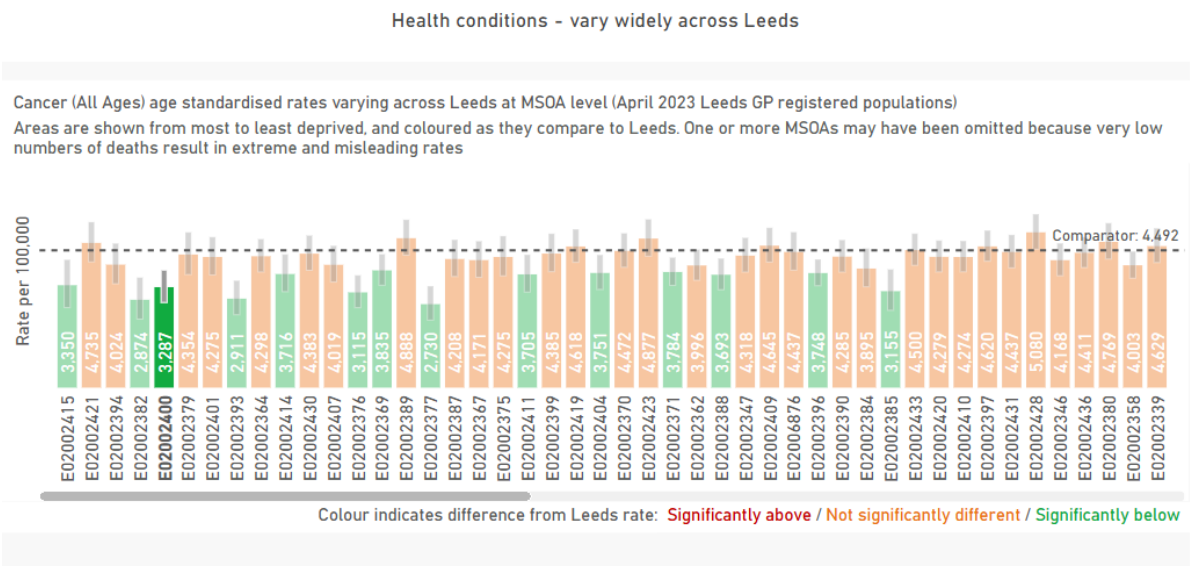


Source: PHI

Asthma rates for all persons and males are significantly below the Leeds average and for females they are not significantly different.

Cancer

Figure 172 Cancer rates-all persons for MSOA E02002400

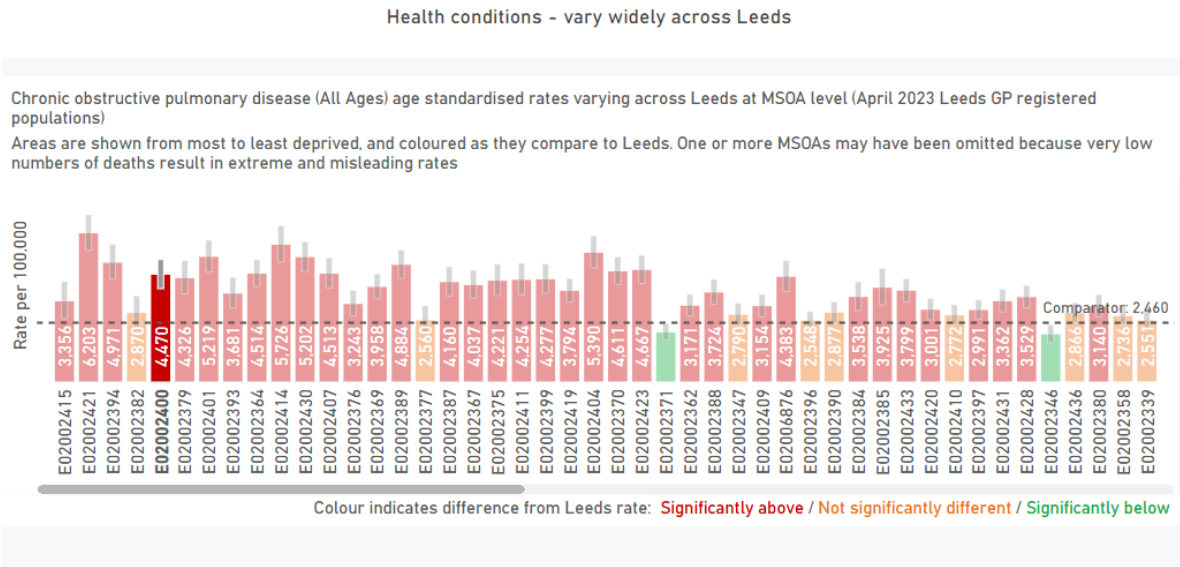


Source: PHI

Cancer prevalence rates for all persons and females are significantly below the Leeds average and for males they are not significantly different for this MSOA.

Chronic Obstructive Pulmonary Disease (COPD)

Figure 173 COPD rates-all persons for MSOA E02002400

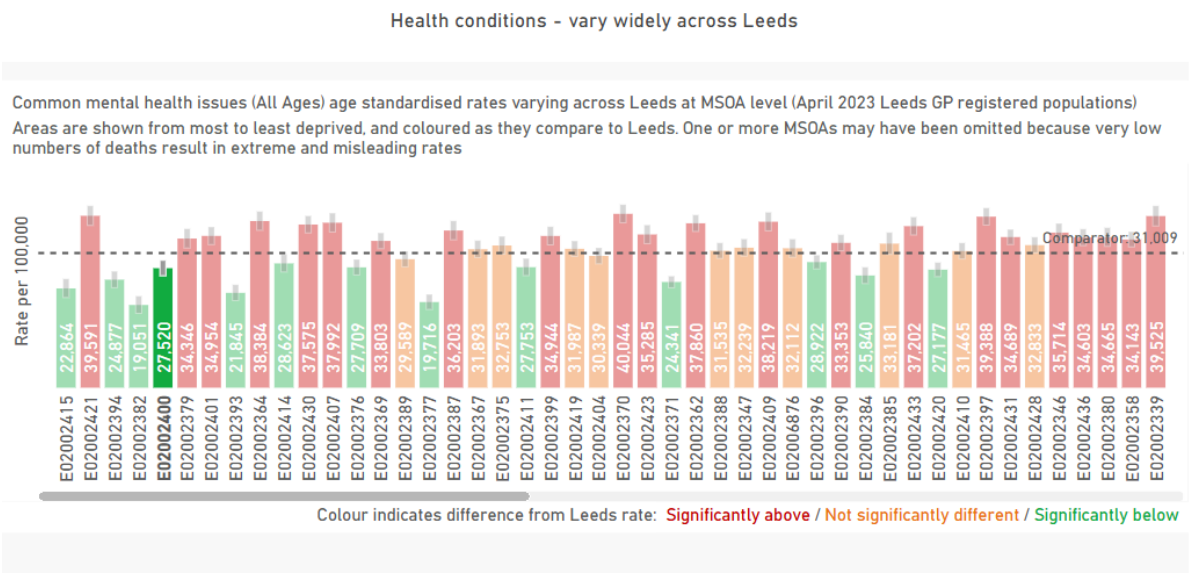


Source: PHI

COPD rates for all persons, males and females are significantly above the Leeds average for this MSOA.

Common Mental Health Illness

Figure 174 Common mental health Illness rates for MSOA E0200400

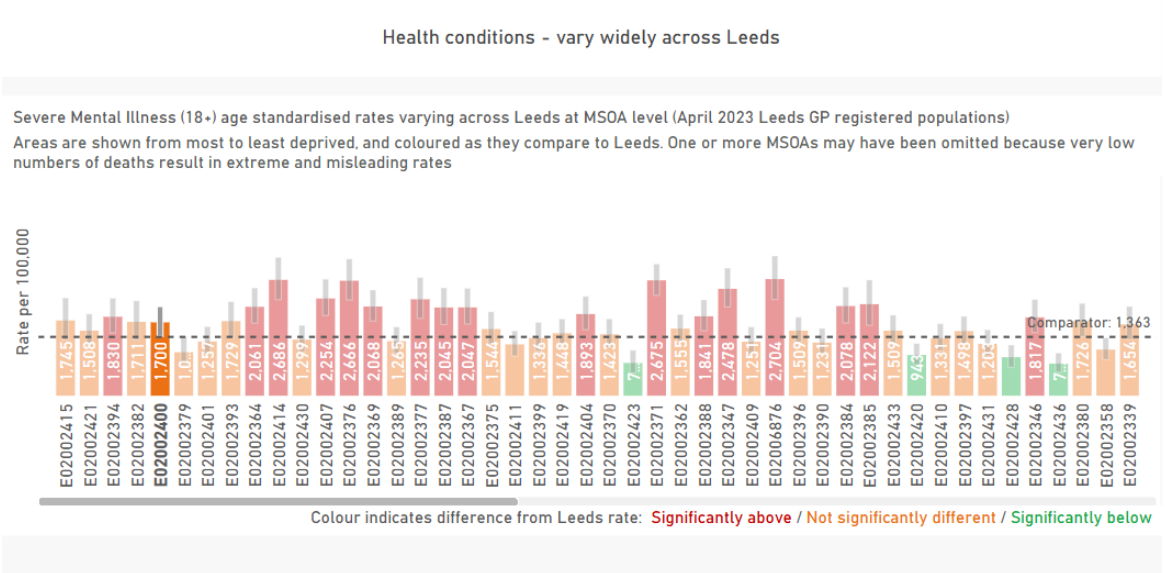


Source: PHI

Common Mental Health Illness rates are significantly below the Leeds average for this MSOA.

Severe Mental Health Illness

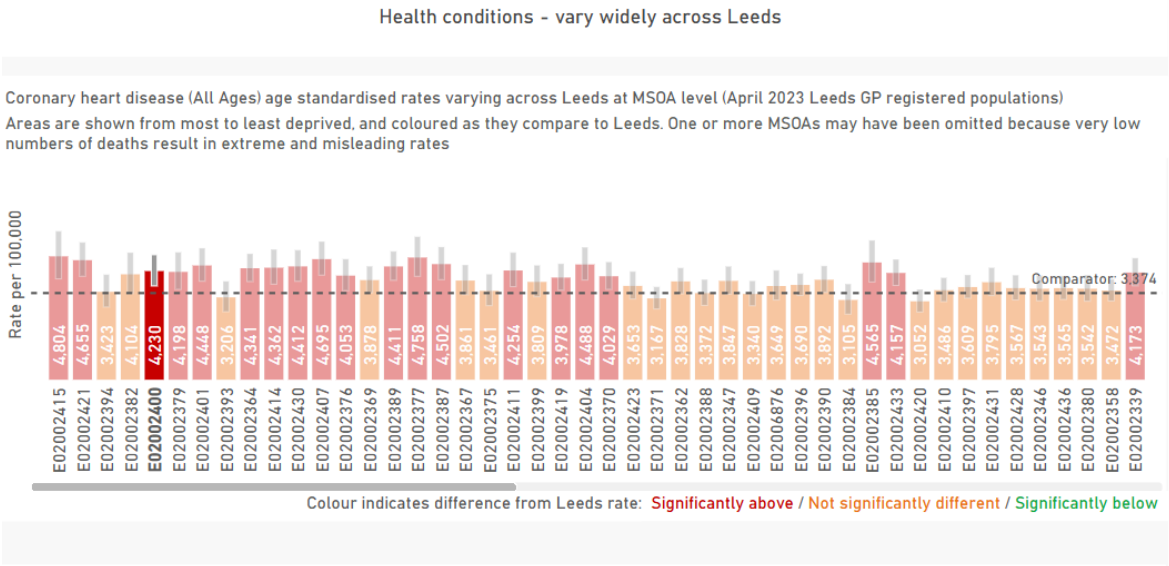
Figure 175 Severe mental health rates for MSOA E02002400



Source: PHI

Severe mental Illness is not significantly different to the Leeds rate for all persons, males and females.

Figure 176 Coronary heart disease (all ages) for MSOA E02002400

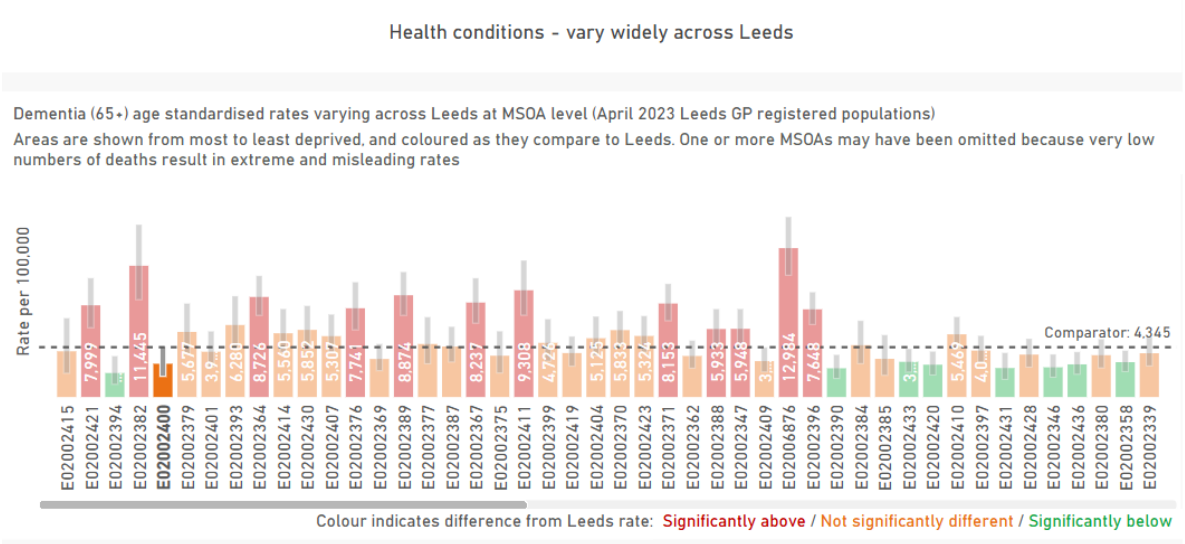


Source: PHI

Coronary Heart Disease (CHD) is significantly higher than the Leeds average for all persons and females but surprisingly not significantly different than the Leeds average for men. Usually, more men than women develop the disease, and women can develop this condition 7 to 10 years later than men. Globally and nationally, it is one of the biggest killers of this common disease group (Mass and Appleman,2018).

Demetia

Figure 177 Dementia (65+) -all persons for MSOA E02002400

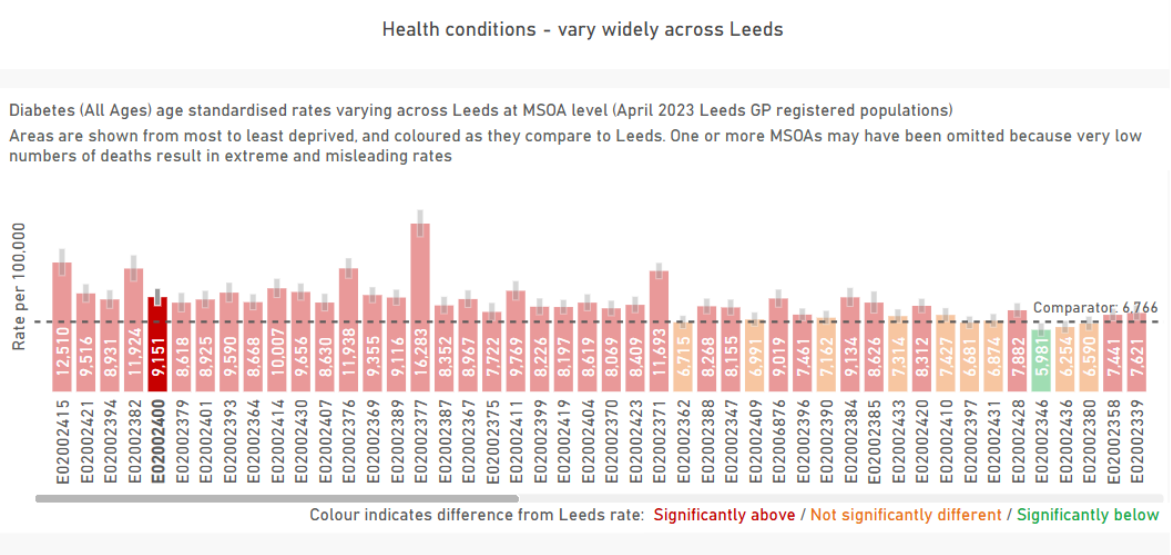


Source: PHI

Dementia rates for this MSOA are not significantly different for Leeds for all persons, females and males and this may be related to a younger population in this MSOA as it is a disease which can be related to the ageing process in most cases.

Diabetes

Figure 178 Diabetes -all persons for MSOA E02002400

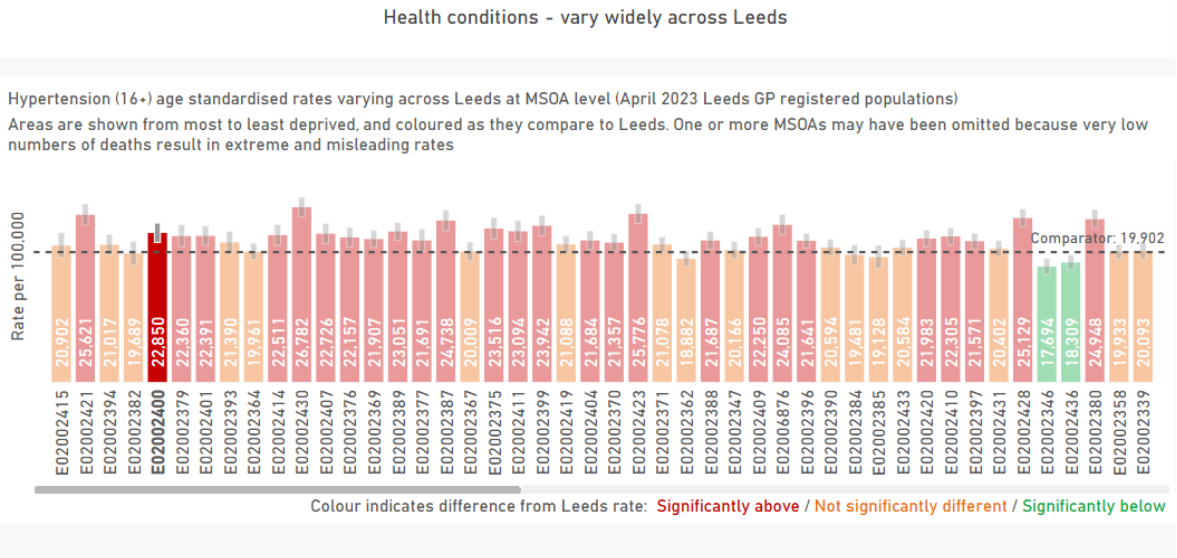


Source: PHI

Diabetes is significantly above the Leeds average for all persons, males and females in this MSOA.

Hypertension

Figure 179 Hypertension-all persons for MSOA E02002400

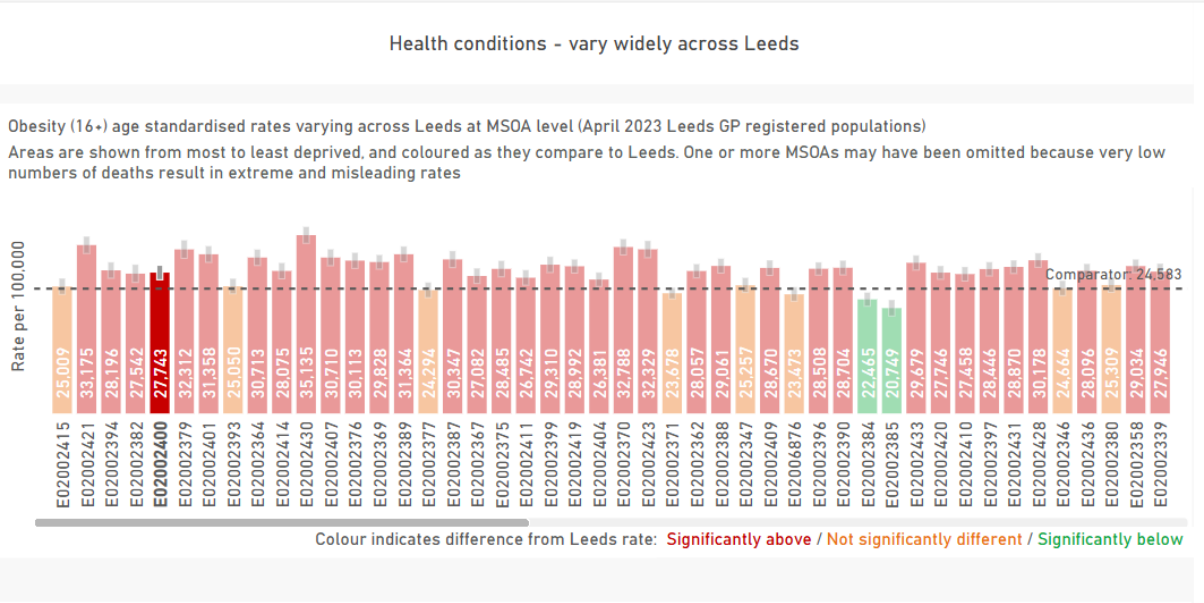


Source: PHI

Hypertension is significantly higher than the Leeds average for all persons and females, but surprisingly again not significantly different for men. Although hypertension is overall more common in males, females experience a much sharper incline in blood pressure from the third decade of life and consequently the prevalence of hypertension accelerates comparatively with age (Connelly, Curres and Delles, 2022).

Obesity

Figure 180 Obesity (16+) -all persons for MSOA E02002400

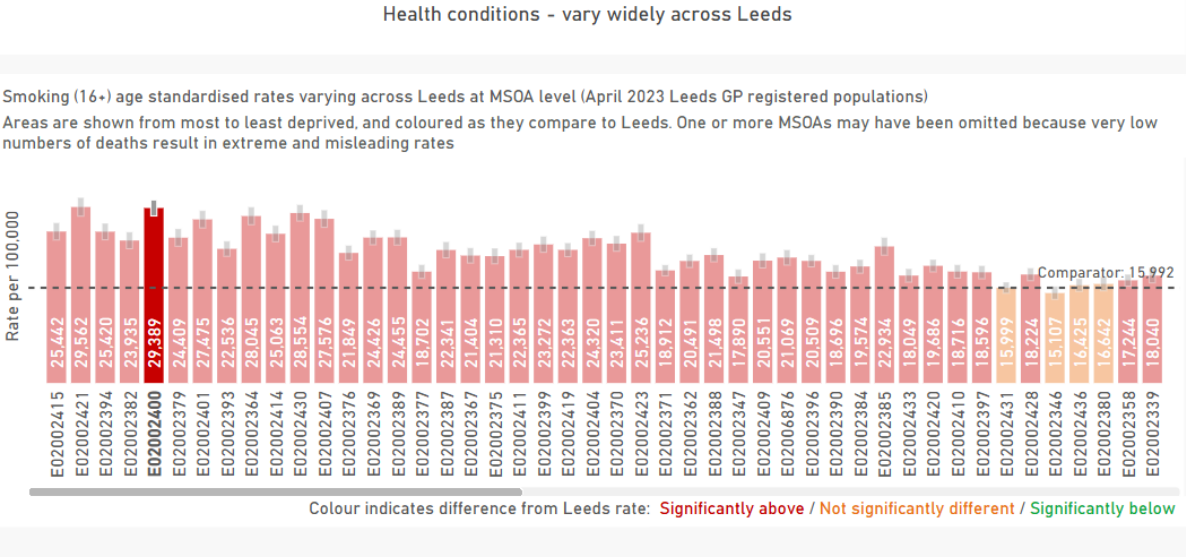


Source: PHI

Obesity is significantly higher than Leeds for all persons and females but surprisingly not significantly different for males which you would expect to be high for all categories.

Smoking

Figure 181 Smoking (16+) for MSOA E2002400



Source: PHI

Smoking rates for all persons, male and female are significantly higher than the Leeds average in this MSOA.

Summary of Health-Related data for MSOA E2002400

Surprisingly looking at this ward CHD, hypertension and obesity are all significantly higher than the Leeds average for females but not for men. Smoking rates are significantly higher than the Leeds average for everyone.

In this MSOA looking at the statistics it would seem women's health is a serious cause for concern and is a logical area to focus on. This is not to say men's health should be ignored but with limited resources it makes sense to focus on this gender first with specific targeted interventions. Please see ward level chapter for more information.

GP Registration in MSOA E02002400

Figure 182 GP registration for MSOA E2002400

pcode	Practice Name	E02002400
B86003	Armley Medical Practice	4,341
B86060	Thornton Medical Centre	2,862
B86024	Priory View Medical Centre	1,828
B86069	Burley Park Medical Centre	439
Y02002	One Medicare - The Light	104
B86672	Hawthorn Surgery	101
B86104	The Highfield Medical Centre	79
B86015	Manor Park Surgery	75
B86071	Whitehall Surgery	75
B86025	Hyde Park Surgery	53
B86655	Beechtree Medical Centre	50
B86109	Kirkstall Lane Medical Centre	46
B86041	Vesper Road and Morris Lane Surgery	40

B86669	Primary Health Care for the Homeless	31
B86030	Burton Croft Surgery	24
Y02494	Shakespeare Medical Practice	24
B86014	Robin Lane Health and Wellbeing Centre	21
B86108	Chapeltown Family Surgery	21
B86050	Dr Lee & Partners	19
B86068	Abbey Grange Practice	19
B86086	Laurel Bank Surgery	18
B86013	The North Leeds Medical Practice	15
B86094	The Gables Surgery	15
B86019	Rutland Lodge Medical Centre	14
B86043	East Park Medical Centre & Halton Medical Practice	12
B86061	The Practice Harehills Corner	11
B86110	Leeds Student Medical Practice	10
B86623	Ashton View Medical Centre	10
B86667	Beeston Village Surgery	10
B86022	Oakwood Lane Medical Practice	9
B86666	Newton Surgery	9
B86081	Bellbrooke Surgery	8
B86016	Doctor Penn & Partners	5
B86642	Church Street Surgery	5
B86007	Windmill Health Centre	4
B86039	Allerton Medical Centre	4

B86042	Lingwell Croft Surgery	4
B86049	Woodhouse Medical Practice	4
B86096	Arthington Medical Centre	4
B86643	Roundhay Road Surgery	4
B86012	Leeds City Medical Practice	3
B86018	Pudsey Health Centre	3
B86035	The Whitfield Practice	3
B86044	Ireland Wood Surgery	3
B86059	Meanwood Group Practice	3
B86070	Aireborough Family Practice	3
B86106	Foundry Lane Medical Practice	3
B86002	City View Medical Practice	2
B86009	Manston Surgery	2
B86011	Hillfoot Surgery	2
B86017	Craven Road Medical Practice	2
B86020	Church Farm Close Medical Practice	2
B86038	Guiseley and Yeadon Medical Practice	2
B86054	The Garden Surgery	2
B86062	Dr S Laybourn and Partners	2
B86093	Park Edge Practice	2
B86103	Conway Medical Centre	2
B86005	Oakley Medical Practice	1
B86008	Alwoodley Medical Centre & Adel	1

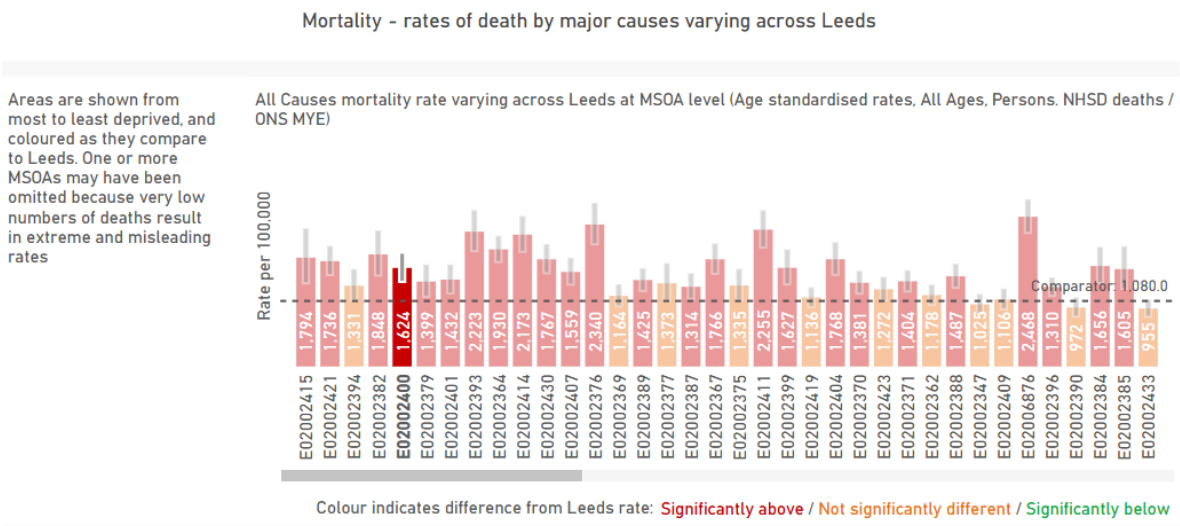
B86028	South Queen Street Medical Centre	1
B86032	Chevin Medical Practice	1
B86048	Garforth Group Medical Practice	1
B86051	Yeadon Tarn Medical Practice	1
B86064	Leigh View Medical Practice	1
B86066	The Street Lane Practice	1
B86067	The Fountain Medical Centre	1
B86075	Colton Mill and The Grange Surgeries	1
B86092	Kippax Hall Surgery	1
B86100	St Martins Practice	1
B86101	Gildersome Health Centre	1
B86675	The Practice Lincoln Green	1

Source: PHI

As you would expect for this locality the bulk of registrations are at the three main practices Thornton, Priory and Armley Medical Practice. Understanding registration number can help partners target specific disease related interventions to the right practices.

Mortality Rates in MSOA E0200400

Figure 183 Mortality rates for MSOA E0200400

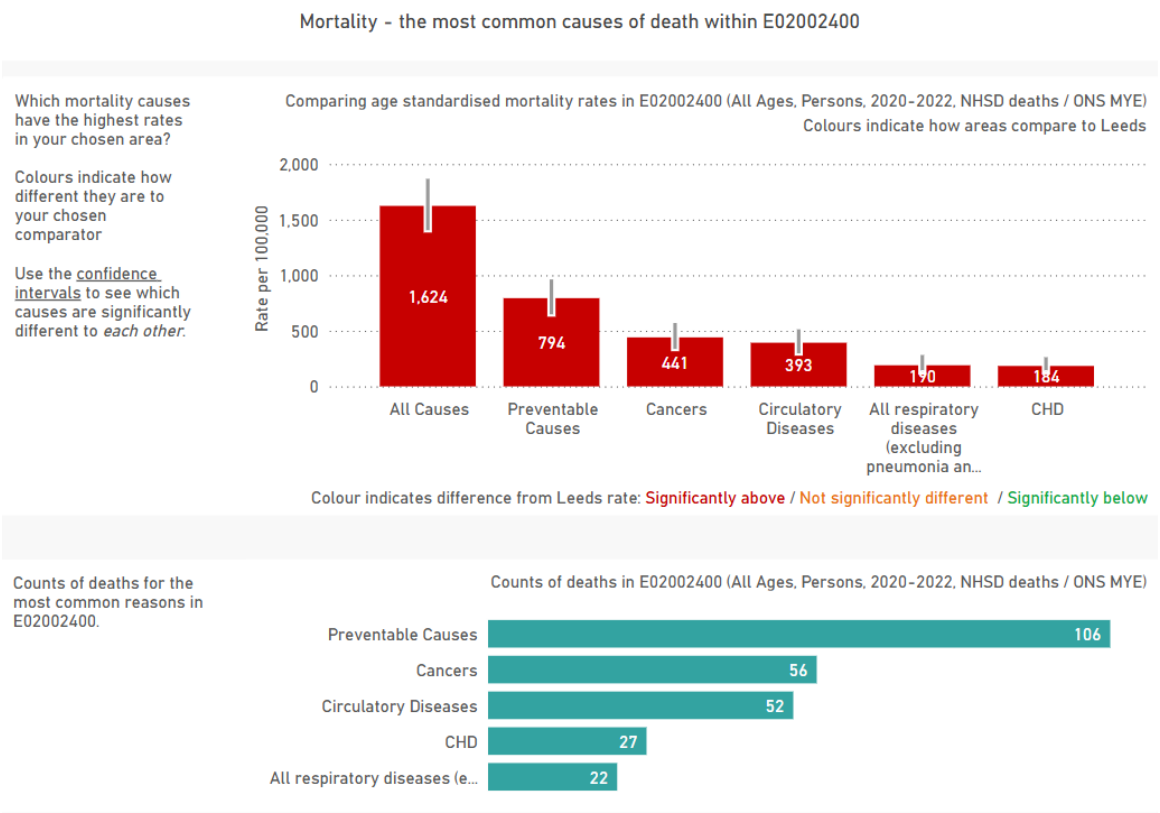


Source: PHI

Mortality rates for this MSOA are significantly higher than the Leeds average. They are significantly high in all categories.

- All causes
- Preventable cause
- Cancers
- Circulatory Diseases
- Coronary Heart Disease
- Most respiratory diseases

Figure 184 Mortality-the most common cause of death within E02002400



Source: PHI

Mortality rates have decreased across England but according to government data there are still significant geographical differences.

The government update shows that in the most recent period, 2021 to 2023, for persons of all ages:

- the mortality rate from all causes in England decreased to 981 per 100,000 population, but substantial inequalities between different parts of the country remain
- the North East had the highest all-cause mortality rate (1,105 per 100,000), 22% higher than the South East, the region with the lowest rate (902 per 100,000)
- Blackpool was the lower tier local authority with the highest mortality rate, 82% higher than Hart, the authority with the lowest rate

For persons under age 75:

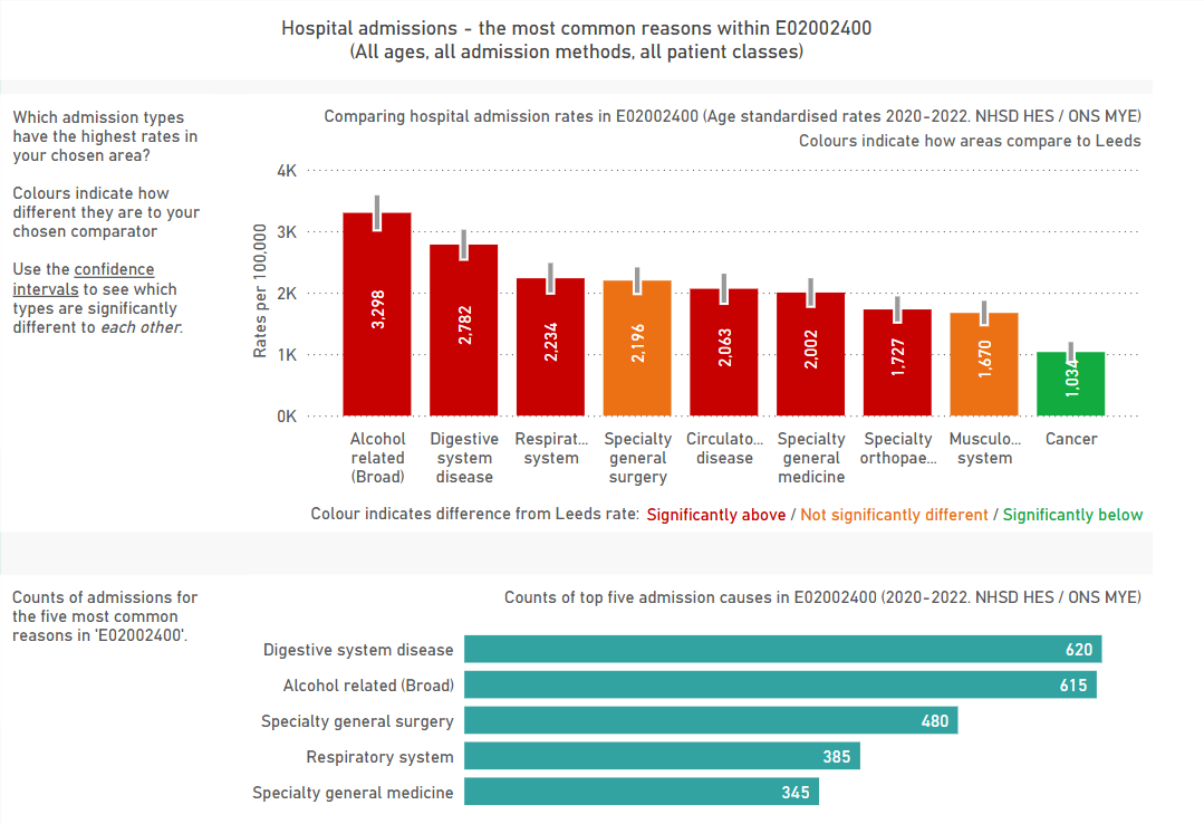
- the premature mortality rate (aged under 75) from all causes in England decreased to 349 per 100,000 population but regional rates ranged from 305 per 100,000 in the South East to 418 in the North East
- Blackpool was the local authority with the highest premature mortality rates for all principal causes. Compared with Hart, the area with the lowest rates, Blackpool's

premature mortality was 3.0 times higher for all causes, 3.2 times higher for cardiovascular disease, 2.3 times higher for cancer and 6.7 times higher for respiratory disease

Source: Official Statistics: Mortality profile commentary-November 2024 (published 5th November 2024) Available : [Mortality profile commentary: November 2024 - GOV.UK]

Hospital Admissions-Common Causes for MSOA E02002400

Figure 185 Hospital admissions-common causes for MSOA E02002400

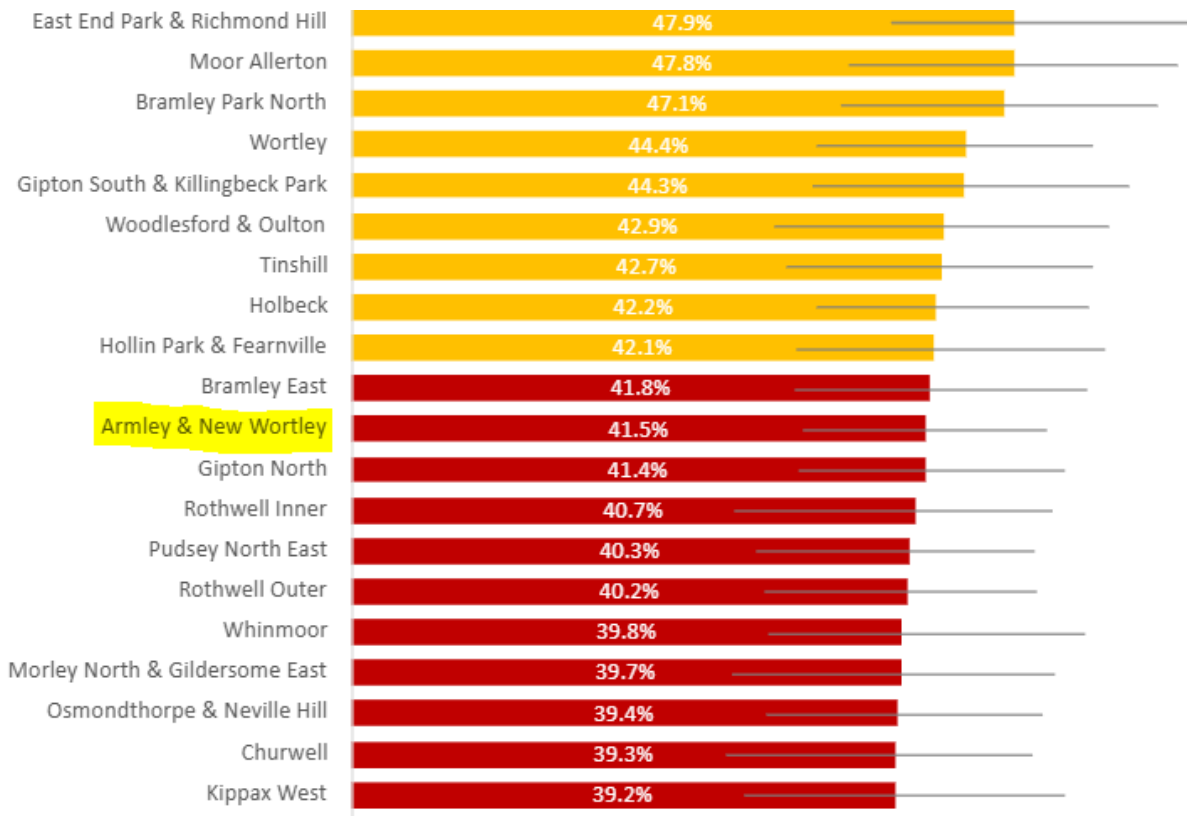


Worryingly we can see Alcohol related reasons admission rates are the biggest cause of hospital admissions in this MSOA, this is a broad category, but we can see it is a massive cause of concern.

Chapter 9 Children Specific Health Related Data for MSOA E0200400

Breastfeeding Rates in MSOA E2002400

Figure 186 Breastfeeding maintenance by MSOA 2021/22



Source: PHI

LEEDS AVERAGE IS 48.5% -BREAST FEEDING MAINTENANCE

Common with other MSOAs in Armley we can see breastfeeding maintenance rates at 41.5% are below the Leeds average.

MMR for MSOA E2002400

Figure 187 MMR uptake for MSOA E2002400

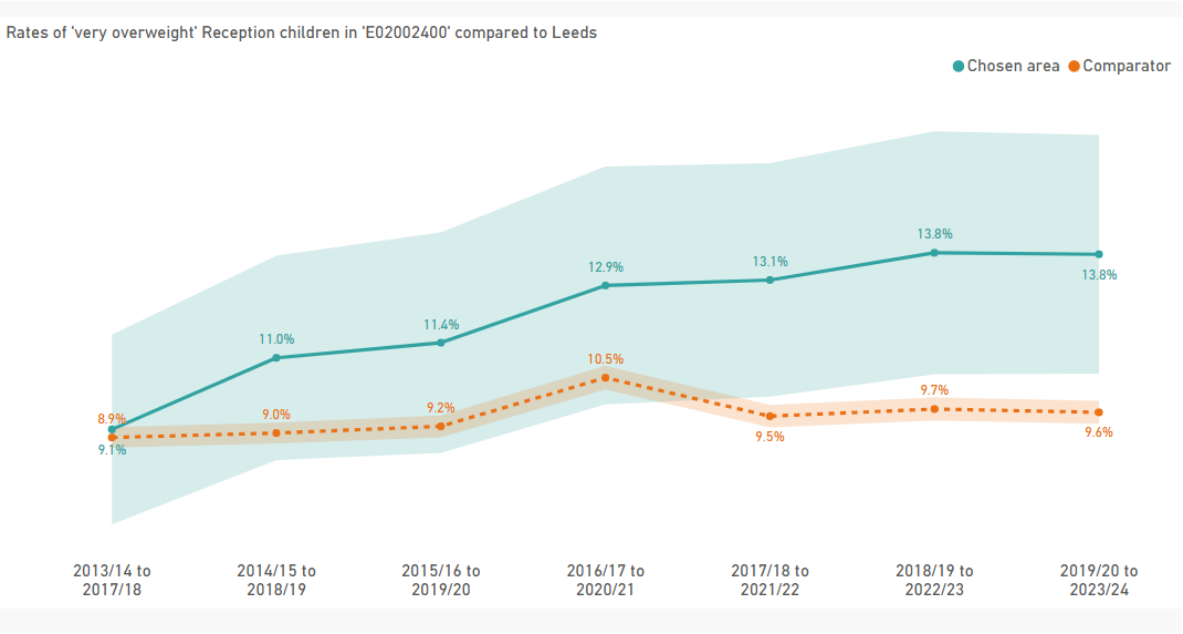
MMR1 at AGE 1		MMR1 at AGE 2	
Patient Count	Percentage	Patient Count	Percentage
4	16.7%	20	83.3%
MMR1 at AGE 5		MMR2 at AGE 5	
39	90.7%	38	88.4%

Source: PHI

We can see similar to the Leeds picture uptake increase with the child's age. The UK Measles and Rubella elimination strategy was launched in 2019 and includes a national ambition to achieve and sustain the WHO target of 95% coverage for two doses of the MMR vaccine in five-year-olds. More information can be found here: NHS England » Parents urged to get children MMR jab as one in six not fully vaccinated.

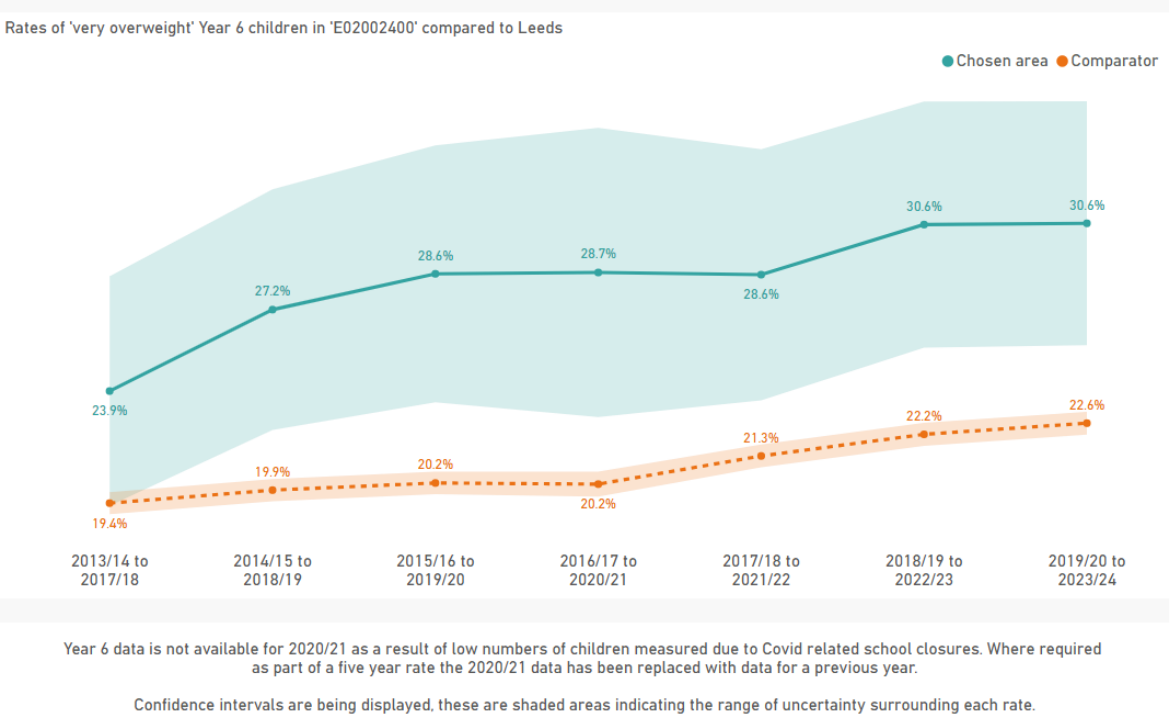
Childhood Obesity in MSOA E2002400

Figure 188 Rates of very overweight children- reception class in MSOA E2002400 compared to Leeds



Source: NCMP

Figure 189 Rates of 'very overweight' Year 6 children in E0200400 compared to Leeds.

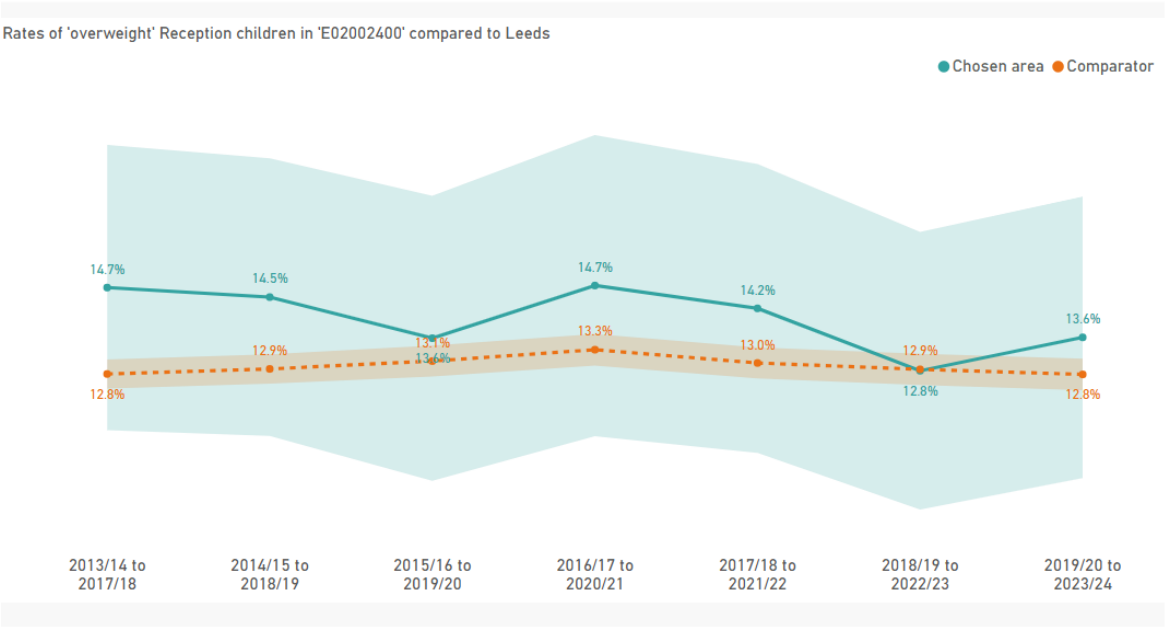


Source: NCMP

We can see in the data year section 2019/20 to 2023/24 13.8% of reception school year children in this neighbourhood are very overweight compared to the Leeds rate of 9.6%.

However, by year 6 there is a massive jump to 30.6% which is a cause for much concern. This would be a prime topic for action for any Partner Children's Action Groups within this cluster.

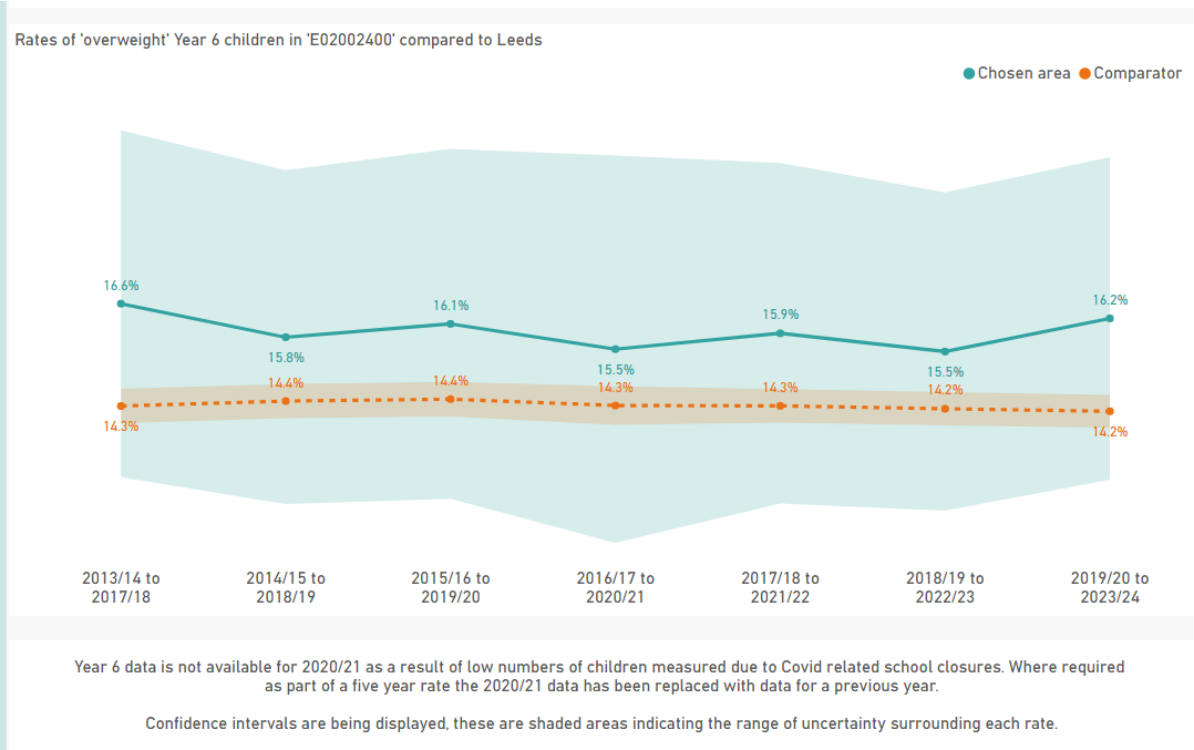
Figure 190 Rates of overweight children in reception class in MSOA E2002400 compared to Leeds.



Source: NCMP

The chart above shows a similar percentage of 13.6% of overweight reception year children in this neighbourhood which is closer to the Leeds average.

Figure 191 Rates of 'overweight' Year 6 children in E02002400 compared to Leeds



Source: NCMP

Towards the end of the data sets we can see in year 6 percentages of overweight children have jumped up to 16.2%. Weight management and healthy weight for local children should be a massive cause for concern as this has significant impact on their health now and in later life.

Conclusion for Children's Health Related Data for MSOA E02002400

We can see that breastfeeding rates in this neighbourhood are below the Leeds average and MMR rates are below the World Health Organisation's recommendation of 95%. Perhaps the biggest cause for concern in this area are the growing rates of childhood obesity. Extended conclusions and recommendations for childhood data can be found in the ward level chapter.

Conclusion for MSOA E2002400

In line with the other MSOAs we can see ethnicity slowly changing as there is a slight decrease in English speaking and an increase in African and other languages.

The most deprived LSOAs within this MSOA in the Armley ward with rankings of IMD one are.

- Armley Grove Place, Hill Lane, Abbot View (E01011294).
- Holdsforths & Clyde Approach (E01011363).

For employment deprivation at 29% it is the same two LSOAs.

- Armley Grove Place, Hill Lane, Abbot View (E01011294).
- Holdsforths & Clyde Approach (E01011363).

Income deprivation with the same percentage is also present in these two LSOAs.

- Armley Grove Place, Hill Lane, Abbot View (E01011294).
- Holdsforths & Clyde Approach (E01011363).

The crime count is highest for.

- Armley Grove Place, Hill Lane, Abbot View (E01011294).
- Holdsforths & Clyde Approach (E01011363).

The most prolific crime is violence and acts of a sexual nature, although encouragingly anti-social behaviour is moving downwards in most LSOAs.

Housing is largely terraced with a mix of social and private rented but with a dominance of social housing. The lowest council tax band a is the predominant one in this LSOA.

Fuel poverty takes us away from the two LSOAs above and the LSOAs with the highest percentages of fuel poverty are.

- Avaries, Arleys, Salisburys (E1011284) at 31.6%
- Mistress Lane, Nancroft Lane, Brooklyns, Models at 25.4%

The most pronounced education deprivation is.

- Armley Grove Place, Hill Lane, Abbot View (E01011294).

In terms of health the most significant facts about this MSOA are for CHD, Obesity and Hyper Tension are all significantly higher than the Leeds average for women where usually it is the reverse and males are more prone to these conditions. This is an area that would warrant further investigation and subsequent action. Local blood pressure (hypertension) monitoring projects for residents generally, older residents and Sikh congregations are already in progress.

Lastly for mortality rates, this MSOA is higher than the Leeds average and the highest counts for hospital admissions are for alcohol related conditions and digestive system conditions. Alcohol related illness is another area local Public Health officers have concern about.

Chapter 10 - Armley at Ward Level

This is the final section of this Health Needs and Assets Assessment for the ward of Armley and brings the data together in a summary form at ward level and introduces some fresh data which is only accessible at ward level. This document has slowly built a ‘health picture’ of Armley moving across the local geographies, MSOA by MSOA, it is in this, one of the final chapters the evidence is brought together so partners can identify common needs and act accordingly and as they feel appropriate. The evidence it is hoped will fuel funding applications and provide some of the structure for a successful bid based solidly on the

wider social determinants of health. The section also goes on to summarise areas of action for potential future research and assets which may be mobilised to aid residents. The LSOA Astons, Snowdens is left out of this chapter having been covered in previous chapters as technically it sits within the Bramley and Stanningley Ward boundary although geographically overlaps both ward boundaries.

Armley has a strong sense of community in many of its component MSOAs (neighbourhoods), parents and neighbours have formed strong mutually beneficial bonds over many years and social capital in many of the neighbourhoods is strong and cohesive. Residents have been successfully raising generations of children despite some serious challenges living within this ward presents.

Armley has had its challenges over the years and levels of poverty have been ever present however in some domains such as housing and crime as two significant examples conditions have improved for residents according to the data.

In this section the HNNAA report aims to highlight areas of focus in terms of topics and geographies that may warrant further investigation. There is a list of data sources used in this report in appendix 2. Should you wish to seek further information.

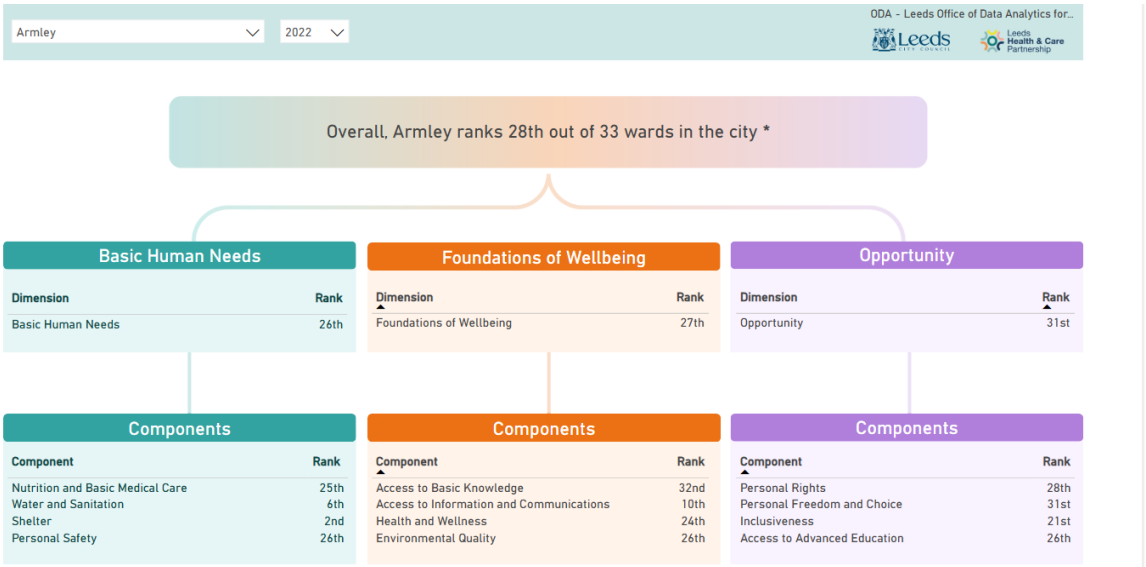
The GP registered population of the Armley Ward in April 2024 is 29, 496. 47.66 % are female and 52.34% are male.

The Leeds Social Progress Index for the Armley Ward

The Leeds Social Progress Index (SPI) is a measurement of how a specific electoral ward is performing in a number of metrics connected to social progress. Social progress is defined as the capacity of a society to meet the basic human needs of its citizens, establish the building blocks that allow citizens and communities to enhance and sustain the quality of their lives, and create the conditions for all individuals to reach their full potential (https://www.isc.hbs.edu/research-areas/Pages/social-progress-index.aspx) We have discussed this in detail, within an earlier chapter. For anyone working in Armley it gives a detailed account of many factors which impact on a wards progress and should be looked at in more detail if you are considering working in this geography. This is contained in one of the first chapters and other areas of interest can be easily located using the index.

Below is Armley's SPI rank in 2022, showing the domains which help shape ranking for the ward.

Figure 192 Armley's SPI ranking in 2022

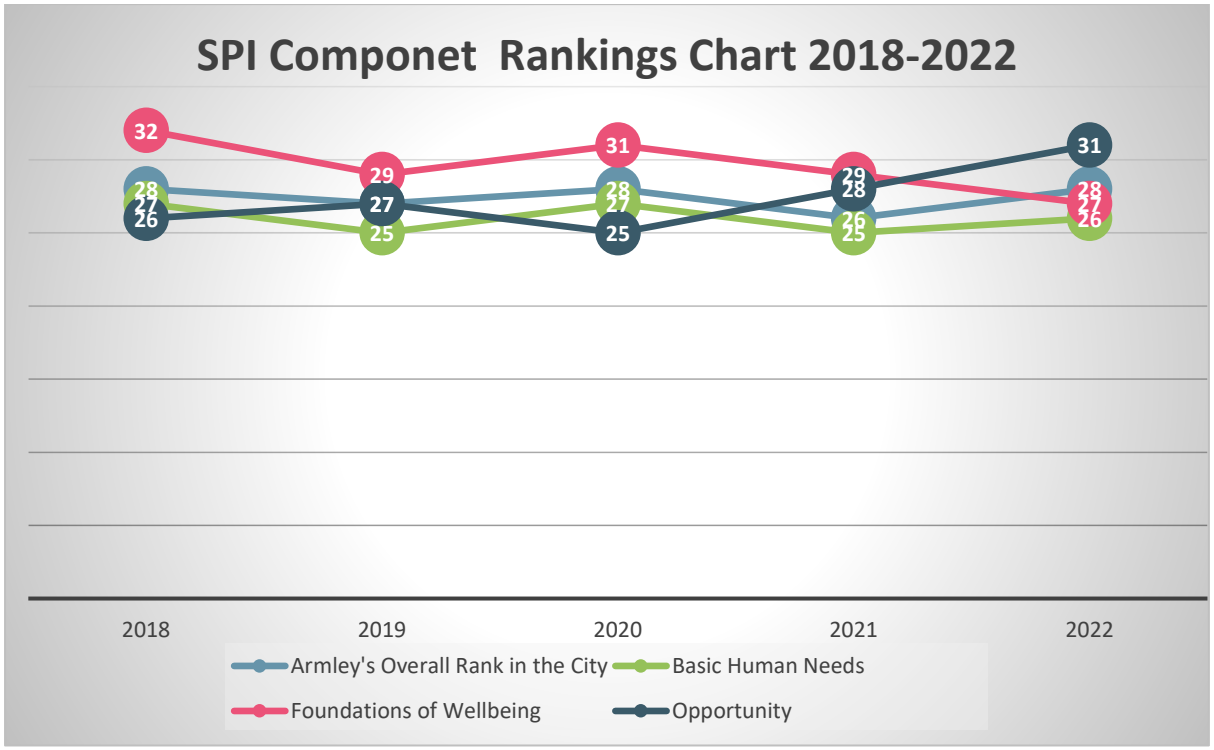


Rank 1 is the most desirable rank and 33rd the least desirable.
Source: ODA (Leeds Office for Data Analytics)

Armley's ranking is extremely low and is in the high twenties for a number of years and alarmingly ranked 31st for opportunity in 2022. The SPI chart above breaks down the three domains of the SPI into even smaller component categories. More detail can be accessed here.

- https://www.inclusivegrowthleeds.com/leeds-social-progress-index

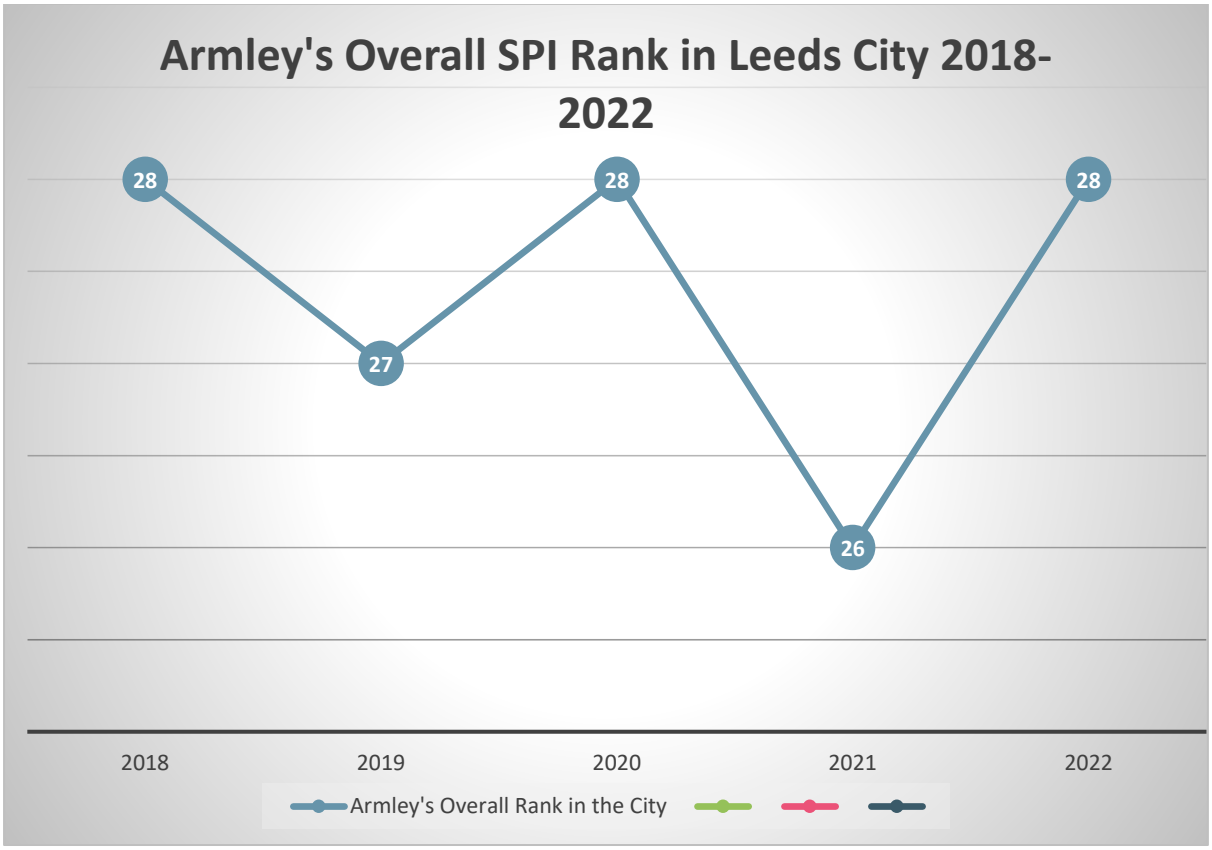
Figure 193 SPI components 2018-2022



Source: Leeds ODA

Unfortunately, even with peaks and troughs taken in too account not much progress has been made from the years 2018-2022. The chart above demonstrates the three main components of the SPI, which are Basic Human Needs, Foundations of Wellbeing and Opportunity and have not sadly made any progress since 2018. However, although the rankings appear bleak much work at a smaller scale in each of those domains has taken place but is sometimes statistically dwarfed by the enormities of the challenges within the Armley Ward. Examples of that essential work are found within this assessment.

Figure 194 Armley's overall SPI rank in Leeds City 2018-2022



Source: ODI

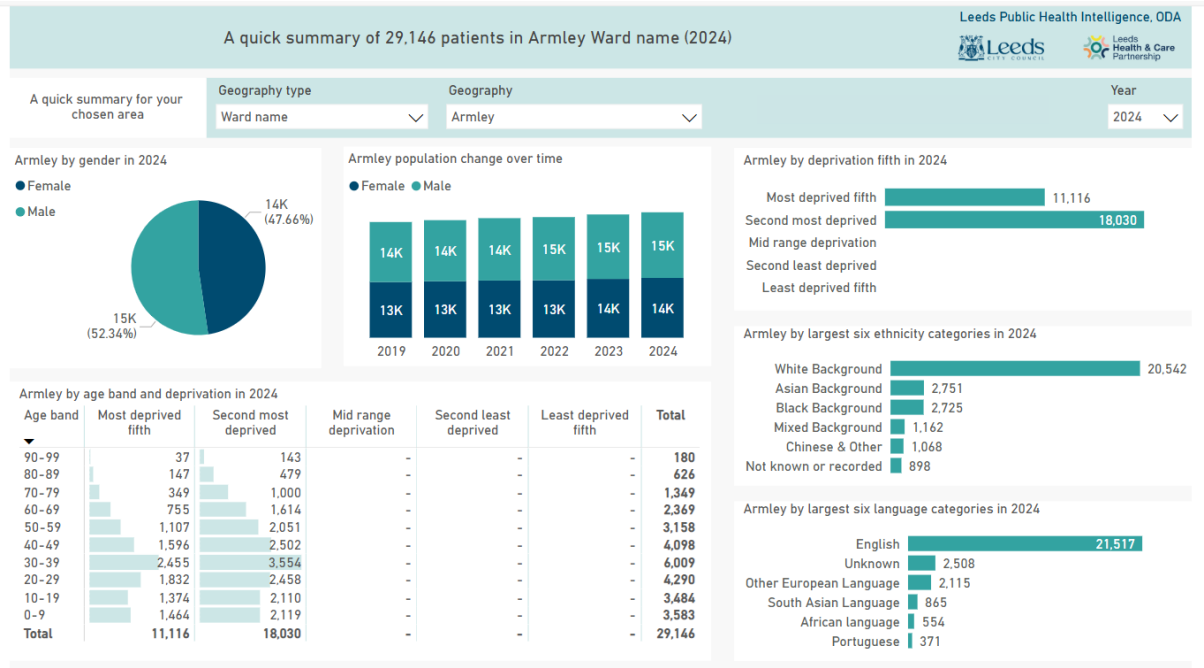
Rank 1 is the most desirable rank and 33rd the least desirable.

With the exception of 2021 when Armley's overall ranking moved up 2 positions it has remained stable near the very bottom of the rankings.

Chapter 11- Who lives in the Armley Ward

Age and Gender in the Armley

Figure 195 A age, gender and with deprivation summary for patients in the Armley Ward (2024)



Armley by age band and deprivation in 2024

Age band	Most deprived fifth	Second most deprived	Mid range deprivation	Second least deprived	Least deprived fifth	Total
90-99	37	143	-	-	-	180
80-89	147	479	-	-	-	626
70-79	349	1,000	-	-	-	1,349
60-69	755	1,614	-	-	-	2,369
50-59	1,107	2,051	-	-	-	3,158
40-49	1,596	2,502	-	-	-	4,098
30-39	2,455	3,554	-	-	-	6,009
20-29	1,832	2,458	-	-	-	4,290
10-19	1,374	2,110	-	-	-	3,484
0-9	1,464	2,119	-	-	-	3,583
Total	11,116	18,030	-	-	-	29,146

Source: PHI

The female to male gender split is 47.66% to 52.34% respectively, with each category expanding approximately by 1,000 citizens in this ward over time from 2019 to 2024. 11,116 patients live in the most deprived fifth of Leeds and 18, 030 living in the second most deprived fifth. It is a relatively young population in common with most inner-city areas in Leeds and taking into average longevity across the city, with the most prominent age band being 30-39 years old. This dominant age bracket is most associated with families and young children. The chart above shows the most significant age bands. White background is predominant with Black and Asian background being almost equal at 2,751 and 2, 725 respectively. Please note Primary Care Network (PCN) membership and footprint are broadly similar to the ward profile for age and gender. Primary Care Networks (PCNs) are groups of GP practices that work together with other health and care providers, to deliver a wider range of services to the local population than might not be possible within an individual practice. There are 19 PCNs across Leeds. Also, the Local Care Partnership (LCP, 2021) and LCP Footprint 2021 are broadly similar. Local Care Partnerships (LCPs) build on Leeds strong history of the City Council, NHS and Third Sector (community organisations) staff working together. There are 15 LCPs covering all of Leeds. Recognising the city's diversity, they are tailored to local need and the features of that particular community.

MSOA detail and exceptions to who lives in what rank of deprivation

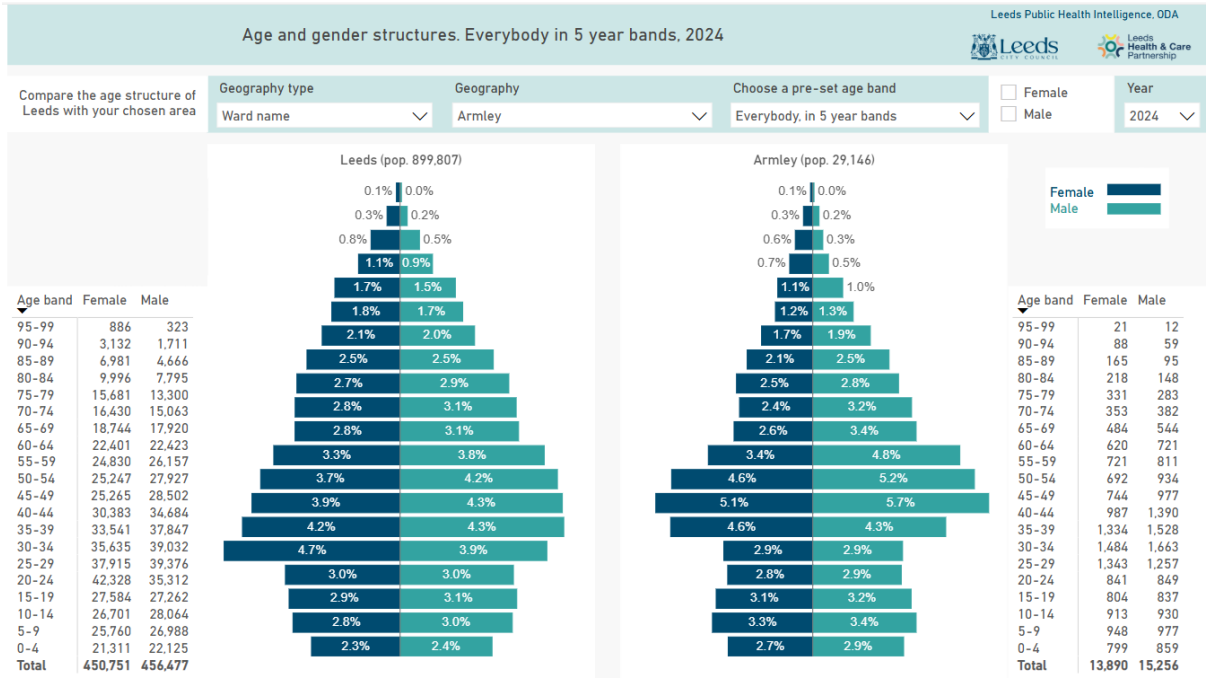
Across all levels (ward MSOA etc) the age, gender and race is broadly similar below is a list of who lives in what level of deprivation at Middle Super Output Area level.

Figure 196 Which patients live in deprivation at MSOA level **MSOA NUMBER**	**MSOA NAME**	**MOST DEPRIVED FIFTH (Patient count)**	**SECOND MOST DEPRIVED FIFTH**
E02002400	Armley, New Wortley	10, 386	0
E02002396	Upper Armley	0	10, 124
E02002388	Bramley Hill Top, Raynville, and Wyther Park	0	8,913

Source: ONS

In the Armley, New Wortley MSOA all patients live in the most deprived fifth.

Figure 197 Age and gender structures for the Armley Ward (2024)

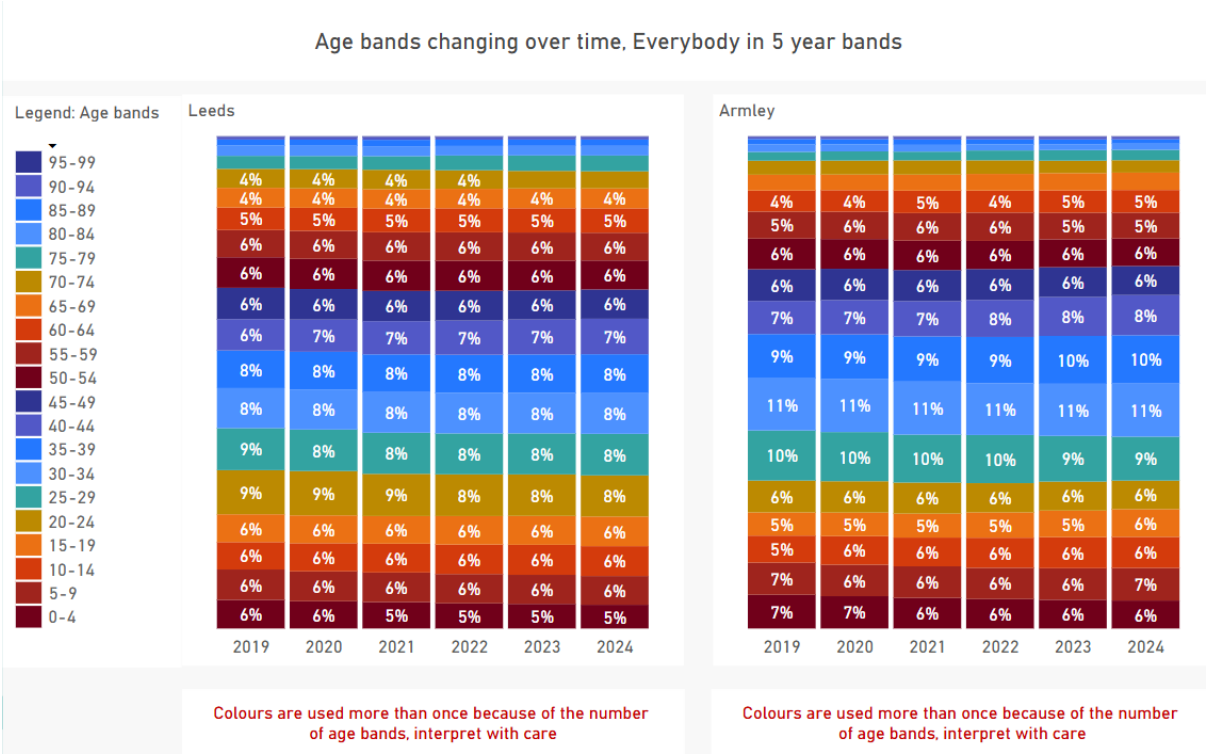


Source: PHI

For the age bands 30-34 Armley has a 1.8% less for females than the Leeds average and 1 % less for males. For the 40-44 age band it is 2% more than the Leeds average for females and 1.4 % more for males. Slightly less of a younger population for the Leeds average and a slightly larger 'bulge' in the Armley figures as the age brackets move into the forty- and fifty-year-olds.

Age bands have stayed mostly static over time, but when compared to the Leeds average there are greater percentages from 35-69 age brackets. The MSOA Armley, New Wortley has the highest proportion of residents born outside of the UK.

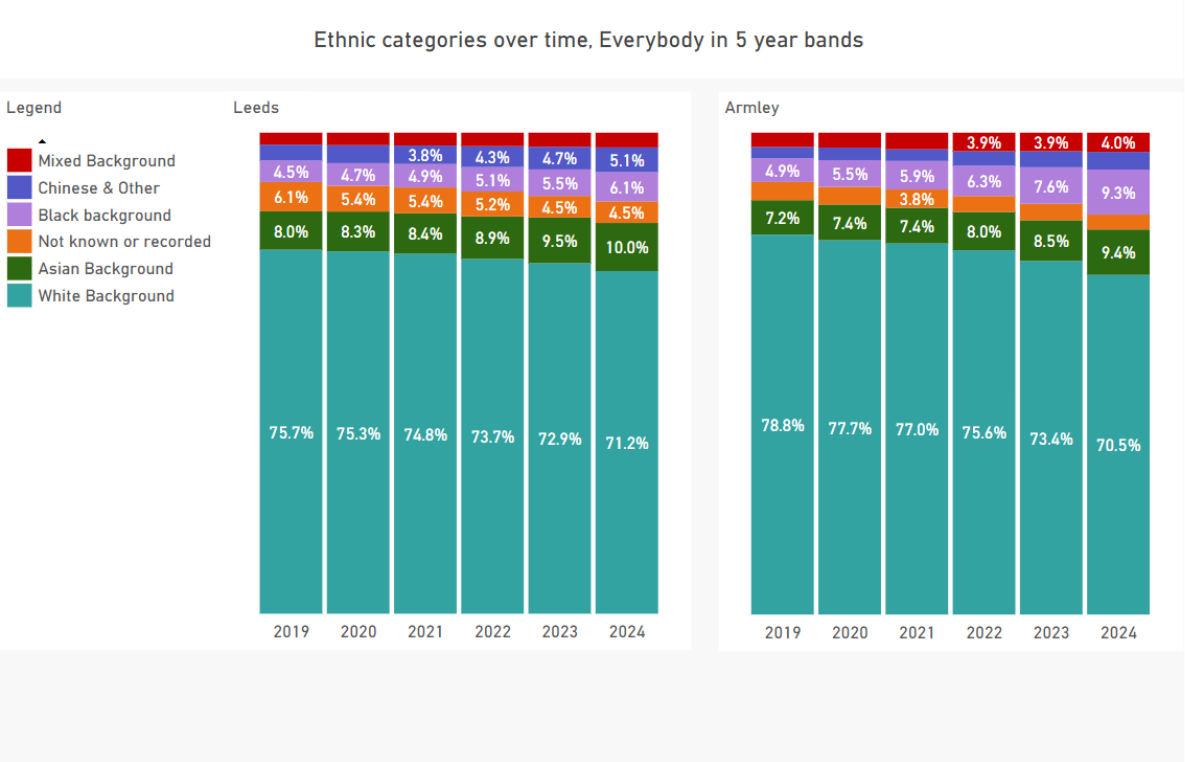
Figure 198 Age bands changing with time Leeds compared to Armley



Source: PHI

Ethnicity

Figure 199 Ethnic categories over time, everybody in 5 yr bands Leeds compared to Armley



Source: PHI

Compared to Leeds Armley's white population has declined by 8.3% whereas Leeds has declined by 4.5%, nearly double the Leeds average. Citizens from a Black background have increased by 4.4% compared to Leeds which has been 1.6%, Asian background is 2.2% compared to Leeds at 2%. Other categories do not give sufficient detail to comment. Community members from a Black background identify as mainly Black African examples of which are Sudanese, Nigerian and Eritrean. Unfortunately, all ethnicities which the category Black background comprise of have not been able to be captured precisely. Many of the Asian category identify as Pakastani or Bengali however again the data is not precise enough to capture this exactly. It is important to note that White category encompasses Gypsy, Irish Traveller and Roma. There is no definite data set which captures the Eastern European Community in Armley which is a young and growing population. The Eastern European Community ideally should be broken down into the following countries as each has their different culture, history and ways of living. Each countries community has a range of geopolitical, geographical, ethnic, cultural, and socio-economic connotations which impacts heavily on their belief systems, how they live, raise families and view health and wellbeing in general. The Eastern European group is not homogenous. As requested by Armley partners below is a list of Eastern European Countries whose citizens have settled in Leeds.

Eastern European Countries

Belarus

Bulgaria

Czech Republic

Hungary

Moldova

Poland

Romania

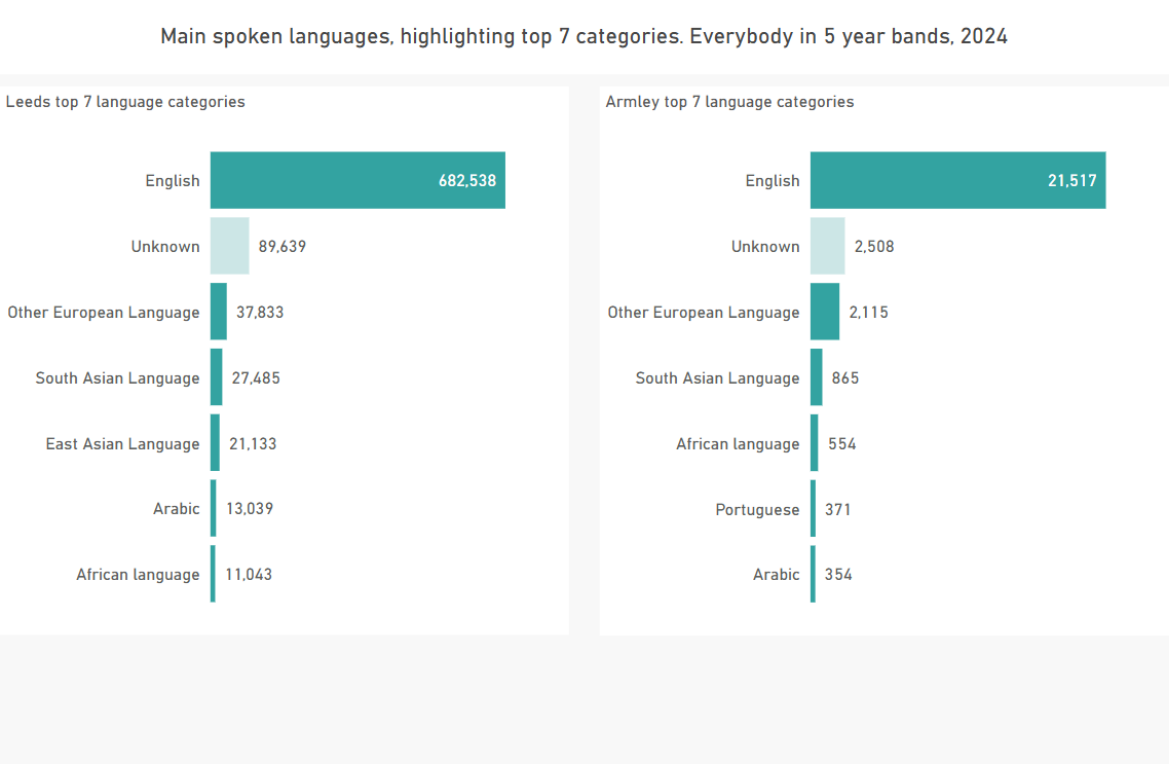
Russia

Slovakia

Ukraine

Languages Spoken in the Armley Ward

Figure 200 Main languages spoken in Armley compared to Leeds.



Source: PHI

English is the predominant language spoken in Armley, followed by the *'unknown category'*. Other European language which would account for some of the growing Eastern European Community in the ward is the third most common. South Asian Language, followed by African and then Arabic.

In Leeds there are approximately 200 different languages spoken by our children and young people in schools. After English, the top languages spoken in our schools are Urdu, Polish, Romanian, Arabic, Punjabi, Kurdish, Portuguese, Tigrinya, Bengali and Italian. This is something to celebrate as our multilingual learners bring a wealth of knowledge and linguistic heritage which should be acknowledged and promoted in our schools and settings.

These multilingual learners are identified as English as an additional language (EAL). The Department for Education states that a pupil's first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English.

(30th Sept 2024 Leeds for Learning, more information can be found at Multilingual Series: What is multilingualism? | Leeds for Learning)

In terms of languages local partners have asked for data which will be used for mainly translation purposes examples of countries in Eastern Europe where citizens have come to Leeds have visited and stayed for a while or have settled down in the city and Armley permanently. Examples of the countries are Poland, Belarus, Bulgaria, Czech republic, Hungary, Moldavia, Romania, Russia, Slovakia, Ukraine and Albania. Examples of countries whose citizens have done the same in Armley are Polish, Romanian, Czechoslovakian and Ukrainian.

Please see appendix 3 for the most requested language translations across the city for LCC Translation Service (January 2022).

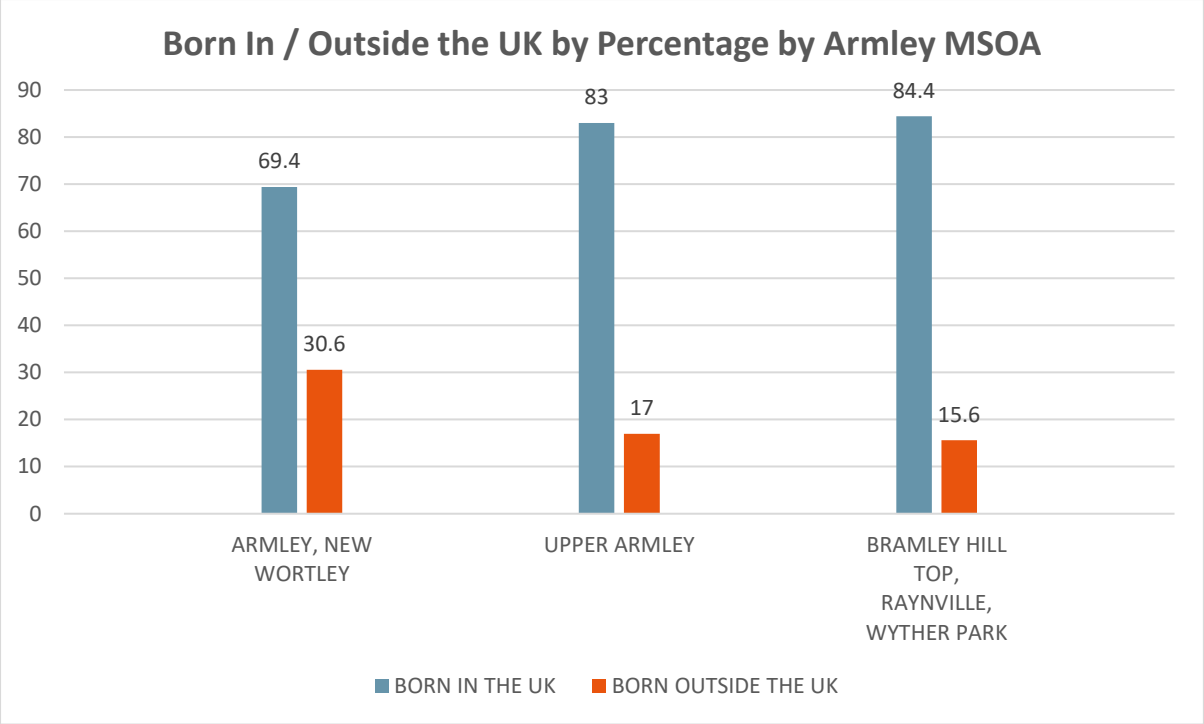
Migration in the Armley Ward

Migration is certainly a fact of everyday life in a globalised world and increasingly important in terms of economic and social development everywhere. Migration can be important to a city in terms of bringing skilled and unskilled workers to undertake vital work for which the everyday running of the city is essential such as health care, transport and vital manual labour. Migrants often work in environments that can expose them to risk factors for both communicable and non-communicable diseases. Unskilled migrant workers tend to have a higher risk of work-related injuries and long-term occupational related illnesses. Having a responsive, culturally appropriate health care service is important in addressing the health and social care needs of this population and health inequalities some residents face when attempting to navigate and access local health services (Davies, Basten and Frattini, 2022).

There are resources available for new migrants to help them access appropriate services and help them navigate complex systems like the NHS and Primary Care which may look very different from the ones they are used to in their country of origin.

- https://wearebevan.co.uk/help-for-new-migrants/ (Bevan Commission, 2022)
- https://newtoleeds.org/ (Touchstone and Leeds Asylum Seekers Support Network (LASSN) 2025)

Figure 201 Born in / outside the UK by percentage by Armley MSOA



Source: Census 2021 (Leeds Observatory – Migration in Leeds)

The graph shows Armley, New Wortley MSOA has the largest percentage of residents who were born outside the UK. This figure is slowly rising and set to rise further in the future.

The chart below shows statistics for those applying for national insurance numbers within the MSOAs that make up the Armley Ward.

Figure 202 National insurance number applications by Armley MSOA 11-12 to 18-19	**Armley, New Wortley**	**Leeds Average**
Total Applications	1, 422	584
Ethnicity Non-White British	29.7%	18.9%
Country of Birth: Non-UK	18.8%	11.5%
Main Language: Non-English	15.1%	7.1%
Length of Stay (under 5 yrs)	3.7 yrs	8.2 yrs
	Upper Armley	**Leeds Average**
Total Applications	915	584
Ethnicity Non-White British	17.3%	18.9%
Country of Birth: Non-UK	11.5%	11.2%

Main Language: Non-English	7.6%	7.1%
Length of Stay (under 5 yrs)	4.0 yrs	3.7 yrs
	Bramley Hill Top, Raynville and Wyther Park	**Leeds Average**
Total Applications	488	584
Ethnicity Non-White British	16.1%	18.9
Country of Birth: Non-UK	10.3%	11.5%
Main Language: Non-English	6.2%	7.1%
Length of Stay (under 5 yrs)	3.4 yrs	3.7 yrs

Source: NINo-Census 2021 Available at: Migration in Leeds 2019

The chart shows Armley, New Wortley has by far the largest non-UK national insurance applications, this may be the supply of more affordable accommodation and as the ward becomes a more enticing place to live as friends and family settle in Armley. The ward becomes a more supportive geography to move to, this became apparent talking to recently arrived residents during the stakeholder surveys and focus group consultations.

Leeds's ambition is to be a welcoming and compassionate city with a strong economy. This ambition recognises migrant communities are valuable contributors to the city's economy, culture and diversity and Leeds aspires to ensure they are welcomed and supported. With this ambition in mind Leeds City Council has been working in partnership with statutory, third sector and community groups to strengthen the citywide approach to new and existing communities in Leeds. This has led to the development of a 'Strategic, Co-ordinated and Inclusive Approach to Migration in Leeds'. Our vision is that:

'Leeds is a welcoming and compassionate city for all new and existing communities, a place where people feel safe and connected, contributions are valued and celebrated, and individuals, families and communities can reach their full potential.'

(Source: LCC Migration Strategy 2025)

Within Leeds Polish, Italian and Spanish account for a component of the largest number of arrivals some community members to study and some to work or do both. In Armley it is the African, Eastern European and Asian communities which are prominent new arrivals. To counter unhelpful and sometimes racist views of migration within poorer neighbourhoods it can be pointed out utilising the NINo table that those new arrivals to a community who are born outside the UK applying for national insurance numbers means they will be paying national insurance to the treasury and those contributing to society's tax contributions.

Community Cohesion Projects in Armley

New Wortley Community and Wellbeing Center (https://www.newwortleycc.org.uk/) have a cultural café and ESOL classes which have allowed four women to have sufficient confidence in their language skills to access local GP surgeries, money should be given to this project to increase impact. The cultural café allows resident born in and outside the UK to know each other better and develop a mutual respect and essential civility.

Armley Helping Hands (https://www.opforum.org.uk/groups/member/armley-helping-hands/) have been pioneers of the faith trail where local residents and organisations learn about local religions and cultures and thus increase awareness and respect between beliefs.

Barca (https://www.barca-leeds.org/) are establishing new relationships with the Eastern European Community at schools in Armley through Recipe Station (Recipe Station). It is acknowledged that these types of projects can take over ten years to mature and require patience, understanding and tenacity in this *'long haul'* but ultimately produce a mutually beneficial long-term approach.

Racism in the Armley Ward

Saddening to say there have been racist attacks in Armley, one such incident in 2016 was a Polish man attacked by a gang twenty strong (https://www.bbc.co.uk/news/uk-england-leeds-37337290). There was significant support for the man from residents and the Leeds Stand-Up Against Racism organisation (https://standuptoracism.wordpress.com/2016/09/14/armley-statement-leeds-stand-up-to-racism/comment-page-1/)The extent of the problem is difficult to say but where it exists it seems to span a wide age group https://westleedsdispatch.com/armley-man-sentenced-over-racist-abuse-at-leeds-united-match/). Armley as a predominately white working-class area and has had and still does have factions within this demographic who are racist, there was a small and brief far right-wing march in Town Street as a splinter of a Tommy Robinson support march in 2018 as participants made their way to Leeds City Center for a much larger gathering. Tommy Robinson the founder of the far right English Defence League which allegedly has some links to another far right organisation called the Yorkshire Patriots (https://www.dewsburyreporter.co.uk/news/politics/far-right-yorkshire-patriots-protest-in-dewsbury-cost-west-yorkshire-police-more-than-ps215000-1358733) is a renowned agitator in matters of race and new communities and has served prison sentences for violence. Unfortunately, social media platforms contain disturbing accounts of Armley residents experiencing abuse. (https://theculturevulture.co.uk/conversations/speakerscorner/fear-and-loathing-in-ls12/). The English Defence League has declined in recent years (Morrow and Meadowcroft, 2018) however the organisations perspectives linger. On the Wyther's Estate in the Armley Ward over the last ten years there have been racist and hate crime incidents, however there may be an element of underreporting. On this Armley estate there has been a steady rise in the number of newly arrived community members from the African continent. Barca (https://www.barca-leeds.org/) a local charity operating for over thirty years historically

applied for Home office funding to tackle racism and hate crime through setting up men's groups, unfortunately this was unsuccessful but would be a logical starting point should funding become available in the future. Barca continue to run men's groups, not specifically around that topic but with some men who live on the estate. Barca have also been trying to organise a local community growing gardens on disused land on the estate bringing existing residents, new arrivals to the estate from other countries, asylum seekers and refugees together to grow, learn more about each other and aid community cohesion.

Disaggregated data (Disaggregated data is data that has been broken down by detailed sub-categories, for example by marginalised group, gender, region or level of education and can reveal deprivations and inequalities that may not be fully reflected in aggregated data). This type of data shows deprivation drives far right violence. Focussing on the individuals who perpetrate violence and stir up discontent is not always the most successful method to solve this problem as perpetrators in some instances may not be that deprived themselves or even live outside of the affected area, rather tacking deprivation is the key to stopping this problem as it feeds on the disaffection of an area as residents look to their communities for answers. People who observe deprivation and low standards of living in their community relative to others are more likely to come to see outcomes as unjust and look for new communities to blame. (Begioioso, Dworschak and Skrede-Gleditsch, 2023).

Tackling deprivation and the wider social determinants of health are key to eliminating racism and far-right violence in Armley. Racism and Hate Crime can be reported at LCC Armley Hub.

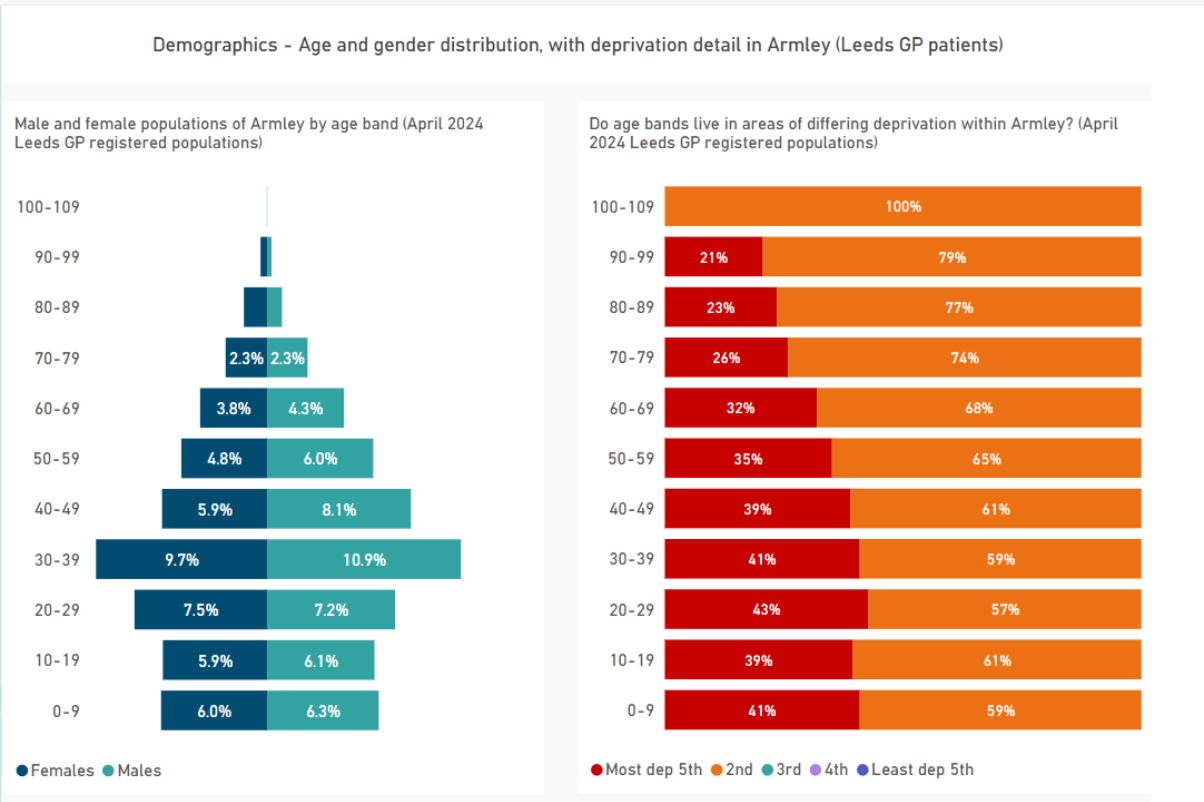
- https://www.leeds.gov.uk/community-hubs/armley

Talking to children about race at a very early age can help eliminate racism by increasing a child's understanding of race in relation to themselves and others within the community they live. (Agarwal, 2020).

There is a helpful guide located here: 'Let's Talk about Racial Injustice in Schools' new resource | Leeds for Learning

Deprivation in the Armley Ward

Figure 203 Demographics-Age and gender distribution detail in Armley ward (Leeds GP patients)



Source: LCC PHI

The above table shows deprivation at ward level for the Armley Ward. Breaking this down further into the three MSOAs which make up the Armley Ward the poorest MSOAs are displayed.

Figure 204 Comparing deprivation levels in Armley's three component MSOAs

Deprivation by Age Band	**E02002400 – ARMLEY-NEW WORTLEY**	**E02002396 – UPPER ARMLEY** (aka Bramley South and Upper Armley)	**E02002388 – BRAMLEY HILL TOP-RAYNVILLE-WYTHER PARK** (aka Bramley East)
100-109	100%	100%	100%
90-99	100%	100%	100%
80-89	100%	100%	100%
70-79	100%	100%	100%
60-69	100%	100%	100%
50-59	100%	100%	100%
40-49	100%	100%	100%
30-39	100%	100%	100%
20-29	100%	100%	100%
10-19	100%	100%	100%

0-9	100%	100%	100%
Legend	Most deprived fifth of Leeds	Second most deprived fifth of Leeds	

Source: LCC PHI

One hundred percent of the population of the MSOA Armley, New Wortley live within the most deprived fifth of Leeds. For the remaining population of the other two MSOAs one hundred percent live in the second most deprived fifth of Leeds. This has been broken down further in previous chapters.

Seven of the 15 LSOAs with in the Armley Ward are ranked as one, the most deprived ranking within the Indices of Multiple Deprivation (IMD), five are ranked in the second most deprived and one in each in the third, fourth and fifth most deprived IMD respectively. They are shown below.

Figure 205 MSOA deprivation summary for Armley (2019)

MSOA: E02002388-BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK		**(2019)**
LSOA NUMBER	**LSOA NAME**	**DEPRIVATION RANK**
E01011283	WYTHER PARK	1
E01011295	OUTGANG LANE, RAYNVILLE, MUSGRAVES	2
E01011281	RAYNVILLE CRESCENT, HOUGHLEYS, VICTORIA PARKS	2
E01011286	HILL TOP, TOWN END	3
MSOA: E02002400 ARMLEY, NEW WORTLEY		
E01011284	AVARIES, ARLEYS, SALISBURYS	1
E01011293	MISTRESS LANE, NANCROFT LANE, BROOKLYNS, MODELS	1
E01011294	ARMLEY GROVE PLACE, HALL LANE, ABBOT VIEW	1

E01011363	HOLDSWORTHS, CLYDE APPROACH	1
E01011292	CAR CROFTS, CEDARS, WESLEY ROAD	1
E02002396-UPPER ARMLEY		
E01011287	SPRING VALLEYS	4
E01032499	ARMLEY GRANGES, GOTT PARK, HILL END	5
E01032500	ARMLEY RIDGE ROAD, EDINBURGHS	1
E01032606	GREEN HILL DRIVE, BILLING BANK DRIVE	2
E01032607	ABERDEENS, MOOR END, WORTLEY ROAD	2
E01032608	HALIDAYS, PARK STREET, ST IVES	2

Source: Leeds Observatory (2019)

Employment, Economy and Income Deprivation in the Armley Ward

Life expectancy is generally higher in areas where there is lower economic inactivity and higher employment (Health Foundation, 2024).

- (https://www.health.org.uk/evidence-hub/work/employment-and-unemployment/relationship-between-employment-and-health) .

The 2019 IMD of employment deprivation scale refers to residents for are involuntarily excluded from the labour market due to caring responsibilities, sickness, prolonged ill health, disability or the lack of employment opportunities in the area.

The Business Economy on Armley Town Street

The face of Armley Town Street has changed over the years with the loses of greengrocers, large well know branded companies like the Co-operative Society and Boots the Chemists but has gained a growing Eastern European Retail Environment run by enterprising entrepreneurs providing a wide range of continental goods and some fresh fruit and vegetables. Below is a perspective from a Localities Improvement Manager who has spent many years helping local business and establishing various business forums championing the rights and opportunities of local, usually independent trading organisations.

"Typical of small shopping areas in priority neighbourhoods, footfall in Armley has decreased in the last year. Priority neighbourhoods such as Harehills and Armley have far higher poverty levels among residents, and it seems apparent the downward trajectory is as a result of the cost-of-living crisis and the perceived cost of living crisis accentuated by the media. While small shops should gain, larger businesses on these high streets will be adversely affected by imminent changes to business rates and some have already warned that unless sales increase, they will leave Armley and Harehills town centres. (Conversely, footfall is steadily increasing to pre- covid levels in Leeds's highest quartile shopping areas such as Guiseley and Wetherby where cost of living issues are not so apparent.)

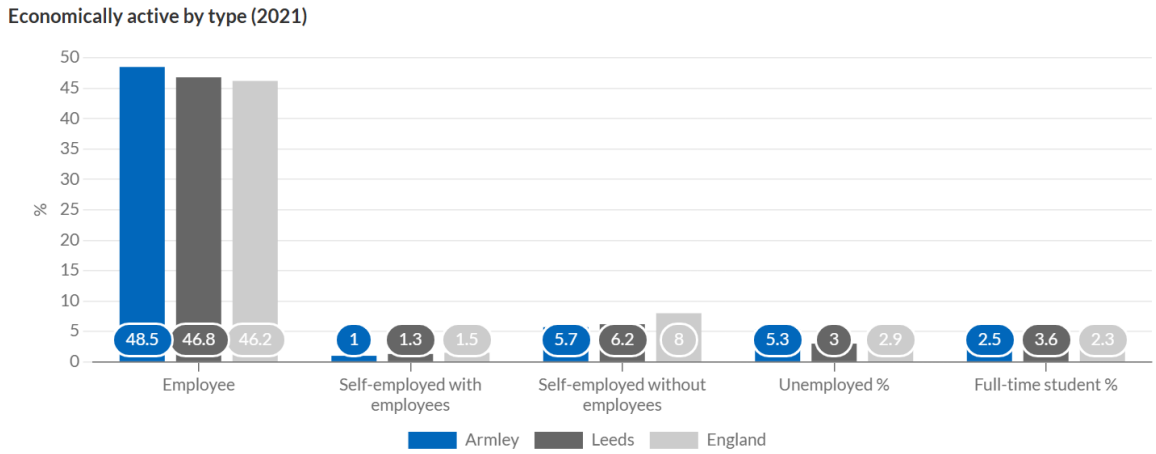
Armley town centre is set for massive disruption with relaying and rerouting of the high street as part of WYCA's plan to stop through traffic on Armley Town Street. The work is believed to be scheduled for the "golden quarter" running from September through Christmas which will disrupt the peak time for trading in Armley. Of course, if such disruption occurred in a city centre such as Briggate in Leeds, the disruption would be on one street and alternative shopping areas would remain available to attract shoppers. With just one shopping street in Armley, the repercussions could be catastrophic if not carefully managed.

On a different public health matter, the only remaining chemist on the high street recently relocated a little further away from the town centre meaning even less people will be willing to link town centre shopping with a walk to the pharmacy. A second pharmacy in Armley town centre would be ideal"

Source: Peter Mudge- Leeds City Council

NB: An existing chemist, one with a Public Health needle exchange may be moving to a larger premises which would mean an increase in pharmaceutical and related services for Armley residents.

Figure 206 Armley population economically active (2021)



Source: DWP

48.5% of people in the Armley Ward are economically active as 'employees' (this means they are employed by a business or someone else and do not pay their own wages) adding

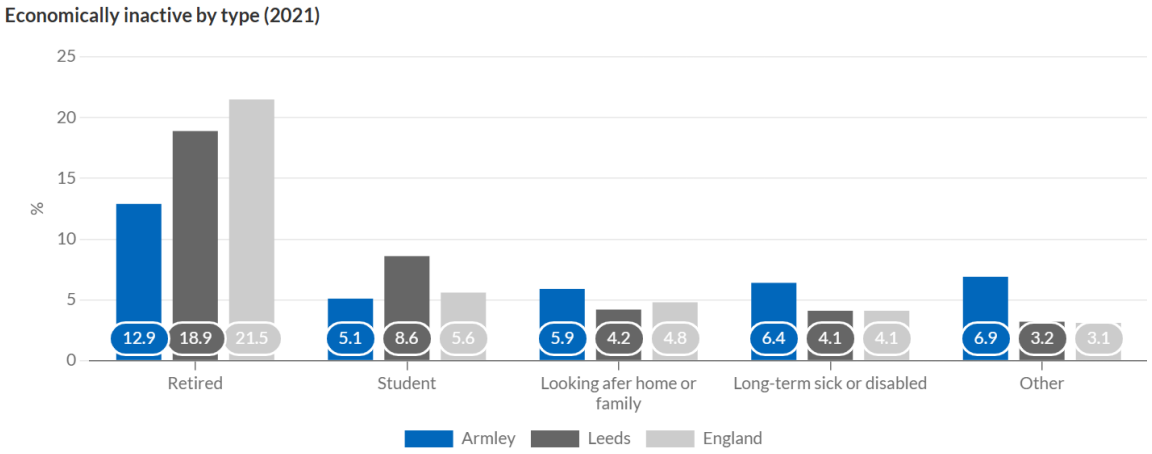
on self-employed residents (these are residents who pay their own wages, are contractors and / or run their own small business operations which are local to Armley) this brings the overall total to 55.2 %.



Source: DWP (2021)

37% of the population are economically inactive, broken down further in the next charts, 6.4 % are unemployed due to disability or long-term sickness.

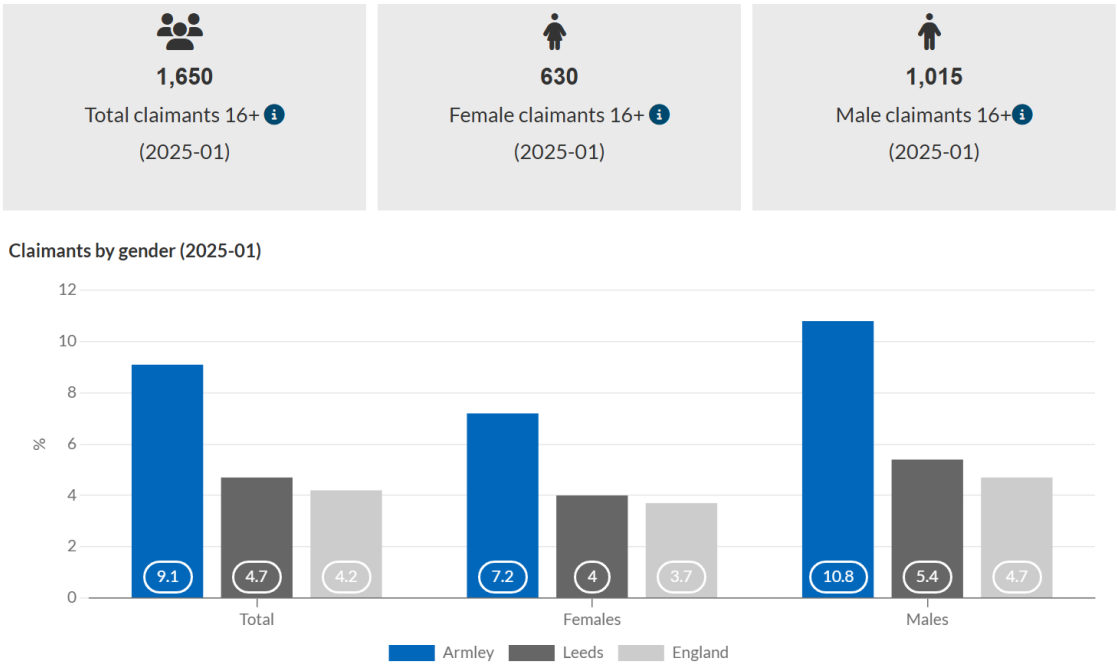
Figure 207 Economically inactive by type-Armley (2021)



Source: DWP (2021)

From the chart above shows Armley has fewer retired people and students than the Leeds average and higher rates of people' looking after family' and long-term sick than the Leeds average.

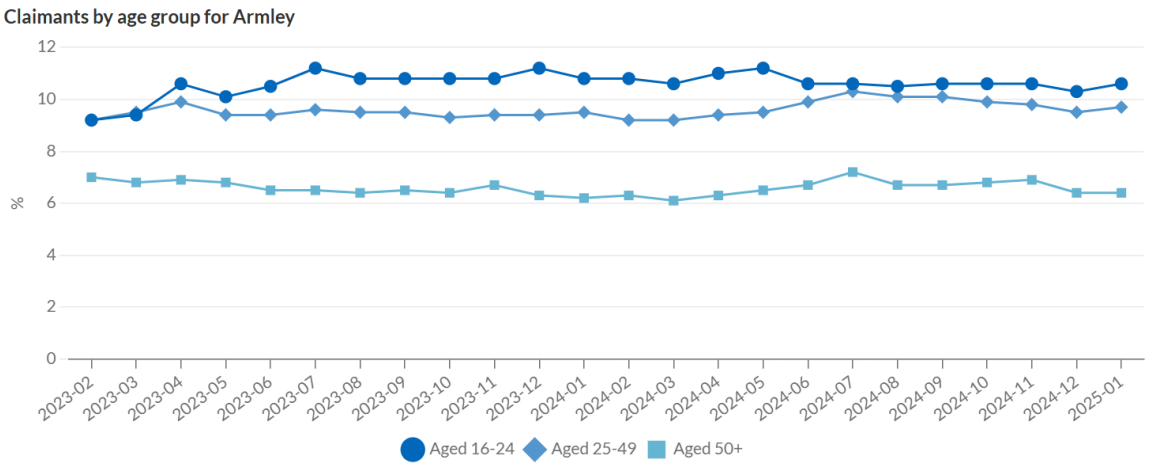
Figure 208 Claimants by gender (January 2025)



Source: DWP (January 2025)

The above bar chart shows Armley has significantly higher claimants than the Leeds and England averages.

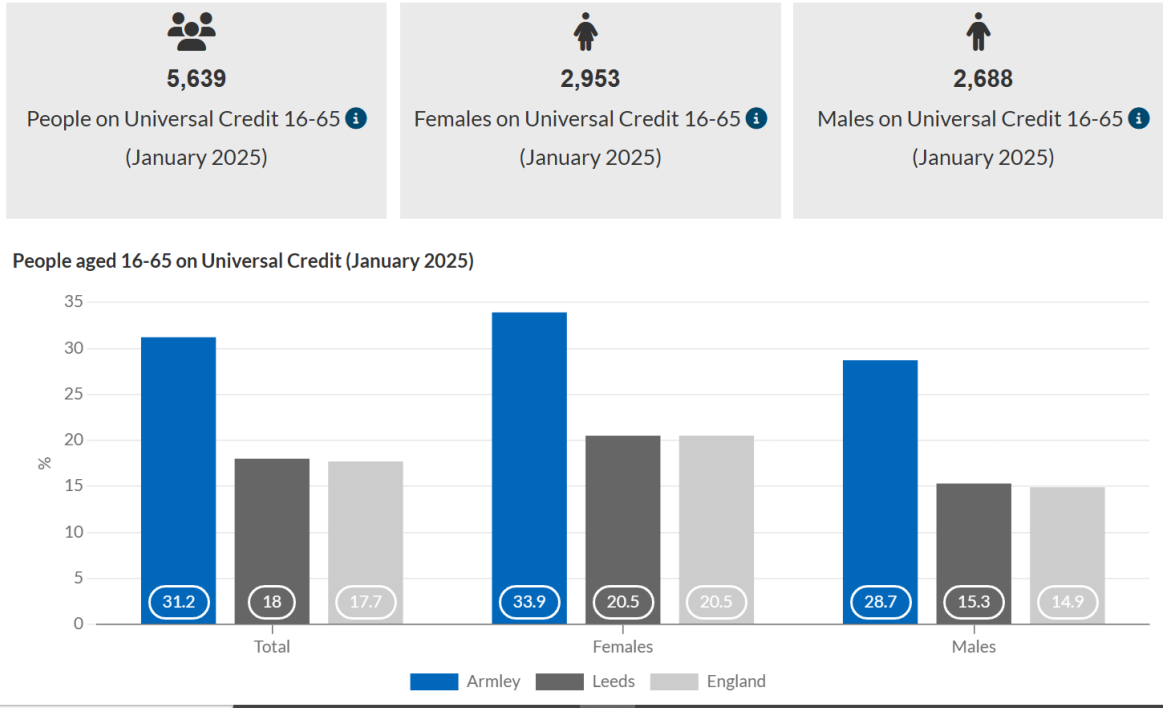
Figure 209 Claimants by age group for Armley



Source: ONS

The largest claimant age group is 16 to 24 years old as you would expect. This is a group that local agencies have been focussed on for a while.

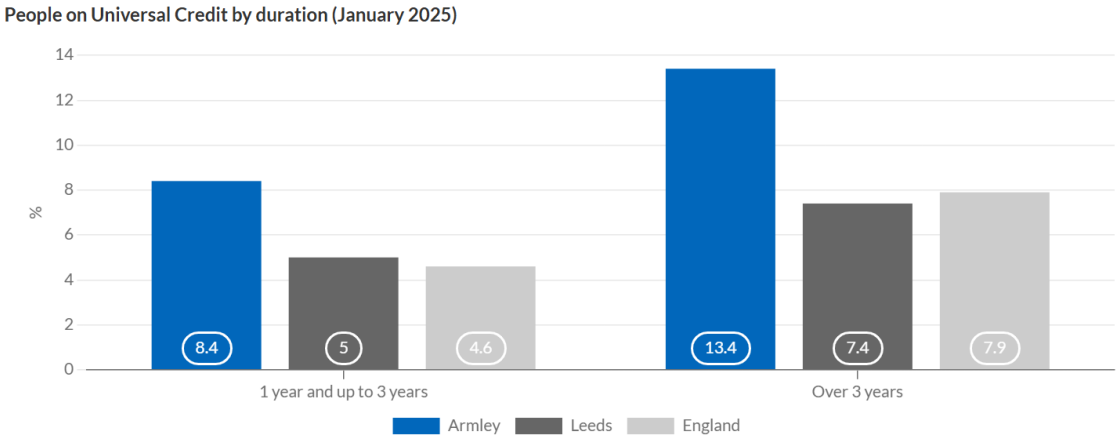
Figure 210 People in Armley aged 16-65 on Universal Credit (January 2025)



Source: DWP

Universal Credit claimants in the male and female gender categories are significantly above the Armley and Leeds averages and they total 5,639 residents.

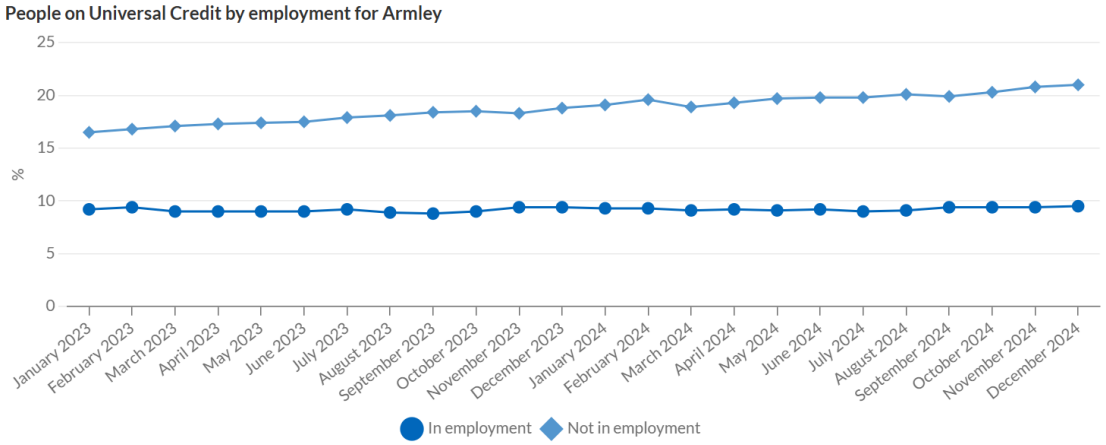
Figure 211 People on universal credit in Armley by duration (January 2025)



Source: DWP

The bar chart above shows that when people in Armley are on Universal Credit they are on it for a prolonged period which is significantly above the Leeds and England averages.

Figure 212 People on universal credit by employment for Armley



Source: DWP

The chart above shows there are more people on Universal Credit who are unemployed, than those who are employed. Whilst those employed on Universal Credit remains stable as a flat line for those unemployed on Universal Credit the trend is upwards. There is a unregulated 'cash in hand' economy in Armley where benefactors do not pay national insurance but it is uncertain how large this illegal and underground economy is.

The section below displays the Index of Multiple Deprivation deciles for the Income and Employment domains, where 1 indicates the most deprived decile and 10 the least deprived decile. Deciles are calculated by ranking the 32, 844 neighbourhoods in England from most deprived to least deprived and dividing them into 10 equal groups. The Index of Multiple Deprivation (IMD) is the official measure of deprivation in England. Note that the IMD is a relative index - it can be used to compare the relative level of deprivation between areas, but does not quantify how deprived a particular area is.

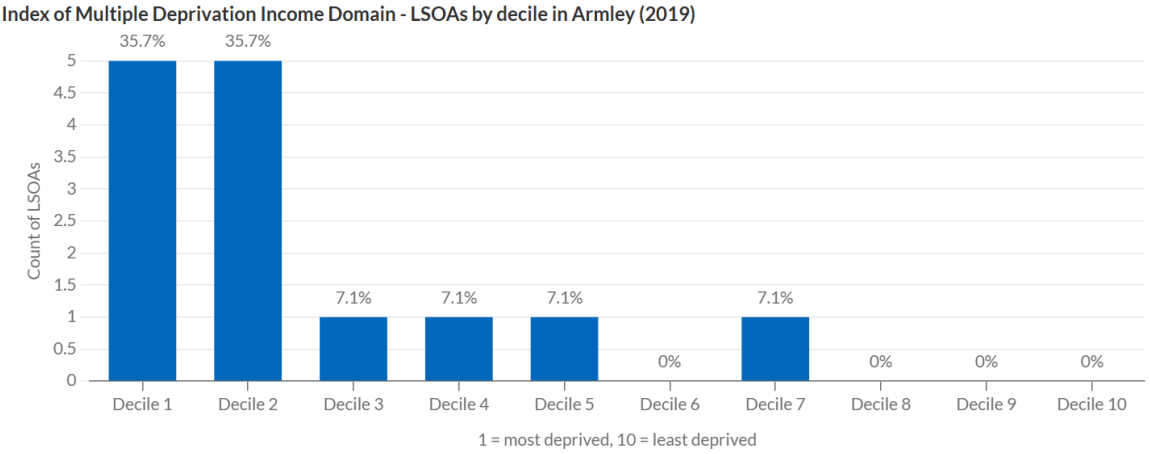


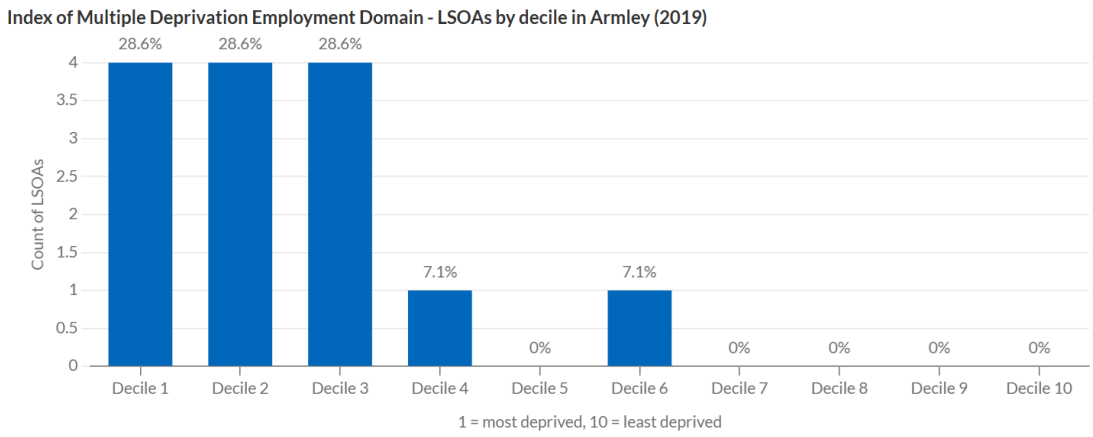
Figure 213 LSOAs in Armley requiring the most employment support

MSOA: E02002388-BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK			**2019**
LSOA NUMBER	**LSOA NAME**	**EMPLOYMENT DEPRIVATION RANK**	**EMPLOYMENT DEPRIVATION PERCENTAGE**
E01011283	WYTHER PARK	1	28%
MSOA: E02002400 ARMLEY, NEW WORTLEY			
E01011294	ARMLEY GROVE PLACE, HALL LANE, ABBOT VIEW	1	29%
E01011363	HOLDSWORTHS, CLYDE APPROACH	1	29%
E01011292	CAR CROFTS, CEDARS, WESLEY ROAD	1	26%
E02002396-UPPER ARMLEY	*This MSOA does require support however the ones above due to limited resources should be given priority.		

Source: Leeds Observatory

The table above shows the most employment deprived LSOAs in Armley, where employment support should be targeted, work opportunities and preparation for the job market be showcased for those residents.

Figure 214 IMD deprivation-LSOAs by decile in Armley (2019)



Source: DWP

Working Poor and the Impact of In Work Poverty

- 63% of UK children and working-age adults living in poverty in 2022/23 lived in families where at least one adult was working part-time or more, up from 56% in 2012/13 and 44% in 1996/97.
- 17% of UK children and working-age adults in poverty in 2022/23 lived in families where all adults were working and at least one adult was working full time (referred to here as high work intensity families), which is up from 13% in 2012/13 and 9% in 1996/97.

In Armley local residents spoken to during the Public Health 2024 survey who were predominately female and of working age stated they had at least two minimum wage jobs they fitted in around parenting responsibilities, the average number of jobs dependent on their child's age was two but it was not uncommon for women to have three part time jobs, low skilled and demanding anti-social hours. It was a small sample size of twenty-five women but not an uncommon fact noted by other agencies who support families on the estate. All of the respondents stated they struggled to meet the household budget and if they had a partner, they were out of work, placing a huge burden of stress upon the female residents who in many cases of those talked to were both the prime carer and the 'bread winner'.

Poverty can affect people's health, as the financial resources people have been not enough to meet their basic living needs, such as adequate heating for their home, appropriate clothing or adequate nutrition. Research shows that although people in poverty living in working families fare better than people out of work in terms of income, material deprivation and financial stress, people in poverty – regardless of work status – fare worse than people not in poverty (Hick and Lanao, 2017).

The problem of poverty amongst working families has been the subject of increasing attention in recent years. The latest Monitoring Poverty and Social Exclusion report finds that 55% of families living in poverty have someone in work, the highest proportion on

record (Tinson et al., 2016). Successive government mantras of working is the route out of poverty have not proved the case for many of the families in Armley. Being 'working poor' has disadvantaged residents and not alleviated a financial burden on the welfare state, they are not lifted above the poverty line and cannot meet basic needs (https://www.health.org.uk/evidence-hub/money-and-resources/poverty/in-work-poverty-trends).

Government tax credits with an emphasis on those citizens living in poverty with children would be an effective way to lift a proportion of those in work poverty families out of poverty. Helping parents, carers and guardians to increase their employment market value through vocational job training appropriate for what occupations are currently available in Leeds, help with applications and volunteering opportunities are other proven methods to help parents as their children grow secure work.

Meaningful Work

This vocation category is out of reach for many of the Armley residents seeking work if we rely on ward statistics on educational levels, skills, knowledge and qualifications. However educational and particular carefully targeted training can transport local people into more meaningful employment, for example securing a job in a care home with additional on-the-job training and experience gained can be a passport to working for the NHS. Securing a job in the NHS has allowed residents to progress in this organisation. Another barrier closely linked to the above is a residents willingness to leave the ward to access work or training due to entrenched mind set and economics, such as bus fare.

Meaningful work allows employees to have some autonomy over their work and a greater understanding of why their work matters, leading to improved health and wellbeing.

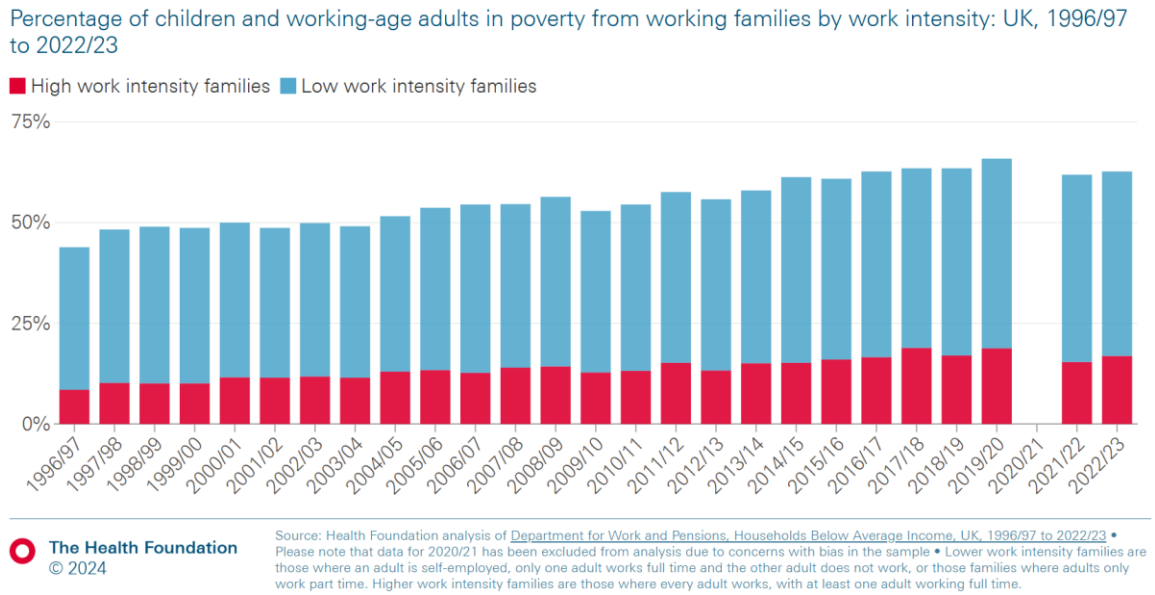
11 Characteristics of Meaningful Work

1. Basic needs are met.
2. Strengths are leveraged (What energises you to work).
3. Pull personal satisfaction from work.
4. Being in on things (trusted by management).
5. Treated with respect by peers and managers.
6. See how one's work fits into the bigger picture.
7. Personal sense of independence and interdependence.
8. Employees believe they are valued by the organisation, by the management.
9. Opportunities to know yourself.
10. Promotion of others satisfaction.
11. Recognised, give recognition for good work.

(Flom-QED Blog, 2013 https://www.qedfoundation.org/11-characteristics-of-meaningful-work/)

Recent decades have witnessed a significant rise in the interest in meaningful work. Studies have repeatedly shown that meaningful work has become one of the most sought-after job features for employees, with a large proportion of individuals willing to sacrifice income and opportunities for advancement in favour of greater levels of meaningfulness. This also applies to higher echelons in organisations, as research has found that 63% of board directors, 72% of middle managers and 69% of directors and senior managers are looking for meaningful work. Developments such as the Covid-19 pandemic, along with new business models that are associated with more precarious and uncertain forms of employment provide a backdrop against which individuals are increasingly questioning the role that work plays in their lives and whether or not they find it meaningful. From the employer's perspective, there is growing pressure to ensure the employment that they provide meets the criteria for 'decent work' according to the UN Sustainable Development Goals (Sandoghdar and Bailey, 2023). More realistically much of the 'living wage' work they undertake they find stressful, boring and unwilling with the prime objective to their labour being solely financial. Many Armley residents due to education and qualifications feel they can only access, tedious, precarious and low skilled, low paid work and this is sometimes their perceived reality. LCC Employment Services work very hard and have worked for a number of years holding walk in job shops, running local job fayres and offering vocational training, including programmes in partnership with local GP practices and projects targeted specifically at those who have emotional or physical health issues making seeking work problematic and those in work helping them to stay employed if there have mental health illness.

Figure 215 Percentage of children and working age adults in poverty from working families by work intensity: UK 1996/97 to 2022/23

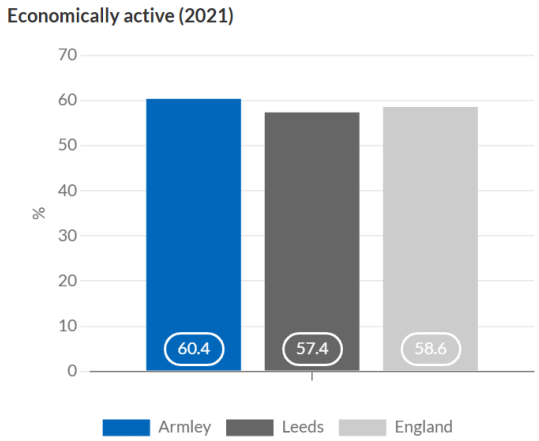


(Health Foundation, 2025)

Income Deprivation in the Armley Ward in Detail

In this section we can see from the bar graph below that contrary to popular belief in 2021 there were more people within the ward of Armley that were economically active than the Leeds and UK average.

Figure 216 Economically active at Armley ward level in 2021



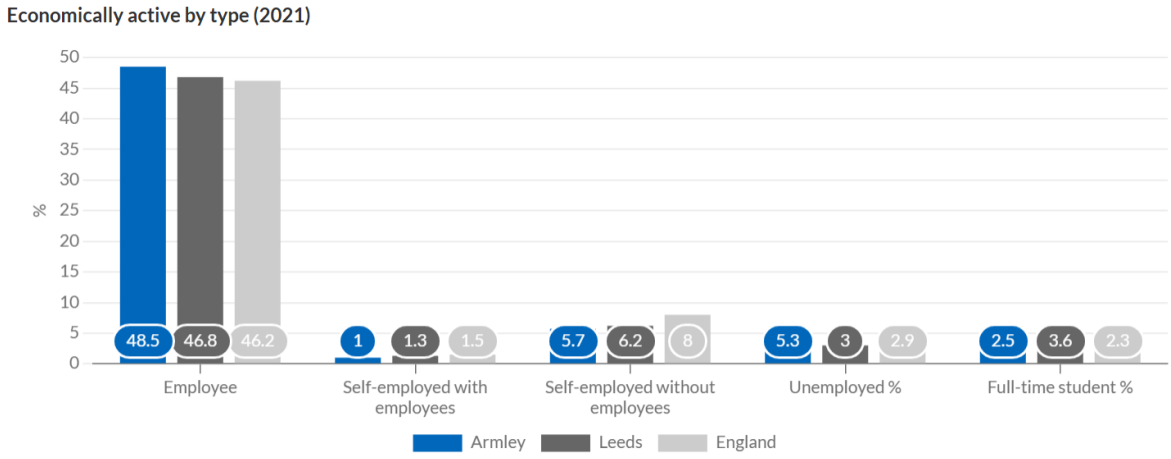
People aged 16 years and over are economically active if, between 15 March and 21 March 2021, they were:

- in employment (an employee or self-employed)
- unemployed, but looking for work and could start within two weeks
- unemployed, but waiting to start a job that had been offered and accepted

It is a measure of whether or not a person was an active participant in the labour market during this period.

Source: ONS Census 2021

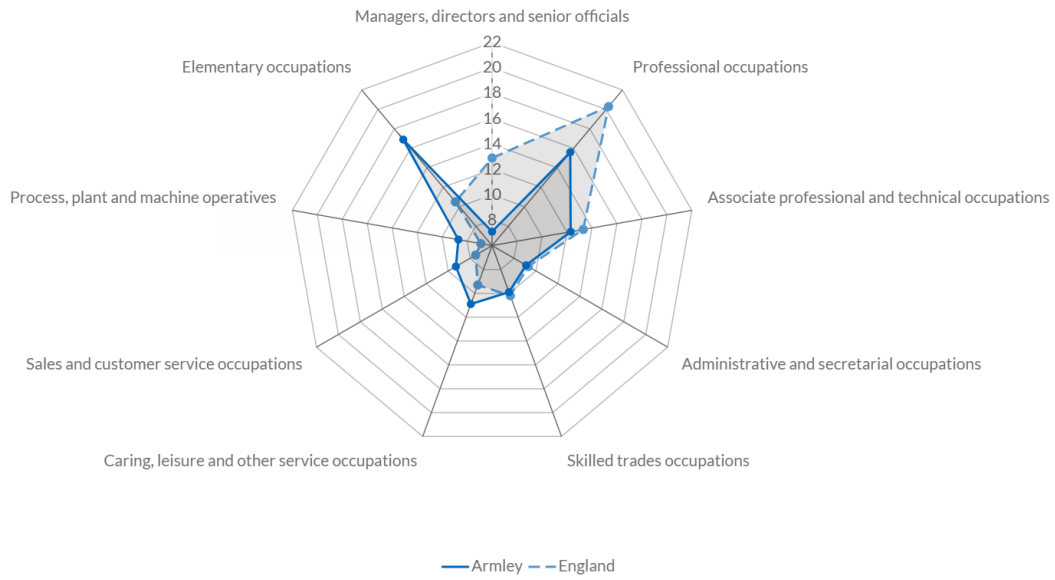
Figure 217 Economically active by type (2021)



Source: ONS Census 2021

The above chart shows Armley is similar to the Leeds and the UK in most workers are employees.

Figure 218 Occupations by type-Armley ward (2021)

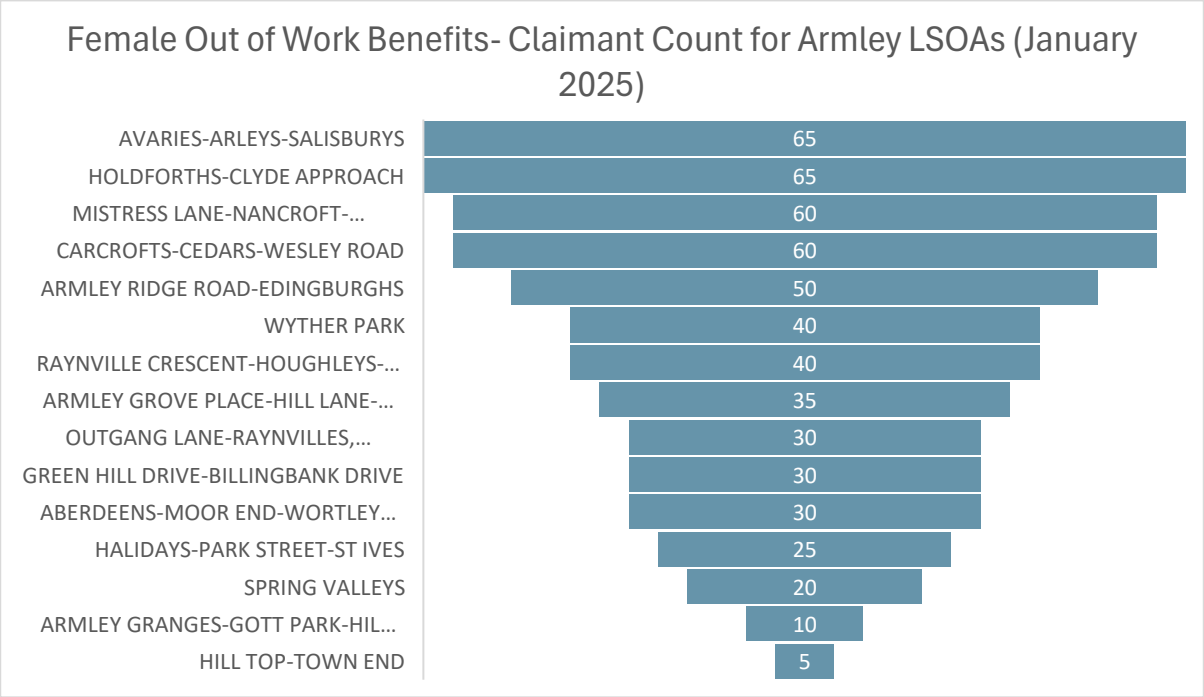


Source: ONS Census 2021

The vast majority of occupations are classified as elementary in Armley, with professional occupations present but below the England average.

Claimants and Universal Credit by Armley LSOA

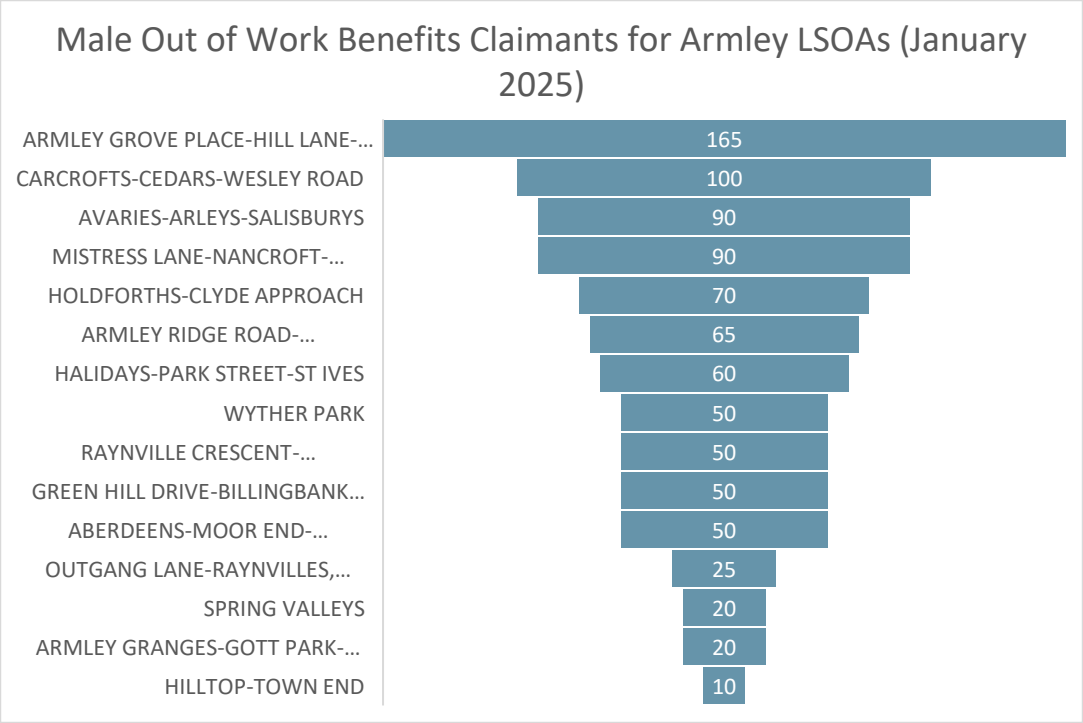
Figure 219 Female claimants by Armley LSOAs (Jan 2025))



Source: DWP January 2025

For female claimants in Armley the Avaries, Holdforths, Mistress Lane and Carcrofts have the greatest counts, suggesting gender specific employment support could be targeted here.

Figure 220 Male out of work benefit claimants for Armley LSOAs (January 2025)



Source: DWP January 2025

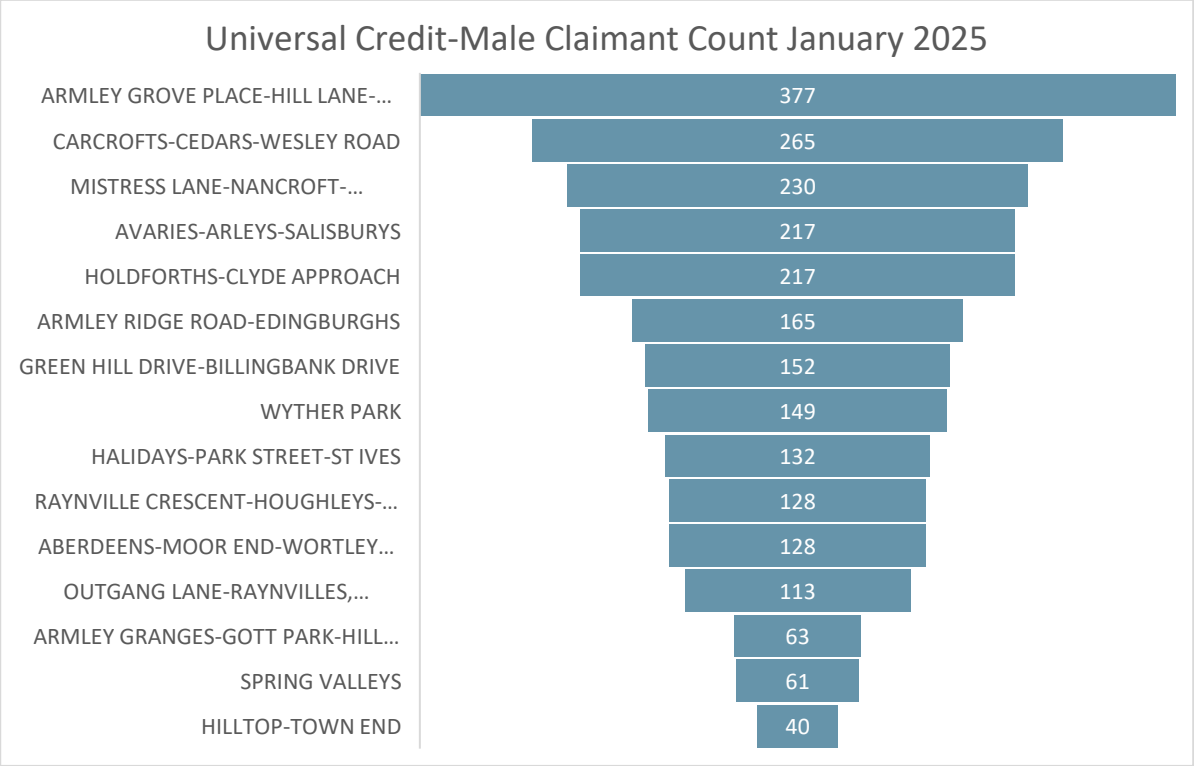
For male claimants, Armley Grove Place has a very high 165 claimant count, followed by Carcrofts, Avaries and Mistress Lane also have the highest counts. This may be an opportunity to utilise the many men's groups in Armley to provide some gender specific employment support.

Universal Credit Claimants by Gender.

Universal Credit is a single payment for each household to help with living costs for those on a low income or out of work. It replaces six benefits, commonly referred to as the legacy benefits:

- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Income Support
- Working Tax Credit
- Child Tax Credit
- Housing Benefit

Figure 221 Universal Credit-Male Claimant Count (January 2025)



Source: DWP January 2025

In the chart above, there are generally high overall claimant counts in Armley Groves, the male universal credit count is particularly high, followed by Carcrofts, Mistress Lane, Avaries and Holdsforths.

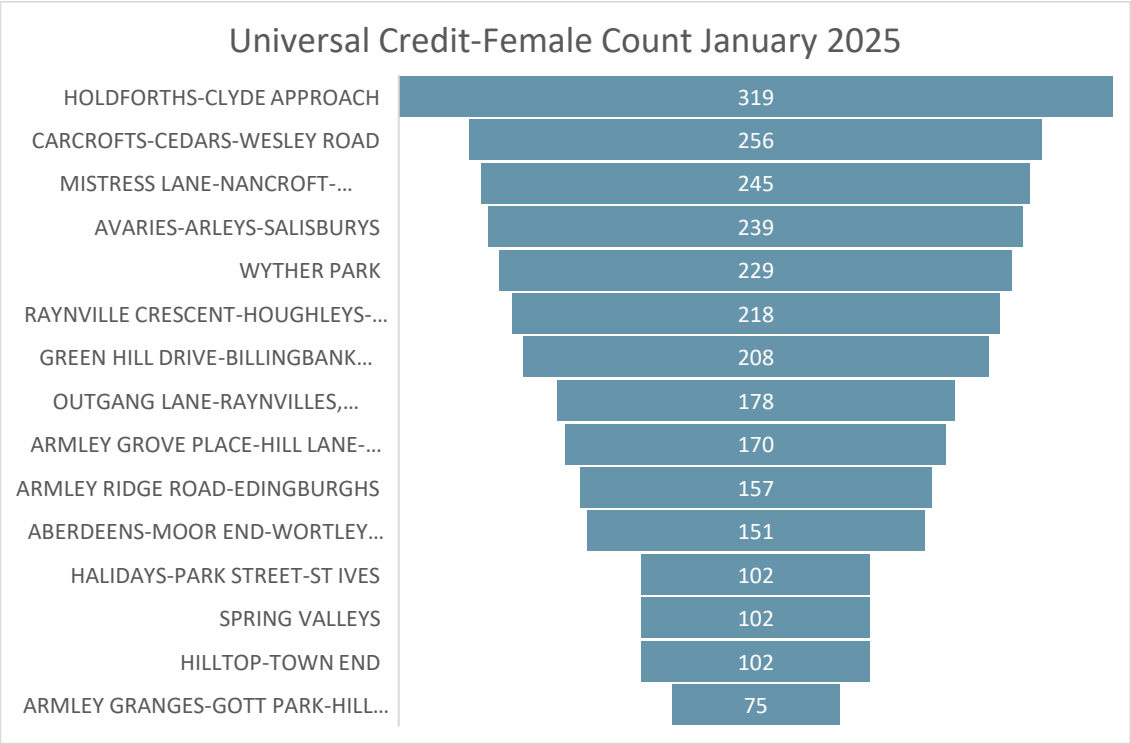
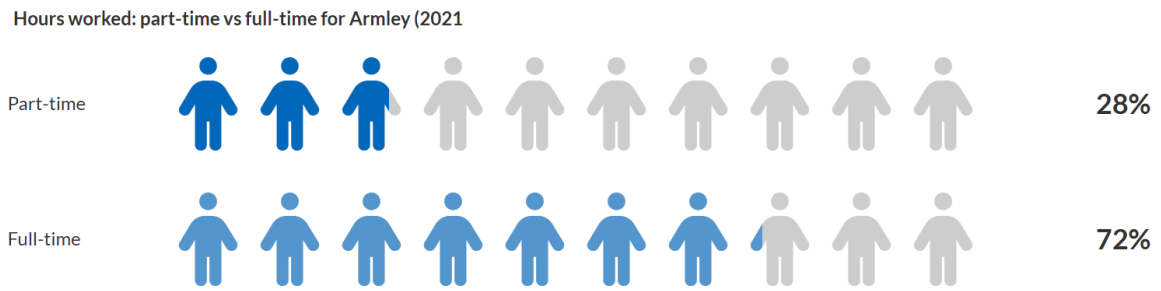


Figure 222 Universal credit count female January 2025 Source: DWP January 2025

The highest female claimant counts are for the Holdsforths, Carcrofts, Avaries and Wyther Park. Targeted work would be recommended in terms of education, training, skills and employment support and a decision made after more research if gender specific employment support should be offered around caring responsibilities, navigating sexism when applying for jobs and how to report and counteract it.

Figure 223 Hrs worked in Armley part-time vs full-time



Source: DWP

Some local economies offer more favourable conditions than others for connecting people in poverty to employment and better jobs. In pursuing equal opportunities for people during a time of economic growth, it is critical to consider the demand side of the labour market – the opportunities available to residents – alongside more traditional measures that look at the supply side – e.g. people's skill levels and employability.

Older Citizens and Pension Credit

Pension Credit gives you extra money to help with your living costs if you're over State Pension age and on a low income. Pension Credit can also help with housing costs such as ground rent or service charges (Pension Credit: Overview - GOV.UK).

Pension Credit is a valuable indicator of deprivation because it is a means-tested benefit designed to support low-income pensioners. It ensures a minimum income level, targets older individuals vulnerable to poverty, and considers both income and savings for a comprehensive assessment of financial need. The table below indicates the number of pension claimants in 2020 was 704 this slightly decreased to 691 in May 2024. This could lead to increased financial insecurity for those who are not covered.

The average weekly pension credit award of £68.16 in May 2020 provides some financial relief, but it may not be sufficient to cover all living expenses the table above again confirms the high levels income deprivation. According to data in 2019, there was 1060 older adults living in income deprivation suggesting that many elderly individuals are struggling financially. This can affect their ability to afford basic necessities such as food, housing, and heating. Financial insecurity and income deprivation can have negative effects on the health and well-being of older people. Stress and anxiety related to financial struggles can lead to poorer physical and mental health outcomes.

Source: Compiled by Chetna Patel (LCC Public Health) 2025

In Armley postcode (LS12) 77 residents were accessing a pension credit in 2024. Below is a table showing the number of pensioners living in income deprivation In Armley.

Figure 224 Ward summary for pension credit- Armley **Ward**	**Pension Claimants (2020)**	**No. of Older people living in income deprivation, 2019**	**Estimated Proportion of Claimants by Ward**	**Average Weekly Pension Credit Award (May 20)**
ARMLEY	545	820	66.5%	59.08
	Pension Claimants (May 2023)			
	506			

Source: DWP

Figure 225 Number of income deprived older people by Armley LSOA **LSOA**	**The number of income deprived older people in an area.** **(**Blank cells mean 10 or fewer. Numbers are rounded to nearest 5).
Armley Grove Place, Hall Lane, Abbot View	75
Carr Crofts, Cedars, Wesley Road	115
Holdforths, Clyde Approach,	95
Aviaries, Arleys, Salisburys	40
Wyther Parks	60
Outgang Lane, Raynvilles, Musgraves	50
Armley Ridge Road, Edinburghs	35
Raynville Cres, Houghleys, Victoria Parks	65
Hallidays, Park Street, St Ives	35
Green Hill Dr, Billingbank Dr…	45
Spring Valleys	30
Hill Top, Town End	25
Armley Granges, Gotts Park, Hill End	30
Aberdeens, Moor End, Wortley Rd	60

Mistress Lane, Nancroft, Brooklyns, Models	50

Source: DWP

The Car Crofts and Holdsforths are the two LSOAS with the most income deprived older people in the area.

As well as ageing in Armley, we are also seeing ever-greater numbers of people living with multiple health conditions. And, more people are living alone, particularly concerning since the poverty rate for single pensioners (20%) is nearly double that for couples (11%). That gap won't necessarily remain constant as new cohorts of pensioners retire, and the current Pension Credit system actually provides somewhat less generous support for couples – set below the poverty line for their family type – than for single pensioners, for whom it is set just above the poverty line. Overall, however, living alone is still likely to increase the risk of financial hardship. These are the specific older citizens in Armley that organisations like Armley Helping Hands (Neighbourhood Network) focus on to ensure that they are aware of all the benefits they may be entitled to as well as ensuring pensioners who live on their own are not lonely.

Employment Solutions for those Experiencing Poverty within Working Age.

Some local economies offer more favourable conditions than others for connecting people in poverty to employment and better jobs. In pursuing equal opportunities for people during a time of economic growth, it is critical to consider the demand side of the labour market – the opportunities available to residents – alongside more traditional measures that look at the supply side – e.g. people's skill levels and employability. An example of this In Armley a historic project examining local employment opportunities because there are a large number of care and nursing homes in Armley to look at the level of vacancies, what skill sets was required and once employed what mechanism for advancement was available.

'Developing You' Employment Initiative

Historically specific employment initiatives such as 'Developing You' have focussed on those residents most in need of help such as those out of work for a long time, or who have a history of mental and emotional health issues making it difficult for them to find and retain work. In Armley, Leeds, the "Developing You" program, was a free training course, aims to help individuals become happier, healthier, and move closer to employment, with a focus on wellbeing and exploring the world of work for adults with learning disabilities and autism. It was effective in helping some residents but suffered from a poor uptake when it came to the section of the course where potential candidates attended local employer fairs. This doesn't rule out this type of focussed initiative being used again, but more research is required.

Pre-employment

There is a relatively large amount of evidence on pre-employment initiatives (although national programmes have been better evaluated than those in local areas).

Good-quality information, advice and guidance (IAG) is important for jobseekers. This helps them to know what they need to do to develop their skills, the training they might need and the best way to look for work. At this pre-employment stage, people may face several barriers to gaining employment. Therefore, one-to-one mentoring can be particularly helpful, to look at skills needed, and any barriers faced, in a comprehensive and integrated way.

For those needing basic skills training before employment, it can be particularly valuable if training covers workplace matters, such as skills that are particularly relevant for a certain job or sector of the economy (with employers involved in devising such training).

There is little evidence on the positive impact of giving 'better-off calculations' to jobseekers, which show the likely improvement in their finances if they got a job, despite this seeming intuitive. Putting sanctions on benefit claimants increases the number of people coming off benefits and going into employment. However, evidence suggests that they are not positive in terms of how much people earn once they start work, or job quality.

Employment Entry

There is a relatively large amount of evidence on employment entry. IAG is helpful in supporting people to get a job. However, increasingly people have to rely on finding support online themselves, so it is important that they have internet access and support to use it for their job search.

Work experience and workplace-based training can help people to enter employment. These increase people's self-confidence and provide them with specific job-relevant skills. Quality apprenticeships provide an important means for young people to enter employment and then progress as they 'learn and earn'.

How employers recruit and select people has an important influence on unemployed people accessing jobs, and those already in employment moving to other jobs. Initiatives to influence employer recruitment and selection behaviour to open up job opportunities for those in poverty tend to rely on financial incentives (e.g. wage subsidies to mitigate the risk of engaging long-term unemployed people) or non-financial incentives (e.g. help in the recruitment process). For such initiatives to work, they have to engage with employers and understand their needs. Local procurement policies – which govern how goods and services are acquired – can play an important role in linking people to jobs in the local labour market. So too can the negotiation of provisions under planning agreements.

Some people need support to help them with the extra costs and change of routine associated with employment, such as with transport and childcare in the first few weeks of a job. It is important that this support, which may involve different areas of policy, is co-ordinated.

Staying in Work

There is much less evidence on policies to help people stay in work. Staying in work may involve either remaining with the same employer or moving between employers, so it is

useful if people have ongoing access to IAG about job opportunities beyond their current employer.

The evidence suggests that comprehensive, individual packages of support that tailor support to a person's needs can be particularly effective for keeping people in work. But it is difficult to find evidence on the individual activities within such a package of support to evaluate their effectiveness.

The quality of the initial job entry is important for keeping people in work – how the person 'fits' the job in terms of skills, suitable hours and location. We discussed in a previous chapter the importance of meaningful work. This shows that there is merit in helping people to get the 'right job', as opposed to 'any job'. (Green Et al, 2015). Local GP practices have employed specialist workers to help keep patients in work with mental and emotional health problems.

Figure 226 Leeds employment hub offer at New Wortley Community Center



Source: LCC Employment and Skills Services (2025)

Housing in the Armley Ward

Armley housing includes Victorian back-to-back through terraces and tower blocks. There is a large amount of council housing, although most of the housing stock is privately built and dates from the 1960s. Back-to-back housing has been converted to through terraces and there have been some improvement and refurbishment such as on the 'Cedars'. There are Leeds City Council residential tower blocks, built to replace older housing stock at the centre of Armley, and neighbouring Wortley these are amongst the tallest in Leeds. The council have worked hard to improve the tower blocks and keep them free from crime, anti-social behaviour and vandalism working in conjunction with the local Police.

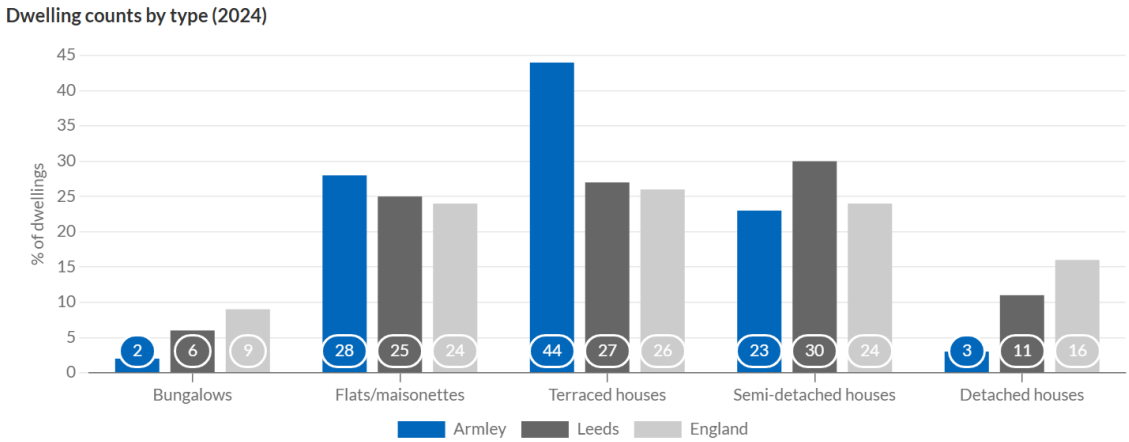
At a glance summary of the housing stock within the Armley Ward is below.

- In accordance with the most recent Census (2021), the Tenure Type within Armley Ward is.
    - Social Rent (31%)
    - Private Rent (30%)
    - Owns with a loan or mortgage (21%)
    - Owns outright (18%)
- The average amount of time it takes to be rehoused within the Armley Ward is
    - Band A+ - 37 Weeks (0.71 years)
    - Band A – 124 Weeks (2.38 years)
    - Band B – 114 Weeks (2.19 years)
    - Band C – 141 Weeks (2.71 years)
- The average number of bids per property in Armley Ward during 2023/24 was 214

Notes on Housing Bands: The Armley ward, like other areas in Leeds, uses a system of housing bands (A, B, C, and D) to prioritize applications for council housing. These bands are based on a household's housing need, with Band A representing the most urgent needs and Band D the least. The specific criteria for each band and how they are applied can be found on the Leeds Homes website and the Leeds City Council website

In 2024 the valuation office recoded 10,870 properties in Armley.

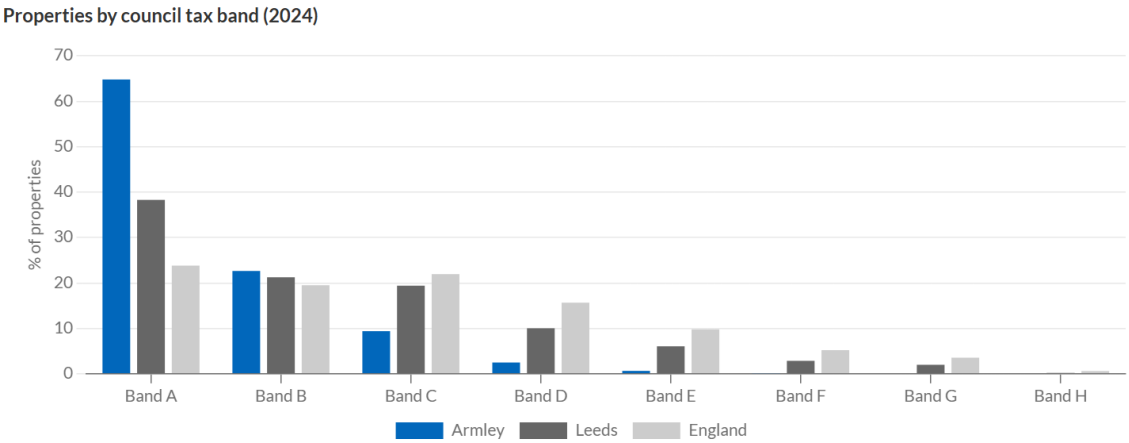
Figure 227 Dwelling counts for Armley ward (2024)



Source: Valuation Office Agency

The predominant housing type is terraced, followed by flats and then semi-detached dwelling.

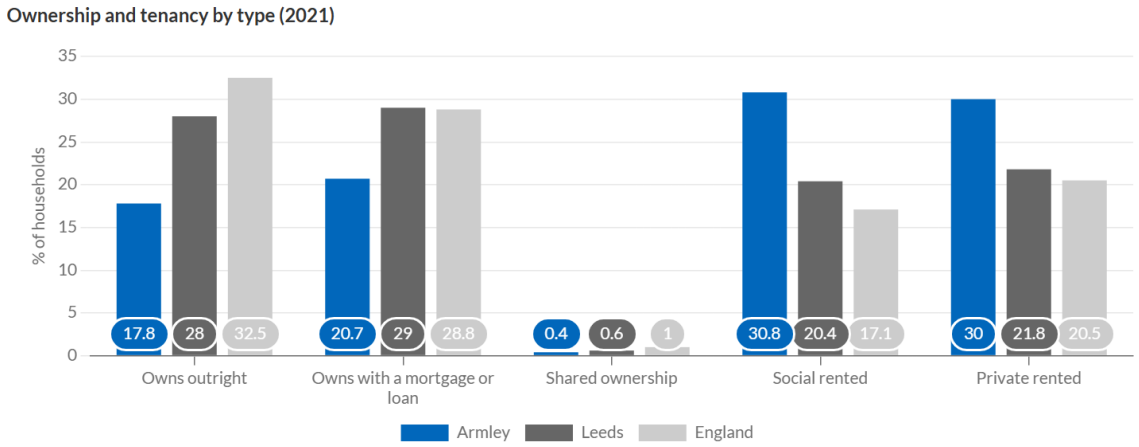
Figure 228 Properties by council tax band (2024)



Source: ONS

The predominant council tax band in Armley is band A.

Figure 229 Ownership and tenancy by type-Armley (2023)



Source: ONS census 2021

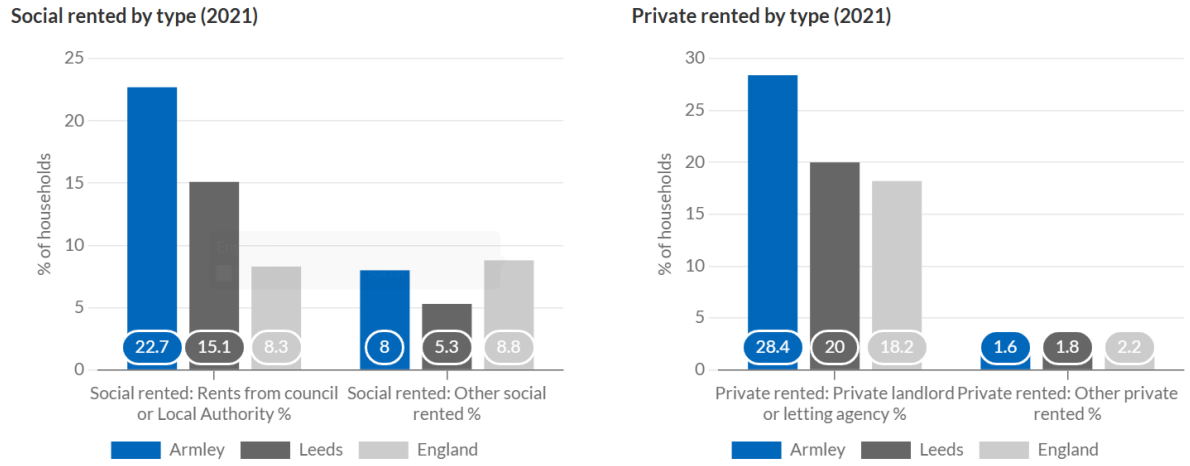
Figure 230 Tenure breakdown for Armley 2021

2022 ward	Total	Owned	Owned: Owns outright	Owned: Owns with a mortgage or loan or shared ownership	Rented	Rented: Social rented	Rented: Private rented or lives rent free
Armley	11,831	4,614	2,111	2,503	7,217	3,635	3,582

Source: ONS

Armley has more social and private rented housing than the Leeds and England average. 30.8 % of the housing in Armley is socially rented and almost an equal amount privately rented.

Figure 231 Social and privately rented by type-Armley (2021)



Source: ONS Census 2021

Social housing and privately rented accommodation by a private landlord are the dominant types in Armley. There are some 'multiple occupancy' housing units within the Armley Ward boundaries, operated by private landlords which may or may not adhere to multiple occupancy letting standards laid down by the UK government. Poor housing units of this

nature may mean residents are at risk due to poor fire safety standards. These types of accommodation must have smoke and carbon monoxide alarms which are periodically inspected and replaced if faulty, adequate fire door provision and protected exit routes. Poor ventilation and heating efficiency may also impact on a residents health and their families if damp and mould is present within the property.

- Government advice and standards for residents living in multi-occupancy accommodation can be found within this link: https://www.gov.uk/private-renting/houses-in-multiple-occupation

Selective Licencing coming to Armley?

Local authorities have powers to introduce Selective Licensing of privately rented homes to not only tackle poor housing but also wider issues in the area. Working in partnership with other organisations and service providers, Selective Licensing can help tackle such things as crime and antisocial behaviour as well as bringing support for residents e.g. employment and training advice, help with budgeting and accessing services. It allows professionals across the threshold of premises they previously would not have had access to. Civil penalties of £30,000 can be enforced for cumulative issues such as damp, mould, faulty / non-existent or unchecked carbon monoxide alarms, security, poorly installed and dangerous heating systems, and overcrowding. At the time at the writing of this document there is a business case currently being submitted through the political process within Leeds City Council.

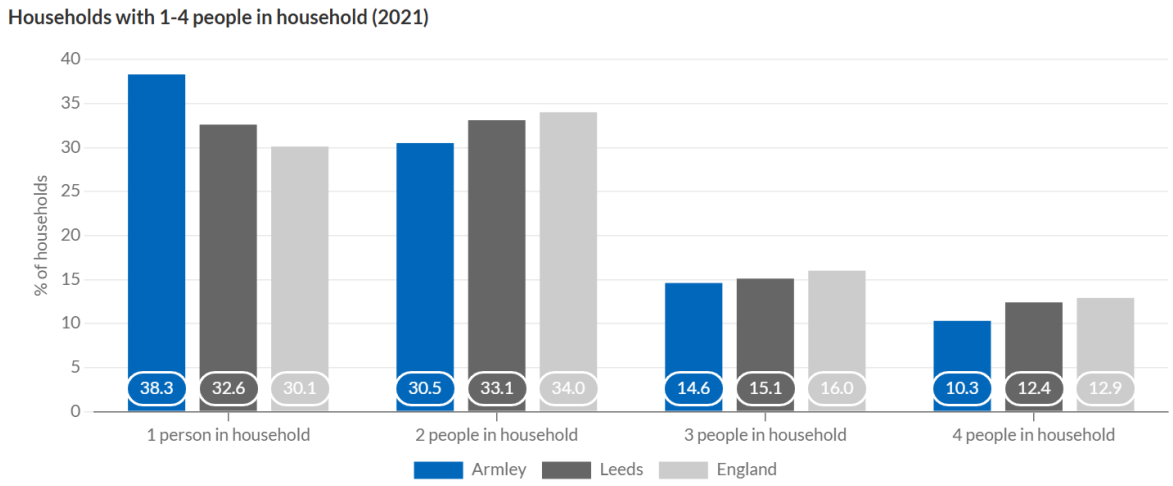
Once an area is designated for 'Selective Licensing', every house that is let by a private landlord or agent within the footprint of the area needs a licence. There are some exemptions, for example houses that have a mandatory HMO licence. Local authorities charge a fee for the licence to cover the cost of administering the scheme and any scheme that is designated lasts for up to 5 years.

The licences issued contain conditions which the licence holder has to meet during the period of any scheme. Those who fail to meet the conditions, or who rent properties without applying for a licence, would be committing a criminal offence which could result in legal action being taken against them. As part of the process properties would be visited by the council, to check that the conditions are being met and to offer additional support to residents.

There are currently two Selective Licensing schemes in Beeston and Harehills, however, both have now come to an end on 5 January 2025. Source: LCC Selective Licencing.

(https://westleedsdispatch.com/armley-consultation-begins-on-proposed-licensing-scheme-for-private-sector-rented-housing/)

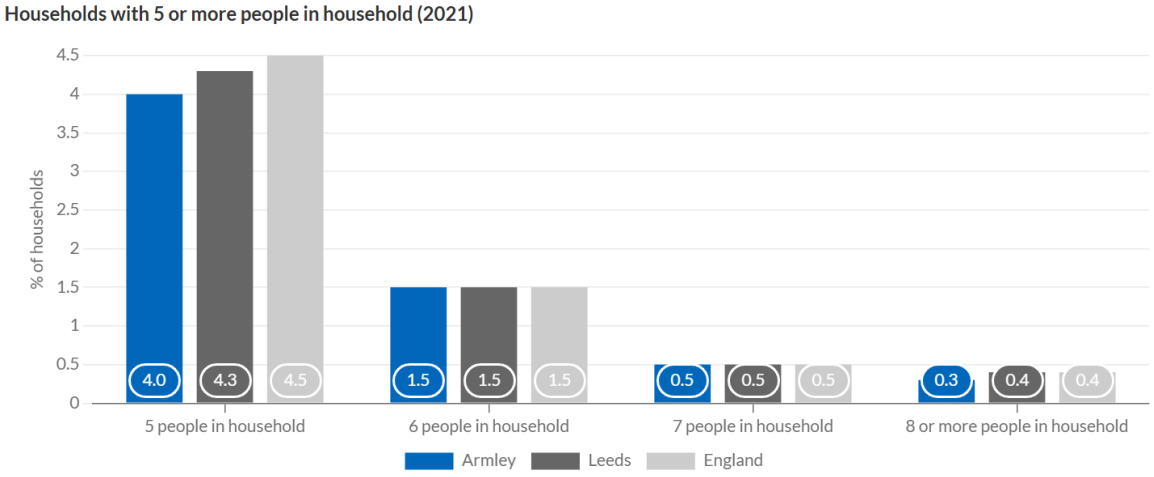
Figure 232 Household occupancy for 1-4 people in the household in Armley 2021



Source: ONS, Census 2021

Average household size and number of rooms data provides information to help measure overcrowding and under occupancy. Armley has a higher occupancy rate for one person in the household than both Leeds and England averages. Housing occupancy data allows partners to target potentially overcrowded accommodation and offer advice and support.

Figure 233 Households with 5 or more people in the household (2021)



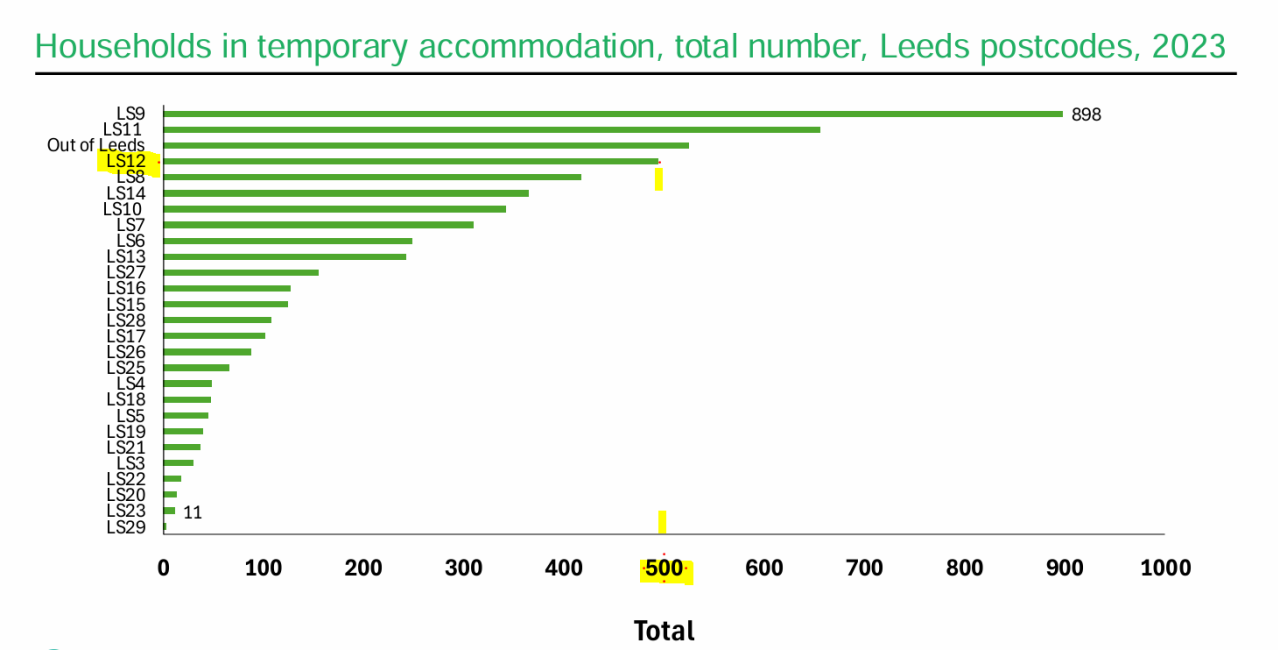
Source: ONS, Census 2021

Interestingly for households with 5 or more people in the household none of the statistics stand out or are above Leeds or England averages. Households with 1 to 4 occupants dominate.

Temporary Accommodation in Armley

For households in temporary accommodation, the Armley LS12 postcode is right at the top of the table.

Figure 234 Households in temporary accommodation by postcode-LS12



Source: Marmot housing data pack

Private rented sector. In the UK, since 2020, the cost of privately rented homes has increased. Average rents rose by 9.3% in 2023 in Leeds. The private rental sector has the lowest quality housing of any sector.

In Leeds in March 2024 21% of all homes were considered 'non-decent', rising to 38% in privately rented homes. In England 15% of all homes were considered 'non-decent', 23% in privately rented homes. The private housing supply in Leeds lacks mid-sized homes for families and many older people remain in large properties unable and/or unwilling to downsize. Poor quality private rented sector housing disproportionately affects some groups who are already facing increased risks to their health, including recently arrived migrants. "wealth of anecdotal evidence that people who fear deportation are less likely to report a rogue landlord to their local authority. These tenants are therefore significantly more likely to experience overcrowding, non-decent homes, illegal eviction, harassment and threatening behaviour from landlords".

Key issues: quality and housing in Leeds, Leeds City Council retained its housing stock and own over 52,000 homes. It has a large number of high-rise buildings and in the large private rented sector, thousands of back-to-back homes. Large amount of older and poor-quality housing concentrated in IMD 1 and IMD 2 neighbourhoods. The population in Leeds is growing fastest in areas of high deprivation but affordable housing is in no way matching this population growth. Private rented sector. The Housing Health and Safety Rating System identifies 29 hazards; the main hazards are excess cold, falls, risk of fire, damp, electrical safety and falls. At least 20,000 privately rented homes in the city have one or more higher risk rated (known as category 1 hazards) hazards which require intervention and action. Cold homes and fuel poverty. The highest concentrations of fuel poverty in the private sector are found in Headingley & Hyde Park and Gipton & Harehills. The high rates in

Headingley and Hyde Park may be skewed by the student populations in these areas. The highest concentrations of homes that have excess cold are in City and Hunslet, Hyde Park and Woodhouse and Burmantofts and Richmond Hill wards. Households experiencing fuel poverty, percent, English CORE cities and England.

Source: housing-datapack.pdf Institute of Health Equity 2024

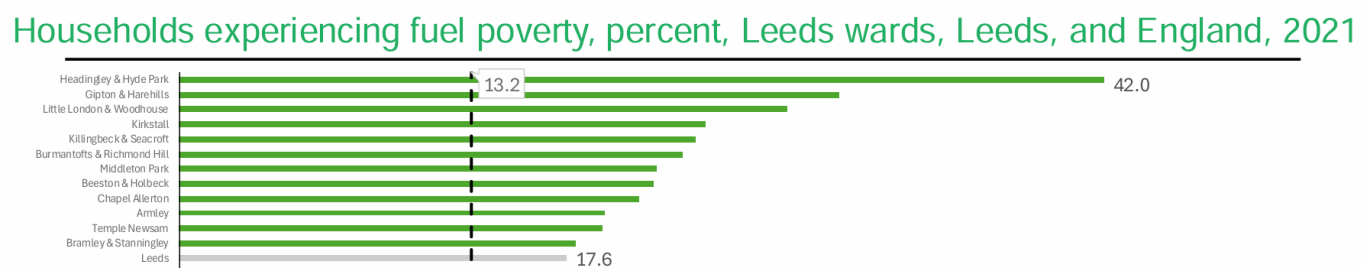
For older Armley residents there is a service commissioned by LCC Older Persons Team called Care and Repair Leeds (care-repair-leeds.org.uk/home-plus-2/)which helps older residents reduce falls by conducting accommodation assessments and appropriate repairs and modifications to avoid trip hazards and falls for frailer older people. This service also offers help and advice and how to keep their homes warm.

Fuel Poverty in the Armley Ward

Energy Fuel Poverty (EFP) may be driven by a lack of resources, an inability to access fuel sources, housing inefficiencies, above-average energy needs or a combination thereof. Exposure to EFP could hence, for example, result in cold, damp and moldy dwellings and limit people's abilities to prepare warm meals or take hot showers. This can exasperate a long-term condition health condition like cardio heart disease and significantly impact on a resident's mental health and mood (Champagne Et all, 2023).

There are ongoing projects in Leeds where humidity, temperature and air quality monitors are fitted to social housing apartments whilst they are being refurbed and simultaneously residents have various health checks monthly to see if there is a health correlation between refurbishment and the improved and sustained health of occupants. More information can be found in the links. (https://wellbased.eu/project/leeds-uk/ and https://environment.leeds.ac.uk/research-project/123/sustainability-research-institute/1697/wellbased).

Figure 235 Houses experiencing fuel poverty by ward in Leeds 2021

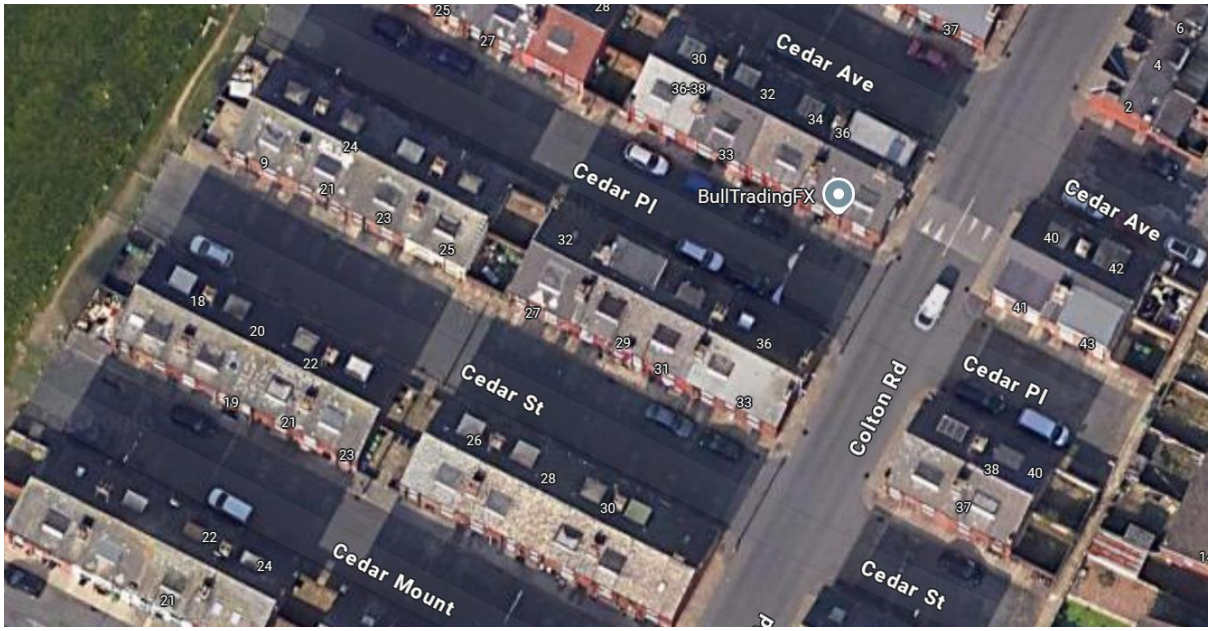


Source: Institute of Health Equity-Housing Data Pack-2024-Marmot

One hundred and two houses in the Cedars area in Armley (see map below) have been selected for refurbishment on a government scheme to improve energy efficiency and heating costs heating costs, each tenanted property be it social housing or privately rented gets external insulation (formerly known as cladding). Landlords of private rented properties have to pay twenty five percent towards the cost of the refurbishment and then everything on top of that the government pays for. The properties enjoy new guttering, new roof

(which includes loft insulation which meets current legislative planning standards), new guttering and external insulation panels. The energy efficiency is dramatically improved and in some weather conditions the house can be kept at a comfortable ambient temperature with purely the heat expelled by ‘white goods’ such as refrigerators and occupants (18-21 degrees).

Figure 236 Plan view of the 'Cedars' in Armley



Source: Google Maps (2025)

Figure 237 Cedars before refurbishment



Source: Photograph JS Hindley 2025

Figure 238 Cedars after refurbishment



Source: Photograph J S Hindley 2025

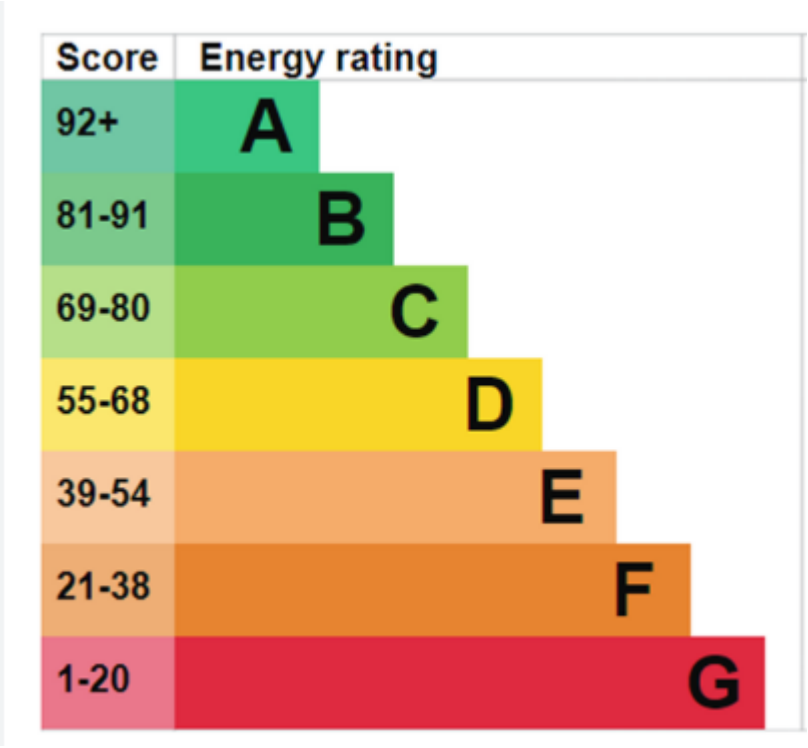
Figure 239 Side elevation of cedars refurbishment showing contrast of before and after work programme



Source: photograph J S Hindley 2025

The metric for fuel poverty in England is Low Income-Low Energy, this includes all properties with an energy efficiency rating of band D or below. The energy rating performance a housing certificate is based on is shown below.

Figure 240 Energy rating performance score



Source: UK Government-Energy Performance Certificate

First introduced 20 years ago, energy labels awarded a product with an A for high efficiency, or an F for low efficiency and encouraged manufacturers to drive innovation by using more energy efficient technologies. It is a summary of a houses energy efficiency in areas such as.

- Walls
- Roof
- Floors
- Windows
- Main heating
- Secondary Heating
- Lighting

There are government and local initiatives to improve housing energy efficiency for private landlords in particular to consider. A government example is shown below.

Figure 241 Example of government green deal finance

Recommended measures	Indicative cost	Typical savings per year	Rating after improvement	Green Deal finance
Increase loft insulation to 270 mm	£100 - £350	£47	E 51	✓
Cavity wall insulation	£500 - £1,500	£179	D 59	✓
Draught proofing	£80 - £120	£26	D 60	✓
Low energy lighting for all fixed outlets	£50	£43	D 61	
Replace boiler with new condensing boiler	£2,200 - £3,000	£339	C 74	✓
Solar water heating	£4,000 - £6,000	£34	C 75	✓
Replace single glazed windows with low-E double glazing	£3,300 - £6,500	£41	C 76	✓

Alternative measures

There are alternative measures below which you could also consider for your home.

- External insulation with cavity wall insulation
- Biomass boiler (Exempted Appliance if in Smoke Control Area)
- Air or ground source heat pump
- Micro CHP

Source: UK Government
https://assets.publishing.service.gov.uk/media/5a748d20ed915d0e8bf19346/1790388.pdf

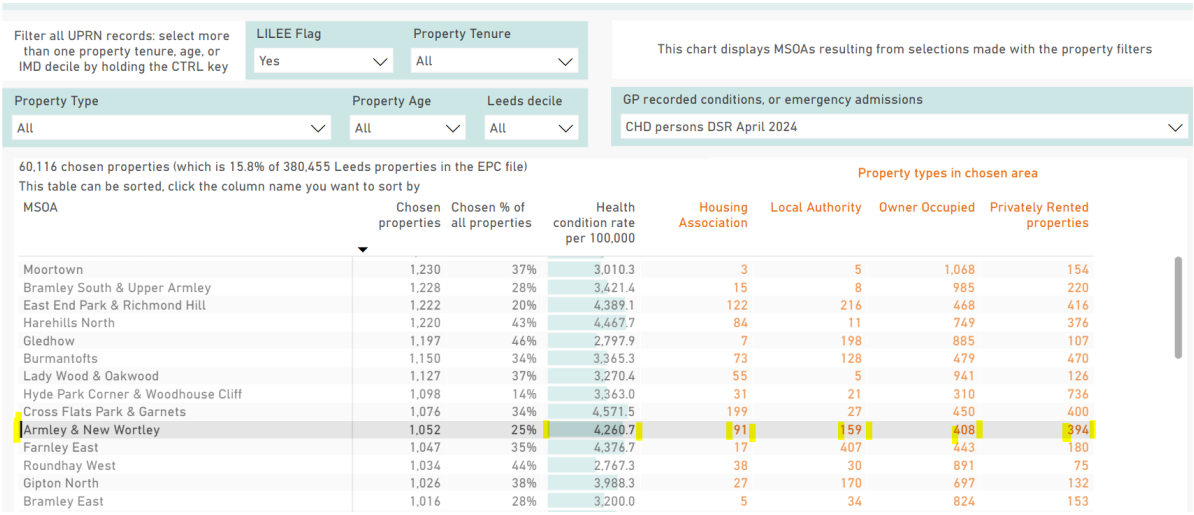
Top three LSOAs in Armley experiencing the worst fuel property (2019)

LSOA NUMBER	LSOA NAME	TOTAL PROPERTIES	PROPERTIES IN FUEL POVERTY	PERCENTAGE OF PROPERTIES IN FUEL POVERTY
E01011284	AVARIES, ARLEYS, SALISBURYS	1, 119	354	31.6%
E0101032608	HALIDAYS, PARK STREET, ST IVES	535	138	25.8%
E01011293	MISTRESS LANE, NANCROFT, LANE, BROOKLYNS, MODELS	873	222	25.4%

There is a Health and Housing Insight Tool being developed which presents the spatial distribution of fuel poverty in Leeds alongside the prevalence of long-term health conditions

known to be exacerbated by cold weather and/or living in a cold home. It was created to support the development and targeting of health and housing interventions aimed at reducing or mitigating against fuel poverty. An example is shown below for the MSOA Armley-New Wortley.

Figure 242 health and housing insight tool example (2024)



MSOA	Chosen properties	Chosen % of all properties	Health condition rate per 100,000	Housing Association	Local Authority	Owner Occupied	Privately Rented properties
Moortown	1,230	37%	3,010.3	3	5	1,068	154
Bramley South & Upper Armley	1,228	28%	3,421.4	15	8	985	220
East End Park & Richmond Hill	1,222	20%	4,389.1	122	216	468	416
Harehills North	1,220	43%	4,467.7	84	11	749	376
Gledhow	1,197	46%	2,797.9	7	198	885	107
Burmantofts	1,150	34%	3,365.3	73	128	479	470
Lady Wood & Oakwood	1,127	37%	3,270.4	55	5	941	126
Hyde Park Corner & Woodhouse Cliff	1,098	14%	3,363.0	31	21	310	736
Cross Flats Park & Garnets	1,076	34%	4,571.5	199	27	450	400
Armley & New Wortley	1,052	25%	4,260.7	91	159	408	394
Farnley East	1,047	35%	4,376.7	17	407	443	180
Roundhay West	1,034	44%	2,767.3	38	30	891	75
Gipton North	1,026	38%	3,988.3	27	170	697	132
Bramley East	1,016	28%	3,200.0	5	34	824	153

Source: LCC PHI

Keeping Warm Initiatives

'Warm Spaces' where initially created by council as a pilot and partners to provide hot drinks, sometimes hot food and activities of those experiencing fuel poverty during cold or adverse weather to help them save on energy costs. Also available at these venues was support to access services and free advice and guidance. A on line map of warm spaces was created to help residents locate the nearest location to them (https://news.leeds.gov.uk/news/online-warm-spaces-map-to-help-residents-in-leeds-goes-live). These locations have now been re-branded as '**Welcome Spaces'**

(https://www.leeds.gov.uk/campaign/welcome-spaces).

A current initiative launched on the 21st of March 2025 is warm spaces hosted by New Wortley Community Center. More than 200 Welcome Spaces are now open to people in Leeds, offering a warm welcome, hot drinks, a range of activities away from a potentially cold home, and a space to talk with other people. People can find their nearest Welcome Space by visiting www.leeds.gov.uk/welcomespaces

The Welcome Spaces scheme, which began in 2022, sees council-run venues and community and faith organisations open their doors to welcome in people from their local communities. This year, more than 180 community groups and organisations, alongside all of the 37 Leeds City Council hubs and libraries, are offering a Welcome Space (https://doinggoodleeds.org.uk/news/more-than-200-welcome-spaces-now-open-across-leeds/).

Center for Warmth

The Center for Warmth is a newly established initiative (2025) operated from the New Wortley Community Centre. New Wortley Community Association are working in partnership with Northern Gas Networks to support local people to stay warm and reduce household bills. The outreach workers are here to support individuals and families who may be concerned for their own welfare or a family or friend who may be vulnerable. Below are examples of what residents can be helped with.

Working in partnership with Northern Gas Networks

- Energy efficiency combating fuel poverty
- Assistance with energy bill management
- Carbon Monoxide awareness
- CO alarm distributions
- Enrolment on the Priority Service Register
- Money management and benefits advice
- Nutritious meal tips and cooking
- Social group activities to reduce isolation
- Distribution energy-saving applications

Figure 243 Center for warmth launch at NWCC 2025



The New Wortley Community Centre Team who worked tirelessly preparing for launch day along with Northern Gas Networks Centre for Warmth Coordinator Carole Marshall. From left: Rebecca Foster, Carole Marshall, Andrea Edwards, Rebecca Hunter, Sarah Malone, Ana Sangil and Rhea Bentley)

(Photograph: West Leeds Dispatch-Rebecca Foster 25th March 2025) https://westleedsdispatch.com/centre-offers-support-to-stay-warm-despite-rising-costs/?utm_source=rss&utm_medium=rss&utm_campaign=centre-offers-support-to-stay-warm-despite-rising-costs)

The Green Doctor initiative also operates in the Armley Ward and provides fuel debt support, grants for boilers and insulation, water bill help, money advice, energy bill health checks and can install draught proofing energy saving LED light bulbs, reflective radiator panels and other energy initiatives to keep local residents warm, safe and healthy.

Figure 244 Green Doctor-energy saving services 2025

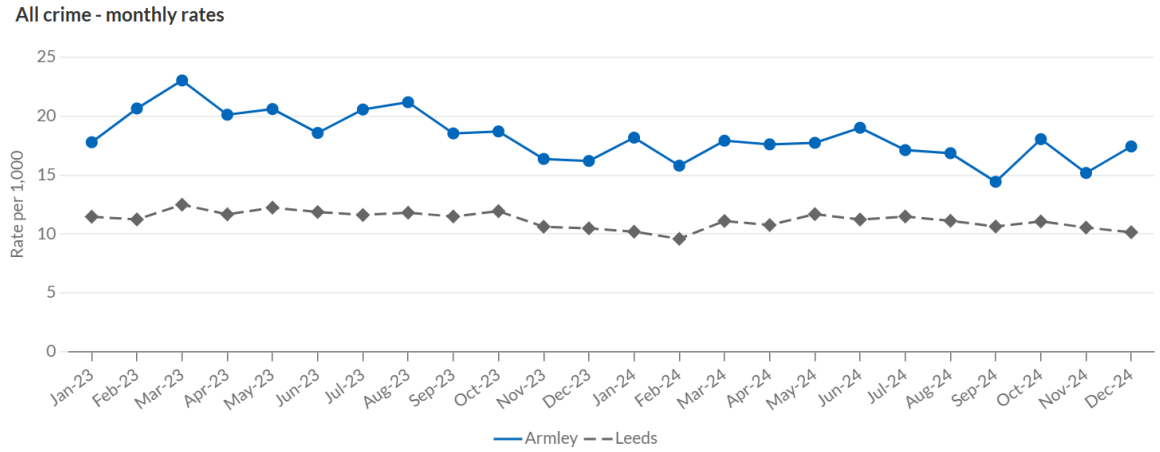


Source: Ground Works: green Doctor Service 2025

Crime and Community Safety in the Armley Ward

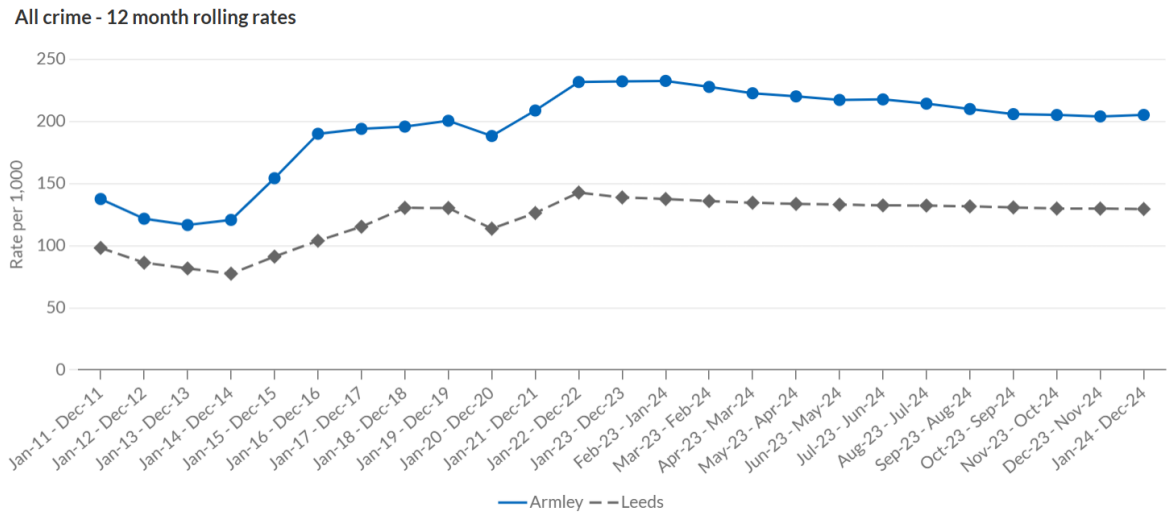
Crime in the Armley Ward has either decreased or rates have stabilised moving towards the Leeds average although that not always be the perception of residents when you consult the stake holder survey. In previous sections we have drilled down to crime rates at a LSOA level. In this section it is summarised at ward level. Residents and partners have requested information on community safety and crime levels for their particular neighbourhoods so they can understand the picture at a smaller geographical level, this information has been provided throughout this report where possible. New Wortley Community Center are looking to resurrect certain resident groups throughout Armley and as crime and community safety is a strongly perceived issues graphs are also provided which can easily be copied and lifted for very specific funding bids for their neighbourhood should they be required.

Figure 245 All crimes-Armley monthly rates until Dec 2024



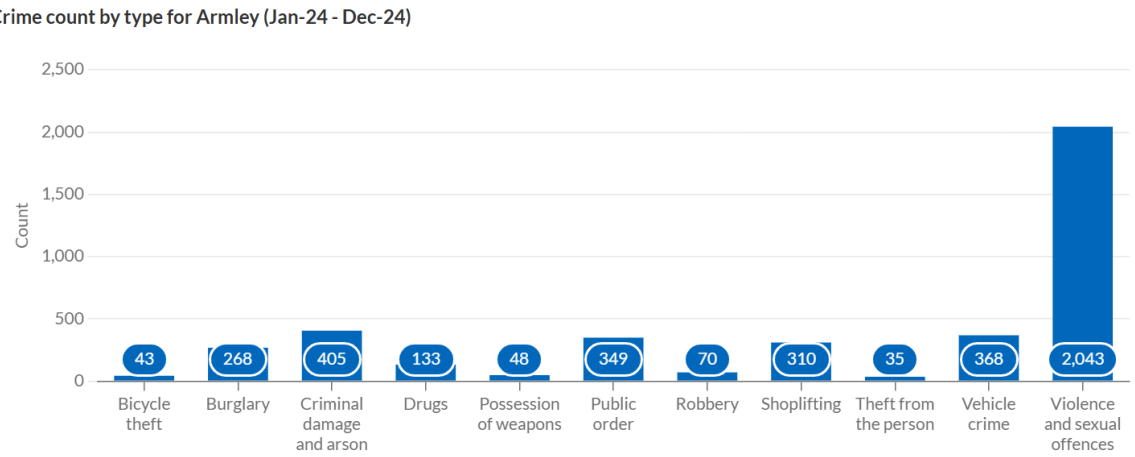
Source: data.police.uk

Figure 246 All crime-Armley 12 month rolling rates until dec 2024



Source: data.police.uk

Figure 247 Crime count by type for Armley (Jan-24-Dec 24)



Source: data.police.uk

Violence and sexual offences remain by far the largest proportion of all crimes in Armley. There has been a slight decrease but still significantly above the Leeds rate. Poverty and sexual violence and violent crime can be inextricably linked. Violence, robbery and sexual offences as well as anti-social behaviour, public order and miscellaneous offences, are just over 2 times more prevalent in the most income-deprived 10% of areas compared to the least income-deprived 10%. One in seven of all women in poverty (14%), which is one million women, have faced the most extensive violence and abuse. This is more than twice the rate for women not in poverty (6%), according to a report released today by Agenda, the alliance for women and girls at risk.

- https://www.agendaalliance.org/news/one-million-women-in-poverty-have-experienced-violence-and-abuse/
- https://committees.parliament.uk/writtenevidence/126340/pdf/

Domestic Violence, Abuse and Cohesive Control

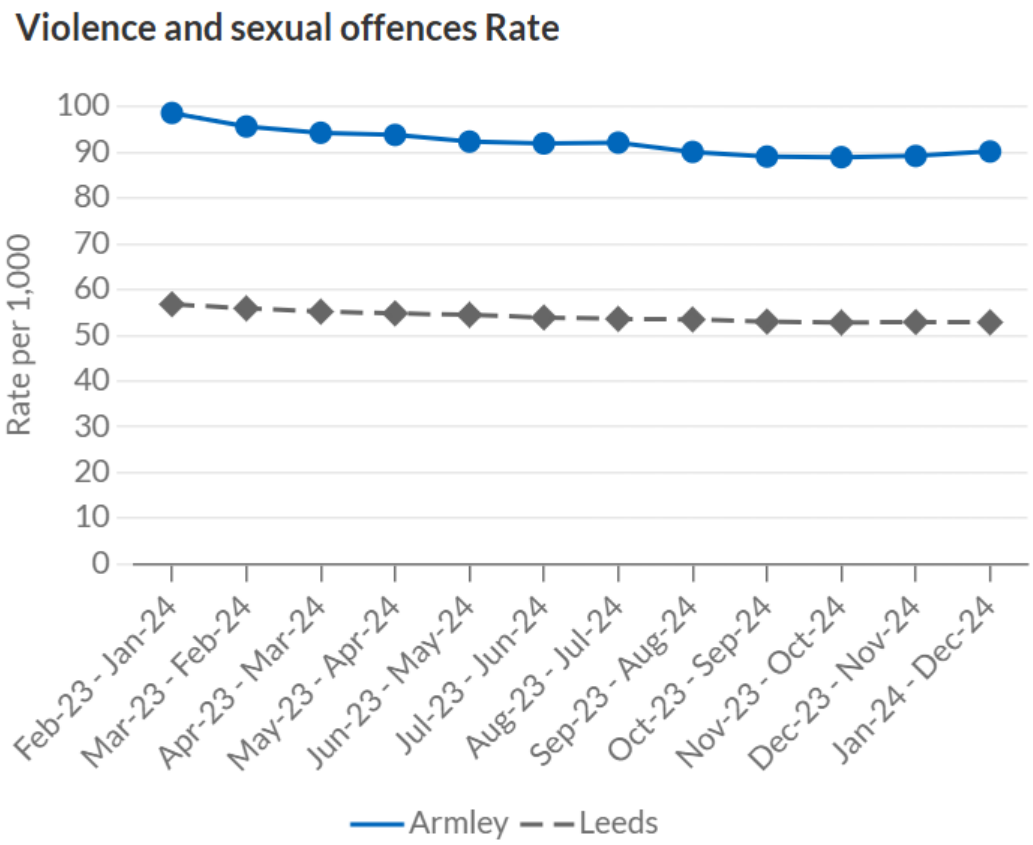
The cross-government parties committee definition of: "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional". In its dealing with domestic abuse West Yorkshire Police has fully adopted and implemented all aspects of the statutory guidance published following the enactment of the Domestic Abuse Act 2021, and both understands and uses the statutory definition. One incident may involve multiple victims. Information is subject to further investigation, reclassification and cancellation, and may therefore change over time. The following link supplies further information and how to recognise if a person is being abused.

- **https://www.gov.uk/domestic-violence-and-abuse**

Information provided by West Yorkshire Police identifies that for 2023/24, Armley Ward has the fourth highest rate of police recorded Domestic Violence and Abuse incidents in Leeds; approximately one in five Domestic Violence and Abuse incidents in Armley recorded at

least one ‘child present’. Intimate partner abuse produces lifelong harm, trauma and a loop of abuse, depression and victimisation (Mazza Et al 2021).

Figure 248 Violence and sexual offences rate for Armley Feb 23-Dec 24

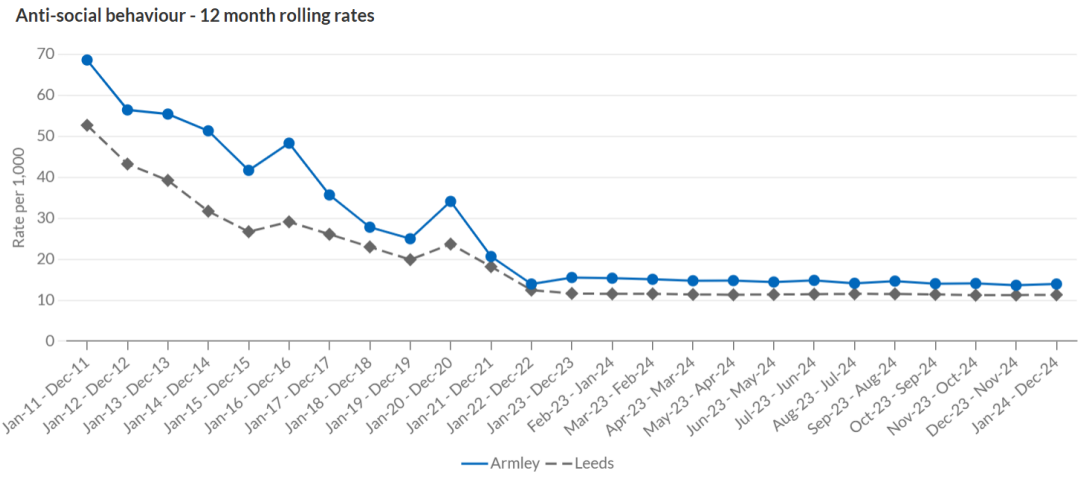


Source: data.police.uk

The Domestic Violence and Abuse Strategy is a useful source for general information about Domestic Violence and Abuse (Leeds Domestic Violence and Abuse Strategy 2023 to 2028)

A significant success of the Police which cannot be underestimated is the sharp drop in anti-social behaviour, this is particularly significant considering the historic environment Police had to operate in where large crowds of youths caused nuisance and anti-social behaviour during warmer months in summers gone by.

Figure 249 Anti-social behaviour-Armley-12 month rolling rates-up to Dec 24



Source: data.police.uk

A Police Statement from the Armley Ward Sergeant

"We continue to work hard alongside our partner agencies to tackle the crime and anti-social behaviour issues that affect people the most in Armley and that work has seen some very significant reductions over the last 12 months.

We are carrying out a range of proactive initiatives and operations, making full use of all available civil and criminal legislation to target those whose behaviour impacts negatively on the lives of local residents and businesses, and we encourage people to support that work going forward.

We would also ask for the local community to report incidents to the Police so that we continue the good work already taking place within the Armley ward area"

Sergeant Jim Allen-Armley Ward Sergeant- March 2025

(https://westleedsdispatch.com/police-highlight-crack-down-on-armley-town-street-anti-social-behaviour/)

Balitica Community Against Crime-Eastern European Community

There are organisations catering for specific communities to help stop drug and alcohol abuse, hate crime, domestic violence, child sexual abuse and cybercrime in partnership with the West Yorkshire Police and Crime Commissioner. Balitica works with the Eastern European Community (Contact details: cacrime.baltica@gmail.com).

Education, Skills and Training in the Armley Ward

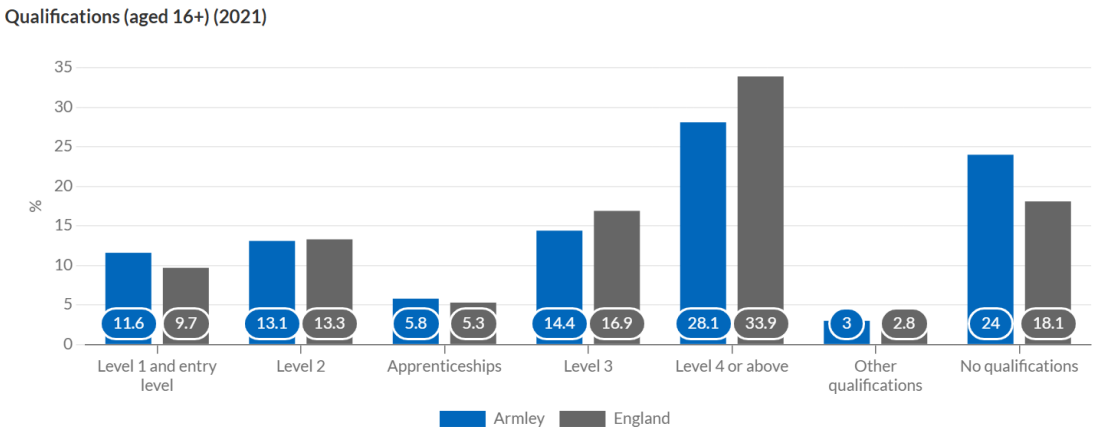
In previous sections the educational deprivation of each of the three component MSOAs have been highlighted, they are brought together below to shine a spotlight on which possible LSOAs could be targeted in terms of information, guidance and support in terms of education, skills and training.

Decile One LSOAs (Armley Ward) Education, Skills and Training Deprivation

Figure 250 Most deprived Armley MSOAs for education, skills and training **DECILE ONE MOST DEPRIVED**	**LSOA**	**MSOA**
ONE	❖ **E010011292 CAR CROFTS, CEDARS, WESLEY ROAD**	❖ **ARMLEY, NEW WORTLEY**
ONE	❖ **E01011294 ARMLEY GROVE PLACE, HILL LANE, ABBOT VIEW**	❖ **ARMLEY, NEW WORTLEY**
ONE	❖ **E01011363 HOLDSFORTH, CLYDE APPROACH**	❖ **ARMLEY, NEW WORTLEY**
ONE	❖ **E01011283 WYTHER PARK**	❖ **BRAMLEY EAST**

Source: Leeds Observatory 2019

Figure 251 Qualifications (age 16+) Armley (2021)



Source: Census 2021

Armley is above England in Level 1 qualifications. Level 1 qualifications include and can be equivalent to achieving GCSE grades 3, 2, or 1 previously graded D, E, F, or G. Other examples of Level 1 qualifications include: Level 1 functional skills or essential skills. Level 1 awards and diplomas or certificates. Armley at ward level is also above England in Level 2. A

Level 2 qualification represents a specific level of academic or vocational achievement recognised by an accrediting body in the United Kingdom. Broadly equivalent to GCSEs in academic terms, Level 2 now aligns with a broad range of vocational qualifications and apprenticeships. For level 3 it is just behind England, A level 3 qualification is equivalent to an advanced technical certificate or diploma, or A levels, for 'other' qualifications. Armley is significantly behind England in no qualifications as young people leave education with nothing, they can apply to the job market with.

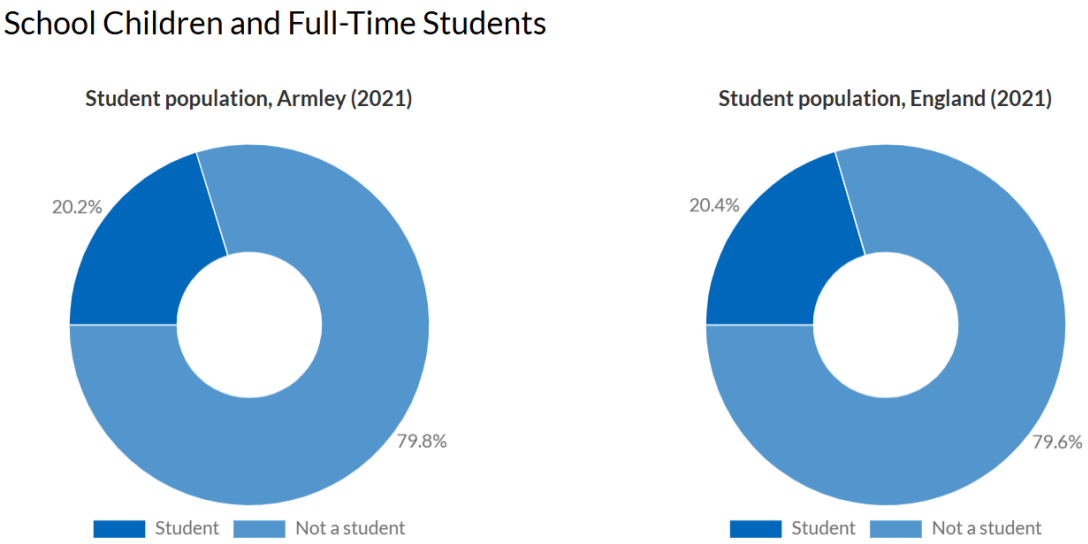
However, encouragingly we can see that in terms of being economically active Armley is above the Leeds and England Levels (2021). We can see how the above translates into economic activity in Armley.

Figure 252 Economically active 16+ (2021)



Source: Census 2021

Figure 253 School children and full-time student population Armley v. England (2021)



Source: Census 2021

There is more information about children's qualifications in the children's section.

Digital Inclusion in the Armley Ward

Digital inclusion is defined as "equitable, meaningful, and safe access to use, lead, and design of digital technologies, services, and associated opportunities for everyone, everywhere" (United Nations definition 2025). There are five domains to digital inclusion.

1) Affordable, Robust Broadband Internet Service

2) Internet-Enabled Devices that Meet the Needs of the User

3) Access to Digital Literacy Training

4) Quality Technical Support and

5) Applications and Online Content designed to Enable and Encourage Self-Sufficiency and Participation.

Which can be summed up as **access**, **adoption** and **application**, meaning Armley residents who are not computer literate and / or cannot afford to access a smart device, laptop, tablet, computer and the internet have greater access and then are support and skilled up to adopt it for daily use and can apply it to topics such as affordable utilities and household budgeting.

The ward has a good record for provision in this field with various projects launching face to face computer courses for beginners on the internet, loan of tablets, credit loaded sims for phones and static computers available during the day and early evening for residents. Venues such as Armley Hub, Armley Helping Hands and New Wortley Wellbeing and Community Center allow permanent access and support.

100% Digital Inclusion Leeds

Leeds city council operates a digital inclusion scheme for the poorest and most marginalised communities across Leeds. The co-facilitated inclusion networks bring together partners to work collaboratively to improve digital inclusion for a specific community. Each network discusses common challenges and best practice, and shares opportunities for partnership working. Information about free support available from 100% Digital Leeds to organisations who want to help their digitally excluded service users in deprived neighbourhoods.

- For more information: https://digitalinclusionleeds.com/

The government has a strategy around digital inclusion to build stronger and fairer economies.

- https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy

Armley Access Courses Gateways into New Occupations

There are many care homes, sheltered housing complexes, nursing residential homes which provide employment for local residents, predominately women. Traditionally a job in the health and social care sector can lead to a nursing career in the NHS, it can be a potential stepping stone to more fulfilling and better paid employment. Especially as future candidates gain more confidence through work experience and then can be supported into vocational training and more formal education for nursing qualifications. This could mean an access course is also an educational course enabling those without formal qualifications to access higher education it is equivalent to three 'A'-levels.

Health and Social Care courses have been run in Armley before however they were 'slow burners' in terms of attendance which meant where local colleges have strict rules on attendance levels before they run a course many of these never got off the ground. Traditionally in this area perseverance and a longer time period as word gets around is required to fill up courses. The other issue tutors have had to contend with is students of varying educational ability in the same class meaning it has proved problematic pitching the course at the right level. Perhaps students could be sifted and sorted into appropriate classes where they feel comfortably challenged without being out of their depth and learn and progress at a suitable pace.

The recommendation for this scenario would be to scrap a minimum attendance level and run level one courses so they become a constant resource within the Armley landscape and seen as such by residents. The level one introductory course is designed for learners who want to gain knowledge of working in Health and Social Care. Crucially this course is designed to support progression to further learning and ultimately to work in health and care or related sectors. Historically people in this area prefer and choose to access employment and vocational within the Armley Ward.

There are introductory on-line courses in health and social care but encouraging residents to access local centres brings to their attention the other opportunities, services and jobs that are available.

Summary of Who Lives in the Armley Ward

Armley's Social Progress Index is ranked as one of the lowest across the city with little movement if any over the years and it has not significantly improved from 2018-2022.

Armley has a relatively young population like most inner-city areas, however compared to the Leeds average there is a more prominent 30-39 age band, but this is still considered young by todays lifespan standards. This age band traditionally has families, requires appropriate space for these families, schools and associated clinical family services.

All of the population of MSOA E02002400 Armley, New Wortley live in the highest level of deprivation, which is one of the three geographical MSOA units which makes up the ward of Armley. For the other two MSOAs all of the populations live in the second most deprived MSOA. This MSOA has the greatest population of residents who born outside the UK.

Armley's population is predominately white working class, but this population has declined to nearly double the Leeds's average. Citizens of a Black background have increased the most significantly followed by the Asian background category.

In the MSOA Armley, New Wortley thirty percent of the residents were born outside of the UK significantly higher than the Leeds and England average. Total applications for national insurance numbers within this MSOA are well over double of that of the Leeds average.

There have been racist incident sin Armley for the last year or so, no major incidents have been reported.

Deprivation is worse in the Armley, New Wortley MSOA where 100% of the residents live in the most deprived decile. Moving away from this MSOA the LSOA which are most deprived are:

- Wyther Park
- Car Crofts, Cedars and Wesley Road
- Armley Ridge Road, Edingburghs
- Car Crofts, Cedars, Wesley Road

Thirty seven percent of the population of this ward are economically inactive and has higher benefit claimant rates than Leeds or England. The universal credit benefit is significantly higher than the Leeds or England average and rising for those claiming it whilst unemployed. The LSOAs with the most severe employment deprivation are:

- Wyther Park
- Armley Grove Place, Hall Lane, Abbot View
- Holdsworth, Clyde Approach
- Car Crofts, Cedars, Wesley Road

There are more males on universal credit than females.

Housing in the Armley Ward consist predominately of social and private rented with council tax A being the prominent tax band.

In terms of fuel poverty, the following LSOAs experience the worse:

- Avaries, Arleys, Salisburys
- Mistress Lane, Nancroft Lane, Brooklyns, Models
- Halidays, Park Street, St Ives

Crime within the ward has fallen but is still an issue with rates greater than the Leeds average, this is not unusual across the city within the neighbourhoods experiencing the greatest poverty. Anti-Social behaviour has rapidly decreased within the ward thanks to concentrated Police efforts and partners. There is still a perception amongst residents that nothing has changed, sharing Police statistics may help alleviate the perceived fear of crime and go some way to reassuring them solid progress has been made. Violent and sexual crime accounts for the majority of crime and Armley is the fourth worse ward for domestic violence.

In terms of most deprived for education, skills and training the following LSOAs would benefit from a focus. They are:

- Car Crofts, Cedars, Wesley Road
- Wyther Park
- Armley Grove Place, Hill Lane, Abbot View
- Holdsforths, Clyde Approach

It may be likely that partners will focus on LSOAs where many if not all metrics lie in the most deprived decile and have not received any focus for a while. A strong suggestion for this focussed work would be the LSOA of Car Crofts, Cedars, Wesley Road, especially the Car Crofts and Cedars. This may be opportune as the Cedars is currently being refurbished and LCC Public Health commissioned services have been asked to focus on these streets near Armley Leisure Center.

Chapter 12- The Social Determinants of Health (SDH) for the Armley Ward

The social determinants of health are the economic and social conditions that influence individual and group differences in health status. They have been discussed in a previous chapter which you can locate by consulting the contents page. The broad social and economic circumstances that together influence health throughout the life course are known as the 'social determinants of health'. There is a social gradient across many of these determinants that contribute to health with poorer individuals experiencing worse health outcomes than people who are better off (https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health).

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and Social Protection
- Education
- Unemployment and Job Insecurity
- Working Life Conditions
- Food Insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict

- Access to affordable health services of decent quality.

Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector.

Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society. (https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

Within the Armley ward all of the above pillars of the social determinants of work require attention.

There is a framework for NHS action (https://www.health.org.uk/reports-and-analysis/briefings/a-framework-for-nhs-action-on-social-determinants-of-health) on the social determinants of health.

Chapter 13-The Commercial Determinants (CDoH) of Health for the Armley Ward.

Overview

The social determinants of health are the conditions in which people are born, grow, work, live, and age, the systems put in place to deal with illness, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. Social determinants of health matter because addressing them not only helps prevents illness but also promotes healthy lives and societal equity.

Commercial determinants of health are a key social determinant, and refer to the conditions, actions and omissions by commercial actors that affect health. Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place. They can have beneficial or detrimental impacts on health.

Key Facts

- Commercial determinants of health are the private sector activities that affect people's health, directly or indirectly, positively or negatively.
- The private sector influences the social, physical and cultural environments through business actions and societal engagements; for example, supply chains, labour conditions, product design and packaging, research funding, lobbying, preference shaping and others.

- Commercial determinants of health impact a wide range of risk factors, including smoking, air pollution, alcohol use, obesity and physical inactivity, and health outcomes, such as noncommunicable diseases, communicable diseases and epidemics, injuries on roads and from weapons, violence, and mental health conditions.
- Commercial determinants of health affect everyone, but young people are especially at risk, and unhealthy commodities worsen pre-existing economic, social and racial inequities. Certain countries and regions, such as Small Island Developing States and low- and middle-income countries, face greater pressure from transnational actors.
- There are effective public health actions to respond to these determinants, which are key to building back better after COVID-19.

(Source: World Health Organisation: https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health)

Commercial activities and business shape the environments we live, work grow and age in. Young people are especially at risk of being influenced by advertisements and celebrity promotion of material. For example, fast-food advertising to youth activates highly sensitive and still-developing pathways in teens' brains. The rapper and singer song writer Stormzy currently has his own celebrity meal at McDonalds (https://www.mcdonalds.com/gb/en-gb/meal/the-stormzy-meal-medium.html)

There are actions that partners can adopt to influence the negative impact of the commercial determinants of health. The World Health Organisation recommends partnering with civil society, adopting so-called best buy strategies and conflict of interest policies and supporting safe spaces for discussions with industry are all examples of how countries can address the commercial determinants of health.

More research is needed on the health equity dimensions of commercial determinants of health as well as governance considerations, including transparency and accountability, in addition to state capabilities to avoid corruption and steer private sector engagements.

Commercial Determinants of Health (CDoH) which have a harmful impact are disproportionately aimed at the poor. The consumption, exposure and harm of unhealthy commodities are socially patterned (predictable and repeated behaviour patterns of certain socio-economic groups). The most common non communicable diseases are driven by physical inactivity, tobacco and alcohol use and the intake of unhealthy foods.

CDoH and 'Washing'

There are specific 'washing activities' commercial enterprises use to clean up their products image. Three of the main ones are listed below.

1. **HEALTH WASHING:** Used by high salt, fat and sugar food industries to advertise products with a distracting and misleading image. For example, young healthy adults surfing on a beach drinking high sugar, caffeinated drinks with no mention of their role in obesity and tooth decay. artificially low-calorie products (Healthwashing in

high-sugar food advertising: the effect of prior information on healthwashing perceptions in Austria | Health Promotion International | Oxford Academic (oup.com).

2. **GREEN WASHING:** Advertising tactics have been identified including selective disclosure of information to create a positive corporate image, symbolic corporate actions, making claims that are deceptive or misleading **Concepts and forms of greenwashing: a systematic review | Environmental Sciences Europe | Full Text (springeropen.com)** – for example, an image of a diesel car in a beautiful setting with muddy mountain bikes on the back may distract us from the role of diesel in poor air quality and climate change.
3. **CULTURE WASHING:** An example of this is gambling companies like bet365 giving money to art, culture and creative industries to improve their corporate image. William Hill in Armley offered money towards the annual Armley festival.

There are organisations which encourage businesses to operate in an ethical manner, where you can sign up to become certified. An example of this is *'Certified B Corporations'*, or B Corps, are companies verified by B Lab to meet high standards of social and environmental performance, transparency, and accountability (https://bcorporation.uk/).

Food Environment in Armley Ward-Healthy High Streets

Take-Aways and Fresh Food Provision in Armley

Below are some examples shops available to residents in Armley.

Figure 254 Examples of shops available to Armley residents 2025 **Shop Name**	**Speciality**	**Fresh Vegetables, Fruit or Salads available.**
Scilly's	Gelato ice-cream	
Bagram	Bar and Indian Restaurant	
Malt Shovel	Public House	
Krool -Mini-Market	Turkish	
Vape Shop	Flavoured Vapes	
Dunarea	Romanian	
Krimos BBQ	Turkish Takeaway	
Tesco Express	Mini-Supermarket	
SFC (Southern Fried Chicken)	Takeaway-Fried Chicken	
Legends-Desserts and Burgers	Takeaway-Desserts and Burgers	
Florence Cafe	Café (Italian)	
Tatra Store	Asian-European	
Wall Street Hookem	Pipes	

Armley-Mini-Market	Mini-Supermarket	
Flavour Kingdom	Pizzas and Wraps	
Mister Vape	Flavoured Vapes	
Armley Discount Food	Mini-Supermarket	
Mekur Slots-Open 24 hrs	Gambling-Slot Machines	
Armley Food Center	Polish Mini-Supermarket	
Greggs	Bakers: Baked products and sandwiches available	
Savers	Discount, Health, Beauty and Bathroom Products- **Sells Alcohol**	
European Cuisines	Latvian, Lithuanian, Romanian, Polish and Ukrainian **Sells Alcohol**	
Bet Fred	Gambling Shop	
Fresh Fruit Super Market	Asian-Mini-Supermarket	
Global Food Store	Polish and Indian	
Royal Hotel	Public House-Closed	
Nice and Tasty Cafe	Café (English)	
Denison Hall	Public House **Sells Alcohol**	
Bargain Booze	Off Licence **Sells Alcohol**	
Leeds Afro-Mart	African Mini-Super Market	
Fresh Metro	Mini-Supermarket	
Classic Fisheries	English Fish and Chips	
Alanus	Frying Falafel	
Layeish	Indian Takeaway	
Dragon Wok	Chinese Takeaway	
Great Wall	Oriental / Chinese Takeaway	
Armley Moor Pharmacy	Chemist	
Skeltons of Armley	Butcher	
White Horse Pub	Public House **Sells Alcohol**	
Karpaty Bakers	Bakers-Patisserie	
Yum-Yum Pizza	Takeaway-Pizza	
Burit-Ui-Chocolates	Takeaway- 'Smoothies'-'Slushies' and 'Cookies'	
CUK Fried Chicken	Takeaway-Fried Chicken	
Pizza Grill	Takeaway-Pizza	
Best One-Armley Convenience Store	**Sells Alcohol**	
Temptations-Dessert Bar and Grill	Takeaway -Burgers and Speciality Desserts	
Leons cafe	Café-English	

Royal Smokehouse-Deli.	Polish Butcher and Delicatessen	
William Hill Bookmakers	Betting Shop	
Cash Generator	Pawn Shop	
Armley Delikatesy	Eastern European **Sells Alcohol**	
The Food Master	Takeaway Burgers, Chicken and Wings	
Pound Land	Discount Store	
Heron Foods	Frozen Foods-Mini Supermarket	
Berkys	Takeaway-Burgers, Grills and Pizzas.	
Kubus Deli	Eastern European Delicatessen	
KFC (Armley Ridge Road)	Southern Style Fried Chicken	

Examples of Shops on Hall Lane and New Wortley

Shop Name	**Speciality**	**Fresh Vegetables, Fruit or Salads available.**
Hall Lane Fish 'n' Chips'	Fish and Chips	
Morrisons	Mini-Supermarket **Sells Alcohol**	
Best One Super Market (near New Wortley Community Center)	Mini-Supermarket	
Crunchies Pizza	Takeaway-Pizza	
Carpatica 2	Discount Store Off Licence **Sells Alcohol**	
Booze Plus	Off Licence **Sells Alcohol**	

Source: Armley Walk-Around Survey 2025

LEGEND	
	Fresh Vegetables, Fruit or Salads available.
	Fast Food Takeaway
	Vape Shop
	Gambling or Betting Shop

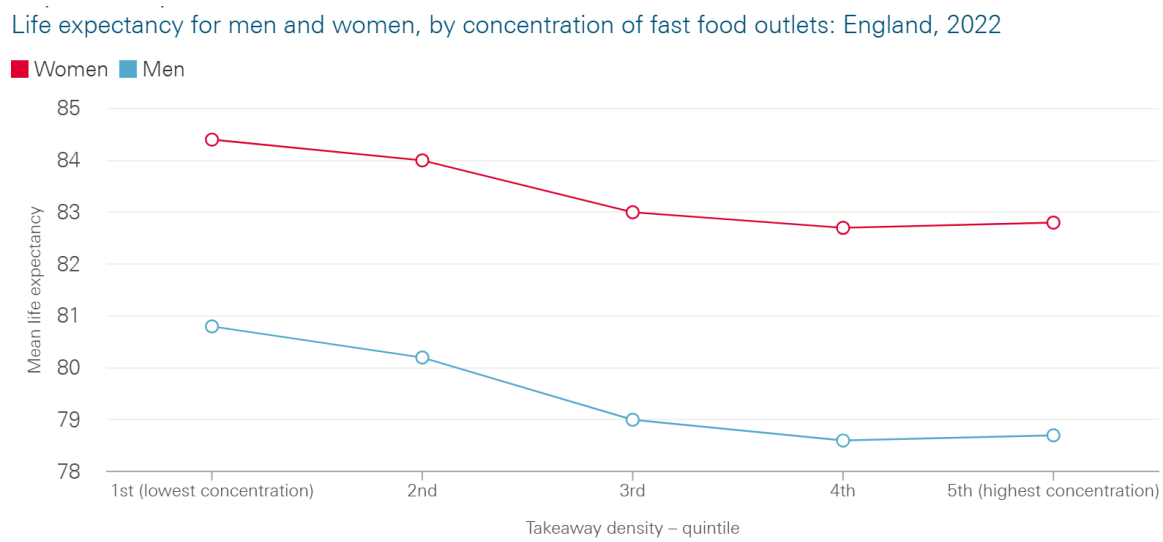
Source: Armley Walk-A- Round 2025

(Reference: also see Appendix 5-Food Table)

There are over twenty competitively priced take aways in Armley and more as you move away from the ward boundaries towards Bramley. Fast foods high in saturated fat, sugar, ultra processed ingredients and low in fibre can cause obesity, diabetes and some cancers.

The table above shows that there is good quality fresh fruit and vegetables available in Armley, typically provided by an Eastern European themed grocer or by smaller nationally branded chain express supermarkets like Morrisons and Tesco. Promoting these opportunities for fresh produce through community food brochures also advertising local food banks is one method of raising residents awareness of what is available in the local area and persuading some residents to visit shops they would not normally think of visiting.

Figure 255 Life expectancy for men and women by fast food outlets in England, 2022



Source: Health Foundation 2022

The relationship between people living in an area their health and availability of fast food is complex. On one hand, food from fast food outlets tends to be higher in fat, salt and sugar, regularly consuming this type of food can lead to weight gain, and subsequent associated problems such as diabetes, heart disease and cancer and on the other it is cheap and affordable for families struggling with household budgets. Living in an area with a high proportion of fast-food outlets increases someone's exposure to unhealthy products, although that does not necessarily translate into higher consumption.

At the same time, people living in areas with a higher concentration of fast-food outlets are more likely to be in poor health. This is because there is a higher concentration of fast-food outlets in more deprived areas, and deprivation is itself strongly associated with poor health.

This chart above shows life expectancy for men and women by concentration of fast food in their neighbourhood.

- Neighbourhoods with lower concentration of fast-food outlets tend to have higher life expectancy.
- Men's life expectancy in neighbourhoods with the lowest concentration of fast-food outlets is 80.8, compared with 78.7 in areas with the highest.
- Women's life expectancy in neighbourhoods with the lowest concentration of fast-food outlets is 84.4, compared with 82.8 in areas with the highest.

- Fast food outlets make up nearly one in three (32%) of all food establishments in the fifth of neighbourhoods with the highest concentration of fast-food outlets. This compares with no fast-food outlets in the fifth of neighbourhoods with the lowest concentration.

(https://www.health.org.uk/evidence-hub/our-surroundings/access-to-amenities/relationship-between-the-concentration-of-fast).

Below is a Public Health Matrix showing the health value of certain establishments on the 'Perfect High Street'.

Figure 256 Richter Scale of Health on the High Street)

This analysis follows the same methodology as our 2015 Health on the High Street report and uses a scale (the 'Richter scale of health') to measure the healthiness of different types of shops and other businesses on the high street.

Richter scale of health

Health impact of each outlet was scored based on the same four areas of health:

1. Encourages healthy lifestyle choices*
2. Promotes social interaction
3. Allows greater access to health care services and/or health advice
4. Promotes mental wellbeing

OUTLET	TOTAL Richter scale score	1. Healthy/ healthier choices	2. Social interaction	3. Access to services and advice	4. Mental wellbeing
Leisure centres	7	2	2	1	2
Health services (dentists/opticians/GPs)	6	2	0	2	2
Pharmacies	5	2	0	2	1
Health clubs	5	2	1	0	2
Libraries	4	1	1	1	1
Museums and art galleries	3	0	1	0	2
Vape shops	3	1	1	0	1
Pubs and bars	2	-1	2	0	1
Cafés & coffee shops	2	-1	2	0	1
Convenience stores	0	-1	0	0	1
Empty shops	-1	0	0	0	-1
Tanning shops	-1	-2	0	0	1
Off-licences	-2	-2	0	0	0
Fast food outlets	-2	-2	0	0	0
Bookmakers	-2	-1	0	0	-1
High cost credit outlets	-4	-2	0	0	-2

* For vape shops this is 'healthier' rather than 'healthy'

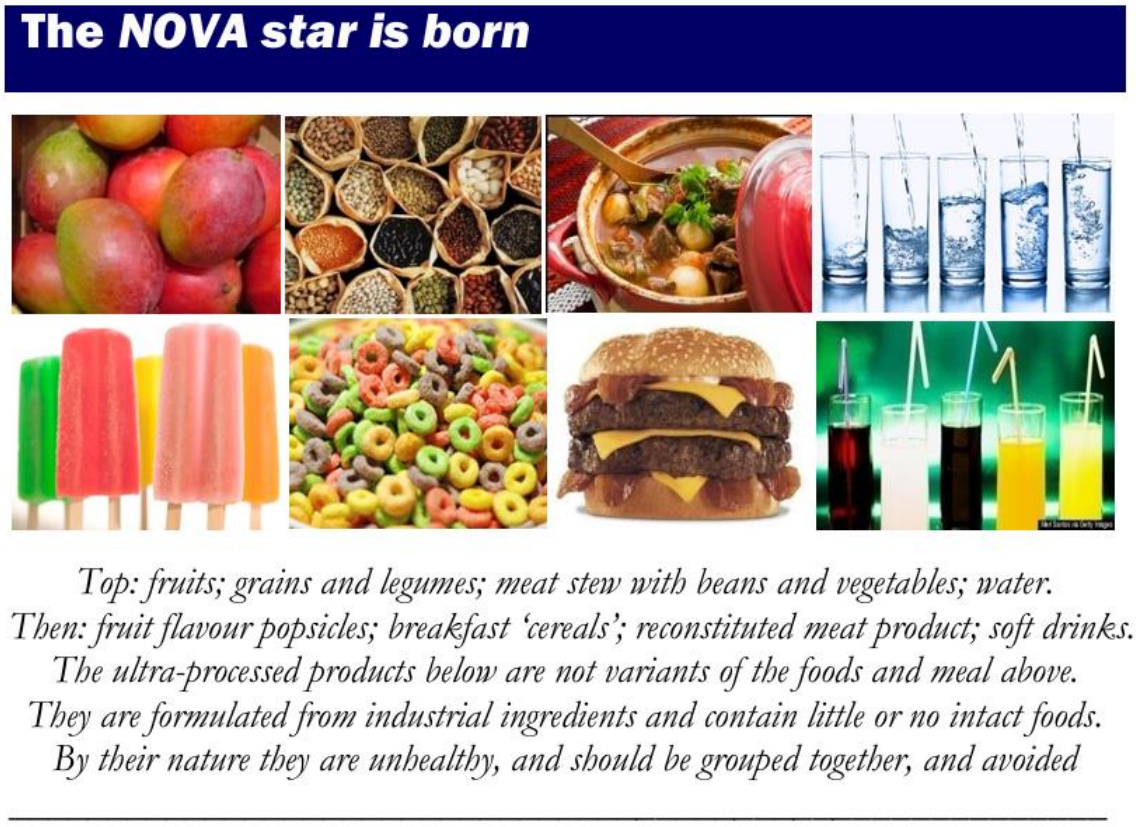
Source: Health on the High Street-Running on Empty-Royal Society for Public Health-2018 dbdbb8e5-4375-4143-a3bb7c6455f398de.pdf)

Ultra – Processed - Food (UPF) in the Armley Ward

Scientists, Clinicians and Public Health Officials are becoming worried about Ultra – Processed -Food (UPF) as its consumption rises. There are a proliferation of fast-food

takeaways in Armley selling UPF. UPF The term ‘ultra-processed foods’ comes from the NOVA food classification system, which was developed by researchers at the University of São Paulo, Brazil. NOVA is the food classification that categorises foods according to the extent and purpose of food processing, rather than in terms of nutrients. In recent decades some attention has been paid to the increasing importance of food processing in global food supplies and dietary patterns, and its role in the pandemics of diet-related non-communicable diseases. But the specific types of processing that modify food attributes and risks of disease – either negatively or positively – have not been precisely defined. Food processing has remained a side issue (Monteiro Et al, 2016).

Figure 257 Nova food classification



Source: Nova Food Classification 2016

The Nova classification breaks down all food into four main groups.

1. Unprocessed or Minimally Processed Foods.
2. Processed Culinary Ingredients
3. Processed Foods
4. Ultra-processed Foods.
   (Full descriptions of each classification can be found here).
   WN-2016-7-1-3-28-38-Monteiro-Cannon-Levy-et-al-NOVA.pdf

Ingredients only found in ultra-processed products include substances not commonly used in culinary preparations, and additives whose purpose is to imitate sensory qualities of

group 1 foods or of culinary preparations of these foods, or to disguise undesirable sensory qualities of the final product. Group 1 foods are a small proportion of or are even absent from ultra-processed products.

Ultra-processed foods often contain high levels of saturated fat, salt and sugar and when we eat them, we leave less room in our diets for more nutritious foods. It's also been suggested that the additives in these foods could be responsible for negative health effects.

The actual processing of the food could also make a difference to how our bodies respond to it. Studies have shown, for example, that when foods such as nuts are eaten whole the body absorbs less of the fat than when the nut is ground down and the oils are released. Another new theory is that diets higher in ultra-processed foods could also affect our gut health.

More research is needed to separate these different elements and understand exactly what about ultra-processed foods could be bad for our health: is it one of these elements or is it their combination? (British Heart Foundation-Nutrition 2016).

Health problems associated with UPF may be mitigated by the addition of protein to help reduce over eating, one of the problems of UPF is their ultra-addictive nature causing obesity and conditions such as type 2 diabetes, (Wade 2025) and (Lawton 2023).

George Orwell the famous socialist writer investigated the eating habits of the poor in his famous book 'The Road To Wigan Pier' he also examined the seductive nature of cheap tasty and popular food. Orwell documents his sociological investigations of the bleak living conditions among the working class in Lancashire and Yorkshire in the industrial north of England before World war Two.

George Orwell-Quotes on Food

"A human being is primarily a bag for putting food into; the other functions and faculties may be more godlike, but in point of time they come afterwards. A man dies and is buried, and all his words and actions are forgotten, but the food he has eaten lives after him in the sound or rotten bones of his children"

George Orwell, The Road to Wigan Pier

"Would it not be better if they (the poor) spent more money on wholesome things like oranges and wholemeal bread or if they even, like the writer of the letter to the New Statesman, saved on fuel and ate their carrots raw? Yes, it would, but the point is that no ordinary human being is ever going to do such a thing. The ordinary human being would sooner starve than live on brown bread and raw carrots. And the peculiar evil is this, that the less money you have, the less inclined you feel to spend it on wholesome food. A millionaire may enjoy breakfasting off orange juice and Ryvita biscuits; an unemployed man doesn't. Here the tendency of which I spoke at the end of the last chapter comes into play. When you are unemployed, which is to say when you are underfed, harassed, bored, and miserable, you don't want to eat dull wholesome food. You want something a little bit 'tasty'. There is always some cheaply pleasant thing to tempt you."

George Orwell, The Road to Wigan Pier

Much of what Orwell remains true and prescient but often forgotten when deploying behaviour change models, the social wider determinants of health often need to be addressed first before healthy diets of the poor can be considered.

Value Based Framing to Aid Residents to Navigate the UPF Landscape

Australian academics have developed a guide for health promotion practitioners and front-line workers which shifts the emphasis and so the blame away from individuals on the food environment. (Victoria Health-2020 Healthy persuasion: A message guide for health promotion practitioners). This can be obtained from the LCC Public Health Department and in brief summary distils into the top tips below.

1. **Tip #1 Externalise the problem**
    a. Focus on the external barriers people face to living a healthy life (not on individual choice and responsibility).

2. **Tip #2 Use values (not facts) to persuade**
    a. Frame your issue around self-directed and altruistic values such as honesty, equality and social justice.

3. **Tip #3 Stick to your story (not theirs)**
    a. Don't engage with opposition arguments or myths. What you fight you feed. Instead tell your values-based story.

4. **Tip #4 Create something good**
    a. Frame solutions as creating 'more' and 'better' outcomes (not 'banning' and 'reducing').

5. **Tip #5 Keep it real**
    a. Show don't tell. Use real examples and real people to bring your message to life.

One of the methods to combat the rise of UPF one northern city has adopted is to ban all ads within set geographical areas. New Sheffield ad ban shows how councils can act on harmful advertising - Adfree Cities

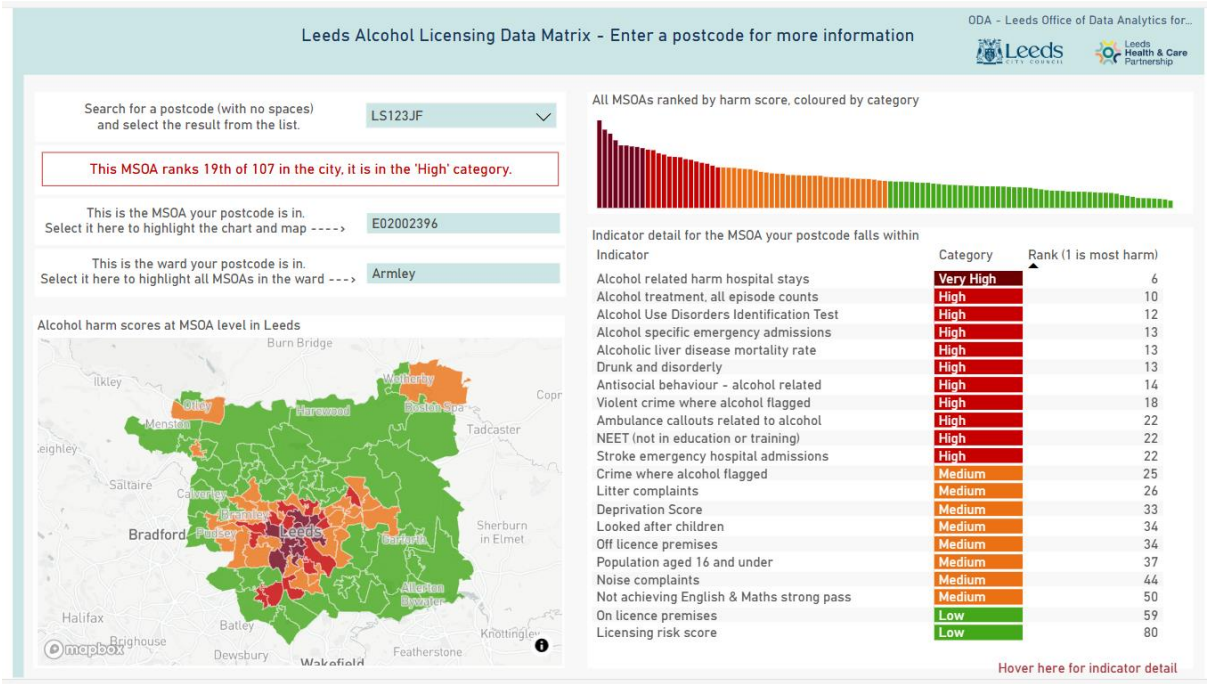
Alcohol Licencing in the Armley Ward

Armley has one of the largest admissions to Accident and Emergency Departments for alcohol related incidents across Leeds. There is a proliferation of outlets which sell alcohol and a high number of alcohol related crimes and increase in disorder. There are ten off licences on Armley Town Street and Branch Road and surrounding area. Consequently,

Armley has been designated a **Cumulative Impact Policy Area** forbidding street drinking and limiting any new alcohol licences within the designated area. The map below shows the designated area.

The Alcohol harm Index is a tool used by Leeds City Licencing Department when reviewing licencing applications.

Figure 258 Leeds alcohol licencing data matrix



Source: Entertainment licensing -Leeds City Council

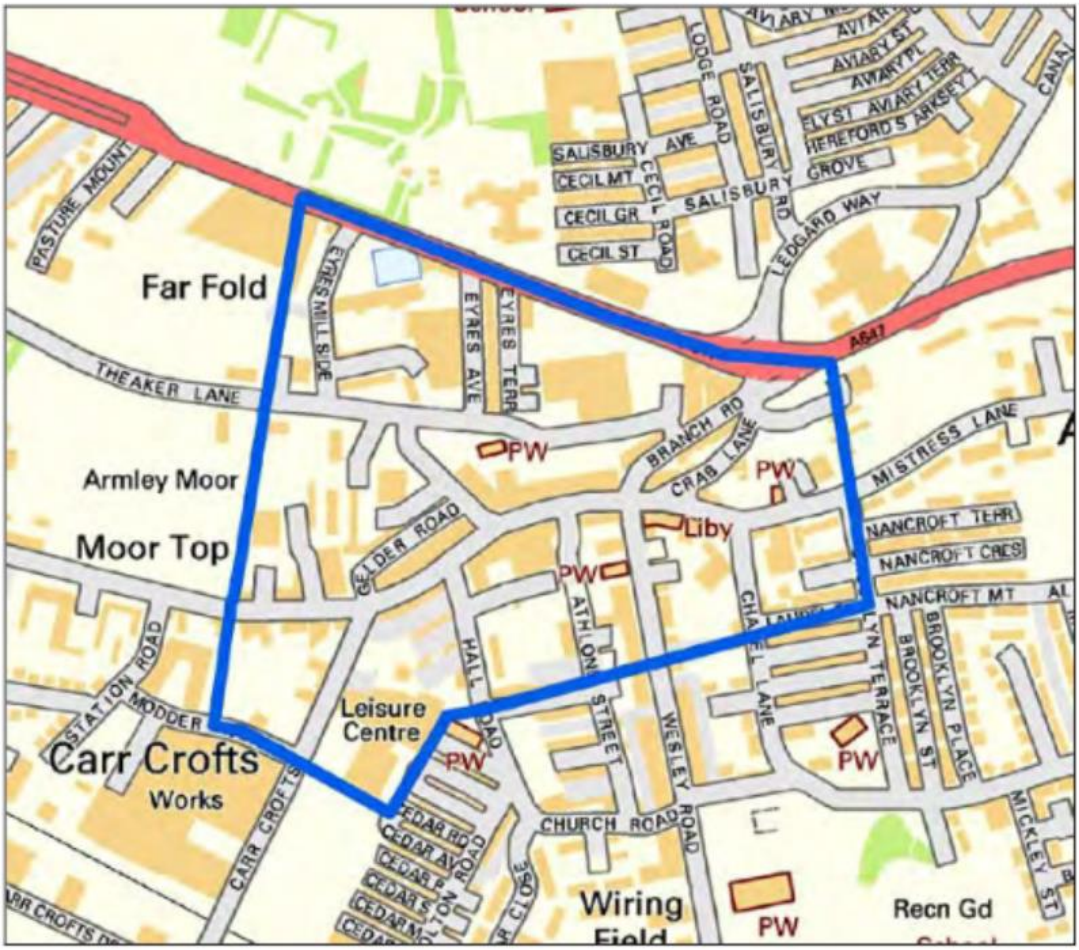
- (https://westleedsdispatch.com/armley-gets-cumulative-impact-policy-limit-off-licences/)

The matrix shows how many alcohol related categories sit in the red very high zone. The MSOA ranks nineteen out of 107 across the city.

The Police, Leeds Anti-Social Behaviour Team, Armley Councillors and Public Health have had a 100% success record in ensuring no new licences enter the area where harm and exasperation of street drinking may be cause. Licencing objections can be made on. This has equated to over a dozen licences in the last eight years.

- Prevention of Crime and Disorder
- Protection of Children from Harm
- Public Safety
- Prevention of Public Nuisance.

Figure 259 Armley cumulative impact policy area



Armley cumulative impact policy area

Source: LCC mapping services

Tobacco Control in the Armley Ward

There has been some seizures of illegal tobacco and vapes in the Armley ward through joint operations with the Police, Trading standards and Customs and Excise. Cigarettes which should legally retail at £16.00 which would include tax and customs and excise duty being sold for only £5.00 from under the counter with illegal and non-UK labels on them. LCC Public Health put in a representation seeking the closure of such premises on the following grounds.

1. **Health Risks**: Illicit tobacco products often bypass regulatory standards, potentially containing higher levels of harmful substances. This can increase the risk of diseases such as lung cancer, heart disease, and respiratory illnesses.
2. **Economic Impact**: The illicit tobacco market results in substantial tax revenue losses. For instance, in 2021-2022, the UK government estimated a loss of £2.8 billion in tobacco duty and related VAT.

3. **Crime and Organized Crime**: The trade in illicit tobacco is often linked to organized crime, funding other illegal activities such as drug trafficking, weapons smuggling, and human trafficking.
4. **Youth Access**: Illicit tobacco is more accessible to minors, undermining efforts to prevent youth smoking. This can lead to higher rates of smoking initiation among young people.
5. **Undermining Public Health Efforts**: The availability of cheaper, unregulated tobacco products undermines public health campaigns aimed at reducing smoking prevalence and promoting smoking cessation.

Peer reviewed academic evidence base examples are listed below.

- Stubbing out the problem: A new strategy to tackle illicit tobacco - GOV.UK
- Nicotine vaping in England: 2022 evidence update summary - GOV.UK
- Electronic Cigarettes - ASH

The Dangers of Illegal Unregulated Youth Vaping

High levels of harmful substances such as lead, and nickel have been found in illegal unregulated vapes confiscated from school pupils. Below are some examples of fact and source checked media reports from the BBC, Guardian, Dental Nursing and Primary Care Respiratory Society.

- https://www.bbc.co.uk/news/health-65614078
- https://www.bbc.co.uk/news/articles/c62300rzkwjo
- https://www.theguardian.com/society/article/2024/jul/25/one-in-six-vapes-confiscated-at-english-schools-spiked-with-zombie-drug
- https://www.theguardian.com/society/article/2024/jul/25/one-in-six-vapes-confiscated-at-english-schools-spiked-with-zombie-drug
- https://www.pcrs-uk.org/news/high-levels-heavy-metals-found-illegal-vapes-confiscated-school-children
- https://www.dental-nursing.co.uk/news/dangerous-levels-of-lead-and-nickel-found-in-illegal-vapes-1

A brief summary of upcoming legislation.

Upcoming National Legislation:

1. Disposable vapes ban coming 1st June 2025 from DEFRA: Single-use vapes ban - GOV.UK
2. The Tobacco and Vapes Bill 2024 - GOV.UK Stopping the Start: Tobacco and vapes bill – key points to include: raising age of sale of tobacco by one year every year so that anyone born on or after 1st Jan 2008 will never legally be able to buy tobacco. New restrictions coming to standardise packaging of vapes and limit flavours and flavour descriptions as well as stricter rules on marketing and advertising and point of sale displays. All with the aim to reduce the appeal of youth vaping.
3. Budget announcement – increasing tax on both tobacco and tax on vapes and e-liquids in relation to nicotine strength – again to make less appealing and affordable

to children whilst ensuring tobacco remains more expensive than vapes for those wishing to use them to stop smoking.

Vaping and Children

Using vaping to quit smoking is endorsed by the NHS (https://www.nhs.uk/better-health/quit-smoking/ready-to-quit-smoking/vaping-to-quit-smoking/) in initiatives such as 'swap to stop' (https://leedsstopsmoking.co.uk/swap-to-stop/) as it is a harm reduction strategy with the end goal of total abstinence. Vaping companies deploy flavours like bubble gum and blackcurrant in a deliberate ploy to make these products enticing and unfortunately this impacts on children. Vaping is dangerous to children and attracts a young audience who have never smoked before. The health effects are addiction: E-cigarettes contain nicotine, a drug that's highly addictive. You don't have to vape every day to get addicted. Anxiety and depression: Nicotine makes anxiety and depression worse. It also affects memory, concentration, self-control, and attention, especially in developing brains (Reynolds Et all, 2024).

Gambling in the Armley Ward

There are three betting / gambling shops in Armley and one 'pay day loans' shop on the high street.

The commercial determinants of health are complex and impact the residents of poorer neighbourhoods disproportionately across the life stage and more research is required to understand their impact and how Armley partners can work with business to promote the positive benefits and mitigate the negative ones (Maani Et al, 2020).

Gambling related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. These harms impact on people's resources, relationships and health (Mariomeau, Egerer and Raisamo, 2022)

Negative effects can include loss of employment, debt, crime, breakdown of relationships and deterioration of physical and mental health. At its worst, gambling can contribute to loss of life through suicide (Gambling Commission 2024. Information available here: Problem gambling and gambling-related harms **).**

Excessive gambling can lead to illegal money lending placing the resident in a situation of jeopardy. There are a number of effective services available for gambling addicts and are listed below.

- https://www.leedsandyorkpft.nhs.uk/our-services/northern-gambling-service/
- https://www.mindwell-leeds.org.uk/services-directory/leeds-community-gambling-service/
- https://www.gamcare.org.uk/news-and-blog/news/leeds-community-gambling-service-one-year-on/

Chapter14-The Environment-Armley Ward

Transport in the Armley Ward

Transport has been problematic in Armley especially for older citizens and the local Neighbourhood Network Armley Helping Hands put together a travel information leaflet both acknowledging the issue and explaining what was available for older residents, which is shown below.

Figure 260 Leeds 12 access to transport leaflet



Source: Armley Helping Hands (2024)

Affordable and efficient transport is essential for poorer, older and vulnerable citizens to access health services, education, leisure and work.

Recently some active travel funding became available, and a business case was put forward by David O'Donoghue from LCC Transport Planning shown below. The briefing notes expertly and comprehensively lays out the travel behaviour within Armley Town Street and subsequent transport planning decisions, but it is not without its detractors in terms of professionals, business and residents.

Armley Town Street Final Briefing Note – Active Travel England - Tranche 4 funding. Prepared by David O'Donoghue-Leeds City Council Transport Planning

Narrative

Background

Armley Town Street lies less than 1 mile to the west of Leeds city centre, and includes high street names, charity shops, and food and independent retailers.

It sits within the Armley ward, which is one of six of the most disadvantaged wards in Leeds. It has 15 Lower Super Output Areas, 10 of which are within the 5% most deprived in England. Two are within the 1% most deprived in England. Because of its disadvantaged status, the council has created a Priority Ward Partnership Plan 2023-2030, which aims to deliver the Best City Ambition, improving outcomes of residents and tackling disadvantage. Armley Town Street has been highlighted as one of four key areas for the Priority Ward Partnership Plan.

The street is a busy space, with popular bus stops and frequent bus links to Leeds, Bradford, Farnley, Bramley, Middleton, Pudsey and Whinmoor. The bus stops are also used by school buses transporting pupils to local secondary schools in the area. However, the streetscape is cluttered, constrictive, dark and in need of cleaning/repair. There are issues with noise, speeding, traffic, rat-running and collisions. The high street units are run-down and need some attention, and the street itself lacks public spaces for people to enjoy.

Funding

Leeds City Council has been awarded £2.9million in funding to revitalise Armley Town Street from Active Travel England*. A condition of the funding means our plans must make walking, cycling or using public transport safer and more desirable.

* Active Travel England is sponsored by the Department for Transport and is responsible for making walking, wheeling and cycling the preferred choice for everyone to get around in England.

However, we can use part of this funding for additional improvements on Armley Town Street. There is an opportunity to deliver:

- safer junctions and pedestrian crossing points
- reduced through-traffic and speeding

- an attractive space that encourages people to visit and spend more time
- fewer bus delays along the length of Town Street
- improved waiting areas for bus passengers
- better cycling and walking links
- improved air quality
- more opportunities for local events and markets
- a healthy local economy

LCC transport planning want to consult with a variety of local stakeholders to understand current issues related to the above points and what improvements the community would like the funding spent on.

Useful Transport Statistics:

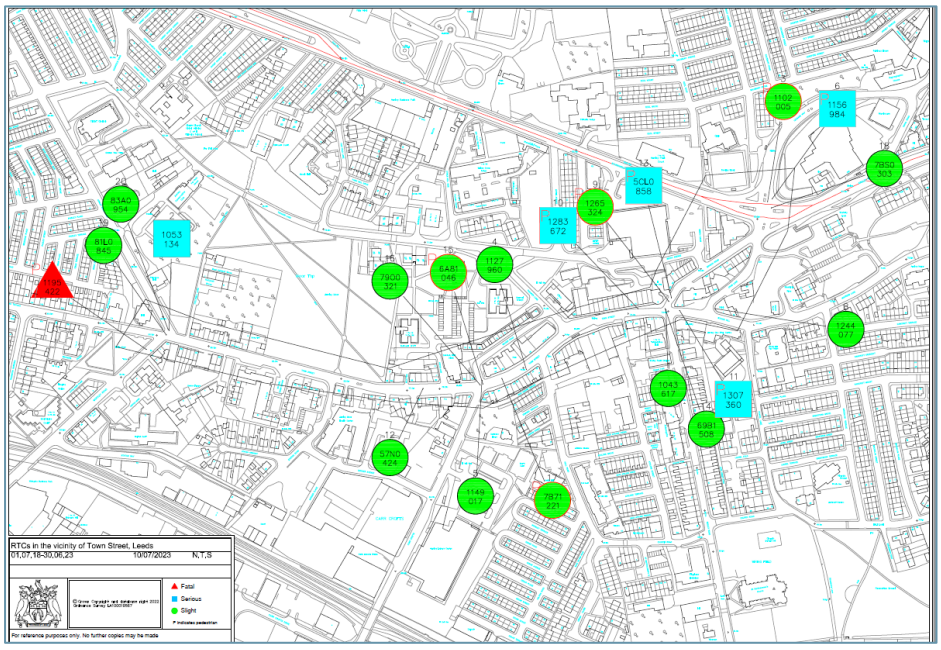
Road Collisions

Between 2018-2023 there were 20 casualties, including one fatality, along Armley Town Street:

- 48% involved people walking, wheeling* or cycling
- 52% involved people in motorised vehicles
- 75% occurred at junctions

Location of collisions along the route from July 2018 to May 2023 - a collision can involve multiple casualties:

Figure 261 Location of collisions along Armley proposed planning route July 2018 to May 2023



Source: LCC Transport Planning 2024

School Children

Of the seven primary schools in the Armley area – an average of 77% of pupils either walk, cycle or use public transport to travel to and from school.

Pedestrians

At three key points along Town Street, counts were made to establish how many people were crossing the road on a weekday and a Saturday in 2022. These were outside Bargain Booze, Lloyds Bank and Poundland where there are currently no crossing facilities.

Figure 262 Pedestrian crossing statistics Armley Town Street 2022

Area of Town Street	Thursday (Number of people walking along the street in either direction on either footpath)	Thursday (Number of people walking who then crossed the road in either direction)	%	Saturday (Number of people walking along the street in either direction on either footpath)	Saturday (% of people walking who then crossed the road in either direction)	%
Bargain Booze	2,796	1,610	58%	3,346	1,584	47%
Lloyds Bank	4,281	1,297	30%	5,293	1,581	30%
Poundland	6,297	4,776	76%	7,527	7,026	93%
Total	**13,374**	**7,683**	**57%**	**16,166**	**10,191**	**63%**

Source: LCC transport Planning

This shows how high footfall is on Town Street and that a large proportion of people when they visit are crossing the road, particularly outside Poundland both on a weekday and a Saturday.

Buses

Bus vehicle tracking data from March 2023 shows that in the morning peak hour (8am-9am), buses take over 6 minutes on average to travel from the Pinfold Lane bus stop to the Wesley Road bus stop, a distance of roughly 400m. Around 18% of buses in the weekday morning peak hour take over 10 minutes to travel between these bus stops, and the slowest bus took over 19½ minutes. The slow performance is likely due to a) heavy boarding demand for inbound buses at the Town Street bus stop, and b) congestion from the A647 Ledgard Way junction slowing inbound buses from turning right onto Wesley Road.

In comparison, buses took on average only 2½ minutes to travel the same route in the weekday afternoon peak hour (5pm-6pm). And outbound buses (ie those travelling from Leeds city centre), the average journey time from the Wesley Road bus stop to the Pinfold Lane bus stop was 4 minutes in the morning peak, and 2 ½ minutes in the afternoon peak.

Traffic modelling of the closure of Armley Town Street to general traffic suggests more cars would use Tong Road, A647 Stanningley Road west of Branch Road, and Wesley Road. However, the modelling also suggests that several roads adjacent to Town Street will see large decreases in traffic due to the removal of through traffic from Town Street.

Tong Road between Armley Gyratory and Carr Crofts is estimated to see on average a 16% increase in vehicles. This means there will be roughly 102 more vehicles heading east on Tong Road in the AM peak hour (0800-0900), and 138 more vehicles heading west in the PM peak hour (1700-1800). The modelling suggests there are likely to be slightly more vehicles on A647 Stanningley Road between Branch Road and Bramley roundabout (Henconner Lane), an increase of 5% which means roughly 30 more vehicles heading east in the AM peak and 44 more heading west in the PM peak. Finally, Wesley Road is estimated to see a 32% increase, or in terms of vehicles, 25 and 34 extra vehicles heading north and south respectively in the AM peak, 39 and 45 (north and south respectively) in the PM peak.

However, lots of roads around Armley, not just Town Street itself, will see less traffic. This is because through traffic that previously used Town Street will also be removed from Branch Road, Crab Lane, Carr Crofts, and Town Street between Carr Crofts and Whingate.

Traffic

- Traffic was monitored on a weekday in March 2022 7am – 7pm total of 10, 600
- 86% of these vehicles spent less than 5 minutes on Town Street, strongly suggesting they were just passing through, not stopping and spending time on the actual street or visiting local businesses.
- Only 2% (212 vehicles) of all these vehicles spent longer than 30 minutes on Town Street

Parking Capacity

Parking was monitored in March 2022 and found that:

- On-street parking around Armley Town Street, including Armley Leisure Centre, is never above 32% capacity on both a weekday and a Saturday with most common length of stay being under 30 minutes on both weekday and Saturday.
- Armley Leisure Centre has a car park which the public can use free of charge for up to a 3-hour maximum stay. Data shows that this car park is never above 47% capacity with most common length of stay being 30 minutes – 1 hour on both weekday and Saturday.

Justification for the Armley Town Street Scheme

Smart Transport on-Street Surveys

In March and April 2022, Leeds City Council commissioned a third party to conduct on-street public questionnaires on Armley Town Street. Survey findings showed that:

- 73% of respondents visit Armley Town Street either daily or a few times a week
- When asked 'How did you get to the street today?' 92% of respondents either walked, cycled or took the bus
- 84% of respondents lived in Armley
- The most popular length of time to spend on Armley Town Street was 30 minutes to 1 hour
- When asked 'On a scale of one to 10 (one being Not at all satisfied and 10 being extremely satisfied), how satisfied are you with the volume of traffic on this street?' 56% of respondents answered 5 or below
- The top four physical improvements respondents wanted to see were 'more public spaces/seating, more green spaces, less traffic/lower speeds, improve crossing points'

Leeds West Levelling Up Fund - 2022

Between May to June 2022, a consultation for proposals to Armley Town Street was held as part of the council's 'Leeds West: Green, Healthy and Connected' bid to the Government's Levelling Up Fund. Data collected before the consultation and consultation findings showed that:

- 58% of respondents travelled to Armley Town Street by walking, cycling or using public transport.
- 78% of respondents visited the street for up to one hour
- On an average weekday there are 10,000+ vehicles traveling along Town Street
- 86% of vehicles are passing through Armley Town Street and not using the street as their final destination
- 60% of motorists visiting Armley Town Street, park for less than 30 minutes
- 22% of working population in Armley travel to work by bus. Bus delays of up to three minutes are frequent along Town Street
- 58% of respondents were either unhappy or very unhappy with their experience of Armley Town Street
- The top five physical improvements respondents wanted to see were 'more tree and flower planting, more pedestrian space, footpath improvements, benches and priority for buses'
- Of four options for change, option 4 (pedestrianisation of Armley Town Street) was favoured, followed by Option 3 (bus only section of Armley Town Street).

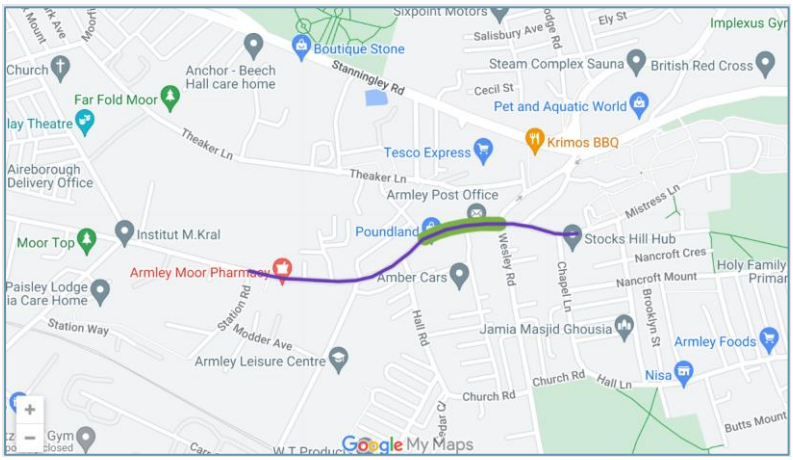
Future Transport Plans for Armley Town Street

Following further discussion during the consultation period with ward councillors and other stakeholders, together with strong evidence which shows most people travel to Town Street by foot or bus and that most traffic just passes through Armley Town Street, we are proposing we consult further on Option 3. This is because it would bring many of the benefits associated with the pedestrianisation of option 4, but also prioritise buses over other vehicles.

During the next few weeks, we want to engage with key stakeholders in Armley so that they can help shape an initial proposal which we will then take out to full public consultation in Jan/Feb 2024.

Scope of scheme

Figure 263 Map showing scope of Armley transport scheme 2024



Source: LCC Transport Planning

Buses, cycles, hackney carriages (black and whites), and emergency vehicles only

Scope of the scheme/improvements

Key messages for Stakeholders:

- Council planning want to make changes that will benefit people who live and work in Armley
- Resident contributions are important as they will help us to create a proposal for Armley that best reflects the community's needs.
- The proposal was shared with the wider community of Armley in Jan/Feb 2024 is just a proposal, and all feedback will be listened to, and changes made if it's felt that there are better solutions or missed opportunities.

Key Stakeholders in Armley:

- Acorn the Union
- Armley Forum
- Armley Action Team
- Town Street Sub Group
- Armley CAN
- Armley in Bloom?
- Keep Armley Tidy
- Better Together
- Brownies and Guides
- Men's Walk Group
- Climate Action Armley
- Community Voice (Wortley)
- Armley Helping Hands
- Shenanigans
- Women's Walk Group
- New Wortley Community Centre
- New Wortley & Armley Community Voice
- People in Action (Strawberry Lane Cub)
- Urban Task Group?
- West Leeds Walks
- Wyther Park Community Group
- Businesses

Other Stakeholders

Faith Groups
Local Care Homes
Health Partnership- Primary Care Networks and Local Care Partnerships

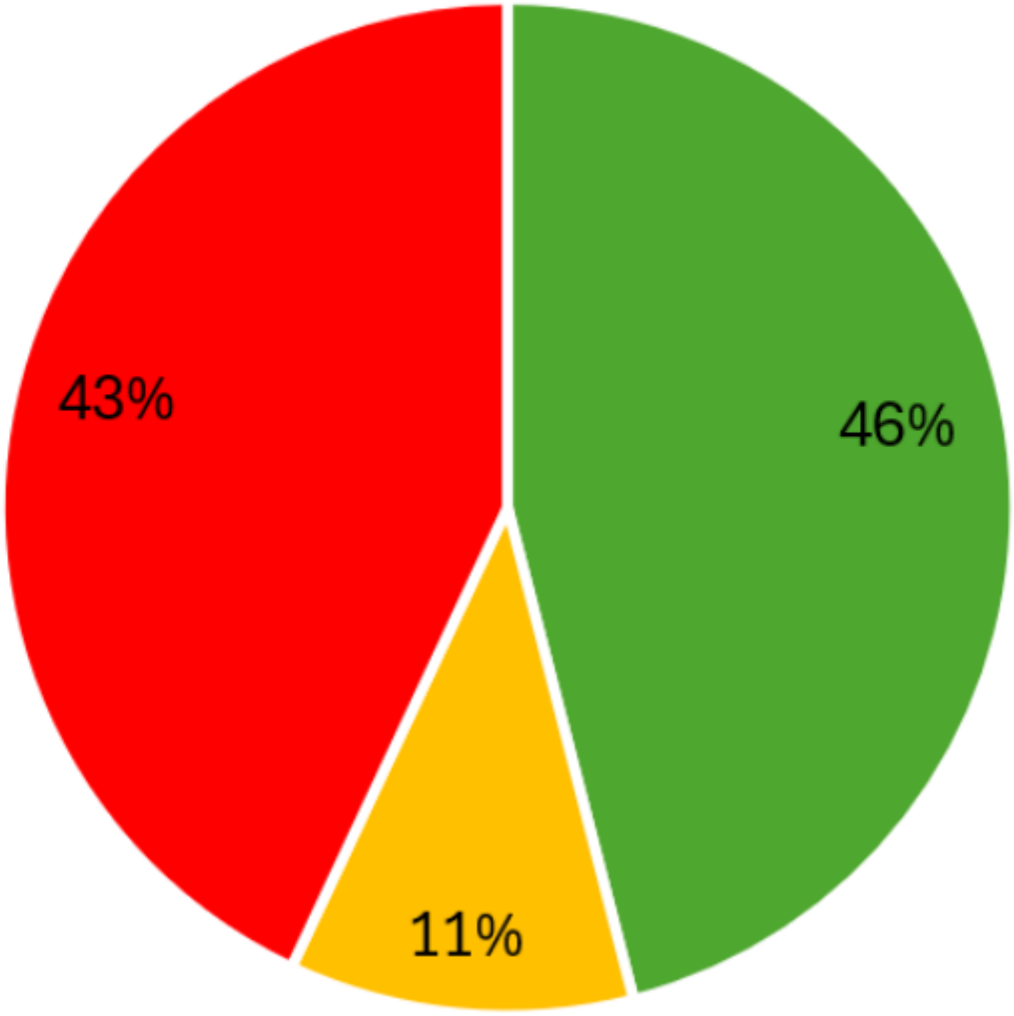
Source: David O'Donoghue from LCC Transport Planning shown below.

The consultation and planning is still in progress which may mean a bus gate / bus only travel up Armley Town Street or variations of that scheme, no decisions have been made at the time of this assessment being prepared.

Results of the consultation on the proposed plan can be found by clicking on the link below.

Look Back at - Consultation Results & Next Steps - Armley Town Street This marks the end of the engagement phase of this proposal.
Below is a Pie Chart showing the overall reaction to the Armley Transport Scheme by local resident s and stakeholders. Detailed breakdown of all the responses can be found by clicking on the link above.

Figure 264 Pie chart showing resident reaction to the proposed Armley Town Street Transport Plan 2025



Source: LCC Transport planning Survey-(447 respondents-2024).

Legend:

Positive	46%
Negative	43%
Neutral	11%

Active Travel Consultation by Active Leeds

Five years ago, there was a comprehensive active travel survey concerning safer walking and cycling in the Armley Ward conducted by Karen peck from LCC Active Leeds, the project is now closed for comment, but it is useful and interesting to view as a reference as to what might be possible for future projects of this nature some of the comments and their locations which can be found here.

https://leedscovidsuggestascheme.commonplace.is/comments

Climate Change and the Residents of the Armley Ward

We live in testing times. In the aftermath of the pandemic, we have a cost-of-living crisis that is pushing so many families into poverty, and we also have the looming impact of climate change to deal with. What is often forgotten is that, in fact, poverty and the climate emergency are two sides of the same coin, that can and need to be addressed together (Kier 2022).

For people already in poverty, the climate crisis will make things worse in two ways:

- **Directly**: cheaper and lower quality housing is often lacking insulation or built in areas more susceptible to extreme weather (i.e. on flood plains, or places susceptible to wildfires, colder winters).
- **Indirectly:** extreme weather affects crop yields leading to resource scarcity which will drive up consumer prices. This disproportionately affects those already struggling to make ends meet.

Flooding is another very visible impact of climate change on the poor. In Armley there are many green spaces, grassed and soil areas surrounding housing and high rise where excess water can soak away. In Sheffield they have early completed a rain garden project called grey to green which is innovative and award winning and despite resident expectations remarkable un vandalised. Not only does it help deal with adverse weather events such as flooding it has a hugh impact on residents emotional health and clearly demonstrates the health benefits of reconnecting to nature. It is expensive but sustainable and if delivered in Armley would deliver a lasting health legacy. The Sheffield scheme focuses on inner city Sheffield and more information can be found here https://www.greytogreen.org.uk/ .

Cosy Homes and Thriving Communities: Solutions for Poverty and Climate Change

We live in testing times. In the aftermath of the pandemic, we have a cost-of-living crisis that is pushing so many families into poverty, and we also have the looming impact of climate change to deal with. What is often forgotten is that, in fact, poverty and the climate emergency are two sides of the same coin, that can and need to be addressed together. People experiencing poverty are often more susceptible to the impacts of climate change, as

well as less likely to have the resources to adapt to the effects of the collapsing climate: if you struggle to afford food, installing a heat pump is but a pipedream. On the other hand, if we overcome poverty, communities can become more resilient and can reduce, mitigate, and adapt to climate change.

Local Action on Climate Change in Armley

Although few residents have expressed concerns about climate change through 'stakeholder voice' there is strong activity within the ward by the organisation Climate Action Armley who have green projects, electrical recycling programmes, volunteering opportunities, planting blossom tree days and food pantry launches. It is a local section of Climate Action Leeds and enjoying increased popularity amongst residents.

- https://uk.becollective.com/groups/63de91f3c43131ed2196d311/profile

Climate Action Armley produce a local newsletter.

Older Residents and Rising Temperatures

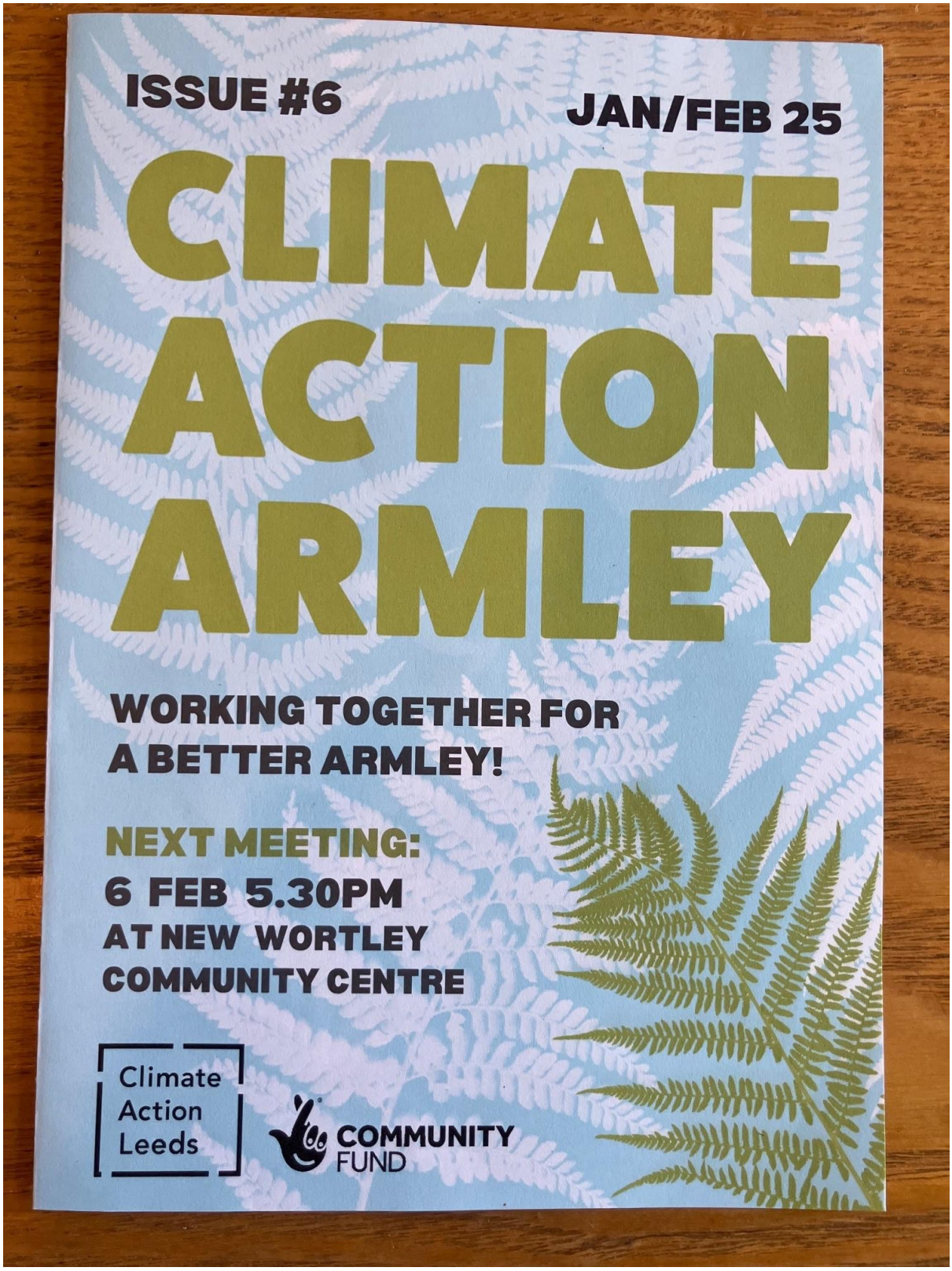
As temperatures increase across the globe and local temperatures in urbanised areas where heat is reflected off denser concentrations of buildings and traffic making it sometimes considerably hotter than rural settings, older citizens are particularly at risk. Local Armley charities such as Armley Helping Hands and New Wortley Community Center ensure access to 'cooler places' and home equipment such as fans have been made available for older community members.

The 2025 Director of Public Health for Leeds Annual Report reflects these concerns in three key themes.

- Unequal impacts of rising temperatures in Leeds.
- How rising temperatures affect people with long-term health conditions.
- Emerging risks: Infections and air quality

The report can be accessed here: Leeds Observatory – DPH report

Figure 265 Climate Action Armley Newsletter



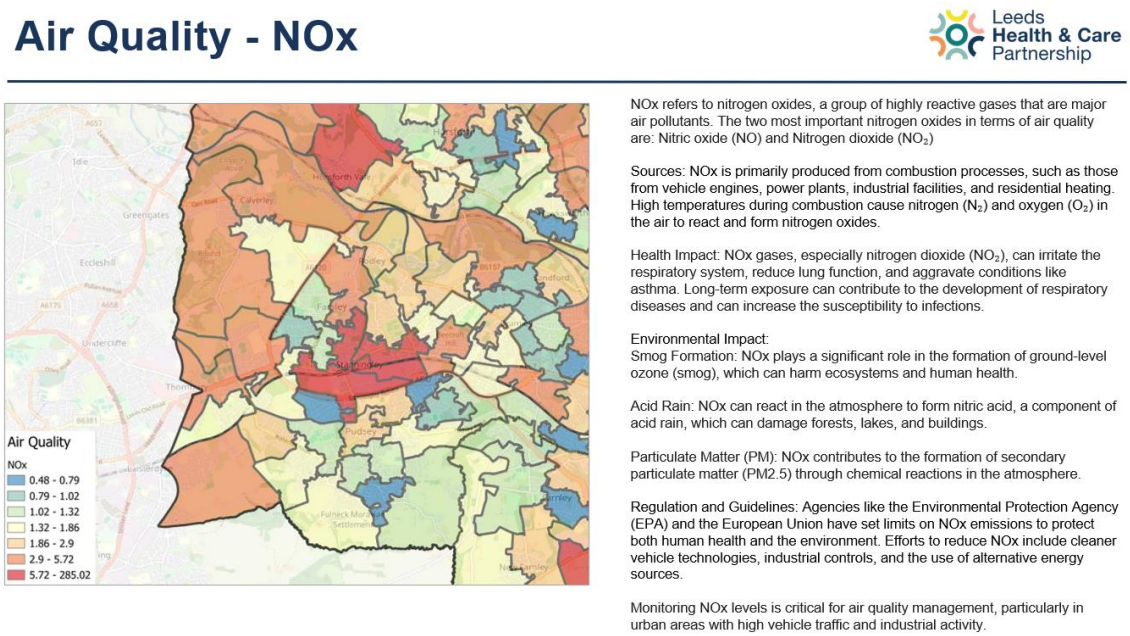
Source: Climate action Leeds (2025)

Air Quality in the Armley Ward

Air quality has a massive impact on our general health and the health of our respiratory systems, over the last ten years the issue of good air quality has increased in media coverage and public concern.

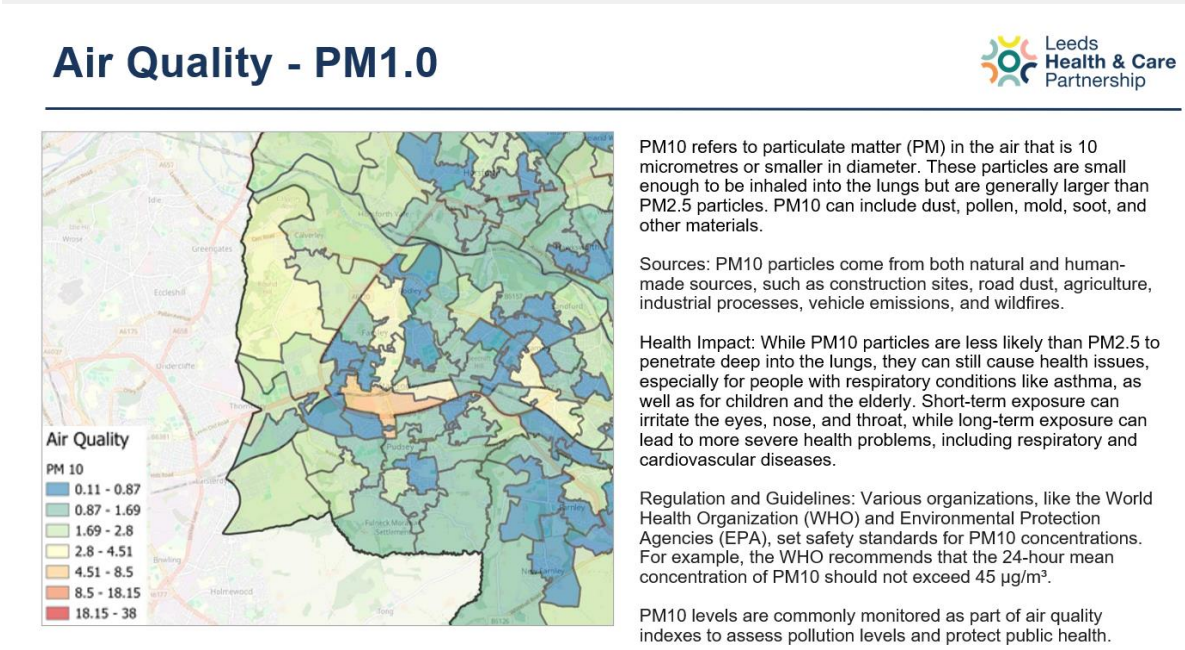
The historical air quality maps below show areas where air pollution may be a problem in West Leeds.

Figure 266 Air quality-nitrogen oxides-West Leeds (2024)



Source: Leeds Health and Care Partnership (2024)

Figure 267 Air quality in West Leeds (2024)



Source: Leeds Health and Care Partnership (2024)

Although Armley does not have the poorest air quality within the west Leeds geography, it is very close to the gyratory road system and will suffer from fluctuating air pollution.

There are initiatives that local residents can get involved in such as the https://www.cleanairhub.org.uk/ which is part of the global action plan it collects the vast majority of information people would need to know about air pollution in one place. Since high air pollution is potentially linked to low birth weight and can lead to premature birth, pregnancy loss and can affect children's lung function development, exasperate asthma and cause heart and lung disease the hub offers Armley residents some straightforward advice.

Simple Steps for Armley Residents that Can have a Big Impact on the Air We Breath

1. Remember your inhaler and watch for high forecast days and always have your inhaler to hand.

Make Travel Choices for Cleaner Air

2. **Use people power-**Walk or cycle to work, school or work from home if you can.
3. **Discover the side streets**-Use quieter streets when you are on a bike or on foot to avoid polluted main roads.
4. **Go electric**-There are lots of ways you can travel electric. Hire an electric car, taxi or test drive an electric vehicle today.
5. **Don't idle**-If you drive, turn off your engine when you vehicle is stationary, and it is safe to do so.

Make Cleaner Air Decisions in Your Home

6. **Ventilate your home**-Open windows and use extractor fans when cooking or using cleaning products, but close windows near busy roads during rush hours.
7. **Use fragrance -free milder cleaning products.**
8. **Choose paints and varnishes that are labelled low volatile organic compounds (VOCs).**
9. **Avoid or reduce home burning e.g. burning rubbish outside the home and burning log burners or coal fires inside the home.**

Source: Clean Air Hub 2025

Green Doctor (Ground Work) and the Royal Society of Chemistry also provide simple guides on common indoor pollutants and their sources in the home, impact on health and subsequent tips to improve indoor air quality.
https://www.groundwork.org.uk/greendoctor/green-doctor-resources/

- Google maps has a facility to map air quality at a 'Hyper-Local-Level' at a 500 -meter resolution. https://mapsplatform.google.com/maps-products/air-quality/
- https://www.google.com/maps/@53.8017792,-1.5433728,6685m/data=!3m1!1e3!5m1!1e9?entry=ttu&g_ep=EgoyMDI1MDQwMi4xIKXMDSoJLDEwMjExNjQwSAFQAw%3D%3D

Different countries/regions use different scales to report air quality based on local pollution and health considerations. There are dozens of local indexes used across the globe. For example, some states in Australia use a number-based system while others use a category-based system. Canada, US and Japan define separate air quality indexes, as does the European Environment Agency.

As the air pollution worsens, public health risks increase. It especially affects children, the older adult population and other at-risk populations. During times of poor air quality, governmental agencies generally provide health recommendations related to indoor and outdoor activities.

How air quality indexes are calculated

The Air Quality local Indexes are based on measurements of air pollutants.

Some common pollutants that are tracked include:

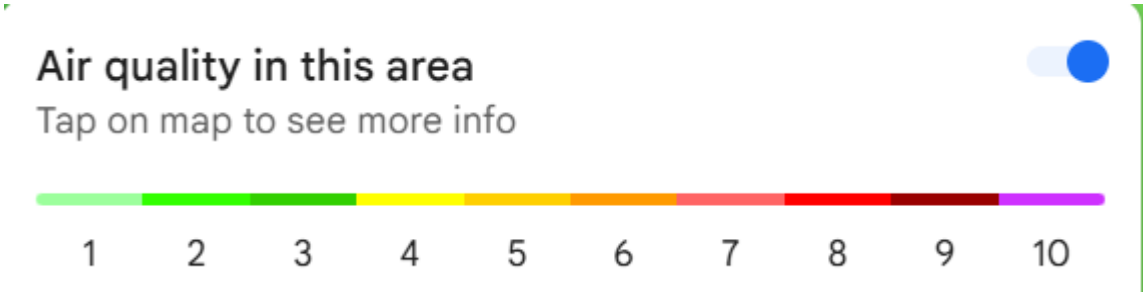
- Particulate matter, like PM2.5 and PM10
- Ozone (O3)
- Nitrogen dioxide (NO2)
- Sulphur dioxide (SO2)
- Carbon monoxide (CO).

The concentration values of these pollutants, and sometimes other pollutants, are measured over time and used to calculate the Air Quality local Index. Different countries/regions measure different pollutants for the index definition. For example:

- The European AQI reports on the five separate pollutants mentioned above.

Air Quality is measured on Google maps using the below scale, with green colour showing the least air pollutants.

Figure 268 Google Maps-Air Quality Scale



Source: Google Maps 2025



Source: Google Maps 2025

The above map is a 'air-quality snapshot' for Armley at 12:49pm 6th April 2025 on a quiet Sunday without rush hour traffic and the air quality is good.

Street Cleansing, Sanitation, Fly Tipping and Pest Control in the Armley Ward

Fly Tipping in the Armley Ward

Street litter and fly-tipping in Armley negatively impact the environment, Public Health, and the overall quality of life, leading to issues like pollution, attracting vermin, and reducing property value. Ugly environments dim lives of residents already struggling with many social and economic challenges.

Leeds City Council street cleansing teams work hard constantly to keep the area tidy and have considerably improved the aesthetics of the area, but it is a constant battle with

outside vans and cars fly tipping in an area they don't live in. On a recent walk around in March 2025 there was much litter around the Bawns Area of Armley and many gardens over grown, unkempt full of litter and animal faeces. Below are some of the hazards of unkempt areas.

Environmental Impacts for Armley.

- **Pollution:**

Litter and fly-tipped waste can contaminate soil, water, and air, harming wildlife and ecosystems.

- **Non-biodegradable Materials:**

Many items fly-tipped contain plastic, which can take hundreds of years to decompose and pollute the environment.

- **Aesthetic Degradation:**

Litter and fly-tipping create an unsightly and unkempt environment, impacting property values and the overall appearance of the area.

Public Health Impacts for Armley:

- **Attracting Vermin:**

Litter and waste attract rats and other pests, which can spread diseases and create unsanitary conditions.

- **Health Hazards:**

Fly-tipped waste can create health hazards, such as the presence of hazardous materials or the spread of diseases.

- **Reduced Quality of Life:**

The presence of litter and fly-tipping can negatively impact the mental health and well-being of residents, leading to feelings of a lack of control over their environment.

Social and Economic Impacts for Armley:

- **Increased Costs for Local Authorities:**

Cleaning up fly-tipped waste and dealing with litter incurs costs for local councils, which are then passed on to taxpayers.

Social and Economic Impacts for Armley:

- **Increased costs for local authorities:**

Cleaning up fly-tipped waste and dealing with litter incurs costs for local councils, which are then passed on to taxpayers.

- **Reduced property values:**

Areas with high levels of litter and fly-tipping can experience a decline in property values.

- **Safety concerns:**

Litter and fly-tipping can create safety hazards, such as tripping hazards or the attraction of criminals.

- **Reduced community pride:**

The presence of litter and fly-tipping can damage community pride and lead to a decline in social cohesion.

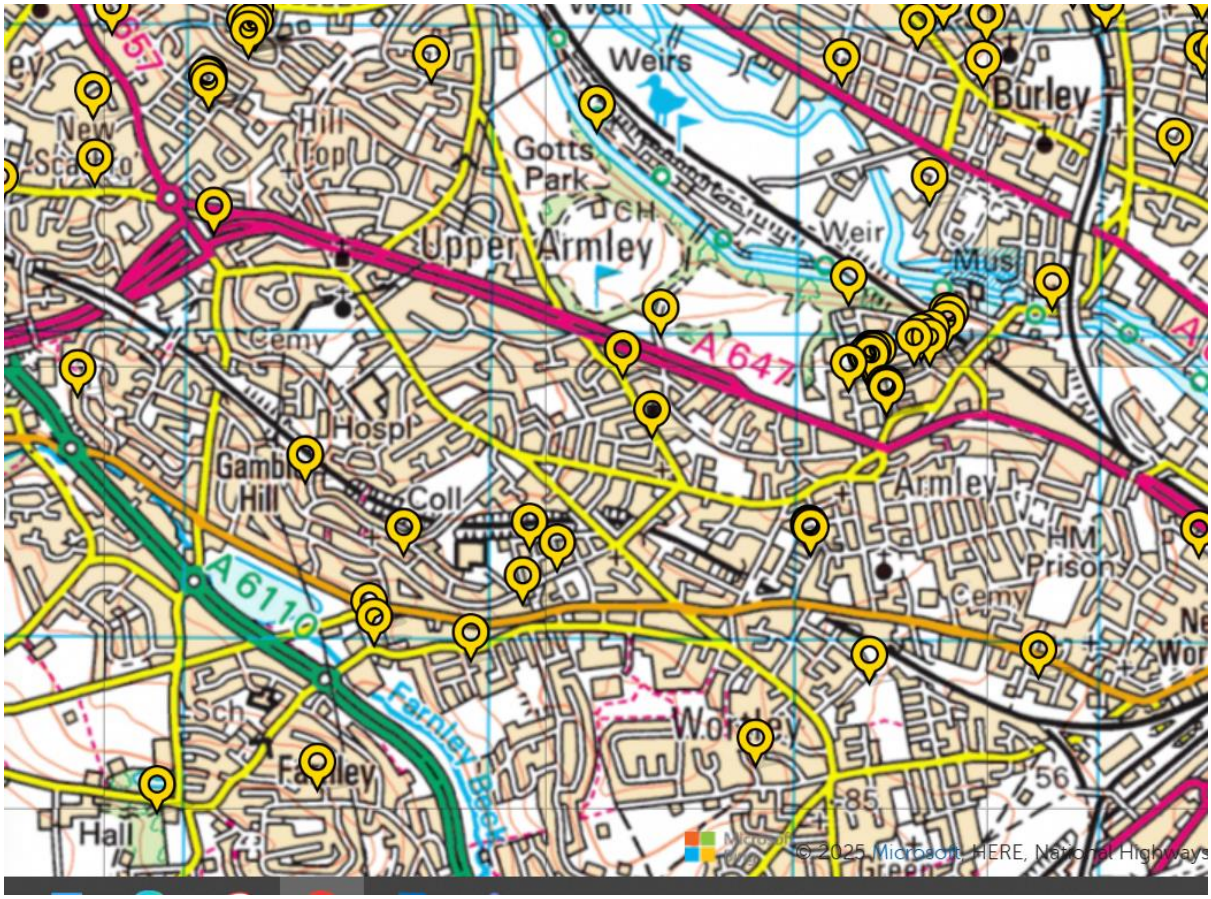
Fly tipping has been a huge problem for Armley historically and residents are encouraged to report incidents of it where ever they see it.

Source: LCC Cleansing Department

There are opportunities for residents to report fly tipping. https://www.leeds.gov.uk/antisocial-behaviour-and-crime/report-fly-tipping and organisations other than the council who endeavour to keep Leeds clean https://litterfreeleeds.co.uk/about-us .

The council have had a continued crackdown on fly tipping and achieved a 15% reduction in 2022/23 (Source: LCC 19th January 2024) https://news.leeds.gov.uk/news/t/flytipping

Figure 269 Fly-tipping Armley ward 2024



Source: Fix My Street Leeds City Council (April 2025)

The above map shows some 'pinned' examples of Fly-Tipped Rubbish within the Armley Ward.

https://www.fixmystreet.com/reports/Leeds?status=open,closed,fixed&zoom=14&lat=53.79905&lon=-1.59708&sort=updated-desc&filter_category=Flytipping The above map is updated and can be accessed through the link above.

Dog Fouling in the Armley Ward

Statistics released by the authority via Data Mill North (statistics site) show the areas of Leeds most plagued with dog 'poo'. The worst ward in the city in 2017 and 2018 for dog-fouling was Armley*.

In the Armley Ward, dog fouling is a problem, and residents can report it to Leeds City Council, who will clean the street within five working days and potentially face fines for not cleaning up after their dogs. A recent walk around the ward in March 2025 shows the extent of the problem with dog faeces clearly seen on many streets in New Wortley. Dog fouling fine signs and information on how to report it may be part of the solution to decrease the number of incidences.

Dog-fouling complaints in Leeds by area, 2017/18

Figure 270 Dog fouling statistics-by ward 2017-18	
Adel and Wharfedale	**78**
Alwoodley	54
Ardsley and Robin Hood	89
Armley *	95
Beeston and Holbeck	92
Bramley and Stanningley	69
Burmantofts and Richmond Hill – 61	61
Calverley and Farsley	63
Chapel Allerton	59
City and Hunslet	69
Crossgates and Whinmoor	61
Farnley and Wortley	63
Garforth and Swillington	55
Gipton and Harehills	46
Guiseley and Rawdon	51
Harewood	34
Headingley	13
Headingley and Hyde Park	4
Horsforth	36
Hunslet and Riverside	14
Hyde Park and Woodhouse	21

Killingbeck and Seacroft	63
Kippax and Methley	42
Kirkstall	42
Little London and Woodhouse	14
Middleton Park	72
Moortown	44
Morley North	57
Morley South	45
Otley and Yeadon	55
Pudsey	74
Rothwell	51
Roundhay	67
Temple Newsam	62
Weetwood	36
Wetherby	41

Source: LCC 2017-18

https://www.leeds-live.co.uk/news/leeds-news/worst-places-leeds-dog-poo-15815450

Pest Control in the Armley Ward

Common pests such as mice, fleas, flies, cockroaches, mice and rats can be prevalent due to some of the issues discussed above such as rubbage pilling up and fly tipping. Unkempt gardens with rubbish piling up can provide ideal havens and food for disease spreading rats and mice. Landlords can be prosecuted for unsanitary dwellings (https://www.bbc.co.uk/news/articles/cmll2ne8rl8o)

Figure 271 Rat near abandoned rubbish



Source: BBC Regional News 2024

List of Disease Common Pests Carry

Many common pests have unsanitary eating habits, feasting on animal faeces and raw meats. The harmful microorganisms will be multiplying in its digestive system. The pathogen (a disease-causing agent, such as a bacterium, virus, fungus, or parasite, that can infect a host and cause illness) can then be excreted in droppings and will contaminate surfaces and food where they crawl.

House Flies

- **Dysentery**: an inflammation of the intestine causing diarrhoea that contains blood.
- **Salmonella:** another intestinal disease where a person may develop diarrhoea, fever, and abdominal cramps.
- **Typhoid Fever:** a bacterial infection that causes high fevers, weakness, stomach pains, and in worst cases, internal bleeding and death.

Cockroaches

- **Listeriosis:** Symptoms usually include diarrhoea, fever, and muscle aches.
- **Salmonellosis:** Common signs of this bacterial infection include vomit, diarrhoea, and fever.
- **Campylobacteriosis:** Infected persons experience fever, diarrhoea, abdominal pain as well as cramps.
- **Typhoid Fever:** Common symptoms of this disease include stomach pain, high temperature, exhaustion, muscle, and headaches, as well as constipation.

Rodents

- **Leptospirosis:** Symptoms in people include headache, fever, vomiting, rash and muscle aches. Some people can become infected and show very few symptoms, while leptospirosis can be fatal in others.
- **Salmonellosis:** In humans, salmonellosis causes gastrointestinal problems such as diarrhoea, stomach cramps and fever. Most healthy adults will recover without any serious long-term problems, but in severe cases the infection enters the bloodstream and spreads through the entire body.
- **Rat-Bite Fever:** Symptoms of a streptobacilli infection include vomiting, joint and muscle pain, rash, vomiting and fever. A spirally infection can cause a recurring fever, swollen lymph nodes and a rash.
- **Plague**: Symptoms include fever, chills, weakness and swollen lymph nodes.

The Pest Control table below shows rats had by far the greatest call out requests and the number has increased from 2022 to 2024.

Figure 272 Pest control cases-Armley Ward 2022-24

Armley

2022

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Rats	5	4	23	6	10	11	12	7	9	10	6	6	**109**
Mice	3	2	2	1	1	1	0	2	0	3	1	0	**16**
Cockroaches	0	0	0	0	0	0	0	0	1	0	0	0	**1**
Bedbugs	1	1	2	1	0	1	1	2	0	0	0	0	**9**

2023

	Jan-23	Feb-23	Mar-23	Apr-23	May-22	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Rats	5	36	10	9	12	12	6	4	7	6	9	13	**129**
Mice	3	1	5	2	0	0	1	0	2	0	1	0	**15**
Cockroaches	0	1	1	0	1	1	0	0	0	0	1	0	**5**
Bedbugs	0	0	2	0	0	0	1	0	1	2	2	1	**9**

2024

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Rats	8	26	7	11	12	9	10	16	9	10	12	5	**135**
Mice	1	6	0	0	0	0	0	3	2	0	2	1	**15**
Cockroaches	0	0	0	0	1	0	0	0	0	1	0	0	**2**
Bedbugs	1	0	0	0	0	0	0	0	0	0	0	0	**1**

Source: LCC

The most effective method of avoiding pest and vermin problems is to keep clean and sanitary living conditions, avoid the accumulation of rubbish and food waste in and outside of accommodation, keep rubbish in vermin proof containers outside the property, have it regularly collected and report any problems to the council.

Vandalism and Graffiti in the Armley Ward

Vandalism has been and is a problem in the Armley Ward, although incidents of graffiti in the Armley Ward have decreased and 'graffiti / mural' works of art has taken some of its place like the youth murals outside Armley Action Team (Gelderd Road, Armley), some past works of art at HMP Leeds and some works of art on the Armley to Liverpool Canal by the Canal and River Trust as a social project to tackle loneliness and isolation in 2023. Unfortunately, this section of art work on the canal wall was defaced before it could be unveiled. Graffiti remains a problem for Armley, young people tend to be the biggest perpetrators according to Leeds Police, getting local youth involved in youth work that involves graffiti art may be one of the solutions.

https://www.bbc.co.uk/news/uk-england-leeds-67197045

Figure 273 Defaced mural Armley canal 2024



Source: Canal and River Trust-BBC News

Chapter 15-Health Related Data for the Armley Ward

Summary of Common Health Conditions (Non-Communicable Diseases) for the Armley Ward

In this chapter we summarise the common health conditions across the Ward, by PCN and MSOA level that have been previously looked at in individual chapters so Armley partners can examine which geography, and gender may need the greatest support and further analysis. Before looking at that comparison we are going to look at the three MSOAs, Ward and PCN level individually to see which conditions are significantly worse than Leeds average.

Comparators and Data Set Explanations

These explanations have been kindly compiled by Lauren Turnbull from LCC Public Health.

- **Prevalence Rate** refers to the proportion of the population with a disease or health condition in a population at a particular point in time, as a rate per 100,000 population.
- The **'Leeds Rate'** or 'Leeds overall rate' refers to the rate of a disease or condition in Leeds and provides a comparator.
- The **'Deprived Leeds Rate'** is a term given to the area (and resident population) of Leeds which falls into the most deprived 10% of England. The Deprived Leeds rate is generated by collecting all LSOA's falling in the 10% most deprived LSOA's nationally, by using their Index of Multiple Deprivation 2019 scores.
- **'Age Standardisation'** is a statistical method used to compare disease rates, or other health indicators, between populations while accounting for differences in their age structure. All data displayed and described has been age standardised.
- **'Aggregated Data'** is data that is combined over a period, this is produced in such a way to accommodate small numbers.
- '**Disaggregated Data'** is data that has been broken down by detailed sub-categories, for example by marginalised group, gender, region or level of education. Disaggregated data can reveal deprivations and inequalities that may not be fully reflected in aggregated data
- **The 'MSOA Rank'** is a relative measure and gives an indication of how the rate within an MSOA area compares to all 107 MSOA's in Leeds when ranked in order from highest to lowest. An area ranked 1st indicates the highest prevalence of a condition in Leeds, and 107th rank indicates the lowest prevalence.

- **'Significantly Different'** refers to a situation where rates of two areas or groups are statistically significantly different. This is determined when the two 95% confidence interval ranges do not overlap. This means that analysts are confident that the difference between the two rates exists. If the 95% confidence interval ranges do overlap, then the two areas are not considered to be significantly different. Further information about confidence intervals from the National Library of Medicine.
    - https://www.nlm.nih.gov/oet/ed/stats/02-950.html#:~:text=The%20confidence%20interval%20shows%20the,the%20critical%20p%2Dvalue).

Please note when reading this report:

'Secondary Data' and 'Gender Definitions', the data reported on within this assessment has been broken down by gender, which at this time consists of 'males' or 'females'. There are complex challenges with this not accurately reflecting all people in the community, as well as with the inconsistencies in how gender is recorded by different settings. For the purpose of the report, tables do still compare data by gender, to see a high-level picture of where there may be significant differences or inequalities but acknowledge that this does not provide a comprehensive understanding of gendered health inequalities. Gender inequalities are a complex area of investigation where multiple variables must be considered simultaneously.

The following criteria has been used to determine initial health priorities:

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's 107 MSOA areas (comparator)

4. Prevalence rate per 100,000 population (to give an indication of magnitude)

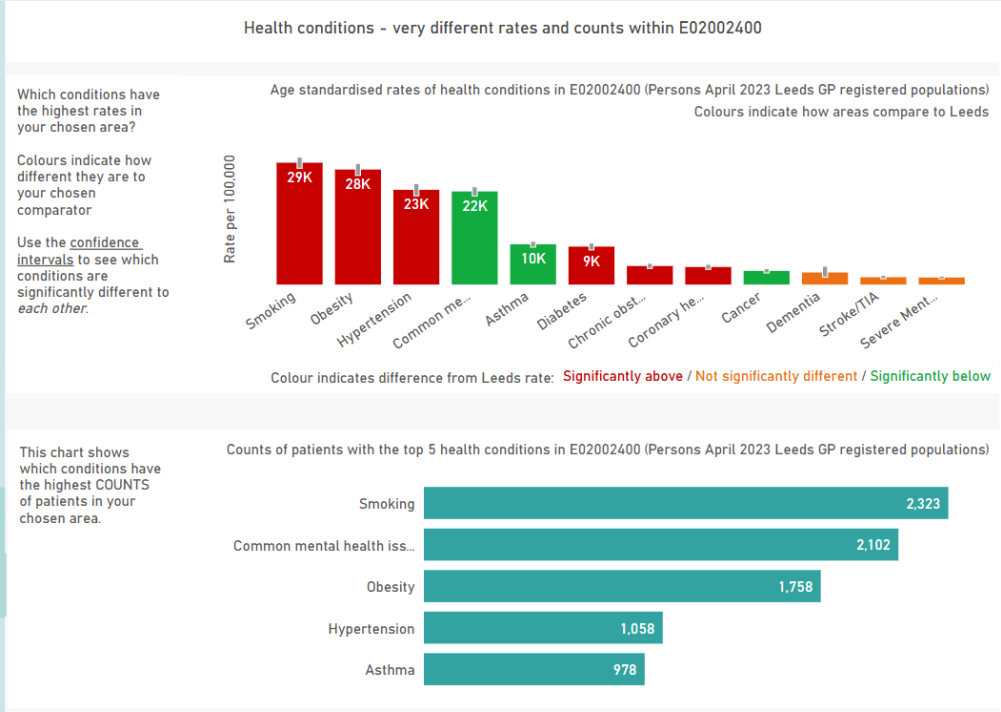
5. Prevalence rates over time (to give an indication of whether rates are increasing,

decreasing, or remaining stable).

Source: Compiled by Lauren Turnball / Jess Dewhurst-LCC Public Health-2025

E02002400-ARMLEY, NEW WORTLEY

Figure 274 health conditions, all persons rates and counts for E02002400 (April 2023)

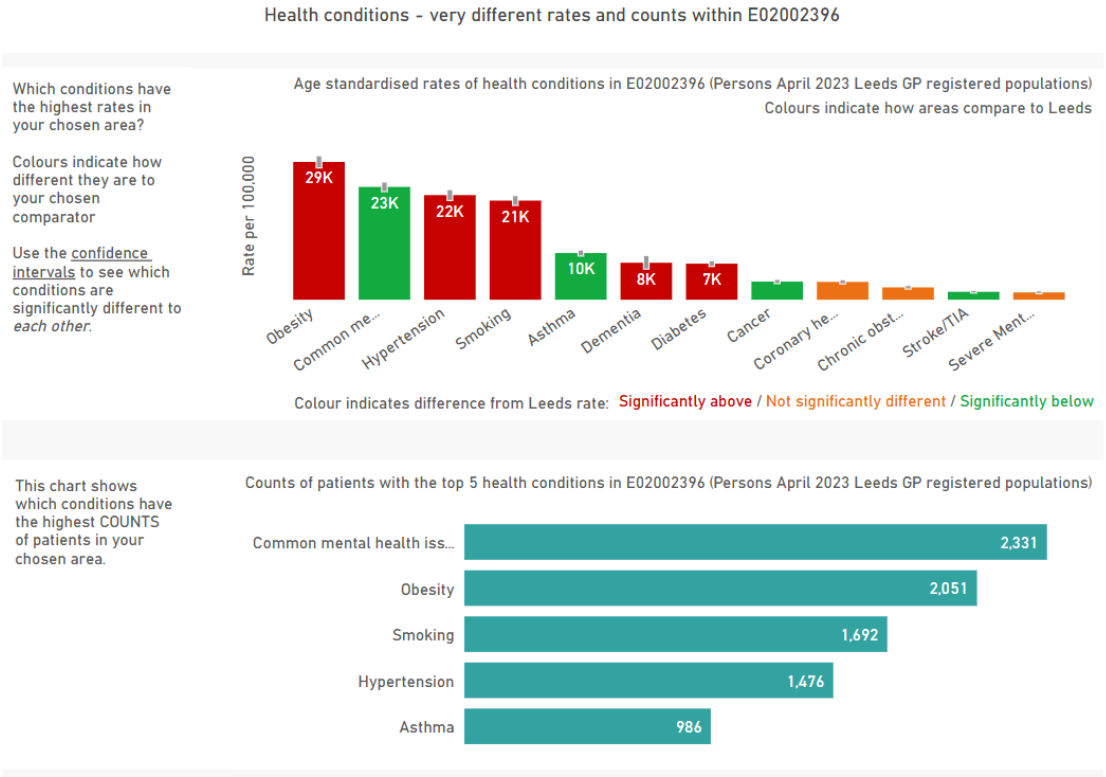


Source: PHI

Smoking has the highest rate and count. Obesity, Hypertension, Diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD) are all significantly above the Leeds average. Smoking followed by Common Mental Issues (CMI) have the highest patient counts.

E02002396 UPPER ARMLEY

Figure 275 Health conditions, all persons, rates and counts for E02002396 (April 2023)

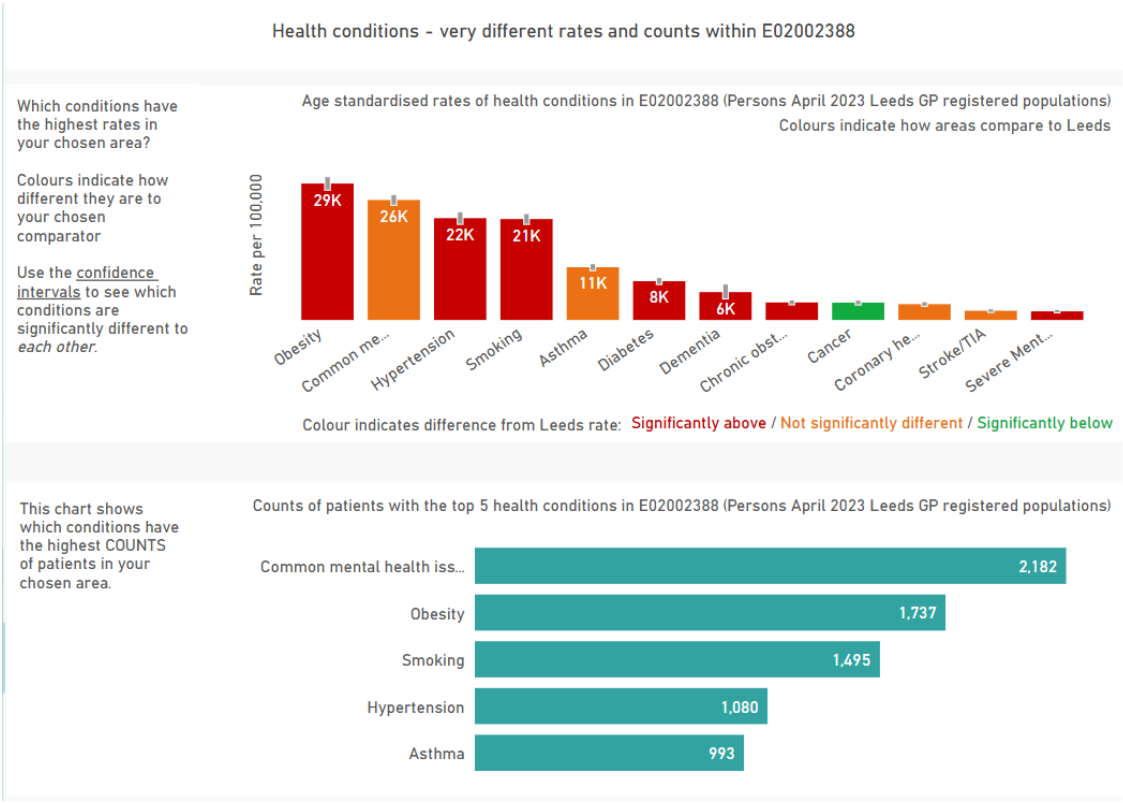


Source: PHI

Obesity, Hypertension, Smoking, Dementia and Diabetes are significantly above the Leeds average and the highest patient counts are for CMHI and Obesity.

E02002388 BRAMLEY HILL TOP, RAYNVILLE, WYTHER PARK

Figure 276 health conditions, all persons, rates and counts for E02002388 (April 2023)

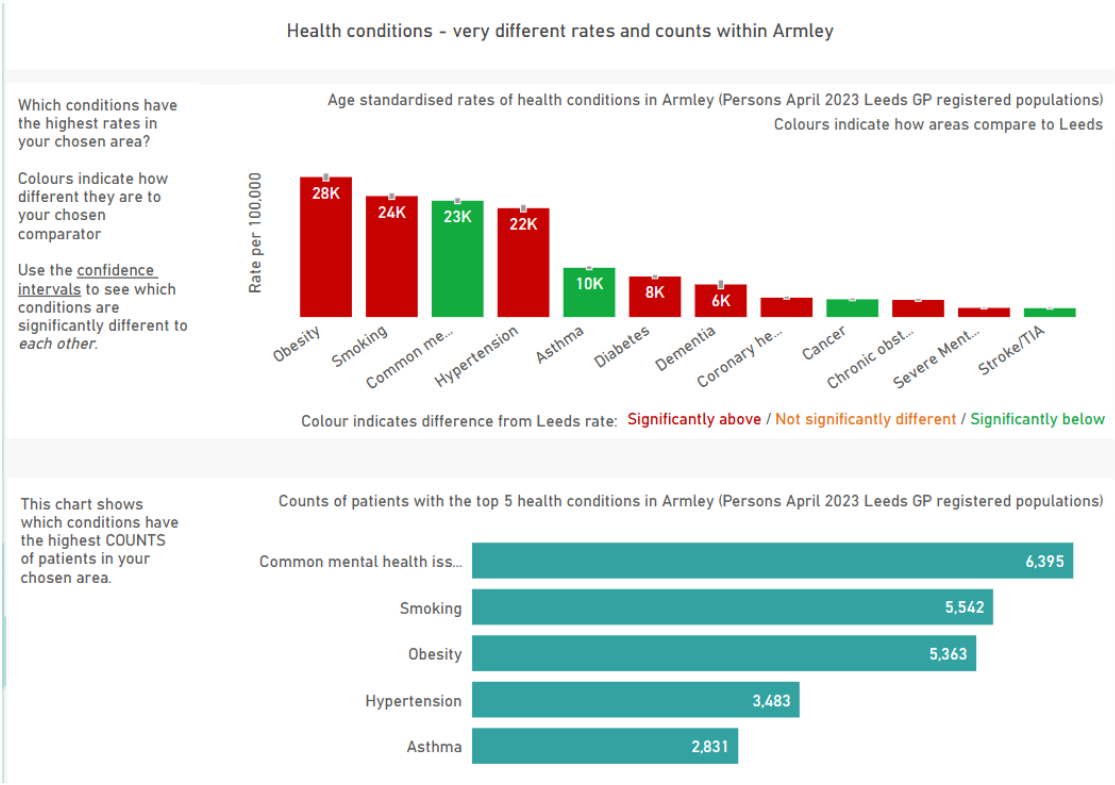


Source: PHI

Obesity, Smoking, Diabetes, Dementia, COPD and SMHI are significantly above the Leeds average and CMHI and Obesity have the highest patient counts.

Armley Ward

Figure 277 Health conditions, all persons-Armley ward (April 2023)

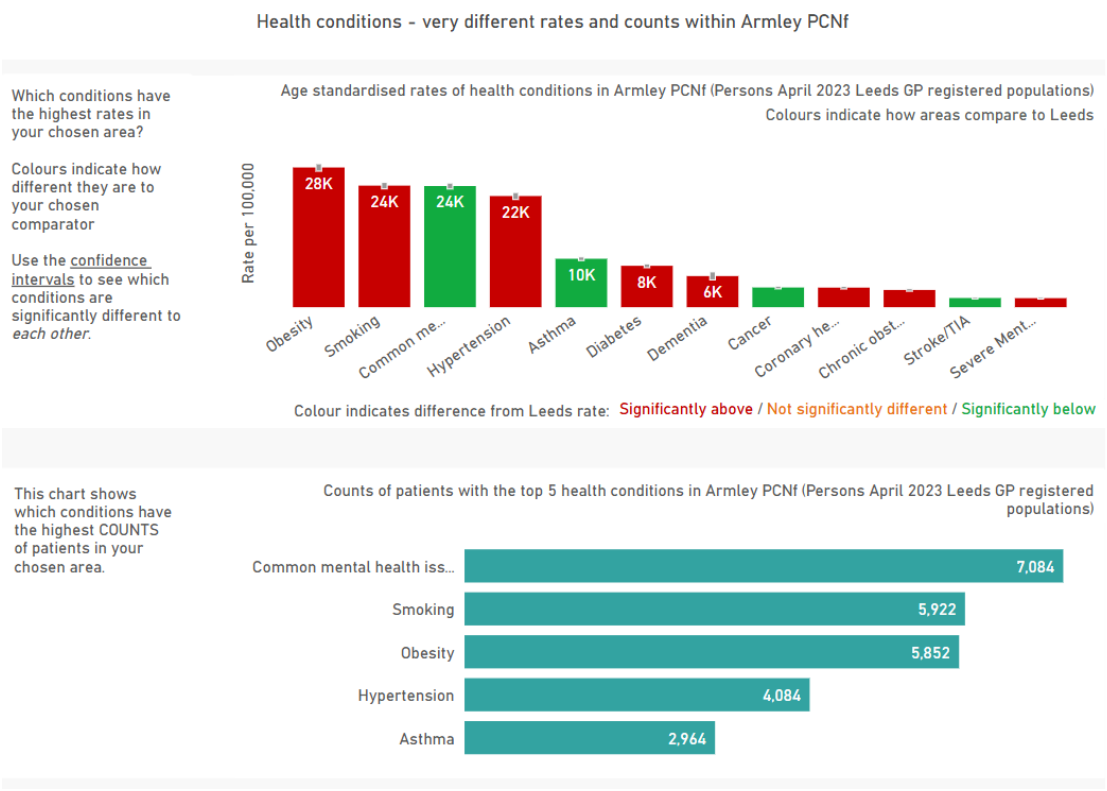


Source: PHI

At Armley Ward Level Obesity, Smoking, Hypertension, Diabetes, CHD, COPD and SMHI are significantly above the Leeds average. Obesity at ward level has the highest rate per 100,000 overtaking smoking by a rate of 28,000 per 100, 000. CMHI and Smoking have the highest patient counts.

Armley Primary Care Network Level

Figure 278 Armley PCN, all conditions, all persons (April 2023)



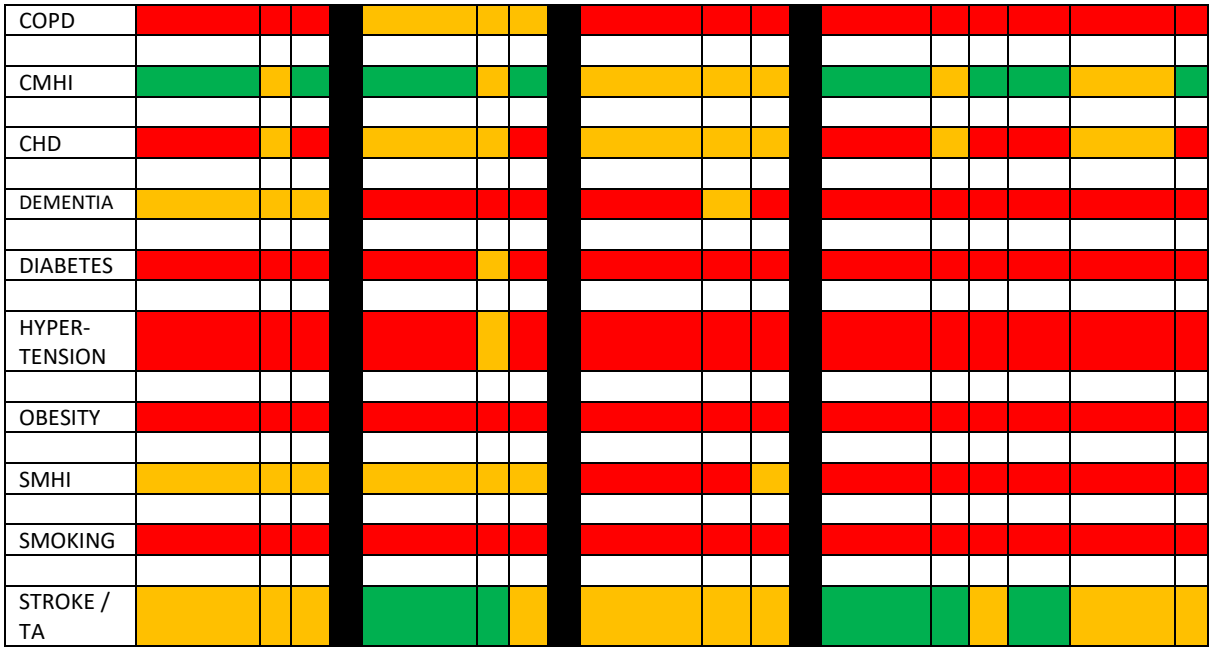
Source: PHI

Obesity, Smoking, Hypertension, Diabetes, Dementia, CHD, COPD and SMHI are all significantly above the Leeds average for rates. CMHI, Smoking and Obesity have the highest patient counts for Armley PCN (footprint).

Common Health Conditions-Armley Compared to Leeds

Figure 279 Common health Conditions summary-Armley compared to all of Leeds. (April 2023)

Condition	Armley, New Wortley			Upper, Armley			Bramley Hill Top, Raynville, Wyther Park (aka Bramley East)			Armley Ward			Armley PCN (f)*		
	ALL	M	F	ALL	M	F	ALL	M	F	ALL	M	F	ALL	M	F
ASTHMA															
CANCER															



Source: PHI

Legend:	Traffic Light Colour
Significantly higher than the Leeds average.	
Not significantly different to the Leeds average.	
Significantly lower than the Leeds average.	

Notes: * PCN footprints: Some data - Life Expectancy for instance - cannot be made by registered populations and instead is produced for the area that the PCN covers which is called its footprint. A PCN footprint is the. area of Leeds where the PCN has more registered patients than any other PCN

Abbreviations:

- **COPD** = Chronic Obstructive Pulmonary Disease is a type of progressive lung disease characterized by chronic respiratory symptoms and airflow limitation.
- **CMHI** = Common Mental Health Illness (examples include anxiety, eating disorders and comprises of different types of depression and include obsessive compulsive disorders).
- **CHD** = Coronary Heart Disease also known as coronary artery disease (CAD) or ischemic heart disease, is a condition where the coronary arteries, which supply blood to the heart muscle, become narrowed or blocked, usually due to a buildup of plaque. This plaque is a fatty substance that hardens and clogs the arteries, reducing blood flow to the heart. As a result, the heart muscle may not receive enough oxygen, potentially leading to chest pain (angina) or a heart attack.
- **SMHI** = Severe Mental Health Illness (examples include paranoia, and other severe mental illness which includes schizophrenia, bipolar affective disorder and other psychoses. It interferes with the person's ability to live and function, regulate mood, behaviour and emotion). Severe Mental Illness (SMI) refers to all individuals who

have received a diagnosis of psychosis, schizophrenia and bipolar disorders (Public Health England, 2018).

- **STROKE / TA = A TIA** is a brief blockage of blood flow to part of the brain, spinal cord or the thin layer of tissue at the back of the eye known as the retina. This blockage may cause temporary stroke-like symptoms. But a TIA doesn't damage brain cells or cause permanent disability. This is how it differs from a regular stroke.

A Note on Possible Cancer Prevalence Data Disparities

Cancer cases in this ward may go unreported and be underreported, it is difficult to know but cancer prevalence rates remain low for all persons when we know poor nutrition and unhealthy lifestyles associated with poverty can be a significant factor which may cause cancer in some cases. However, the correlation is not there in the cancer prevalence data. There may be many possible reasons for this, as yet clinically unknown.

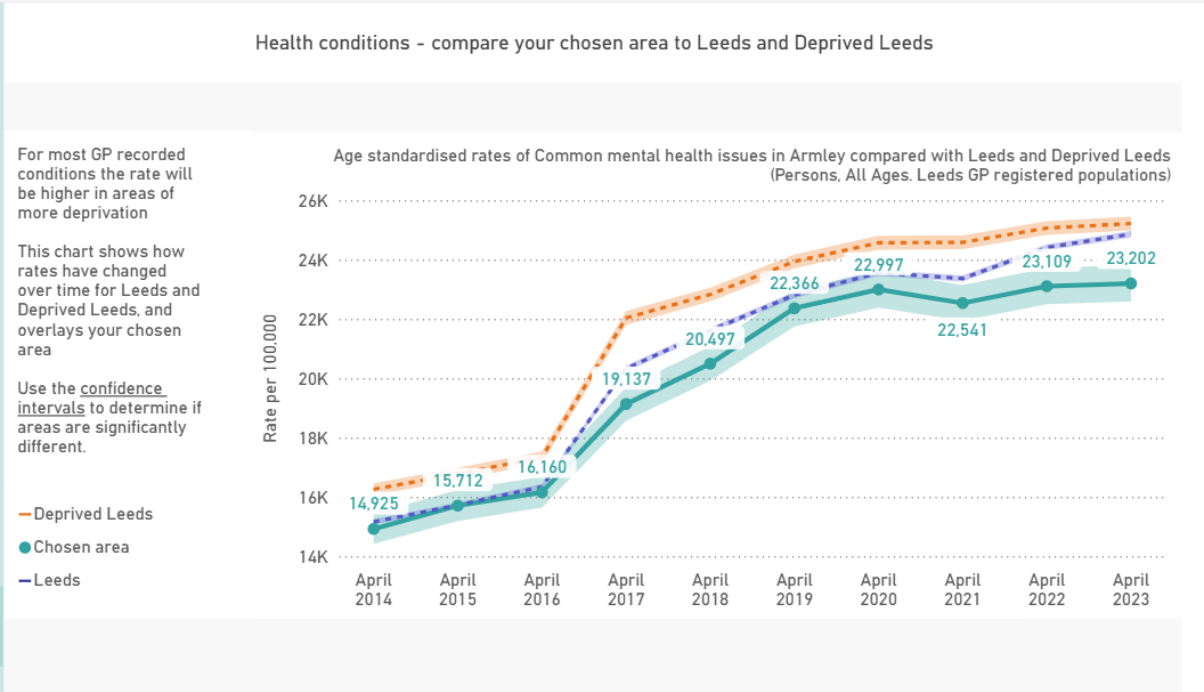
This reinforces the fact that the prevalence rate of cancer might give an inaccurate picture of how frequently cancers are actually occurring in the Armley Ward, and that factors such as low screening uptake and late detection could be leading to increased mortality. Cancers are a significant cause of death within the Armley Ward.

More work is being undertaken with a clinical ambition to understand what the current disparities are and what factors are driving them. Many of the Health Needs and Assets Assessments across the city in poorer neighbourhoods all show a general trend for cancer prevalence rates lower than Leeds and mortality rates higher than Leeds.

Common Mental Health Issues Across the City Compared to the Armley Ward

There is a steep increase in CMHI rates in 2016-2017 in some of the HNAAs across the city for Gipton North and Gipton South for example. Armley has had high patient counts within the top five health conditions, but not these exact and specific similar prevalence rate rises. However, we can still see a steeper increase from 2016 in Armley prevalence rates, see graph below. Armley partners have asked why this might be so. Below is a response from the Leeds City Council Public Health Mental Health Team.

Figure 280 Common mental health prevalence rates for Armley



Source: PHI 2025

"It is likely that external factors contributed to the steep increase in CMHD rates seen in 2017, such as changes in the process for querying GP records in 2016-17, alongside other societal and system changes such as the introduction of Extended Access in Primary Care and the Healthy Minds service."

Source: LCC MH PH Team-2025

Common Mental Health Issues Potential Stigma and Possible Underreporting.

Within the Armley Ward patient counts for Common Mental Health Disease are consistently high and within the top 5 health conditions. However, prevalence rates do not always reflect this and can be significantly below the leeds rate. This may mean the data is misleading and not a true reflection within the Armley Ward. Further investigation may be required.

"We would expect rates of Common Mental Health Disease (CMHD) in Armley to be generally aligned to the Deprived Leeds average (a dataset made up of MSOAs with a similar socio-economic composition). Instead, these rates are significantly different from both the Deprived Leeds average and Leeds average. This data could present a true reflection of CMHD rates in Armley however given what we know about the relationship between deprivation and CMHD, twinned with anecdotal evidence from key stakeholders it could suggest that CMHD is being underreported. Reasons for underreporting are vast and could include stigma, a lack of awareness of signs and symptoms and challenges accessing support and healthcare services. Thus, further investigation is needed to understand if this dataset is a true reflection of CMHD in Armley."

Source: LCC Public Health Mental Health Team-2025

Severe Mental Health Issues

Severe Mental Health Illness (SMI) life expectancy is lower based on physical health conditions not individual risk-taking behaviours, which may be around the quality of healthcare, support they receive, stigma etc. People living with SMI face one of the greatest health equality gaps in England. Their life expectancy is 15–20 years shorter than that for the general population, and this disparity is largely due to preventable physical illnesses. (Source: LCC PH MH Team)

Common Health Conditions-Armley Compared to Deprived Leeds

Figure 281 Common Health Conditions Armley compared to Deprived Leeds (April 2023)

Condition	Armley, New Wortley			Upper, Armley			Bramley Hill Top, Raynville, Wyther Park			Armley Ward			Armley PCN (f)*		
	ALL	M	F	ALL	M	F	ALL	M	F	ALL	M	F	ALL	M	F
ASTHMA															
CANCER															
COPD															
CMHI															
CHD															
DEMENTIA															
DIABETES															
HYPER-TENSION															
OBESITY															
SMHI															
SMOKING															
STROKE / TA															

Source: PHI

Legend:	Traffic Light Colour
Significantly higher than the Leeds average.	
Not significantly different to the Leeds average.	
Significantly lower than the Leeds average.	

Considering the above tables and examining and then comparing all geographical, electoral and clinical and gender components of the Armley Ward the following common health conditions must be given priority.

Health Condition Priorities-Non-Communicable Diseases

Figure 282 Health condition priorities in Armley

CONDITION	WARD GEOGRAPHY	GENDER / PERSONS IMPACTED (Significantly Higher than Leeds)	NOTES
OBESITY	ALL	ALL	
SMOKING	ALL	ALL	Higher than Deprived Leeds as well as Higher than Leeds
DIABETES	ALL	• ALL • Exceptions: males in Upper Armley who are not significantly different to Leeds Rate	
CHD	Armley, New Wortley	Females	
	Upper Armley	Females	
	Armley Ward	Females	
	Armley PCN	Females	
DEMENTIA	Upper Armley	ALL	
	Armley, New Wortley	None	
	Bramley Hill Top, Raynville, Wyther Park	Females	
	Armley Ward	ALL	
	Armley PCN	ALL	
HYPER TENSION	ALL	• ALL • Exceptions: males in	

		Upper Armley who are not significantly different to Leeds Rate	
SMHI	Bramley Hill Top, Raynville, Wyther Park	Males	
	Armley Ward	All	
	Armley PCN	All	

Source: PHI

Obesity is the biggest priority in the Armley ward, followed by smoking, unusually CHD in females is highly prevalent, but it usually more prevalent in males and develops in females on average 7 to 11 years later in the female population. Cardiovascular disease (CVD) is the leading cause of death worldwide, yet important differences exist between men and women. CVD is an umbrella term which covers a host of cardio vascular disorders. Men generally develop CVD at a younger age and have a higher risk of coronary heart disease (CHD) than women. Women, in contrast, are at a higher risk of stroke, which often occurs at older age. CHD charts are of recorded CHD, not mortality, the male mates are more or less same as Leeds while female are significantly above. Overall, the two mortality charts show a stronger correlation between deprivation and rates for women than for men. Its possibly the case that men have an equally strong relationship in real life and some are not presenting for diagnosis.

Mortality charts have been checked by LCC Public Health Intelligence team to see if there was a higher CHD mortality rate for men (which would explain them not being in the conditions chart) but unfortunately that data page automatically filters out areas that have such low counts of deaths that the data can't be easily analysed and even at ward level the CHD deaths for women are so low they are being filtered out so data teams can't make an easy comparison. However, looking at the one-area-at-a-time view and this isn't filtered so you can see Male Armley CHD rates are still higher (around 100/100k) than female (23/100k). And the two have more or less always been very different, so it looks like males are dying more often of CHD and are less seen in conditions charts as a result. Whether that's due to late diagnosis, or other factors it is difficult to establish.

Also prevalent in Armley is Dementia in all, hypertension across the ward and SMHI across the ward but should be focussed on males in MSOA E02002388.

Common Health Conditions- Armley Ward Anomalies

- **Coronary Heart Disease** rate in females in the Armley Ward is unusual as it would usually be the reverse case and be men with the highest rates and counts in a deprived ward. Consulting local clinicians, it may be that sadly the men have passed

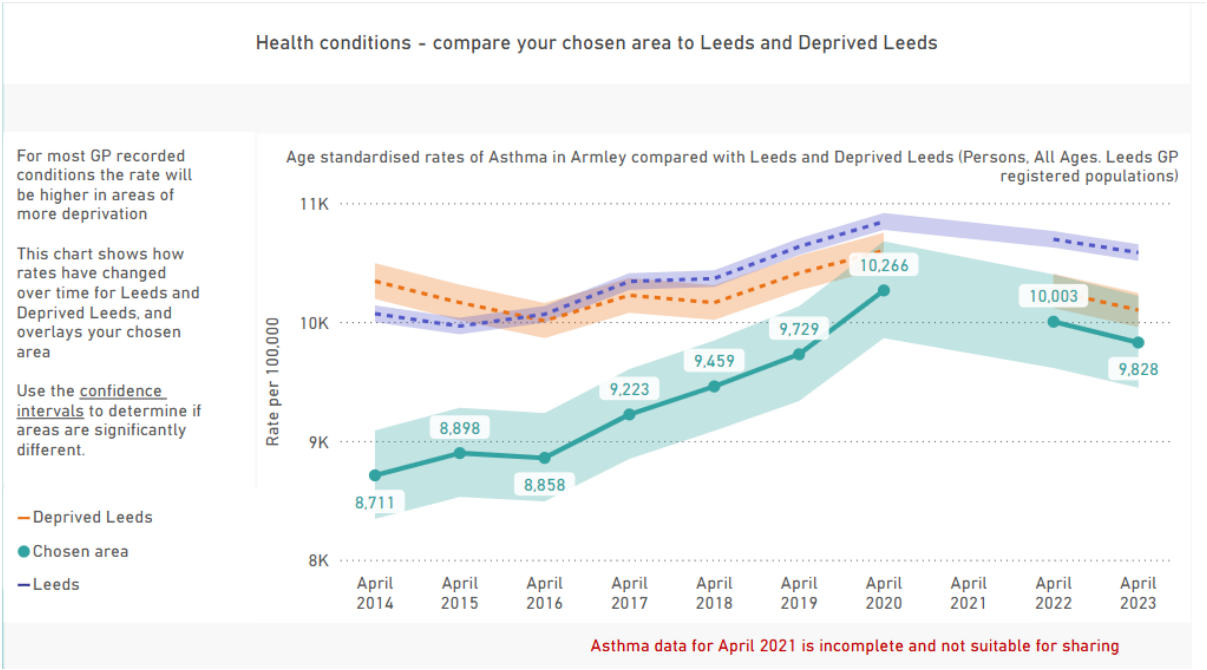
away and not be accounted for in the statistics and / or they are late to report to a GP or do not report at all.

- **Cancer** prevalence rates are low in Armley Ward this runs contrary to what we know about cancer rates in poorer neighbourhoods due to causal factors such as unhealthy lifestyles and is likely due to under reporting. Low cancer screening uptake, screening opportunities missed, a lack of cancer awareness and late detection may be possible reasons for this. Rates of death from cancer are almost sixty percent higher in the poorest parts of the UK than the wealthiest. The analysis of data from the NHS, Office for National Statistics and other sources found that in the most deprived areas. 337 per 110, 000 people die from cancer each year. This compares to 217 per 100, 00 in the wealthiest areas (Cancer, U K, 2025). Around 248, 000 cancer deaths per year are associated with deprivation, which is more than tenth of the total. There are also hugh disparities in diagnosis and care: people living in the poorest areas are less likely to take part in screening programmes than residents in the richest areas; and, once their cancer is diagnosed, they are up to a third more likely to wait more than three-and-a-half months to start treatment, and half as likely to receive cutting-edge therapies. These are alarming cancer disparities for our poorest residents living in the most deprived areas.

Rates of Change in Common Health Conditions compared to Leeds and Deprived Leeds in the Armley Ward.

Asthma Rates for the Armley Ward

Figure 283 Asthma rates, all persons in Armley compared to Leeds and deprived Leeds.

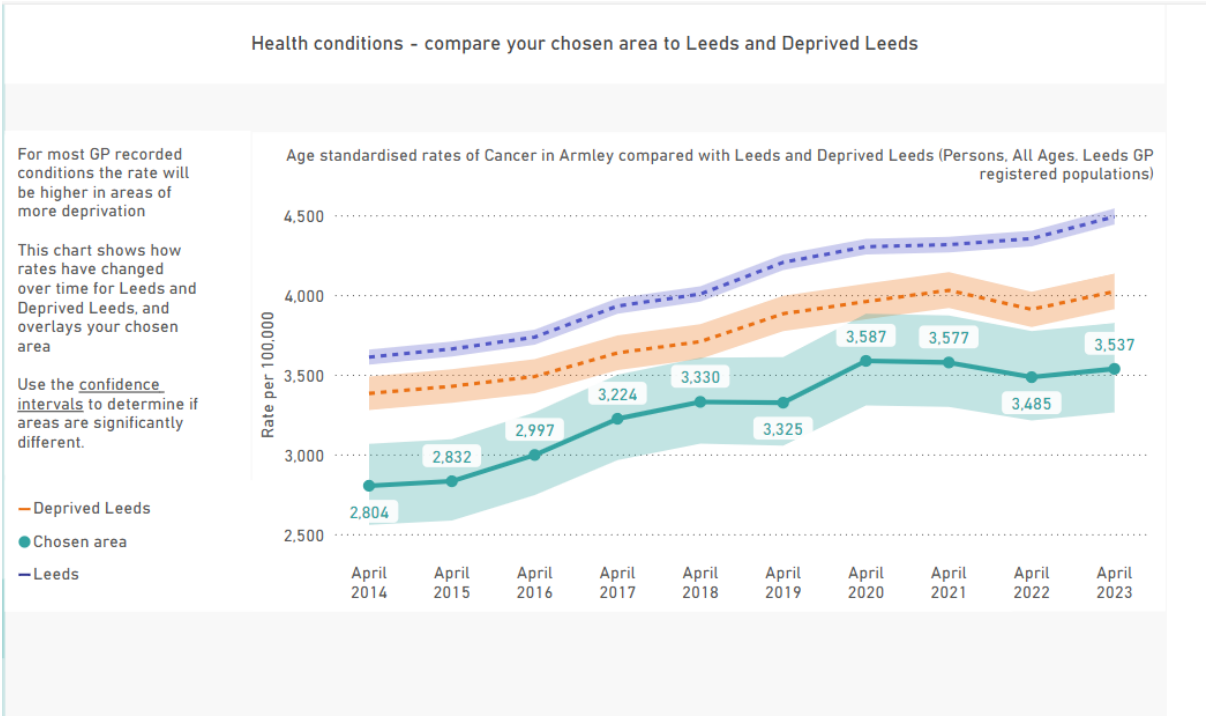


Source: PHI

Asthma trends rise up to April 2020 and start to decline from April 2022, no significant difference for men and women compared to all persons. Rates mirror Leeds and deprived Leeds.

Cancer Rates for the Armley Ward

Figure 284 Cancer rates, all persons in Armley ward compared to Leeds and deprived Leeds

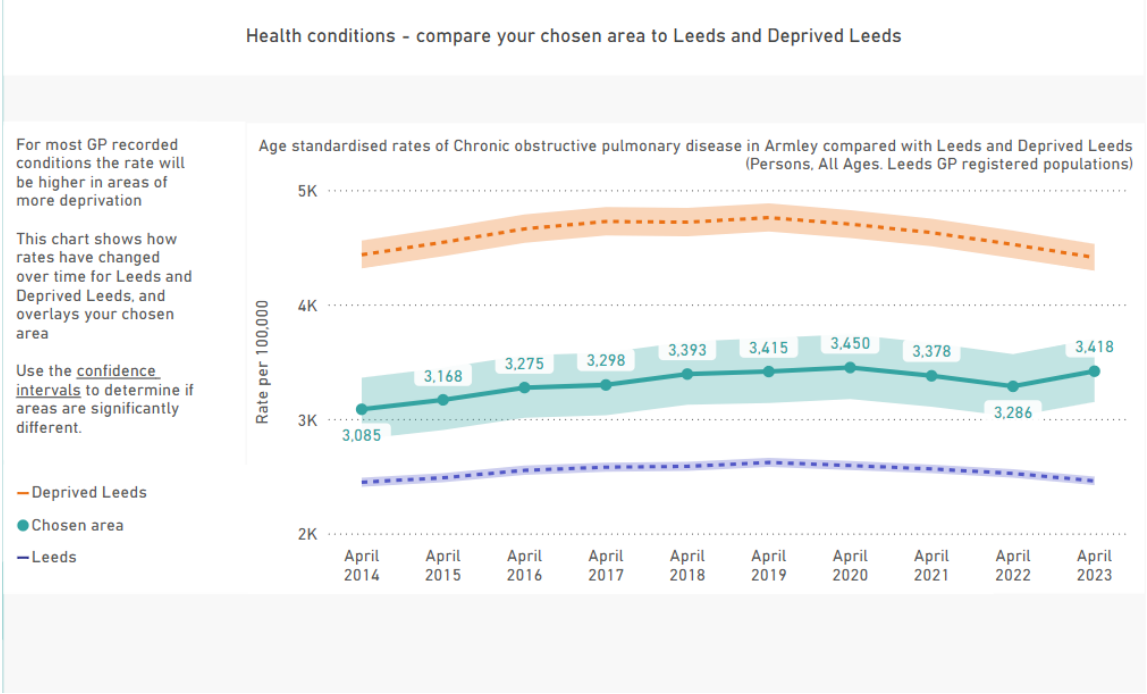


Source: PHI

Cancer prevalence rates show a steady increase for all persons which mirror Leeds and deprived Leeds. Female cancer prevalence data is similar to the above and cancer prevalence data for Males shows a slight drop from April 2022.

Chronic Obstructive Pulmonary Disease (COPD) Rates for the Armley Ward

Figure 285 COPD Armley rates, all persons compared to Leeds and deprived Leeds.

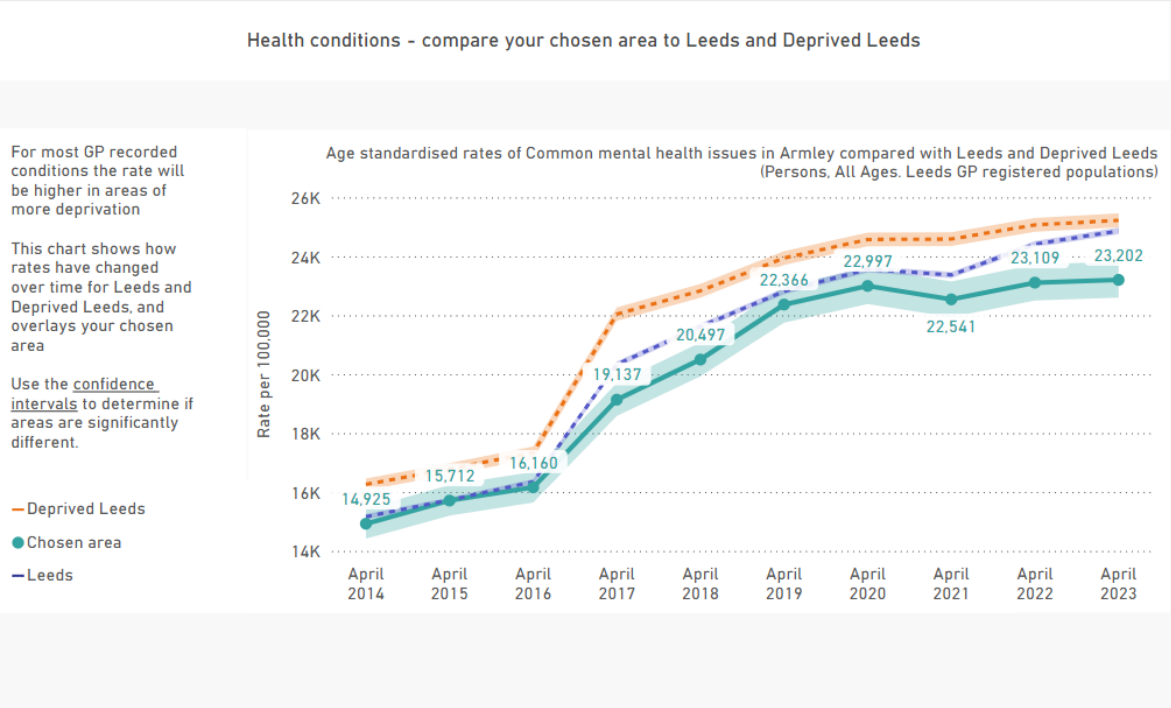


Source: PHI

The COPD rate is above Leeds and below deprived Leeds, and the rate is increasing. The persons rate is similar to male and female.

Common Mental Health Illness (CMHI) Rates for the Armley Ward

Figure 286 Common mental health illness rates for Armley, all persons compared to Leeds and deprived Leeds

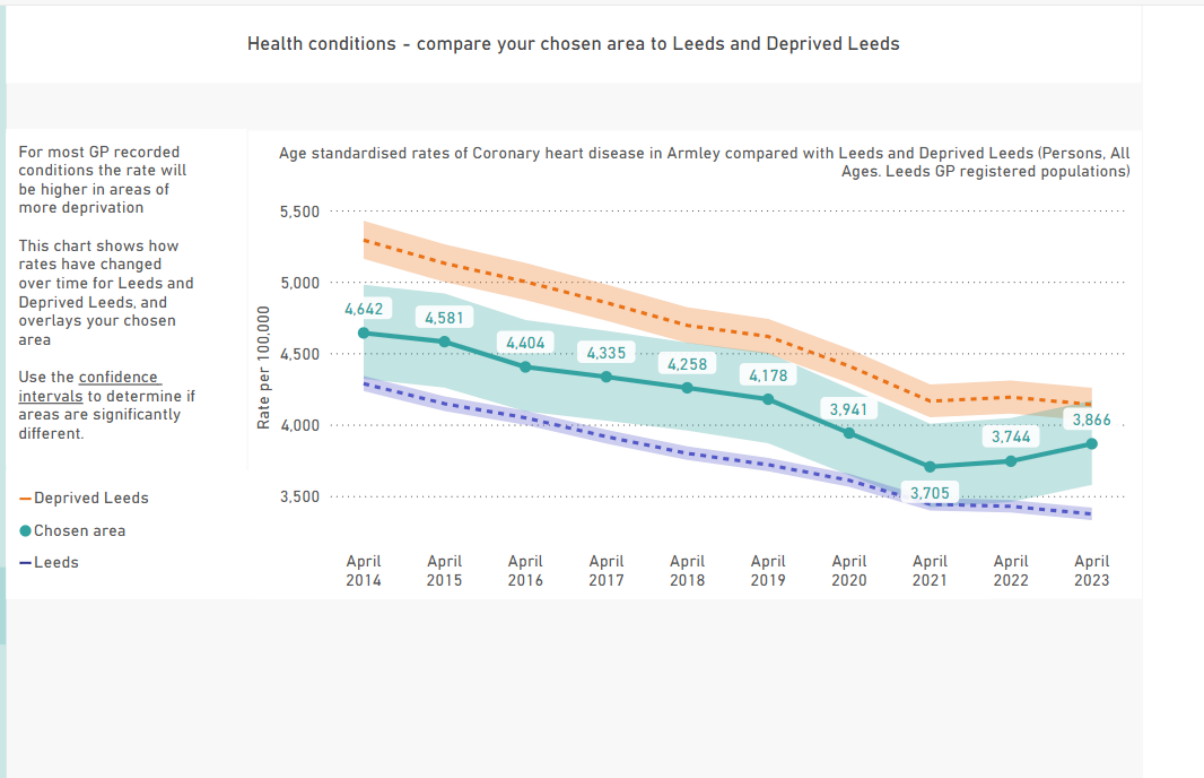


Source: PHI

CMHI rates are similar for men and women and all persons, the trend mirror Leeds and Deprived Leeds.

Coronary Heart Disease (CHD) Rates for the Armley Ward

Figure 287 Coronary heart disease rates, all persons for the Armley ward

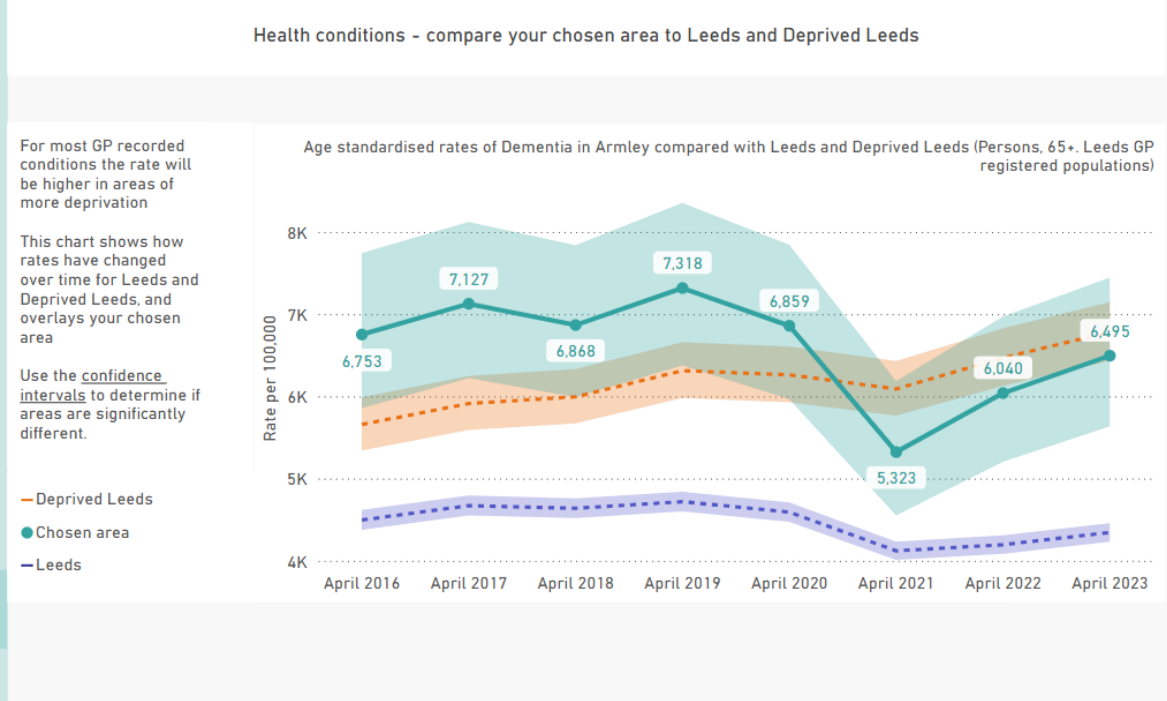


Source: PHI

The trend for CHD has been downwards since April 2014, is above the Leeds rate and below the Deprived Leeds rate, after April 2021 it has started to rise toward the Deprived Leeds rate and is a similar pattern for males, females and all persons.

Dementia Rates for the Armley Ward.

Figure 288 Dementia rates for Armley ward compared to Leeds and deprived Leeds.

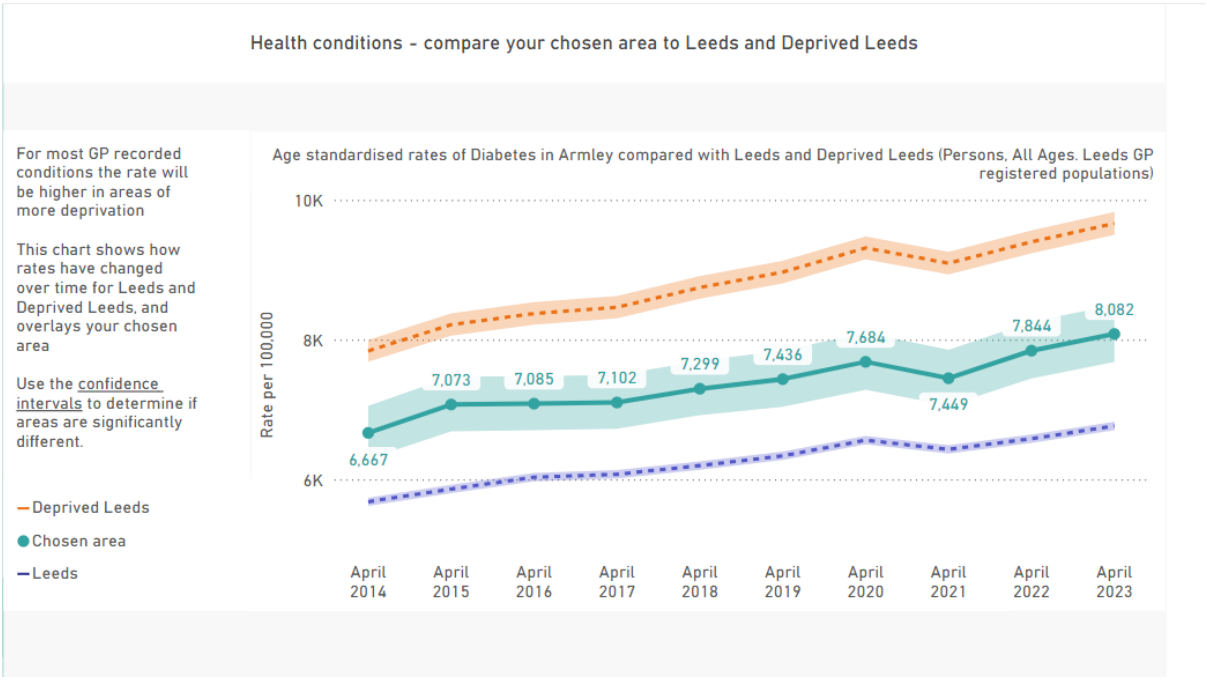


Source: PHI

The dementia rate plummeted in 2021, and this may have been a data recording issue, however since April 2021 it has been steadily rising. It is just below and mirrors the deprived Leeds rate. The pattern is similar for males, females and all persons.

Diabetes Rates for the Armley Ward.

Figure 289 Diabetes rates for the Armley ward compared to Leeds and deprived Leeds.

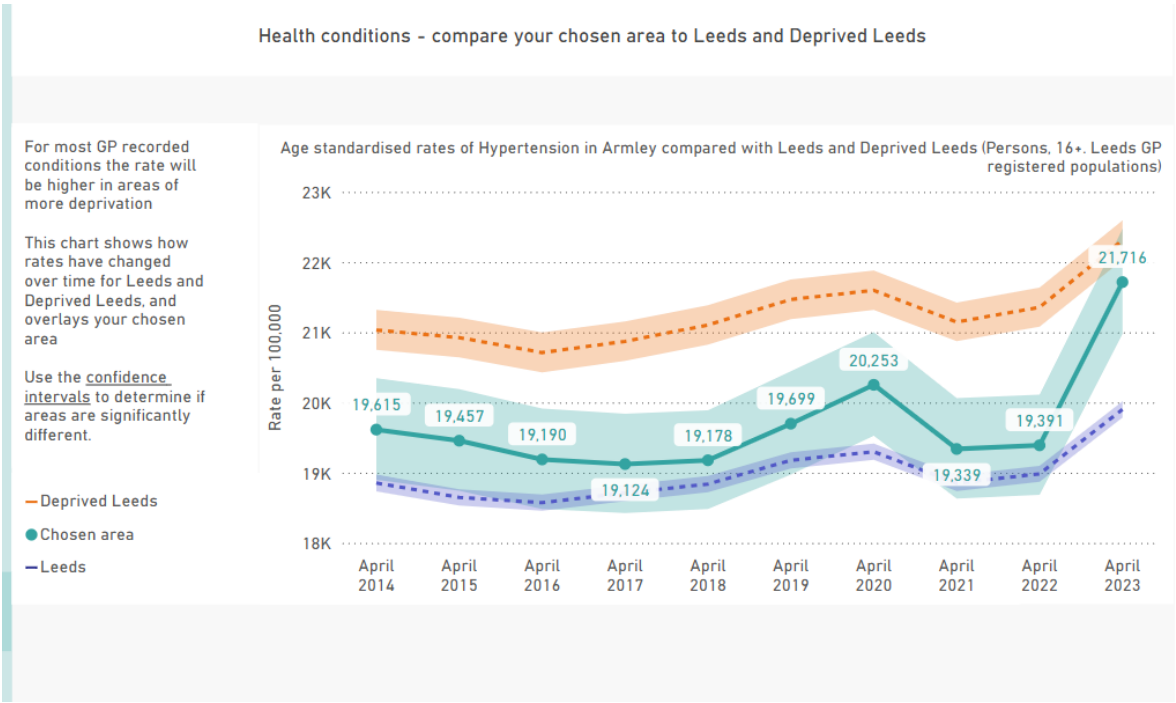


Source: PHI

Diabetes rates have been increasing across the city and the Armley rates mirror Leeds and Deprived Leeds. Male, female and all person rates are similar in the Armley Ward.

Hypertension Rates in the Armley Ward

Figure 290 Hypertension rates in the Armley ward compared to Leeds and deprived Leeds

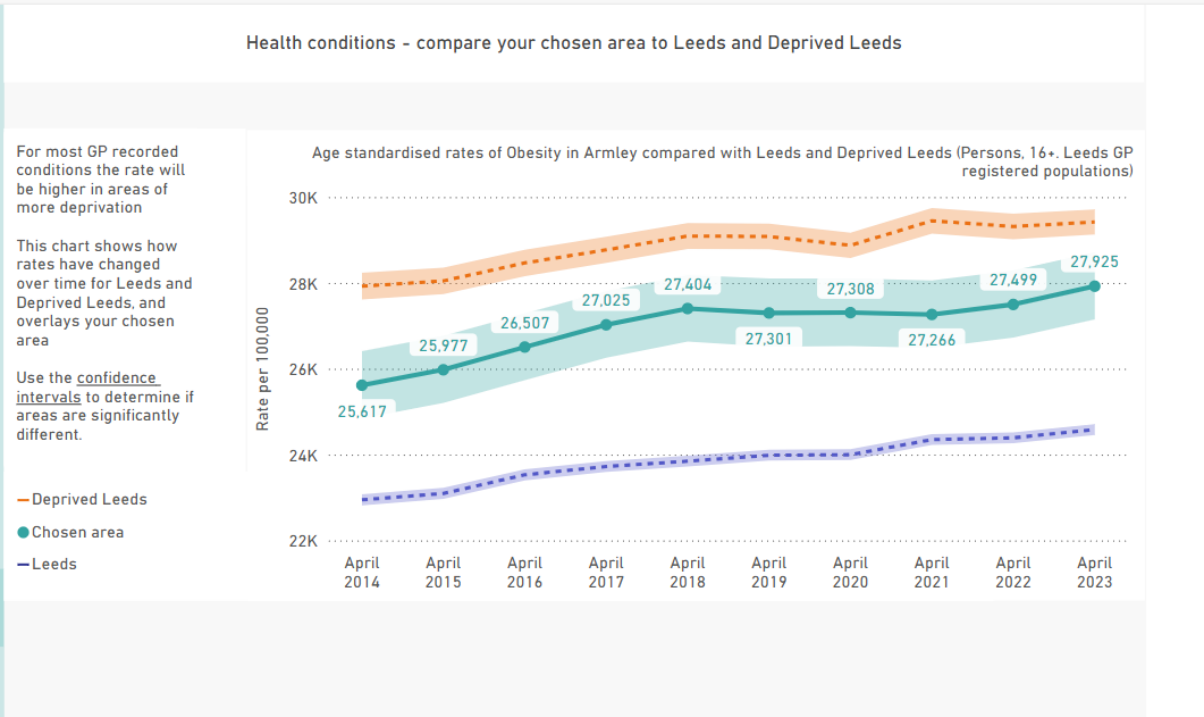


Source: PHI

The Hypertension rate trend increased after 2018 after a shallow decline dipped dramatically from 2020 and after 2022 had a steep incline. This trend mirrors Leeds and deprived Leeds and is similar in both male and female statistics.

Obesity Rates in the Armley Ward

Figure 291 rates of obesity in Armley compared with Leeds and Deprived Leeds, all persons

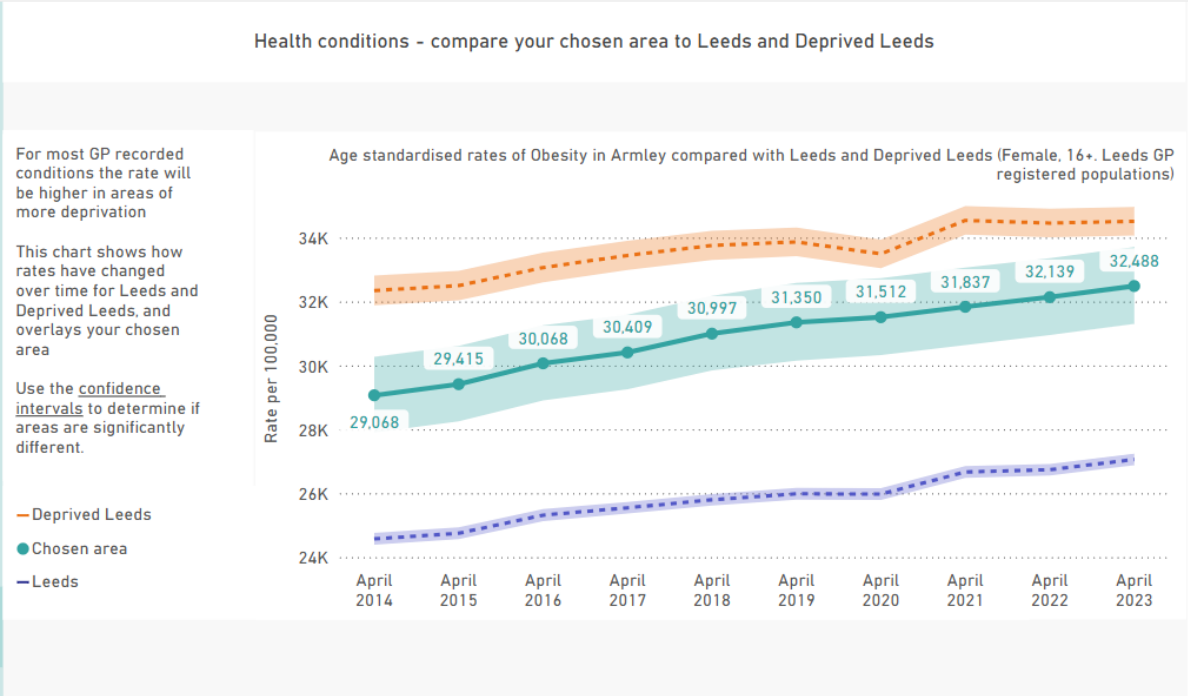


Source: PHI

Obesity rates mirrored Leeds and Deprived Leeds for all persons, for females it was a steady uninterrupted rise, show on the graph below.

Female Healthy Weight Rates in the Armley Ward

Figure 292 Obesity rates in the Armley ward compared to Leeds and deprived Leeds for females

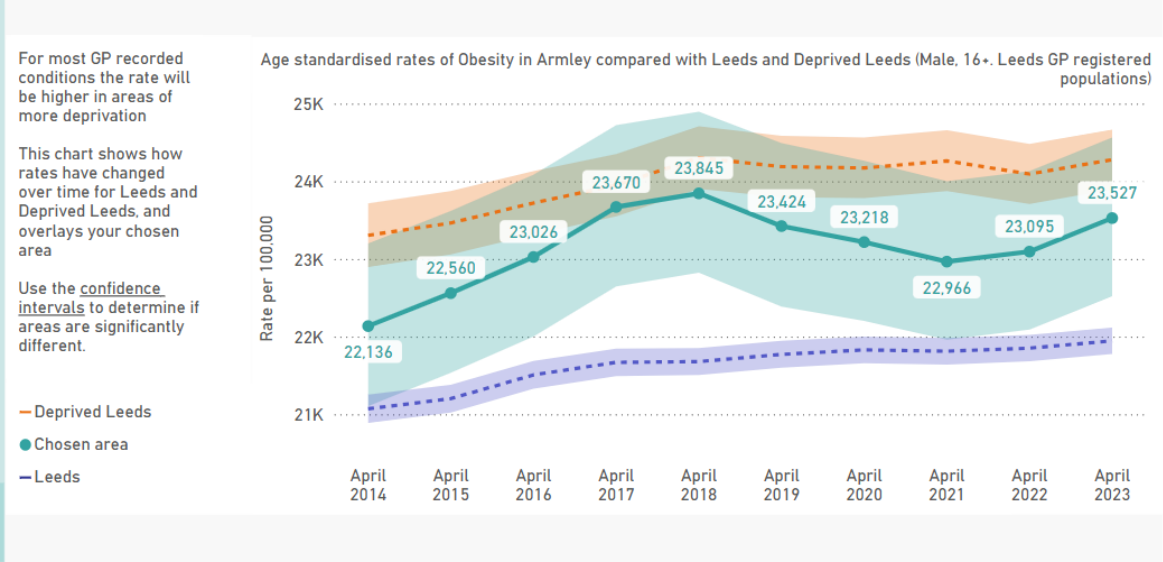


Source: PHI

Female weight gain in the ward has been steadily upwards without any interruptions.

Male Healthy Weight Rates in the Armley Ward

Figure 293 Obesity rates for males in the Armley ward April 2014-April 2023

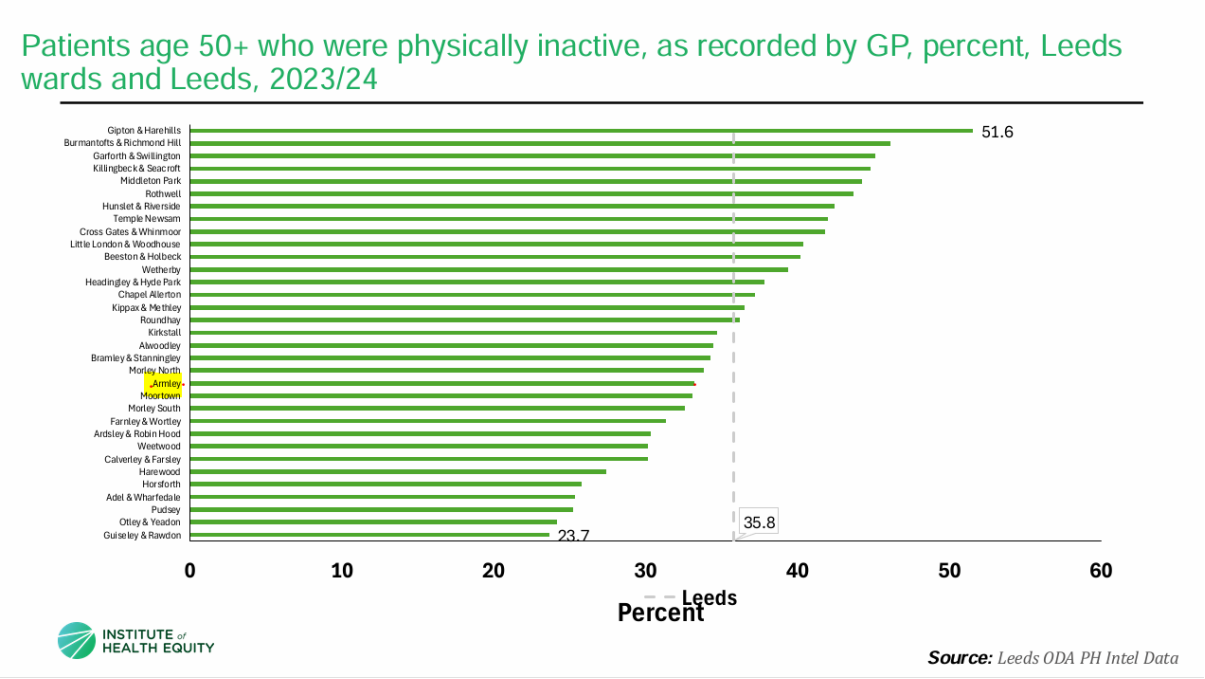


Source: PHI

For males there was a rise in rate until 2018 and then a fall up to 2021 and then a rise onwards, unlike the female rate which was a steady uninterrupted rise.

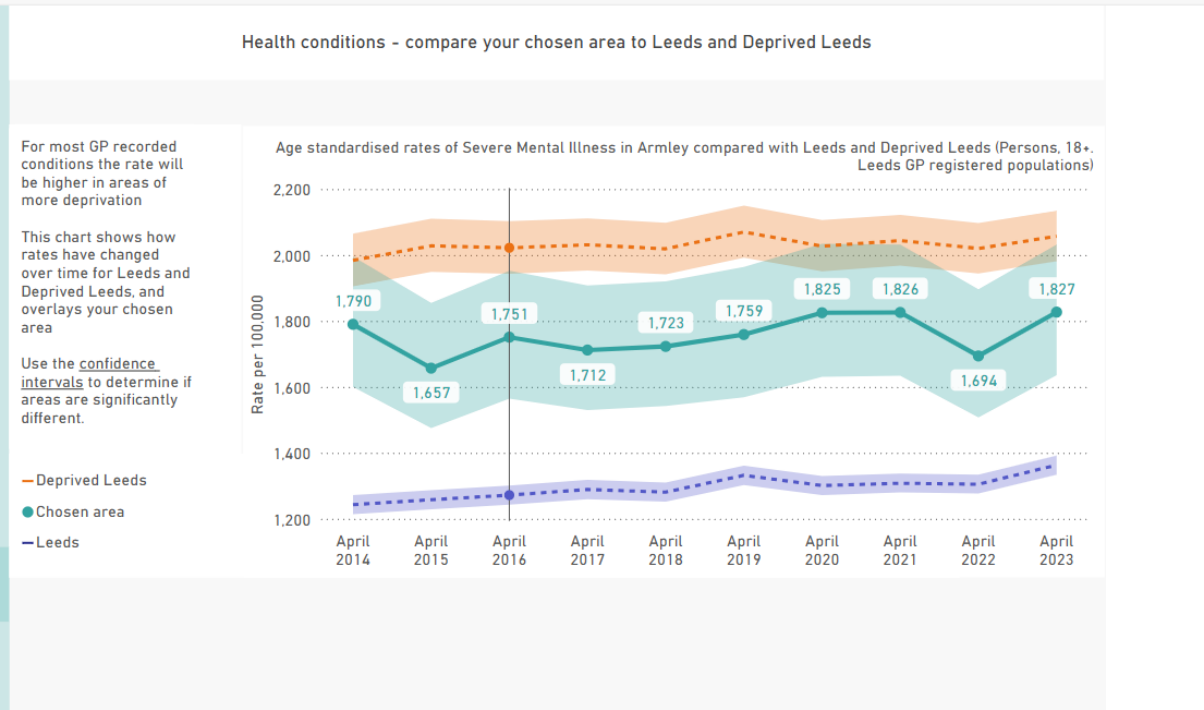
Physical activity is one of the five ways to wellbeing as has been proven to help manage a healthy weight for all genders. The table below shows Armley Rates and there is still much to do to encourage more activity within the ward.

Figure 294 Patient activity levels for 50 + years old



Severe Mental Health Illness (SMHI) Rates in the Armley Ward

Figure 295 Severe mental health illness in the Armley ward, all persons compared to Leeds and deprived Leeds



Source: PHI

SMHI for all persons and similar to male and female rates had two troughs in 2015 and 2022 respectively and then rose to an all-time high of 1, 827 per 100, 000 in 2023.

Suicide

Armley has tragically had a high rate of suicides in the past. Of the 27 postcode districts recorded as home postcodes for people in the audit population, over half were from just eight: **LS12**, LS14, LS10, LS28, LS17, LS9, LS6 and the WF postcodes that come under Leeds City Council Boundaries.

The most common home postcode recorded for suicides was the LS12 district which had just under 10% of all suicides . Leeds is divided into 33 geographical wards with similar population numbers. The most common ward to be recorded is Farnley and Wortley, with 13 suicides. 10 wards had fewer than 5 suicides recorded and are therefore not included in figure.

Suicide is a complex and devastating event which leaves lasting impacts on families, friends and entire communities. Many factors can contribute to suicide including poor mental health, social isolation, economic pressures, relationship breakdowns and more.

The suicide rate for Leeds is higher than that of England. It is, however, lower than that of Yorkshire and Humber and West Yorkshire.

It should be noted that data on deaths from suicide is not publicly available at MSOA level as it may lead to the identification of individuals or specific locations, potentially breaching data protection laws and privacy rights. Therefore, the following information has been extracted from the Leeds 2019-2021 Suicide Audit available via the Leeds Observatory.

Over one quarter (26%) of all suicides in Leeds between 2019-2021 occurred amongst people whose home postcode was in the 10% most deprived decile and 59% of people who died by suicide lived in the areas of Leeds falling into the most deprived 50% in Leeds. This will be difficult reading if you or someone you know had lost someone in that community. There is also a risk when showing small numbers (and small numbers from 2019-21) that people reading the data and associated commentary may then assume *“suicide isn’t a problem”* in the Armley Ward and across the city or feeling upset if the rates/numbers from their areas in years after 2019-21 are now higher.

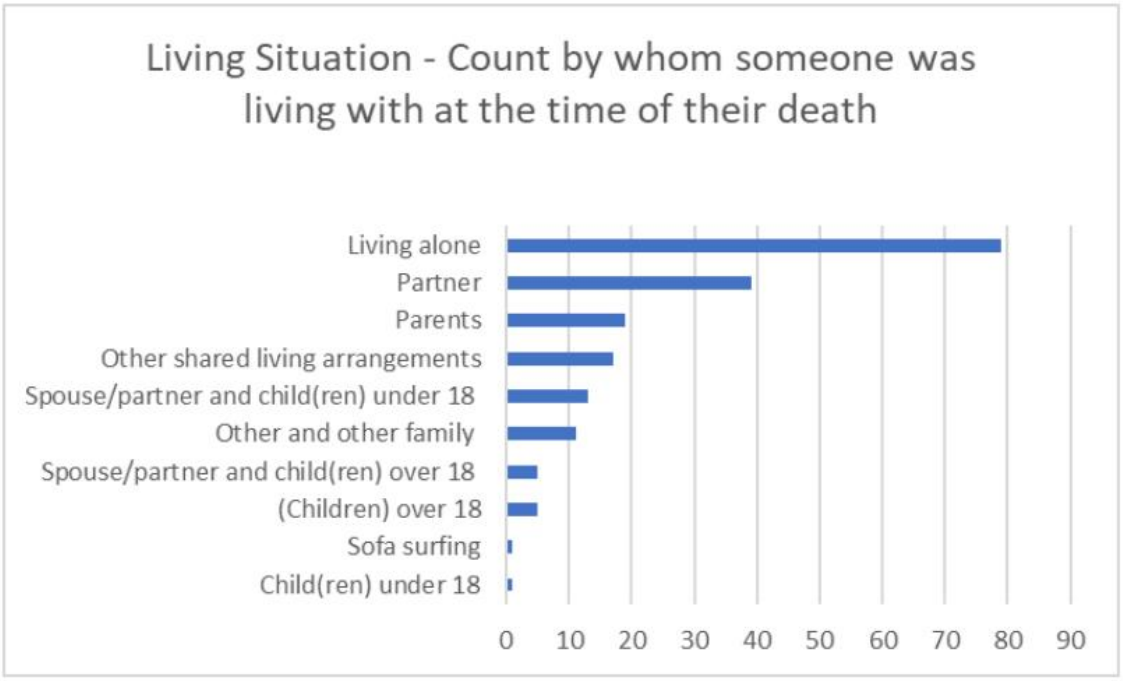
Important Note on the Incidence of Suicide Cases in the Armley Ward

“*It's important to remember that this data reflects deaths by suicide among people whose home postcode was in this ward. It does not include those who have survived a suicide attempt or those currently experiencing suicidal thoughts or distress. Every number represents a person, and behind each loss are grieving families, friends, and communities. We also recognise that the picture is always changing, and our suicide prevention efforts remain focused on strengthening protective factors for wellbeing, while working to reduce the impact of the many complex factors that can contribute to suicide risk."*

Source: Leeds City Council Public Health Mental Health Team-2025

Figure 296 Living situation count at time of death

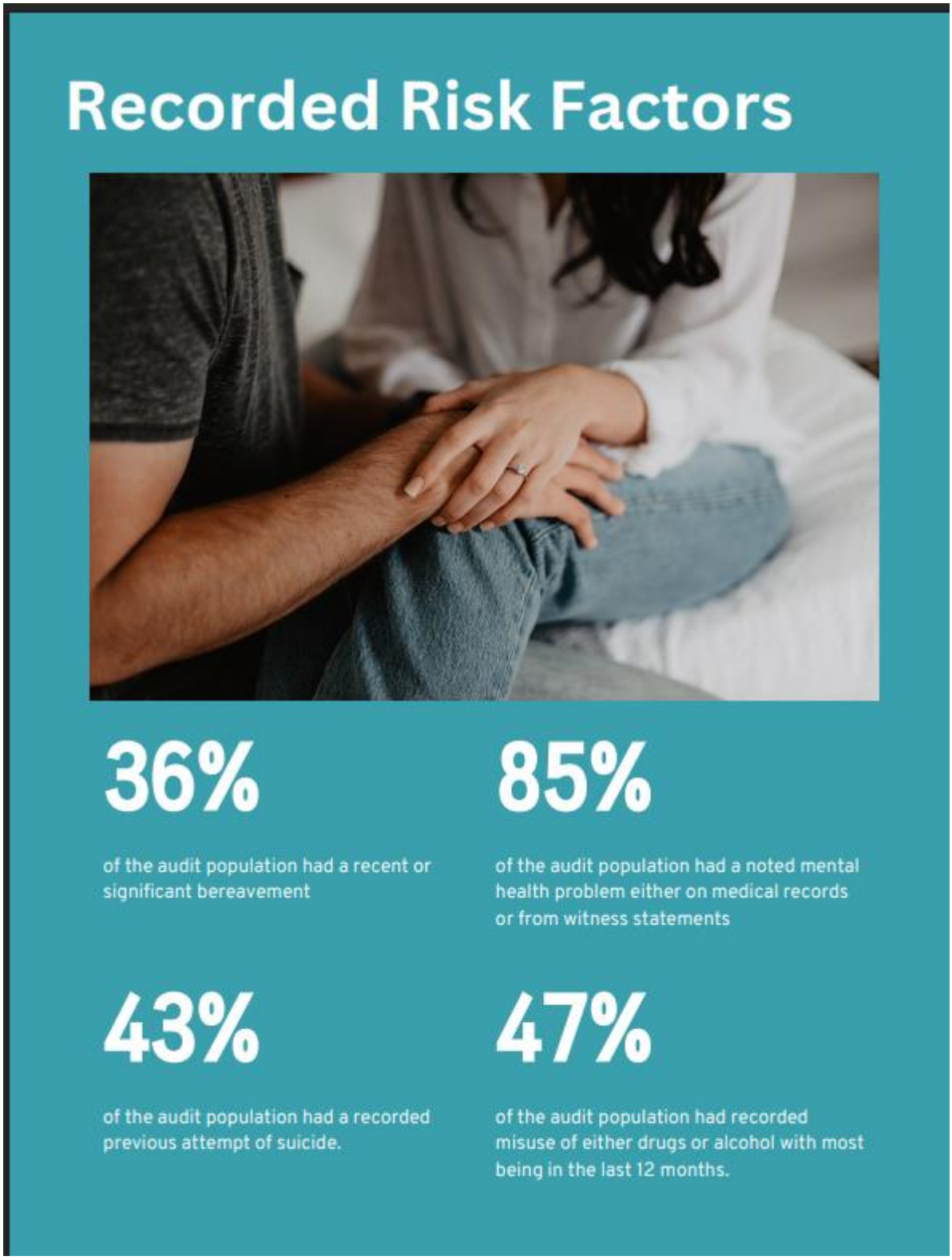
Living Situation at Time of Death



Source: Leeds Suicide Audit

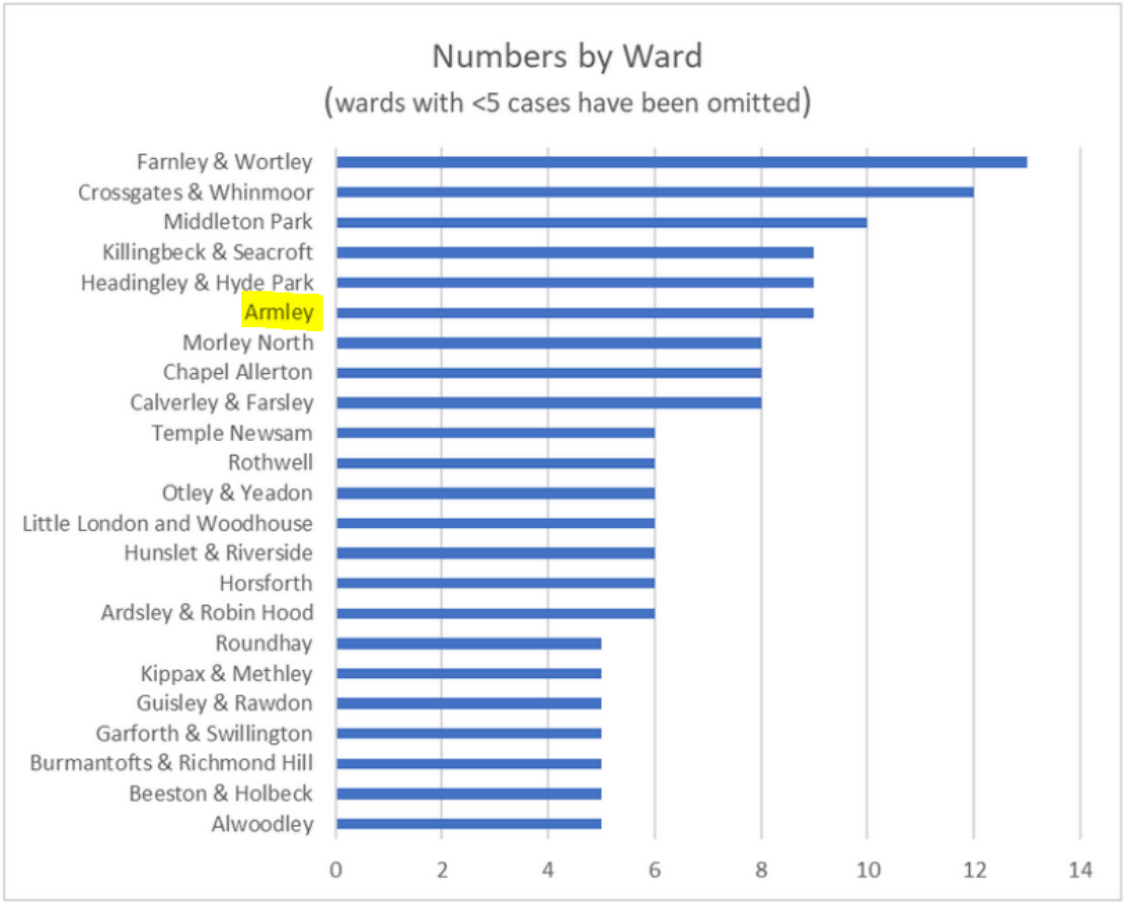
Past projects in Armley working with men experiencing suicidal thoughts have proved successful. Working in local pubs, barber shops and cafes men's health outreach workers were able to talk to men, form groups so they would be active and not suffer from loneliness and social isolation. Below are some of risk factors from the audit.

Figure 297 Recorded risk factors for suicide



Leeds Suicide Audit 2019-2022 https://observatory.leeds.gov.uk/wp-content/uploads/2023/11/Leeds-Suicide-Audit-2019-21.pdf

Figure 298 Death by Suicide, counts by ward



Source: Suicide Audit-Leeds Observatory

Suicide Language Guide

There is a helpful suicide language guide that can provide more sensitive language when discussing this topic. The words that are chosen matter and can have a powerful impact. The guide can be found in the link below:

- *Suicide Language Guide*

Suicide Bereavement Support

There is a designated and specialist support service for those impacted by Suicide operated by the organisation Leeds Mind. This service provides compassionate support for people bereaved or affected by suicide. Delivered by staff who understand because they've been there (Leeds Mind 2025).

- Suicide Bereavement Services - Leeds and West Yorkshire - Leeds Mind

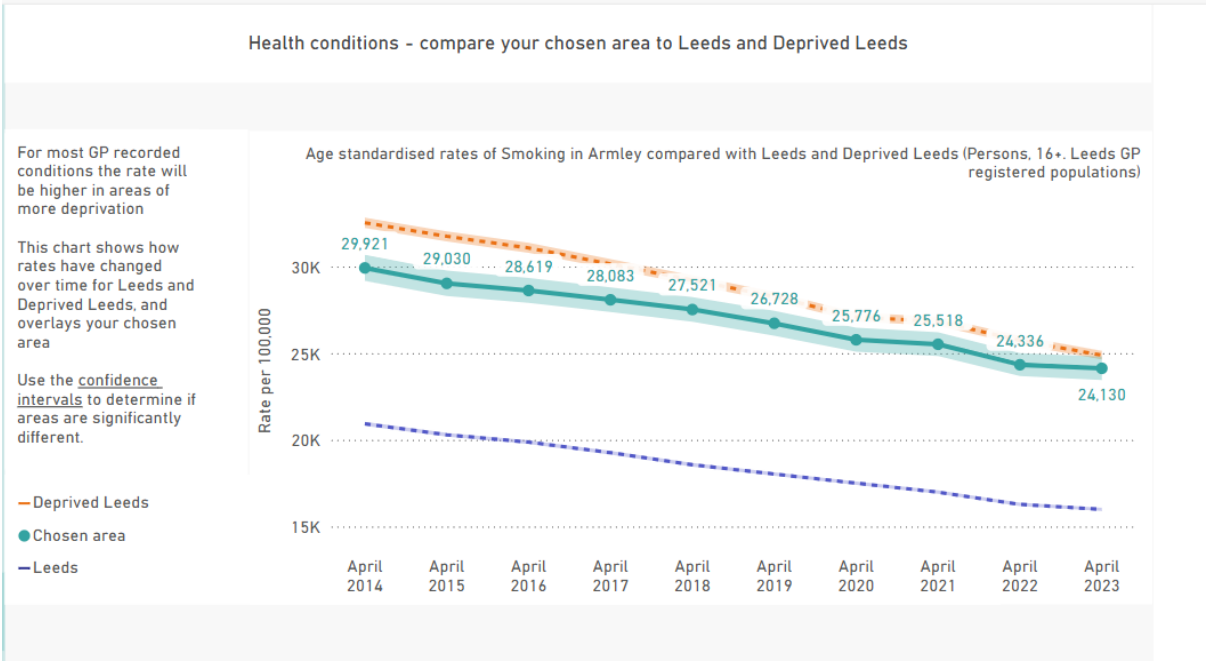
Suicide Prevention Services in Leeds

If you or some one you know is experiencing suicidal thoughts there is help available below. There is support available for both young people and adults. This service also offers advice and guidance for professionals, front line workers and volunteers, which includes guidance on looking after yourself and safeguarding measures (Leeds City Council-2025).

- Suicide prevention | Leeds.gov.uk

Smoking Rates in the Armley Ward

Figure 299 Smoking rates in the Armley ward, all persons compared to Leeds and deprived Leeds

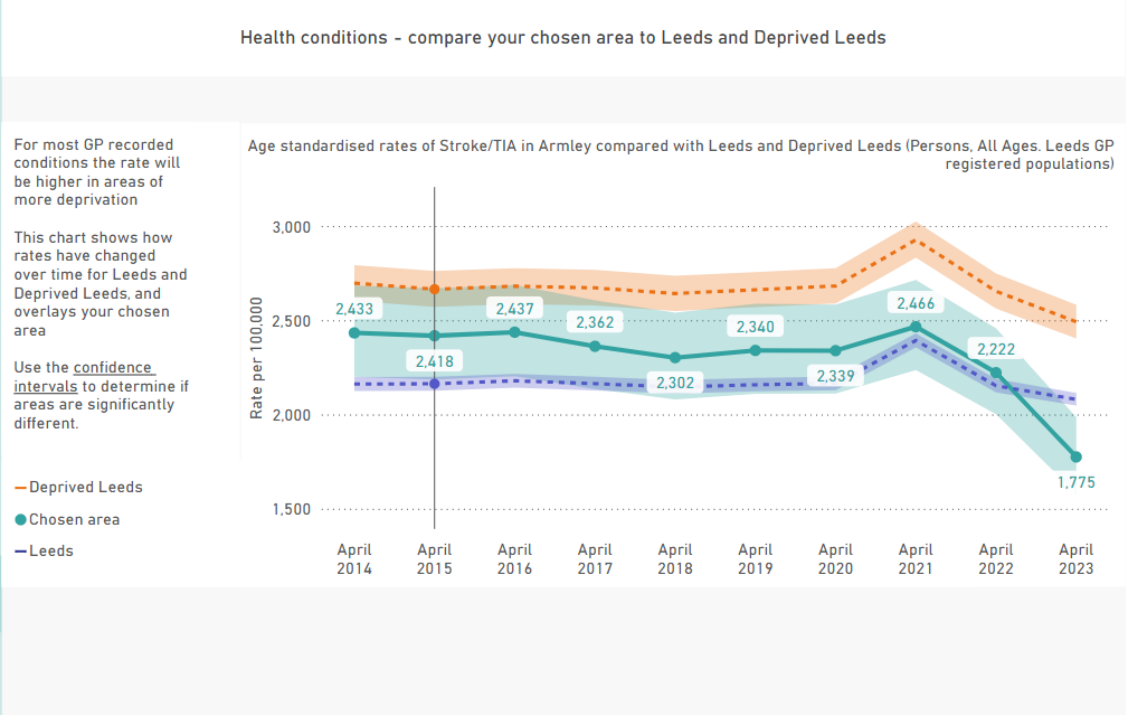


Source: PHI

Smoking rates have significantly dropped in the Armley ward and across Leeds, the picture is the same for males and females, however Armley still has one of the highest smoking rates in the city, significantly above Leeds and closing the gap with the Deprived Leeds rates.

Stroke / TIA Rates in the Armley Ward

Figure 300 Armley Stroke/ TIA in Armley compared to Leeds and deprived Leeds, all persons



Source: PHI

Stroke rates have been falling across both genders and have now fallen below Leeds which is encouraging.

GP Registrations for the Armley Ward

The chart below outlines where patient are registered for each MSOA and then at ward level which is useful when organising specific health campaigns in targeted MSOAs across the ward to target the appropriate cohort.

Armley Primary Care Network Practices- Footprint Size 31,227

Figure 301 Armley PCN practices Practice Registered Patients	Count
Armley Medical Center	16,942
Priory View Medical Center	9,208
Thornton Medical Practice	10,666

Total patient population by MSOA making up the Armley Ward: E02002396: Upper Armley	10,124
E02002388: Bramley Hill Top, Raynville & Wyther Park.	8,193
EO2002400: Armley, New Wortley	10,388
Grand Patient Total	28705

Source: LCC PHI

Figure 302 GP registered patients by MSOA and ward level (2024) Leeds GP registered pop Nov 2024 by MSOA showing practices the residents are registered to		BRAMLEY HILL TOP, RAYNVILLE & WYTHER PARK	UPPER ARMLEY	ARMLEY, NEW WORTLEY	ARMLEY WARD
Grand Total		11,953	11,594	10,482	30,913
pcode	**Practice Name**	**E02002388**	**E02002396**	**E02002400**	**ARMLEY WARD**
B86002	City View Medical Practice	0	2	2	4
B86003	Armley Medical Practice	1,518	4,281	4,341	10,140
B86005	Oakley Medical Practice	0	0	1	1
B86007	Windmill Health Centre	4	1	4	9
B86008	Alwoodley Medical Centre & Adel	0	0	1	1
B86009	Manston Surgery	0	0	2	2
B86011	Hillfoot Surgery	22	38	2	62
B86012	Leeds City Medical Practice	0	0	3	3
B86013	The North Leeds Medical Practice	8	7	15	30
B86014	Robin Lane Health and Wellbeing Centre	85	225	21	331
B86015	Manor Park Surgery	1,906	1,080	75	3,061
B86016	Doctor Penn & Partners	1	0	5	6
B86017	Craven Road Medical Practice	20	0	2	22

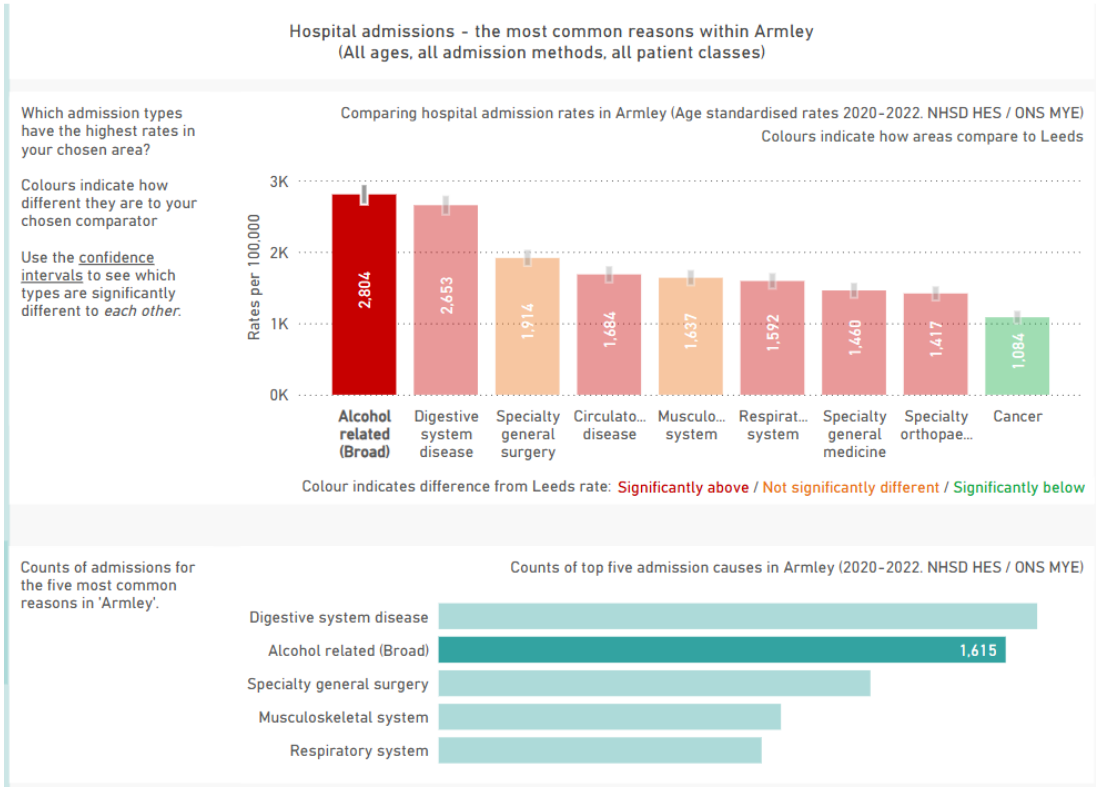
B86018	Pudsey Health Centre	19	35	3	57
B86019	Rutland Lodge Medical Centre	8	6	14	28
B86020	Church Farm Close Medical Practice		1	2	3
B86022	Oakwood Lane Medical Practice	5	3	9	17
B86024	Priory View Medical Centre	431	900	1,828	3,159
B86025	Hyde Park Surgery	11	10	53	74
B86028	South Queen Street Medical Centre	0	0	1	1
B86029	Westgate Surgery	1			1
B86030	Burton Croft Surgery	41	30	24	95
B86032	Chevin Medical Practice	0	0	1	1
B86035	The Whitfield Practice	1	8	3	12
B86038	Guiseley and Yeadon Medical Practice	2	2	2	6
B86039	Allerton Medical Centre	2	1	4	7
B86041	Vesper Road and Morris Lane Surgery	458	75	40	573
B86042	Lingwell Croft Surgery	1	10	4	15
B86043	East Park Medical Centre & Halton Medical Practice		9	12	21
B86044	Ireland Wood Surgery	7	2	3	12
B86048	Garforth Group Medical Practice			1	1
B86049	Woodhouse Medical Practice	2	1	4	7
B86050	Dr Lee & Partners	138	224	19	381
B86051	Yeadon Tarn Medical Practice	5		1	6
B86054	The Garden Surgery			2	2
B86059	Meanwood Group Practice	20	13	3	36
B86060	Thornton Medical Centre	469	917	2,862	4,248
B86061	The Practice Harehills Corner	2	5	11	18
B86062	Dr S Laybourn and Partners	1	3	2	6
B86064	Leigh View Medical Practice			1	1
B86066	The Street Lane Practice			1	1
B86067	The Fountain Medical Centre		1	1	2
B86068	Abbey Grange Practice	375	99	19	493

B86069	Burley Park Medical Centre	283	186	439	908
B86070	Aireborough Family Practice	3	1	3	7
B86071	Whitehall Surgery	82	260	75	417
B86075	Colton Mill and The Grange Surgeries			1	1
B86081	Bellbrooke Surgery	1		8	9
B86086	Laurel Bank Surgery	122	37	18	177
B86092	Kippax Hall Surgery			1	1
B86093	Park Edge Practice			2	2
B86094	The Gables Surgery	90	151	15	256
B86096	Arthington Medical Centre	2	1	4	7
B86100	St Martins Practice	4		1	5
B86101	Gildersome Health Centre	0	0	1	1
B86103	Conway Medical Centre	1	0	2	3
B86104	The Highfield Medical Centre	2,244	945	79	3,268
B86106	Foundry Lane Medical Practice	0		3	3
B86108	Chapeltown Family Surgery	5	8	21	34
B86109	Kirkstall Lane Medical Centre	194	41	46	281
B86110	Leeds Student Medical Practice	9	1	10	20
B86623	Ashton View Medical Centre	4	2	10	16
B86642	Church Street Surgery	2	4	5	11
B86643	Roundhay Road Surgery	2	0	4	6
B86648	Austhorpe View Surgery	0	1	0	1
B86655	Beechtree Medical Centre	98	302	50	450
B86658	Moorfield House Surgery	2			2
B86666	Newton Surgery	7	10	9	26
B86667	Beeston Village Surgery	4	2	10	16
B86669	Primary Health Care for the Homeless	12	34	31	77
B86672	Hawthorn Surgery	42	151	101	294
B86673	Bramham Medical Centre	0	0	0	0
B86675	The Practice Lincoln Green	1	3	1	5
Y02002	One Medicare - The Light	41	38	104	183
Y02494	Shakespeare Medical Practice	19	5	24	48

Source: PHI

Hospital Admissions for the Armley Ward

Figure 303 Hospital admissions, the most common reasons 2020-2022

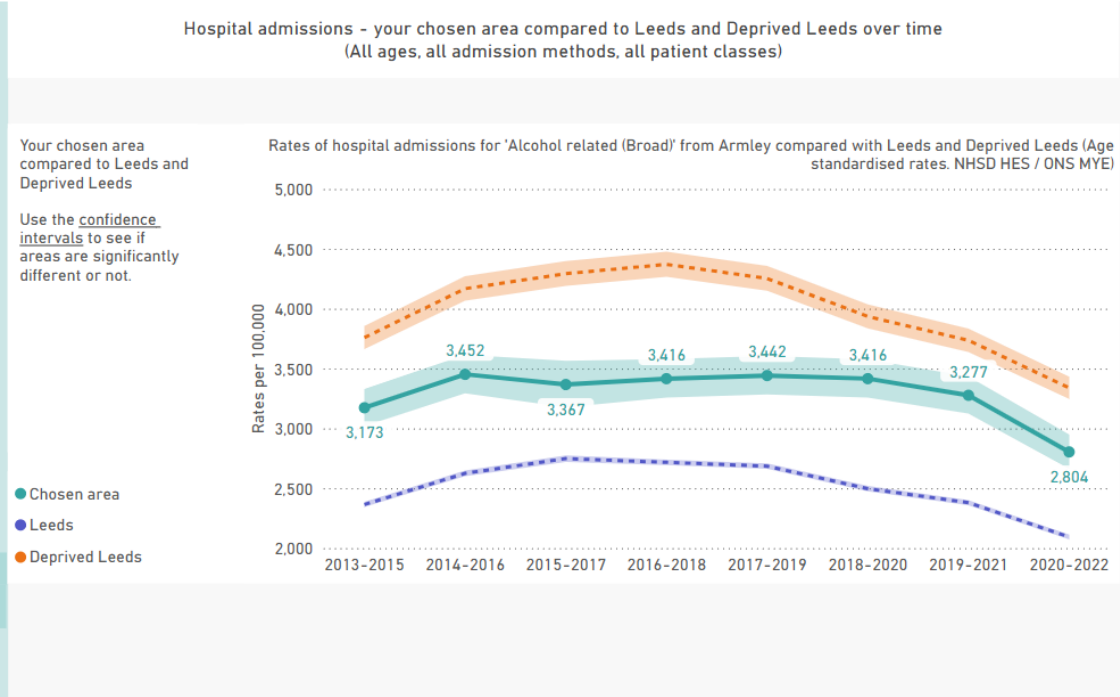


Source: PHI

Compared to Leeds worryingly alcohol related reasons are the most common reason, this however is a broad category, followed by digestive system disease, possibly from poor diet and followed by respiratory disease. Compared to deprived Leeds, only special orthopaedics is higher than deprived Leeds. Alcohol abuse is a significant issue within the ward and has been for a long time and a constant battle for the Police, Public Health and partners blocking fresh 24-hour licencing applications.

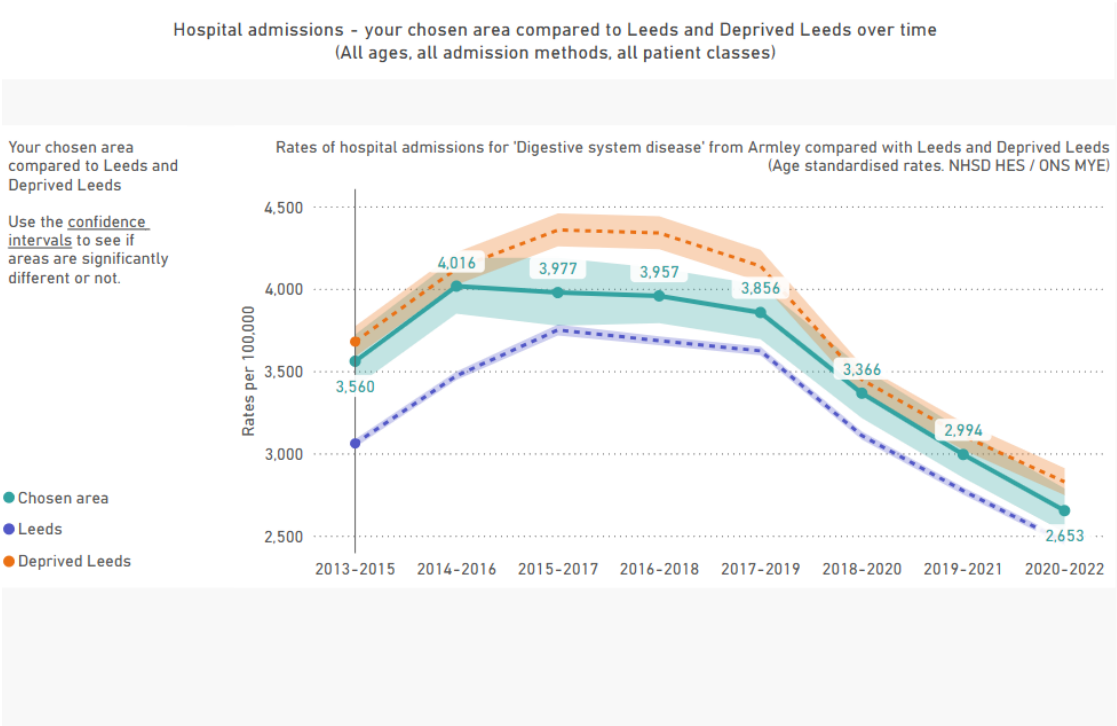
However, admissions for alcohol and digestive disease related issues have fallen.

Figure 304 Armley compared to Leeds and deprived Leeds for alcohol related issues over time, all persons



Source: PHI

Figure 305 Armley hospital admissions for digestive system disease, all persons over time



Source: PHI

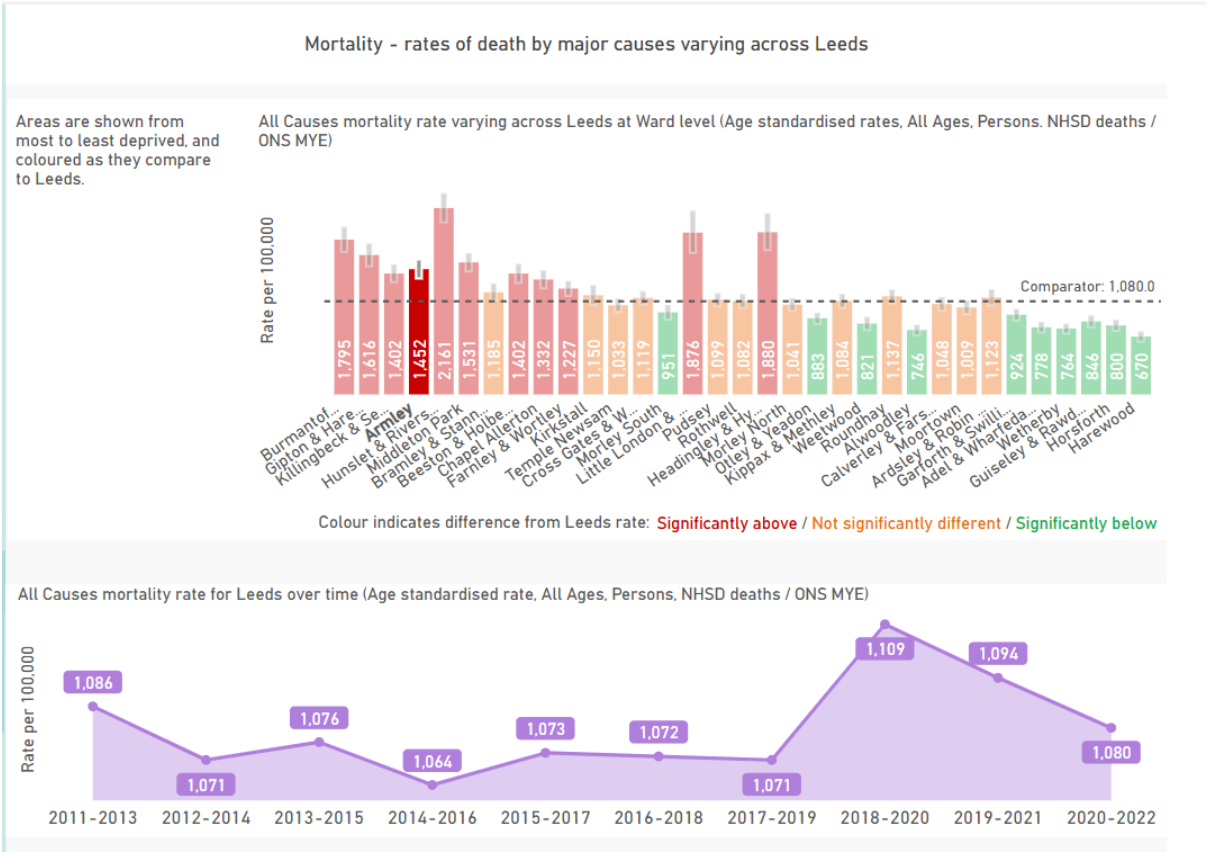
The graph above shows hospital admissions for digestive system disease in the Armley ward have significantly decreased.

Mortality Data for the Armley Ward

For mortality rates all causes for the over seventy-five age bracket in the Armley Ward, for males and all persons it is significantly above Leeds, for females it is not significantly different. Comparing the Armley rate to Deprived Leeds for all persons and females it is significantly different and for males not significantly different for females.

For all ages (2020-2022) and all genders the mortality rate is significantly above the Leeds average and compared to deprived Leeds it is significantly below for all persons and not significantly different for men and women.

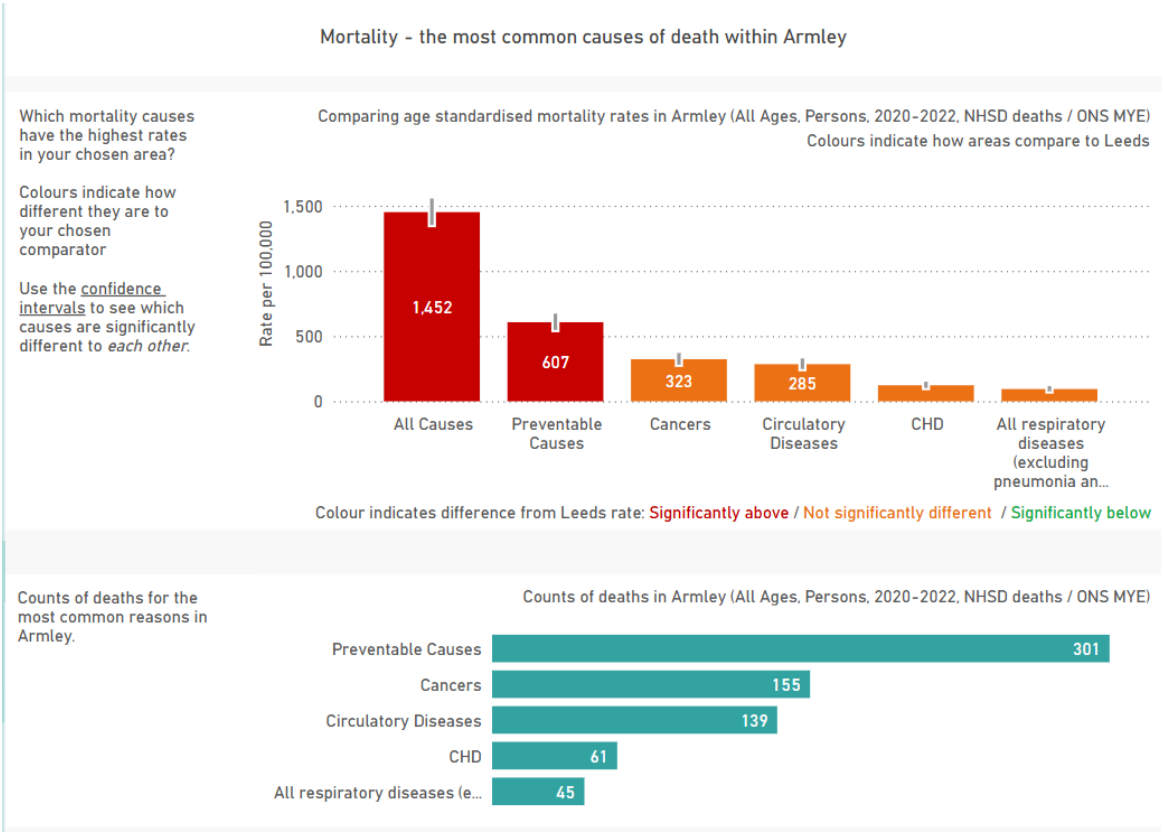
Figure 306 Rates of death by major causes, all ages 2020-22



Source: PHI

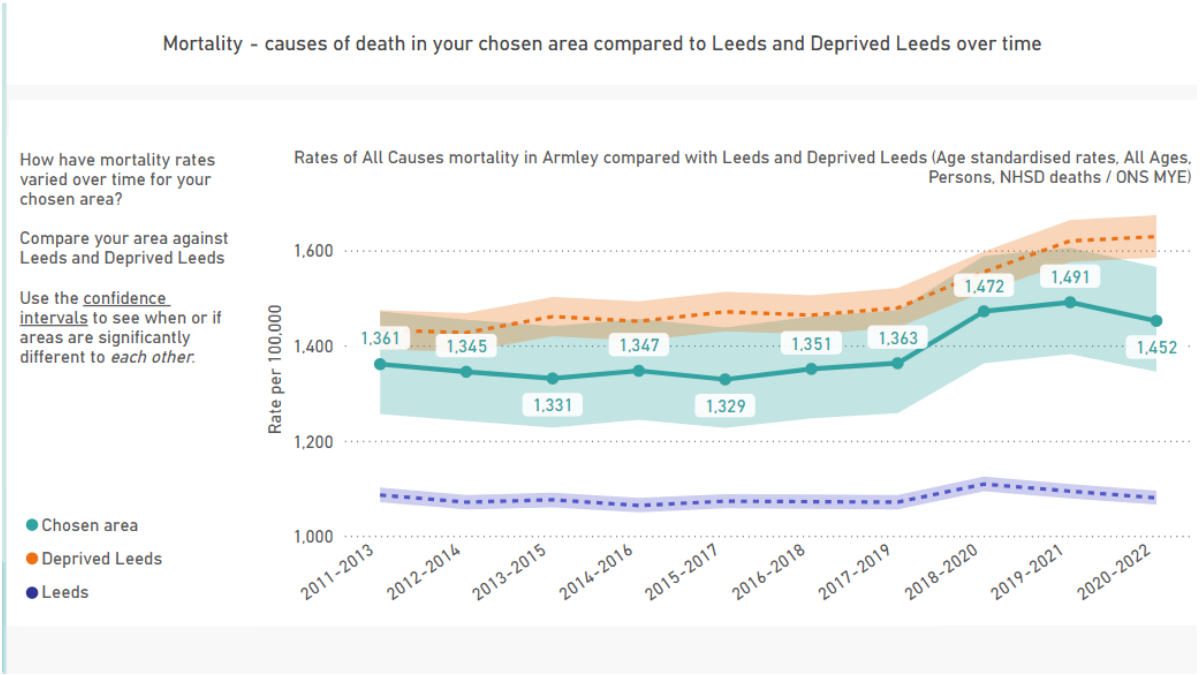
The graph below shows the scale of preventable disease in the Armley Ward for all causes and preventable cause is significantly above the Leeds rates.

Figure 307 The most common causes of death within Armley, all ages 2020-22



Source: PHI

Figure 308 rates of All Causes mortality in Armley compared with Leeds and Deprived Leeds



Source: PHI

The graph shows that over time the Armley Rate is significantly above Leeds and just below Deprived Leeds, from 2021 there was a slight decrease. Comparing a poorer ward like Armley to a much more affluent ward like Wetherby, for Armley the rate per 100, 000 is 1,452.00 compared to almost half the rate in Wetherby, which is 764.00 per 100, 000.00.

Preventable causes is the biggest cause of death in Armley however they are not broken down into categories, next is cancers as the biggest cause. Preventable causes mean diseases such as alcohol related illness and coronary heart disease which can be avoided to a certain extent by healthy lifestyle choices such as regular healthy exercise and a nutritious diet (https://www.nhs.uk/conditions/coronary-heart-disease/prevention/) and simple advice below;

Media Perspective on UK Mortality Rates

The bad news is we're dying early in Britain – and it's all down to 'shit-life syndrome' | Will Hutton | The Guardian

Life Expectancy in the Armley Ward

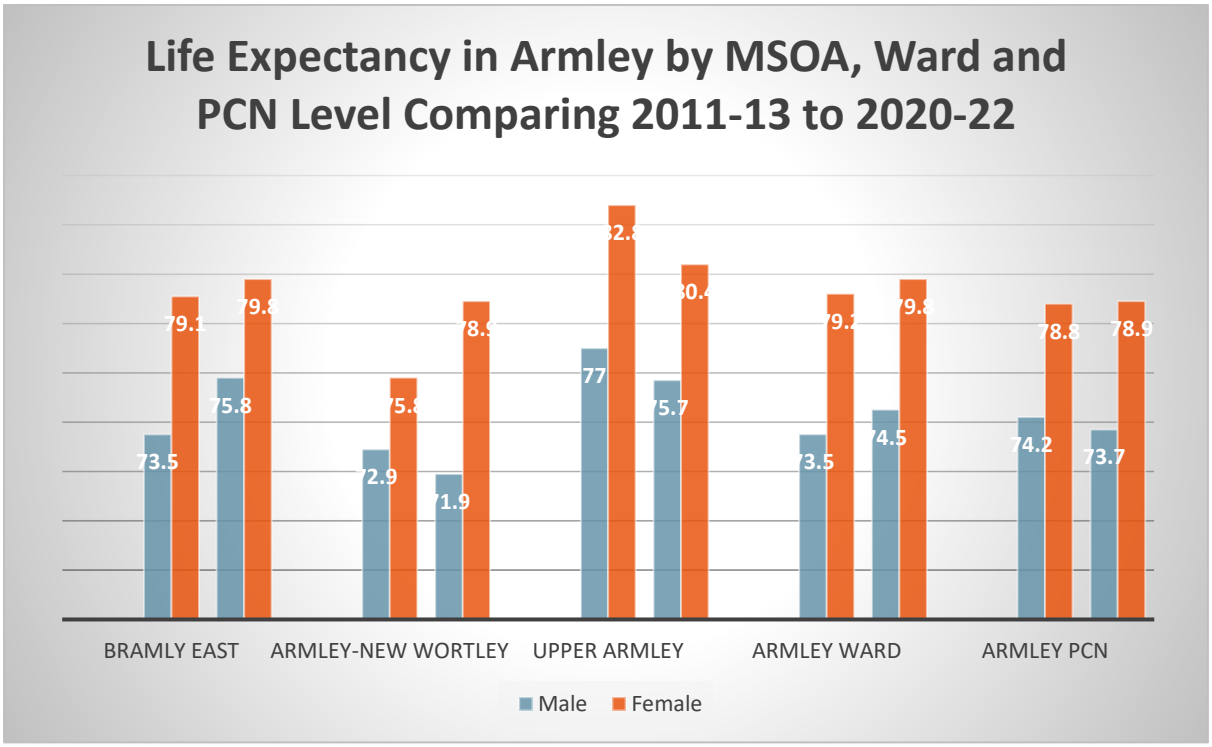
Around one in three people in Leeds are aged 50 and over. In addition, the number of Leeds residents aged 80 and over will increase by about 50% in the next 20 years. At birth, males can expect to live to age 78 and females to age 82. Men aged 65–69 can expect to live another 18 years and women 20 years; about half of this is likely to be spent with a limiting condition. Deprivation makes a big difference to life expectancy. People in the most affluent areas of Leeds can expect to live 11 to 12 years longer than those in the most disadvantaged communities.

(Center for Ageing Better (2021) https://ageing-better.org.uk/sites/default/files/2021-12/the-state-of-ageing-leeds.pdf)

Male life expectancy has dropped in the Armley MSOA-Armley New Wortley and the Armley MSOA- Upper Armley, although male life expectancy has increased slightly at ward level it has fallen at PCN level. At all levels it is below the Leeds average of 78 by as much as six years lower in MSOA Armley- New Wortley.

Female life expectancy is nearer the Leeds average in Upper Armley but approximately three years behind it across Armley, closest to the Leeds average in Upper Armley but compared to 2011-13 in Upper Armley it has dropped by 2.4 years comparing 2011-13-to-2020-22-year range.

Figure 309 Life expectancy in Armley at MSOA, Ward and PCN level, comparing 2011-13 to 2020-22

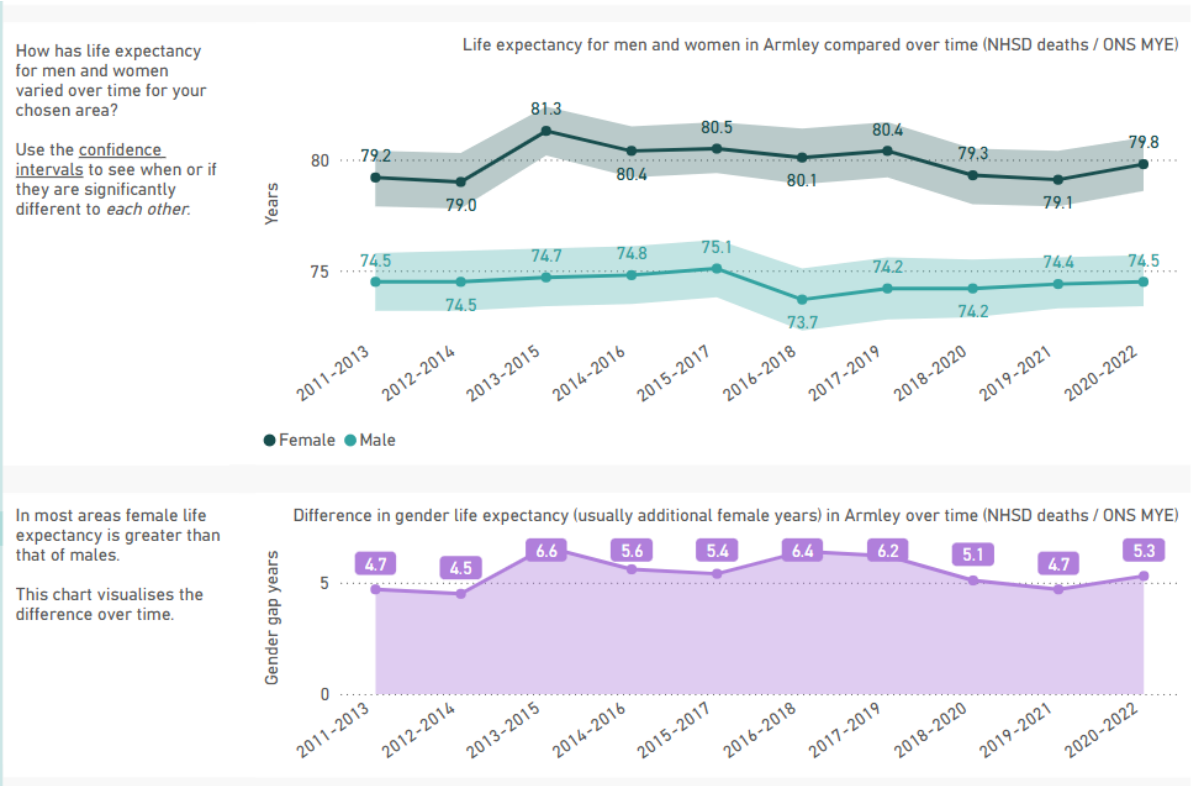


Source: PHI

Please note: The bars on the left of any area represent 2011-2013 and the bars on the right represent 2022-23.

The graph below shows the life expectancy gap between males and females in Armley (females tend to live longer than males) is 5.3 years and discounting increased mortality rates during the pandemic has increased since 2011-2013 and the difference is rising.

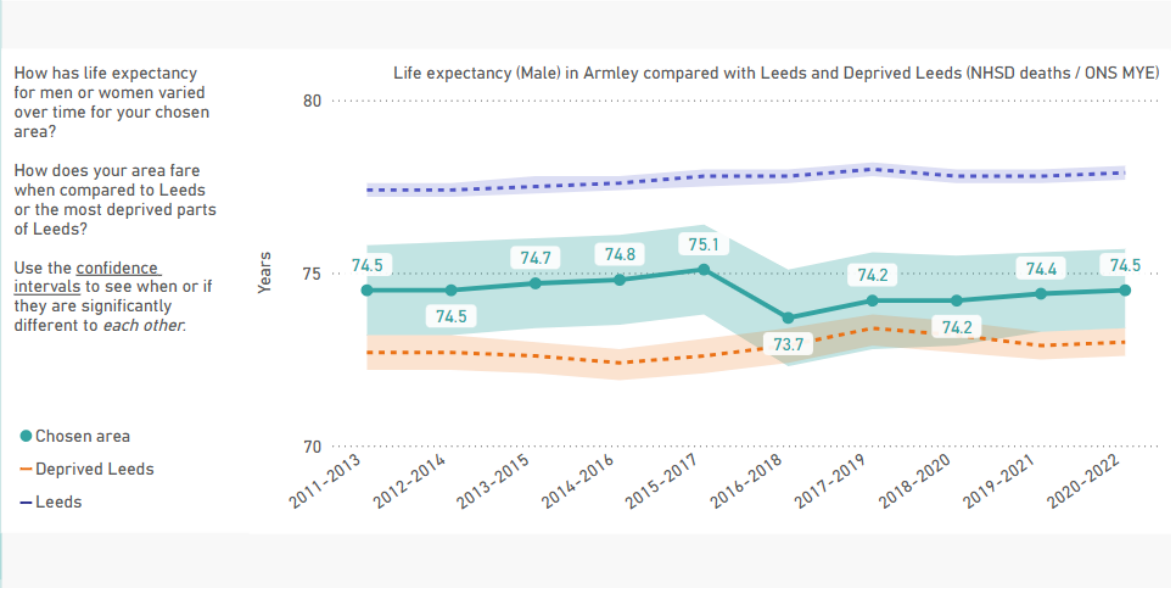
Figure 310 Life expectancy-males and females compared over time for Armley



Source: PHI

The two charts below show the difference in life expectancy over time for males and females compared to the Leeds average and deprived Leeds rates.

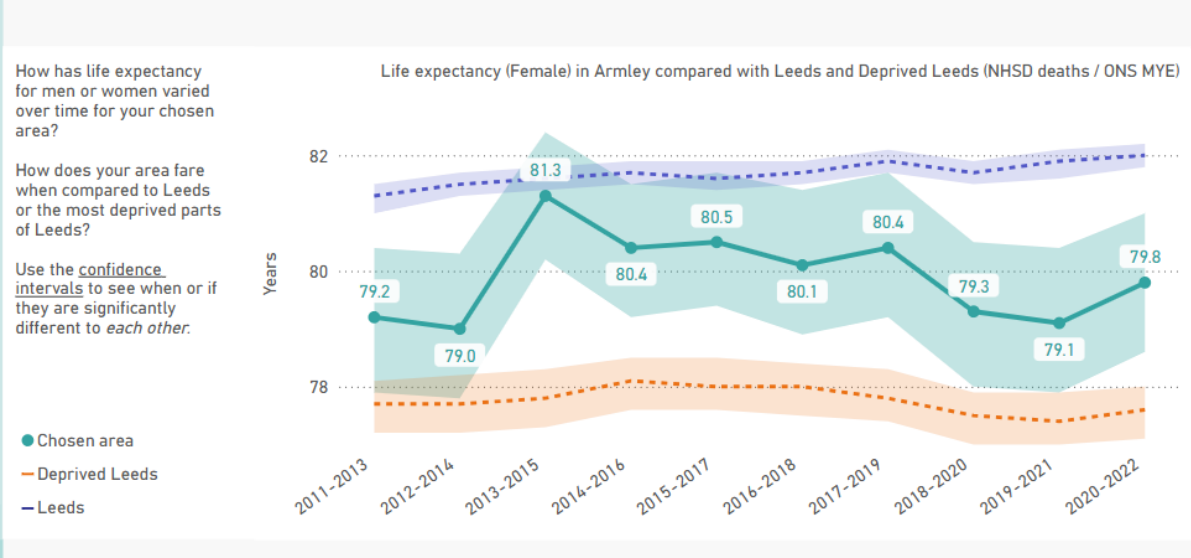
Figure 311 Life expectancy male in Armley compared with Leeds and deprived Leeds over time



Source: PHI

For males in terms of life expectancy not much has changed since 2011-13 with the rate the same, below Leeds and above deprived Leeds.

Figure 312 Life expectancy females in Armley compared Leeds with deprived Leeds over time



Source: PHI

For female life expectancy in the Armley ward it has been peaks and troughs and is on the rise in 2020-22 with not a great deal of change since 2011-13.

Health Protection in the Armley Ward

Public Health Protection extends over all three pillars of Public Health (Prevention, Protection and Primary Care). The health protection team offer guidance and advice to help manage and prevent infectious outbreaks in settings. The team also provide key health protection messages such on issues such as vaccinations, hand hygiene, antibiotic resistance and keeping well during adverse weather.

The team ensures charities, partner organisations schools and pupils have the guidance required to report outbreaks to the UK Health Security Agency and to the Local Authority to support with the management of the outbreak and safety of residents, pupils and staff.

The team is part of the wider Public Health workforce within Leeds City Council and is made up of a number of health improvement specialists.

The health protection team are able to:

- Keep you informed about any infectious diseases that are circulating, especially those that are known to be circulating within work, leisure, clinical and educational settings.

- Provide advice on symptoms, management, exclusion periods and reporting of any illnesses or outbreaks.
- Provide you with social media assets and resources that can be displayed in school or handed out to parents to communicate key health protection messages.
- Provide you with social media information and newsletters for residents parents that can be shared via community, resident groups or parent communications channels or printed.
- Ensure you have access to all key health protection information in one place from specialists across the health and care sector.

  (Note: please also see Children's Section for children's infectious disease and health protection)

During the Covid-19 pandemic and heavily reliant on Bevan Nurses and partners pop up testing and later vaccination centres augmented by strong communications via housing texts, e-mails, leaflets, word of mouth, social media posts and partner work ensured an effective and trusted response to coronavirus.

Within Armley an outbreak of Tuberculosis (TB) amongst the rough sleeping and 'sofa surfing' community who had issues with drug and alcohol was met with a small-scale localised community project to make these community members aware of the symptoms, where they could get help locally and an attempt to halt the spread of TB in those who were not inoculated. This project involved specialist third sector men's health workers and health professionals.

https://www.yorkshireeveningpost.co.uk/news/politics/council/armley-health-teams-target-leeds-suburb-hit-by-rise-in-tuberculosis-cases-4594768

Anti-Microbial Resistance (AMR) and Anti-Biotics (AB) Awareness in the Armley Ward

Antimicrobial resistance (AMR) has been identified as one of the most pressing global challenges we face this century. Indeed, The World Health Organisation (WHO) has declared AMR as one of the top 10 global public health threats. In 2019 there were 4.95 million deaths associated with bacterial AMR across 204 countries, and 1.27 million of those were directly attributed, leading the WHO to declare it a top global public health threat.

AMR occurs when the microorganisms which cause disease (including bacteria, viruses, fungi and parasites) are no longer affected by antibiotic, antiviral, antifungal and anti-parasitic medicines that are used to prevent and treat disease.

In May 2024 the UK government published the UK's second 5-year national action plan setting out ambitions and actions for the next 5 years in support of the 20-year vision for

AMR. In conjunction with the national action plan, AMR is a key priority for the West Yorkshire Integrated Care Board (ICB) and the Leeds Health Protection Board. Leeds City Council Public Health Directorate, working with partners from across the health and social care system, are working on a collaborative and system wide approach to address antimicrobial resistance in Leeds.

Data on antibiotic prescribing in the **Armle**y area of Leeds shows a higher rate than the West Yorkshire average. This could be for a number of reasons including patient characteristics such as age, lower socio-economic status, and higher co-morbidity. Additionally, cultural beliefs about health and illness, and patient expectations can significantly influence antibiotic prescribing rates, impacting both individual behaviours and the healthcare system. Evidence shows that patients may demand antibiotics, and this perceived pressure can influence prescribing, even when antibiotics are not medically necessary. In such areas local targeted work aimed at public awareness, educational settings, healthcare providers and continued engagement with primary care, promoting antimicrobial stewardship is recommended.

AMR occurs when the microorganisms which cause disease (including bacteria, viruses, fungi and parasites) are no longer affected by antimicrobial medicines such as antibiotics, antivirals, antifungals and anti-parasitics that we use to kill them, prevent and treat the disease.

While resistance is a natural phenomenon and not just a health issue, from a human healthcare perspective it is accelerated by:

- Inappropriate use of antimicrobial drugs.
- Poor infection and prevention control practices.
- Lack of new antimicrobial drugs being developed.
- Insufficient global surveillance of infection rates.

We rely on antibiotics, antifungals, and anti-parasites to treat the microorganisms that cause many common diseases, such as tuberculosis (TB), HIV / AIDS, malaria, sexually transmitted infections, urinary tract infections, chest infections, bloodstream infections and

food poisoning. These microorganisms, however, can already resist a wide range of antimicrobial medicines.

This isn't just a problem in treating illness; routine surgical procedures and cancer treatment – such as caesarean sections, hip and knee replacements, cardiac surgery and chemotherapy – also rely on these antimicrobial medicines prior to carrying out surgical procedures to prevent infections.

There are few replacement antibiotics or alternative products in development, and even fewer which target specific super resistant bacterium, virus, or other microorganisms.

As resistance continues to increase, more people will suffer for longer as infections become more difficult to treat – resulting in longer hospital admissions, routine surgical procedures becoming more dangerous to perform, and higher death rates. The impact of AMR therefore has a detrimental effect on the working of modern medicine.

Evidence indicates that people from certain communities (usually the most deprived or marginalised are A, or more likely to have resistant infections and be affected by AMR and B, are more likely to request (from healthcare providers), purchase online/abroad, overuse or share AB's (instead of accessing Primary Care). For the former the more people accessing primary care, explicitly seeking AB's, will drive up prescribing rates even with the best stewardship practices in place.

- We are all at risk of infections from drug-resistant bacteria.
- According to the Institute for Health Metrics and Evaluation (IHME), there were an estimated 7,600 deaths directly from infections resistant to antibiotics in 2019.
- There were also 35,200 deaths as an indirect result of infections resistant to antibiotics.
- In the UK in 2019 there were 87,500 deaths which involved bacterial infection.

AMR and Migrant Health

- Recently arrived migrants may be encountering primary care services for the first time in their lives.
- Migrants may experience unfavourable living conditions, poor access to sanitation and hygiene, and challenges in accessing healthcare.
- Isolation and accessing healthcare appear to be a significant contributor to the perceived need for storing and using antibiotics.

- The availability of antibiotics is much greater in most countries outside of Europe and North America.
- Many recently arrived migrants also come from conflict zones or areas with poor water quality, sanitation, and nutrition.
- Therefore, recent migrants' experiences of antibiotic taking may be very different.
- Migrants may be at higher risk of resistant bacteria, within community settings. Drug-resistant bacteria are reported to be more prevalent; 41% in community settings in large migrant populations (1).
- The importance of infrastructure and hygiene measures are important to mitigate transmission of resistant pathogens.

AMR and Leeds Community Insights

- Many people haven't heard AMR (Antimicrobial Resistance).
- Some understanding that antibiotics "kills the germs" that make you ill.
- There was some mistrust of healthcare services in some communities.
- Of those who mistrust healthcare, they felt they'd rather 'ride out' illness and not visit the doctor unless it was urgent, so did not feel like they need to know about AMR.
- Individuals may instead ask their friends and family to see what medicines they have.
- Individuals from some communities explained that they use antibiotics differently; they share with family & friends and often keep some back to for the next time they feel unwell.
- Antibiotics are used as pain relief (similar to paracetamol and Ibuprofen).
- Some individuals had a negative perception of vaccinations with many believing it makes you feel "more ill" or "worse".
- There is a lack of understanding about general vaccination/annual vaccines happening each year the importance of keeping up with regular vaccinations**.**

Reference: Magpie community engagement pilot sessions at:

- Leeds Refugee Forum - Women's Wellbeing Group (Lincoln Green, LS9)
- Gypsy Roma Traveller (GRT) Drop-in session held at: The Compton Centre (Harehills)
- Zest mixed community craft & wellbeing sessions (Gipton LS9)

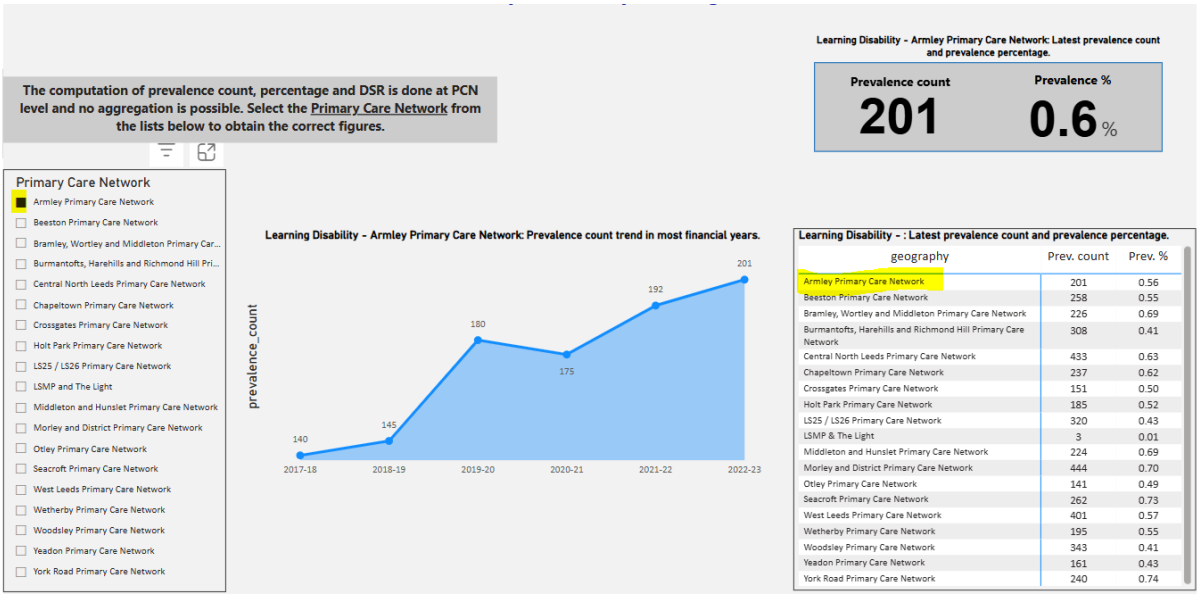
Health Inequalities and Learning Disabilities

People with a learning disability have worse health than people without a learning disability and are more likely to experience a number of health conditions (Mencap 2024). People with a learning disability have worse physical and mental health than people without a learning disability. On average, women with a learning disability die **23 years younger** than women in the general population. On average, men with a learning disability die **20 years younger** than men in the general population. Many of these deaths could be avoidable with better health care and support in the community. (Le DeR, 2023; ONS, 2022).

- https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities

A learning disability is a condition that affects the acquisition of knowledge and skills, in particular a neurodevelopment condition affecting intellectual processes, educational attainment and the acquisition of skills needed for independent living and social functioning.

Figure 313 Learning disabilities for Armley PCN by count and prevalence 2024



Source: PHI

The learning disabilities count has risen over the years due to better recording and a general increase within this recording category at Armley PCN level. However, at Armley ward level it has dropped. There are also a number of health conditions data sets linking learning disabilities such as obesity and their relationship to learning disabilities. The difference in the data sets can be explained by the Armley ward is an area and the data for that will contain everybody living there, whereas the PCN is either patients registered to the GP practices belonging to that data set or those patients living inside the Armley PCN footprint (which is not the same as the ward area).

Figure 314 Learning disability counts and prevalence in the Armley ward

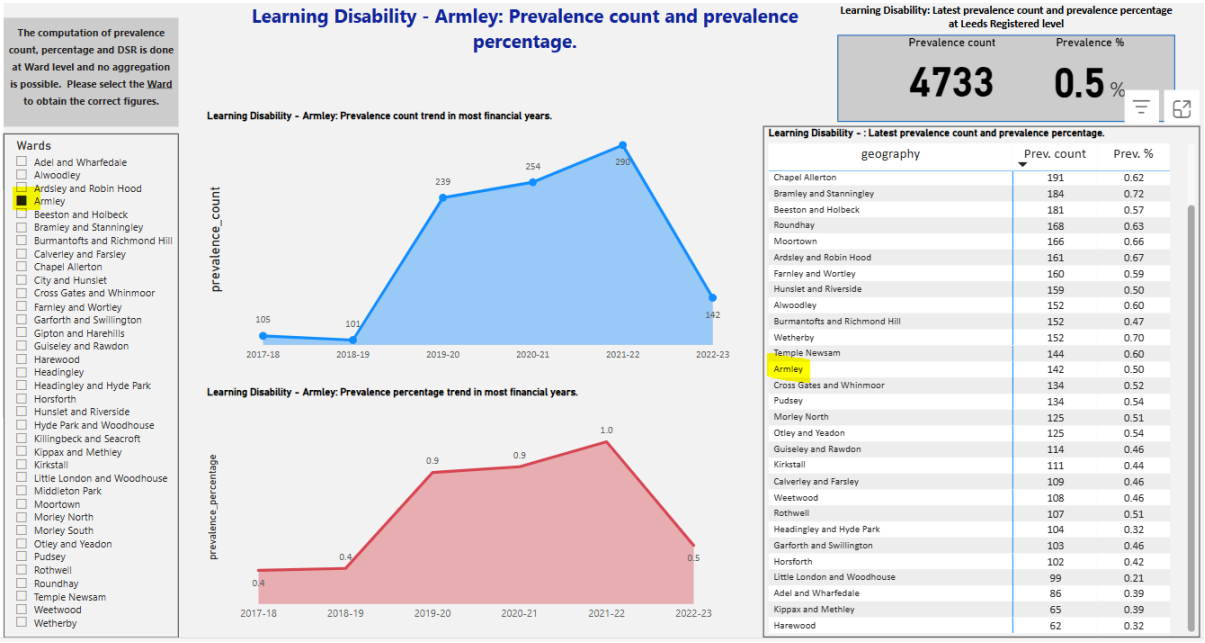
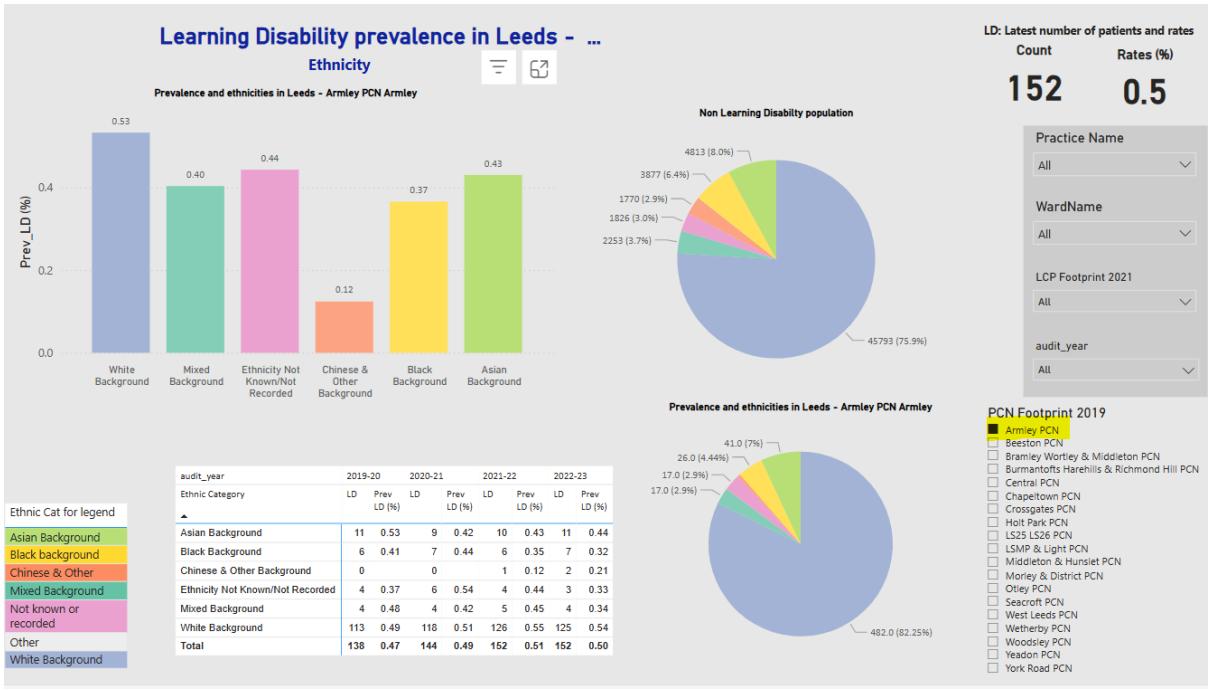


Figure 315 Learning disability prevalence and ethnicity for the Armley PCN



Source: PHI

There are many ways to examine learning disabilities as well as linking them to a health condition they can also be viewed by ethnicity and in Armley PCN white background followed by Asian back ground are the two most prominent categories.

Drug and Alcohol Harm Reduction and Treatment in Armley

Forward Leeds is the city's comprehensive drug and alcohol service. (https://www.waythrough.org.uk/find-support-near-me/forward-leeds/) Supporting adults, young people and families in Leeds needing help with alcohol and drug use. Forward Leeds service can have a wide remit working within criminal justice, drugs, alcohol, substance misuse, gambling and mental health. Addictions Plus is a specialist service in the Leeds and Yorkshire Partnership-NHS Foundation Trust. The Trust works within Forward Leeds. Sat alongside and in partnership with Forward Leeds teams, who are a city-wide multidisciplinary service providing substance use treatment for those with additional needs, which can include mental and/or physical health problems. This service also supports people that are going through pregnancy and/or are experiencing long-term homelessness.

A note on the Use of Language and Addictions.

The word addictions like obesity has been used for many years in clinical and treatment settings. However, to be kinder and more compassionate with those residents struggling with substance, alcohol, substance and drug misuse and abuse ageing and the shift in the public facing and workforce facing language locally on alcohol in later life we have moved away from addictions. The reason for this is the stigma attached to the word and especially for older Armley residents.
A kinder term for "addiction" can depend on the context and the specific situation, but generally, terms like dependence, reliance, or substance use disorder are considered more neutral or less stigmatizing than the word "addiction".

Here's a more detailed breakdown:

- **Dependence:**

This term emphasizes the reliance on a substance or behaviour, without necessarily carrying the negative connotations of "addiction".

- **Reliance:**

Similar to dependence, this term focuses on the state of relying on something, which can be a more neutral way to describe the situation.

- **Substance use disorder (SUD):**

This is a clinical term used to describe addiction to substances like drugs or alcohol, and it is often preferred by medical professionals and those seeking treatment.

- **Habit:**

While not always a perfect substitute, "habit" can be a kinder way to describe a repetitive behaviour, particularly if it's not a severe case of addiction.

- **Obsession**

or Compulsion: These terms can be used to describe a strong preoccupation with or urge to engage in a behaviour, but they may not always be appropriate replacements for "addiction".

- **Overreliance:**

This term highlights the excessive dependence on a substance or behaviour without necessarily framing it as a full-blown addiction.

It's crucial to remember that language matters and using more neutral or person-first language can make a significant difference in how individuals perceive and address addiction. It is important to seek advice from specialists in the field. Please consult your local Public Health Officer for assistance if preparing text for a specific application in Armley and they will put you in touch with that specific team.

Below is a table showing the number of service users in Armley in February 2024.

Figure 316 Service users of Forward Leeds February 2024

Postcode	Active	Last 12 Months
LS12	355	612
LS13	257	422
LS16	134	227
LS18	40	91
LS19	54	89
LS20	19	47
LS21	41	78
LS28	96	185
LS4	40	71
LS5	39	74
LS6	160	357
Total	1235	2253

Source: Forward Leeds (2024)

The Armley postcode at the top has some of the highest number of active and previously engaged / in recovery service users. The area has been saturated in drug use in the past and it is still an issue now. Leeds City Council Alcohol and Drugs Public Health Team have created a new comprehensive strategy for the city until 2030 with former service users help shaping the service and creating a strong peer mentor lead recovery community.

Recovery Champions Leading the Way

At the heart of the new strategy is the powerful influence of those with personal experience of addiction and recovery. Jules, a 52-year-old father of three who turned his life around with the help of Leeds's drug treatment programmes, is among those who have helped shape the city's approach to tackling substance use harm.

Within Armley requests for outreach teams for business partners on town street have meant experienced drug and alcohol workers have been able to engage with street drinkers and explain what services are available to them.

The Previously Hidden and Increasing Problem of Older Addicts

Local Neighbourhood Networks and Adult Social Services are experiencing a rise in those with addiction problems as they engage with local services. Below is a section of narrative from Dawn Newsome the Chief Executive Officer from Armley Helping Hands.

"We are seeing a rapid increase in older people with alcohol and drug issues with the average age range 66-75 years old (at present we are supporting 5 older people with alcohol misuse and 2 drug addict one is over counter medicine misuse and the other is illegal drug misuse). Substance misuse is a hidden problem for many of our older people. Health and social care professionals may not always spot heavy drinking or drug misuse in older people as some older people tend not to talk about drinking, perhaps due to a perception of shame, stigma or embarrassment; the effects of alcohol or drug misuse are sometimes mistaken for a physical or mental health problem; and more importantly older people are often not asked questions about alcohol or drug use as they are assumed not to be a problem for this age category. We are supporting older people with complex long-term condition in which alcohol abuse significantly impacts on their physical and mental wellbeing and are unable to leave their homes. I have had a lady with increasing admissions to hospital due to falls was referred to physio services and the strength and balance program who never was asked if she drank alcohol and could this be an indicator for her falls. I have a drug addict who we receive repeatedly calls from statutory and care provider asking for support for food etc, when we decline the food and say we will provide one meal only as we are aware the food will be used to access more drugs. We repeatedly explain the access to food will only support the clients addiction and she will overdose and have to be admitted into hospital. In this situation it is my team who receive the negatives response and questioned why are not implementing a more robust support plan. They don't get past seeing the frail elderly lady sitting in the armchair. We are seeing the impact on the wider family, causing anxiety and stress and sometimes leading to relationship breakdowns, increasing pressure on our and statutory providers.

Training across all field especially care provider is vital to understand the addiction and how we can support people with addiction, we need also more dedicated services for older people with Substance Misuse as many of the services are focus on Adults who are physically able and can attend support groups or the Forward Leeds establishment".

Within the Armley Local Partnership a project was undertaken to see if there was a clear correlation between some falls and excessive alcohol use and dwelling type, the data was difficult to obtain and no clear cause was established, this work continues.

Alcohol data (Source: LCC PHI) shows that across the city of Leeds 18.4% of people aged 50+ are drinking at higher risk levels. This is similar to the average (18.5%). With around 5000 people aged 50+ drinking at higher risk levels (14+ units a week).

There are some examples of helpful guidelines from leeds and NHS trusts in the UK contained in the links below.

[Alcohol Advice: Alcohol Units per Week | Age UK]

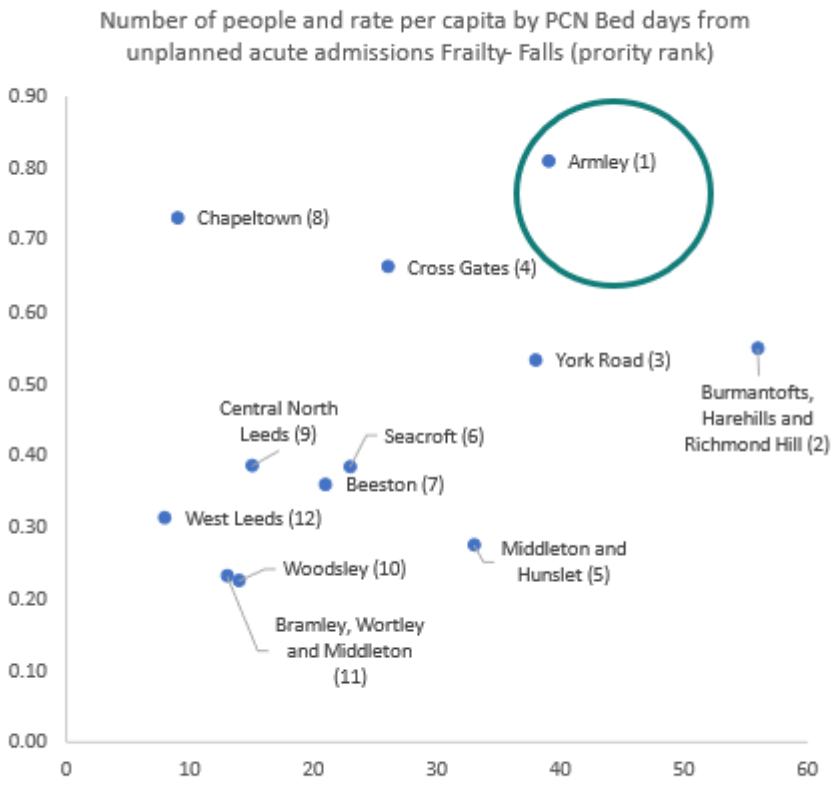
[Alcohol and Later Life - Forward Leeds]

[Over 50s and alcohol use | North Bristol NHS Trust]

Frailty and Falls in the Armley Ward

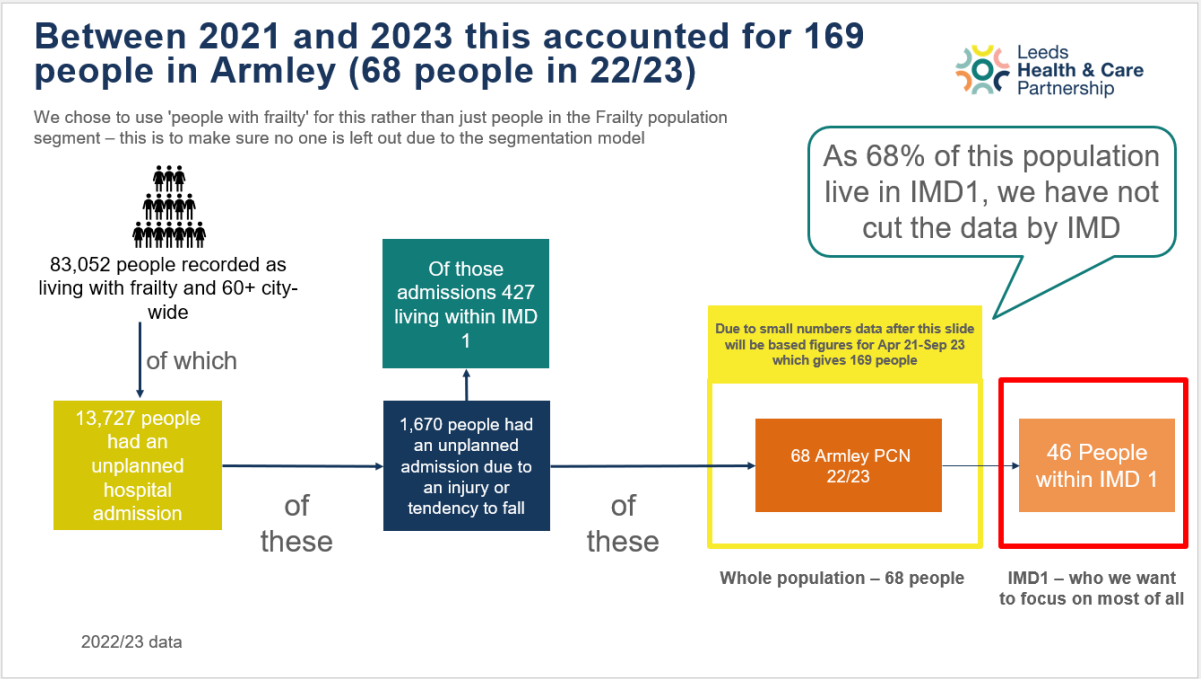
Armley has been identified as a hot spot for frailty and falls

Figure 317 No of people and rate per capita by PCN bed days from unplanned acute admissions



Source: Leeds Health and Care Partnership

Figure 318 Admissions within the 'frailty category for the Armley ward



Source: Leeds Health Partnership

More women were admitted with fractures from falls than men as you would expect and logically increased with age and dementia diagnosis.

This assessment also looks at housing hazard and type of dwelling in Armley. Looking at the table below there is a clear link to housing quality and fuel poverty in terms of keeping a dwelling heated so the fabric of the building does not deteriorate.

Figure 319 Estimates of Falls Housing Hazard

2017 Estimates of Falls Housing Hazard

Leeds Health & Care Partnership

Data taken from:

- Leeds City Council Commissioned Housing Stock Modelling Exercise – to review housing quality across the City
- Public Health Commissioned Health Impact Assessment of Housing
- Reviewed Health Housing Hazards – for example fire, damp, cold, mould and falls hazards

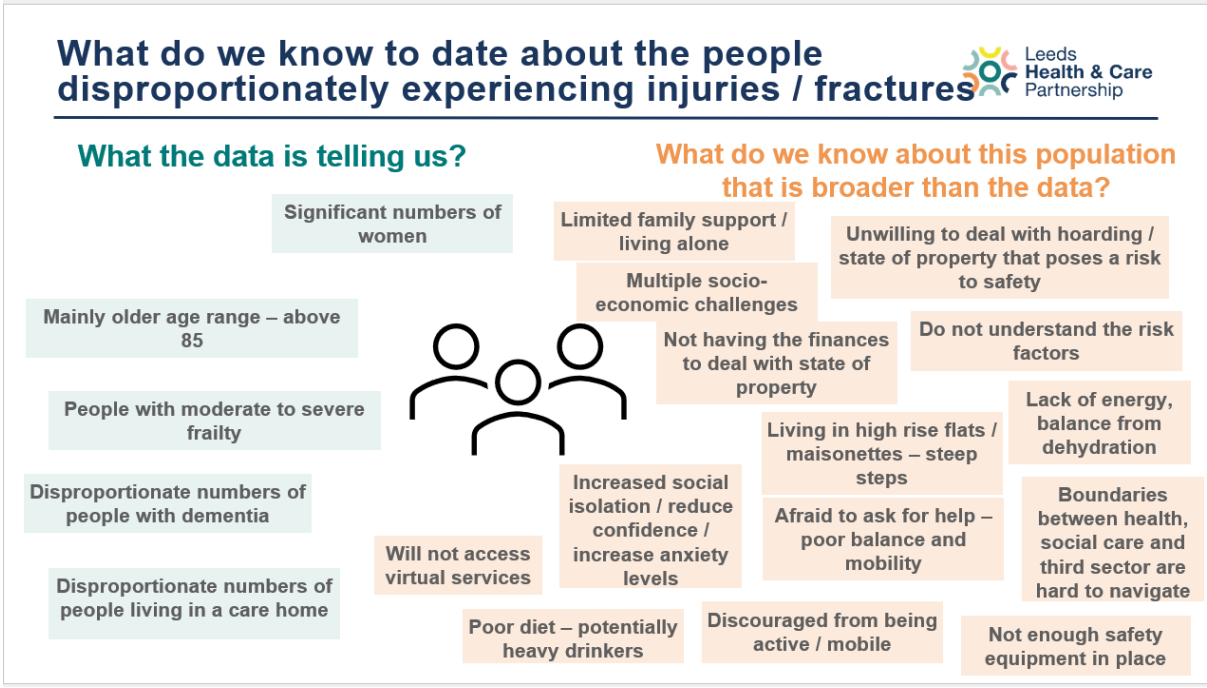
Neighbourhood	Percentage (%) with a falls hazard
Armley	10
Farnley & Wortley	9
Burmantofts & Richmond Hill	9
Temple Newsam	9
Killingbeck & Seacroft	7
Gipton & Harehills	13
Hunslet & Riverside	7

Source: PHI and Leeds Health and Care Partnership

It is suspected and more investigation is ongoing is the poorer residents with severe frailty living in substandard accommodation and crucially without a support package in place are more at risk. Work by local partnerships to address these issue are underway these include home visits from the new LCC commissioned care service in the area, friendship groups with transport and strength and balance sessions including gentle exercise to increase mobility, stability and safety.

Below is an information summary of intelligence gathered around the 'falls agenda'

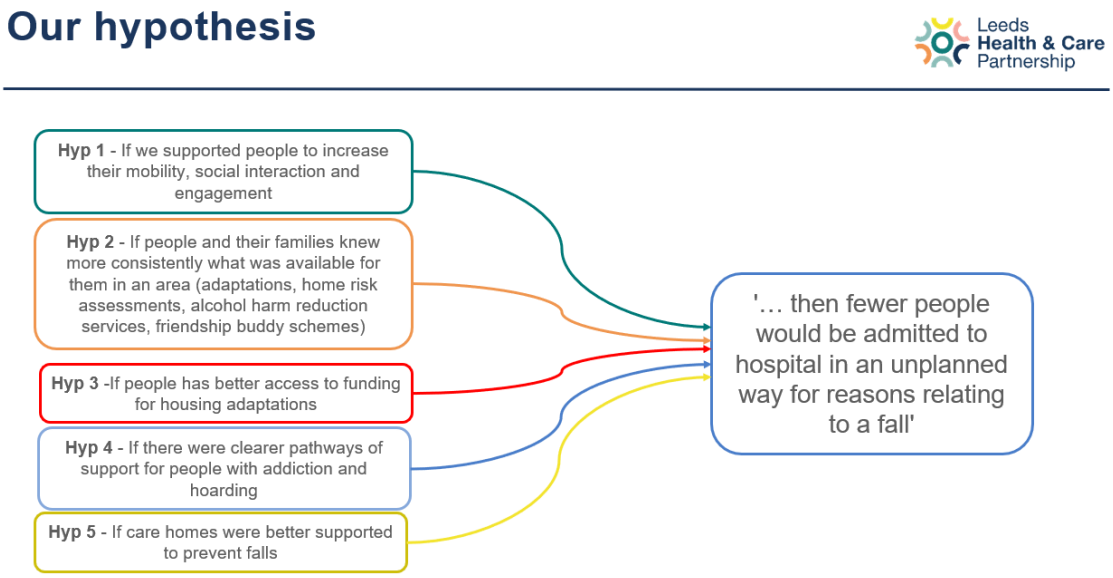
Figure 320 Falls data summary for the Armley ward



Source: Leeds Health and Care Partnership

Lastly the following five hypothesis were explored at workshop to create actions to reduce the number of hospital admissions, this work continues.

Figure 321 Five scenarios of investigation to reduce 'falls' in Armley



Source: Leeds Health and Care Partnership (2024)

For services such as Care and Repair Leeds (care-repair-leeds.org.uk) which help people with specific needs and or mobility problems live independently, as well as support with warmth, energy efficiency and heat conservation in their homes over an 18-month period around 4.8% of clients live in LS12. There are more residents within the Armley ward that would benefit from this service.

Physical Activity for Older Frailer Residents (Leeds Community Healthcare)

Figure 322 Physical activity guide for older adults



Source: LCH 2025

The above is a helpful guide for physical activity for older adults and provides effective methods of preventing falls and improving quality of life.

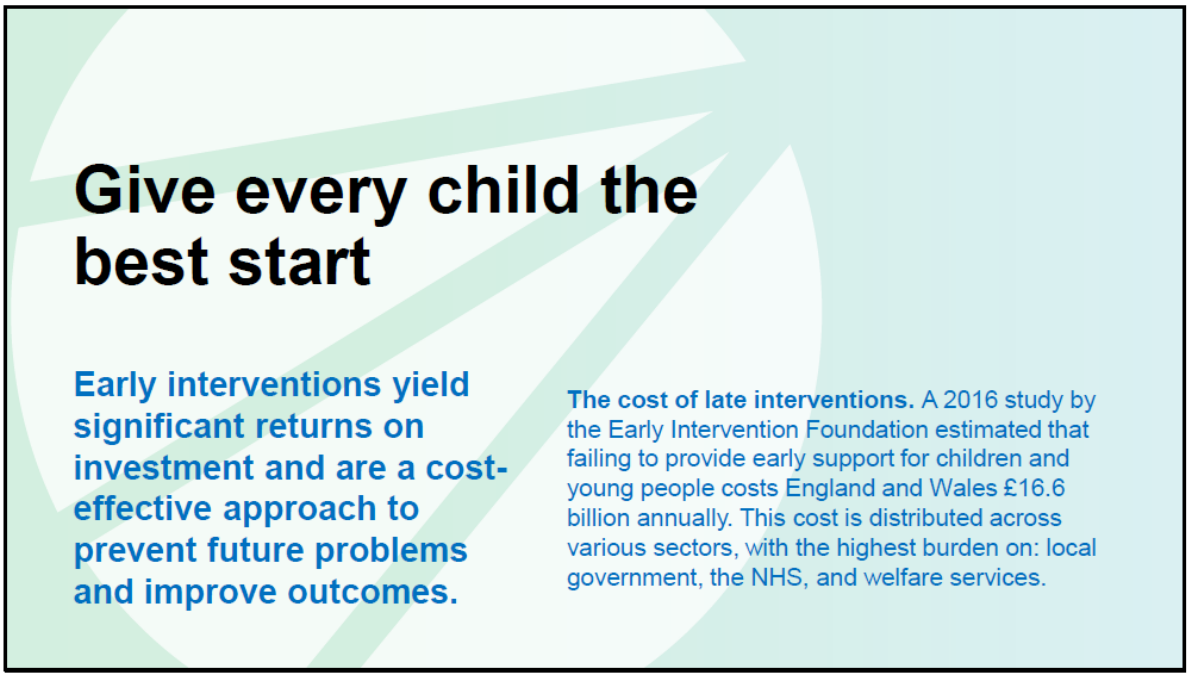
Active Leeds provide a Postural Stability-Falls Prevention programme which is explained here: Falls Prevention | Active Leeds and a programme for those with low mobility helping people in Leeds to stay stronger for longer. Active Strength | Active Leeds

There is a Care and Repair Service in Leeds which can help with home assessments and modifications to prevent falls.

- care-repair-leeds.org.uk/home-plus-leeds/falls-prevention/

As mentioned previously in this document there is a guide to safe drinking in later life. If residents have drank “heavily” throughout their life they may find it difficult to adjust or cease ingrained drinking habits. Advice is available here, including substituting alcohol for low or no alcohol substitutes: Alcohol and Later Life - Forward Leeds

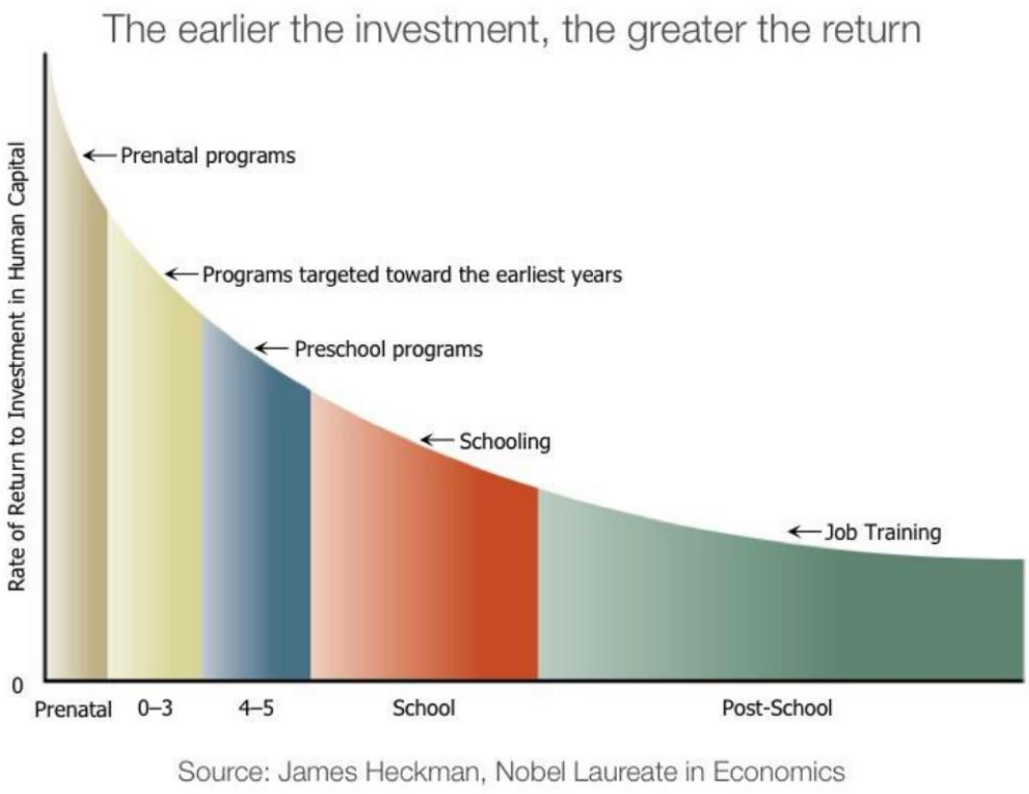
Chapter 16- Children, Families, Maternity and Young People Specific Health Data for the Armley Ward



Source: Institute of Health Equity: Fairer, Healthier Leeds: Reducing Health Inequalities **Data Pack-2024**

Early years development is at the very heart of Armley Babies life chances and the earlier the investment the greater the return, starting with investment in prenatal programmes.

Figure 323 Early investment in a child's development



[Early years are at the heart of life chances | Children's Commissioner for England (childrenscommissioner.gov.uk)]

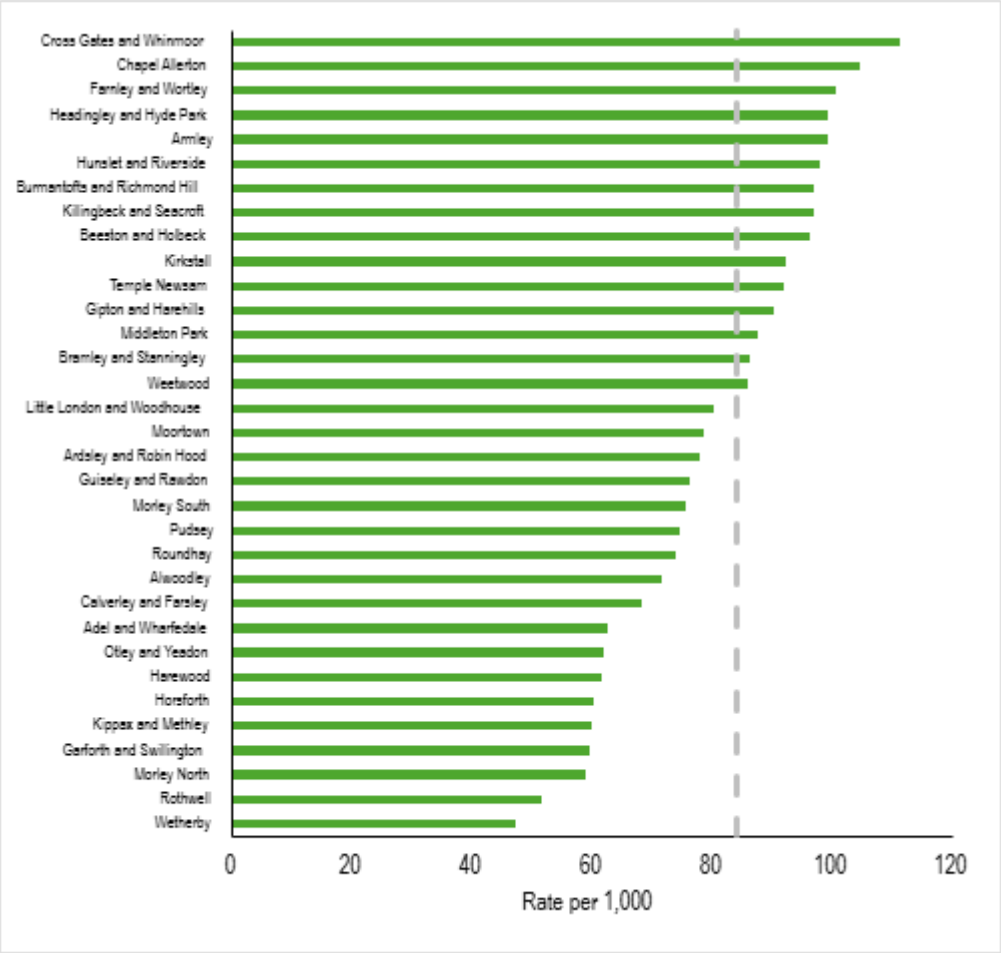
That children are safe, well, prosperous and connected is a strong indicator of how much of their potential they fulfil and to what degree they contribute to civic life (see full table and domains in Appendix 6). From conception to year 2 (0-2years) how the child is loved, cared for both in emotional and physiological terms is pre-cursor to their life chances. The level of bonding, interaction, love and stimulation a baby receives determines its levels of resilience, educational achievement and ability to *'self soothe'* when it encounters problems. From years 2 to 5 are also crucial in a child's educational development and is good practice for Leeds Children's Services (One minute guides | Leeds.gov.uk).

Leeds is a Marmot City as previously discussed and the Best Start age range has been raised to five to capture the emphasis on early years education.

There are many indicators to predict a child's development and future health below are some of the most common ones.

Low Birth Weight in the Armley Ward

Figure 324 Low birthweight babies, rate per 1, 000 full term live births Leeds wards 2021-23



Source: PHI

The chart above shows Armley near the very top of all Leeds wards for low birth weight. The World Health Organisation defines low birth weight as less than 2, 500g. ow birth weight is caused by intrauterine growth restriction, prematurity or both. It contributes to a range of poor health outcomes; for example, it is closely associated with foetal and neonatal mortality and morbidity, inhibited growth and cognitive development, and NCDs later in life. Low birth weight infants are about 20 times more likely to die than heavier infants.

Low birth weight is more common in developing than developed countries. However, data on low birth weight in developing countries is often limited because a significant portion of deliveries occur in homes or small health facilities, where cases of infants with low birth weight often go unreported. These cases are not reflected in official figures and may lead to a significant underestimation of the prevalence of low birth weight (UNICEF-WHO Joint Database on Low birth weight. (http://data.unicef.org/nutrition/low-birthweight ; https://www.who.int/nutgrowthdb/lbw-estimates) and WHO. Global Health Observatory (GHO) data repository. Low birth weight, prevalence (%) (Child malnutrition) (http://apps.who.int/gho/data/view.main.LBWCOUNTRYv).

Maternal Obesity in the Armley Ward

Maternal obesity is further stratified into classes: class I (BMI 30–34.9), class II (BMI 35–39.9), and class III (BMI ≥40). Maternal obesity in pregnancy (MOP) has been associated with adverse pregnancy outcomes, including hypertensive disorders of pregnancy, gestational diabetes, and need for operative delivery.

Deliveries distribution in Armley for maternal obesity is high compared to other wards in the city.

Class 1 Maternal Obesity in Delivery-Armley Ward

Figure 325 Class 1 MOP for Armley ward



Source: Leeds Hospitals-Maternity Services

Class 2 Maternal Obesity in Delivery-Armley Ward

Figure 326 Class 2 MOP for the Armley Ward



Source: Leeds Hospitals-Maternity Services

For class two obesity we can see the Armley Ward is third highest in the city.

Breast Feeding Initiation and Maintenance in the Armley Ward

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

(Source: Commentary compiled by Mindy Grewal LCC PH)

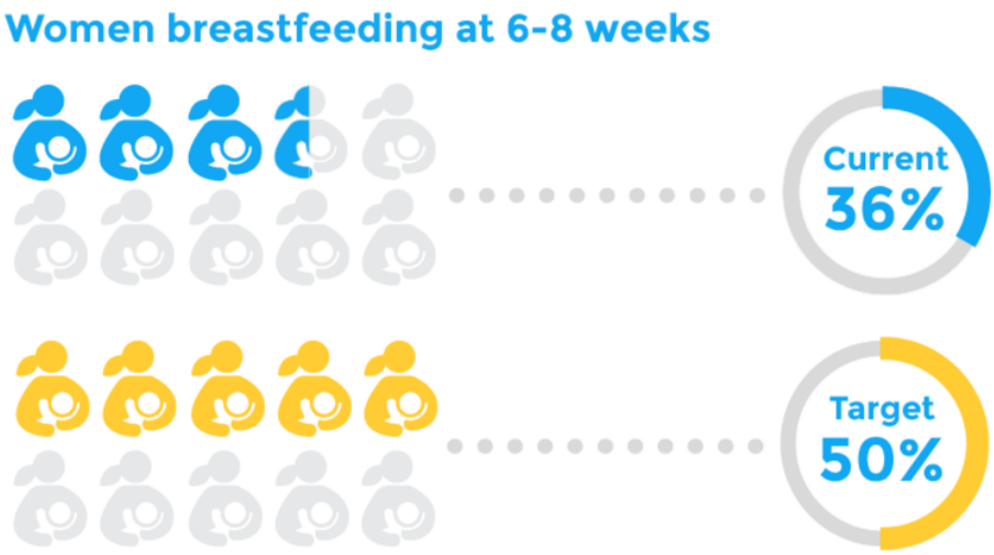
- Breast Feeding Initiation in the Armley Ward was 70.1% which is reassuringly high
- For Breast Feeding maintenance the Armley Ward rate was 48% for Breast fed, mixed fed at eight weeks.

Source: Leeds Maternity Services

The England data (which has just been released), with the prevalence of breastfeeding at 6 to 8 weeks in England being 52.7% in 2023 to 2024 (this is on a steady upward trend). Breastfeeding at 6 to 8 weeks, 2023 to 2024 statistical commentary - GOV.UK this might help with language development as well etc. The most recent national indicator data we have for initiation is 71.7% (Baby's first feed breastmilk 2020/21).

Drop off can seem quite steep and there could be many reasons for this – one that initiation can literally be baby going to the breast once then moving on to formula milk, so this can seem inflated and not representative of intention. People are often leaving hospital very quickly so haven't had the opportunity of skilled support in the hospital. Midwife contacts are limited, and often now offered outside the home which can be a challenge for new families to access. There are fewer baby clinics than ever before too. However, there is a solid offer of breastfeeding support from the 0-19 service (following on from the Mid Wives) and breastfeeding peer support groups – often people forget having been told about these, find it too much hassle to get to them, feel nervous about attending groups or think that groups are for them. (Commentary compiled by Sally Goodwin-Mills LCC Public Health Children and Families 2024).

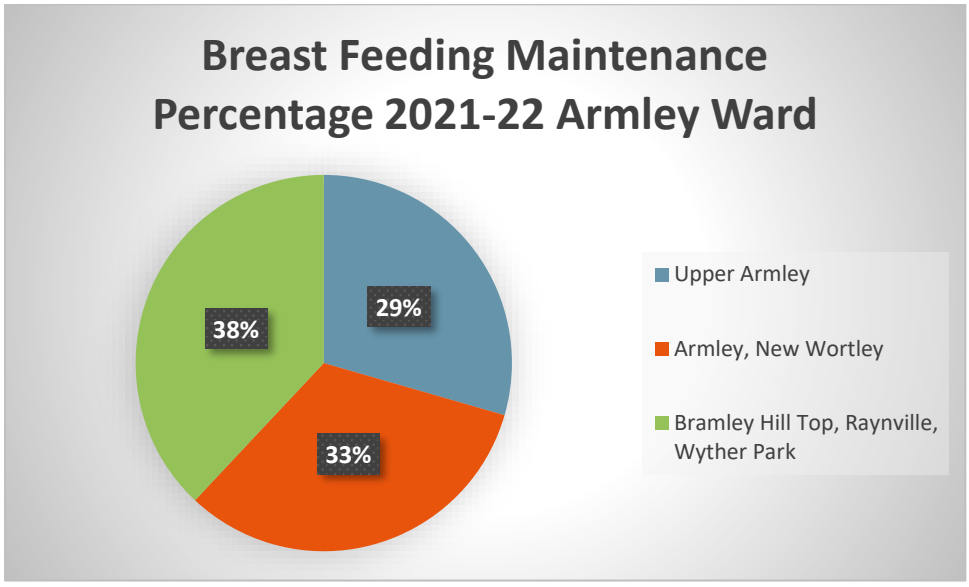
Figure 327 UK breastfeeding targets 2025



Source: Royal College of Paediatricians and child health

https://stateofchildhealth.rcpch.ac.uk/evidence/maternal-perinatal-health/breastfeeding/

Figure 328 Breast feeding maintenance percentage for the Armley ward



Source: Leeds Maternity Services



Source: Institute of Health Equity: Fairer, Healthier Leeds: reducing health inequalities Data Pack-2024

For children, obtaining a quality education shapes their life opportunities and plays a significant role in reducing health inequalities (Marmot, 2020). Beyond educational outcomes, schools offer safe and supportive environments where children can learn and grow with the support of teachers. For some children, school also provides a safe haven from difficult home situations.

By the age of two, socioeconomic differences in child development are already evident, these inequalities continue and often worsen during school years (Marmot, 2020). One indicator of early childhood attainment is the percentage of children achieving a 'good' level of development by the end of Reception class (age 5). This includes meeting expected levels in communication and language, physical development, personal, social and emotional development, literacy, and mathematics.

Trauma Informed Approach

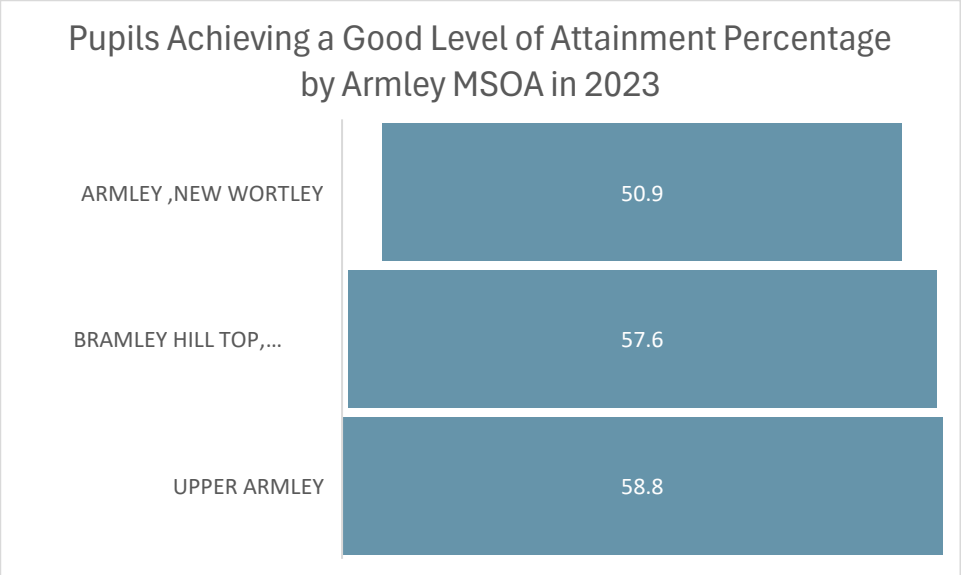
When working with children in an educational or community settings a trauma informed approach should always be considered as many children as possible within the Armley ward have had adverse childhood experiences linked to the level of deprivation in the area and the challenges so many families face in the three MSOAs that make up the ward. There is evidence-based guidance contained in the links below.

Sowing Seeds: Trauma Informed Practice for Anyone Working with Children and Young People on Vimeo

Opening Doors: Trauma Informed Practice for the Workforce on Vimeo

Pupils Achieving a Good Level of Attainment (GLD) in 2023 by Armley MSOA

Figure 329 Pupils achieving a good level of attainment by Armley MSOA in 2023



Source: Education Leeds

In the UK, a good level of attainment is often measured by GCSE results, with a national average of approximately 65.1% of pupils achieving a grade 4 (a "pass") or above in English and Maths (Source: Education-Gov.UK).

The table shows attainment is below the national average and the worst performing MSOA is Armley New Wortley. The table below shows the age brackets of children in Armley Ward.

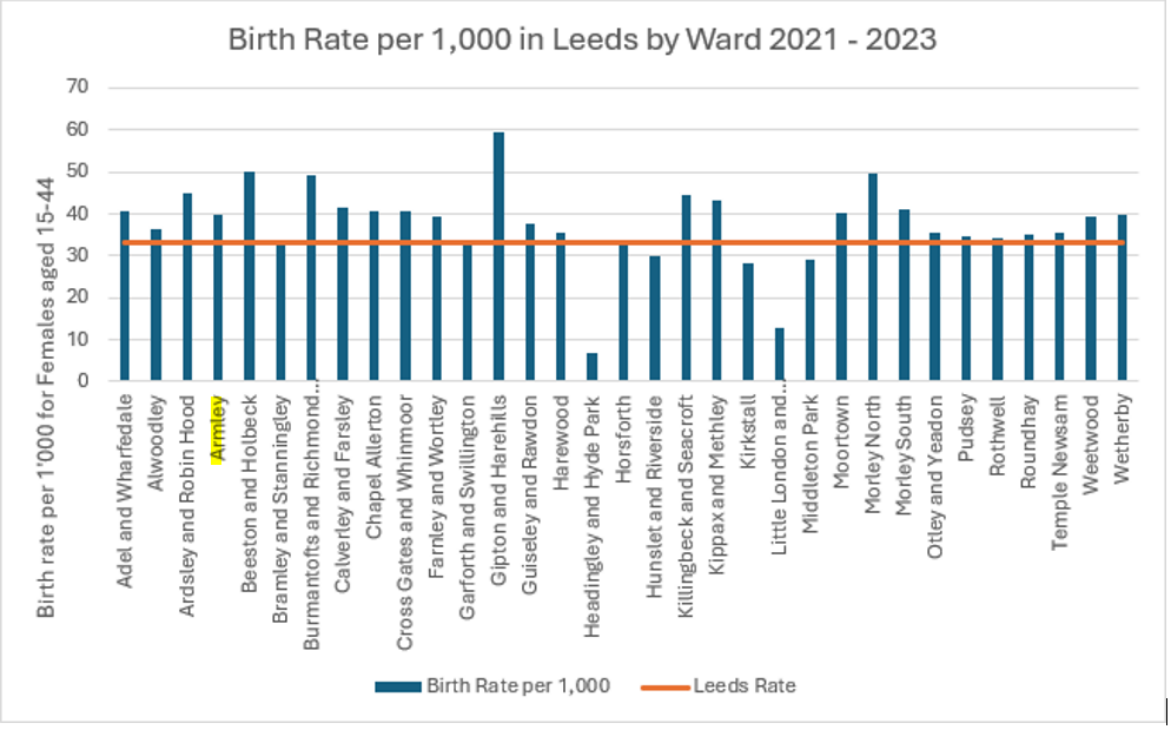
Figure 330 Childrens age brackets for the Armley ward 2021

AGE BRACKET ARMLEY WARD	NUMBERS OF CHILDREN / YOUNG PEOPLE
4 YEARS AND UNDER	1, 929
5 TO 9 YEARS	1, 707
10 TO 15 YEARS	1, 804
16 TO 19 YEARS	1, 020
20 TO 24 YEARS	1, 904

Source: PHI

Birth Rates for the Armley Ward

Figure 331 Birth rates for the Armley Ward-2021-23



Source: PHI

The graph above shows the Armley birth rate per 1,000 for Females aged 15-44. The Armley rate is higher than the Leeds rate and is not unusual in that statistic as an inner-city ward, also to note is a more affluent ward such as Wetherby has a similar birth rate. Gipton and Harehills has a significantly higher birth rate than the Leeds rate and is by far the highest in the city, significantly above the Armley rate.

Children's Academic Achievement Across the Stages in the Armley Ward

Figure 332 Childrens academic achievements in the Armley ward 2023

LEVEL	Attaining a Good Level of Achievement	Phonics Year 1	Phonics Year 2	KS2 Achieving expected standard in RWM	KS4 Attainment 8	KS4 (9-5) Strong Pass	KS4 (9-5) Standard Pass
Percentage	54.2%	72.5%	63.2 %	44.3%	37.8%	29.7%	50.3%
Cohort	332	331	106	334	334	300	300

Source: LCC Schools

There are wide inequalities in pupils who reach the expected standard at the end of Key Stage 2. 46% of pupils in the most deprived areas in Leeds reach this standard, 79% in the least deprived areas, a 33% difference.

Definitions:

- Phonics- a method of teaching people to read by correlating sounds with symbols in an alphabetic writing system.
- KS = Key Stage. The national curriculum is organised into blocks of years called 'key stages' (KS). At the end of each key stage, the teacher will formally assess your child's performance.

Maternity - Late Bookings

Delayed access to antenatal care ("late booking") is linked to increased mortality/morbidity for mother and baby: 17% of recent maternal deaths were women who booked after 22 weeks; had missed more than 4 antenatal visits or did not seek care at all (Hadrill Et all, 2022).

Main themes that emerged were from a relevant a study were: stereotypical view of sociocultural and educational status of women who book late; patient factors: lack of pregnancy planning/knowledge; ambivalence re: pregnancy/ antenatal care; socio-cultural influences on service utilisation (chaotic lives, substance misuse, immigration and housing (Hadrill Et al, 2022).

Reasons why bookings may not occur before 10 weeks:

- Pregnancy not confirmed less than 10 weeks.
- Undecided about pregnancy.
- Booking appointment not available before 10 weeks.
- Unable to book interpreter.
- Unaware to access maternity services by 10 weeks
- Culturally unaccustomed to access services before 10 weeks.
- Not registered with GP.
- Declined to answer.
- EDD reviewed at a later date- this might be because women think they are a certain number of weeks pregnancy by last menstrual period but once they've had a 12-week dating scan, they may actually be much further ahead, and this then makes them come under booked after 10 weeks.
- Patient DNA at previous appointment.
- Already booked elsewhere at another trust and chosen to transfer care to LTHT after 10 weeks.
- Already booked elsewhere at another trust and having shared/specialist care at LTHT after 10 weeks.
- Arrived in Leeds after 10 weeks gestation.
- Maternal choice.
- Moved house/ area in pregnancy and changed care provider.
- Figures (inaccuracy?).
- Reason left blank by staff in digital record.

- Other reason.

Figure 333 Armley PCN count for Maternity late bookings

Armley Primary Care Network (PCN)	Count of Persons within 10 Weeks	Count of Persons after 10 Weeks
Count	285	142
Percentage	66.74%	33.26%

Encouraging pregnant residents to access local NHS services immediately when discovering they are pregnant is vital, as is increasing the awareness of these services so the best start can be given to mother and baby.

Measles, Mumps and Rubella (MMR) Immunisation for Children in the Armley Ward

Measles

Poor up take of MMR vaccine in specific neighbourhoods in Armley may be due to newly arrived community members for Eastern Europe countries and African states who have different health systems to the ones in Leeds and struggle to navigate the NHS system and require assistance or who struggle with spoken English and therefore lack confidence to access their local General Practitioner. Anecdotally health professionals working with newly arrived families for Eastern Europe who are wary of authority and have recently landing in a new neighbourhood and may be worry their work status or right to reside may be questioned.

Measles within the MMR bracket has been the biggest cause of concern in term of Health protection for Leeds and Armley.

Figure 334 Close up of a baby's face with measles (NHS).



Source: NHS Inform.

The Epidemiology of Measles in England

Measles is a highly contagious viral infection transmitted by the respiratory route and can lead to severe complications and death. In 2022, there were an estimated 136,000 deaths globally, mostly among unvaccinated or under vaccinated children under the age of 5 years.

Since the turn of the century, confirmed cases of measles detected through national surveillance have followed patterns of comparatively low baselines (for example, less than 100 cases in England in 2001, 2005 and 2015) and periods of higher incidence (peaking at 1,920 cases in England in 2012). The large 2012 outbreak mainly affected teenagers and was likely the effect of unprecedently low measles, mumps and rubella (MMR) vaccine uptake in the early 2000s (at a time when false associations between MMR and autism were being drawn).

The UK achieved endemic measles elimination in 2016 and 2017, but by 2018 measles transmission had been re-established in the UK, at a time when Europe was experiencing large epidemics. As seen with many infectious diseases, interventions to limit the spread of COVID-19 between 2020 and 2022 led to extremely low measles case numbers (just 2 cases in England in 2021). This resulted in the UK regaining measles elimination status in 2023 (reflecting 2022 surveillance data). The incidence has increased again in 2023 in the UK and globally, so this is unlikely to be sustained.

Since the autumn of 2023, regional outbreaks and an overall national exceedance in measles cases led the UK Health Security Agency (UKHSA) to declare a national standard incident. Initially focussed on populations within the West Midlands, outbreaks have occurred in other regions (such as London). Outbreaks and sporadic cases across the country have resulted in the highest number of measles cases in England since 2012 (2,039 laboratory confirmed measles cases between 1 October 2023 and 27 June 2024), with 62.9% of cases in children aged 10 years old and under. This has resulted in a renewed focus on population susceptibility and MMR coverage in England.

National 2023 to 2024 Catch-Up Activities

A new national catch-up campaign for MMR was launched by NHS England in November 2023 and included local and national call-recall activities as part of a package of measures encouraging MMR catch-up, in addition to various local and national NHS and UKHSA communications. The call and recall campaign occurred in 3 phases:

1. Local call and recall of children aged 12 months to 5 years inclusive by GPs in England, from November 2023 onwards.
2. National call and recall of children aged 6 to 11 years in England recorded as unvaccinated or partially vaccinated, from 5 February 2024 onwards.
3. National call and recall extended to include individuals aged 12 to 25 years old registered at a GP or resident in London, Greater Manchester, and the West Midlands, from 5 February 2024 onwards.

For phase 2, eligible cohorts were also targeted within schools with the support of School Age Immunisation Services.

Regional 2023 to 2024 Catch-Up Activities

In addition to national activities, various regional efforts to improve vaccine uptake were locally devised, procured and delivered. For example, in the West Midlands, efforts focused on communications and community engagement to supplement the national campaign; these included clinics run in schools and community locations (such as libraries), and webinars and presentations for faith leaders, headteachers and governors, with integrated care board (ICB) system partners. Community outreach within target populations, and motivational interview training for NHS staff, further reinforced the local offer.

(Data sources: UKHSA (formerly Public Health England)).

(Information Source: UK Government Evaluation of MMR Uptake-Measles and subsequent 'Catch-Up' Campaign)

- https://www.gov.uk/government/publications/evaluation-of-vaccine-uptake-during-the-2023-to-2024-mmr-catch-up-campaigns-in-england/evaluating-the-impact-of-national-and-regional-measles-catch-up-activity-on-mmr-vaccine-coverage-in-england-2023-to-2024

In February 2025 parents, carers are being urged to vaccinate the children in their care by visiting their GP for a free MMR vaccination.

The uptake of routine childhood vaccinations nationally, including the MMR vaccine, is the lowest in a decade. In January 2024, the UK Health Security Agency (UKSHA) declared a national measles incident to coordinate the wider investigation and response to the rise in cases.

The majority of cases nationally and locally (Leeds) are among children under the age of 10 who have missed their MMR vaccine. Normally the first dose of MMR vaccine is given

around a child's first birthday; the second dose is given at around three years and four months old, before starting school.

For more information on Measles, and the MMR vaccine and how to check if your child has a condition such as measles, visit the NHS website:

https://www.nhs.uk/conditions/measles/

Victoria Eaton, Director of Public Health, Leeds City Council, statement:

"Measles can be a very serious disease; it can have similar symptoms to chickenpox but the health complications from measles can be much more severe and, in some cases, could lead to brain inflammation and pneumonia. Measles symptoms often start with a cough, high fever, runny nose and sore watery eyes, usually followed by a rash a few days later, this often starts on the face and spreads to the rest of the body.

"If you do think you have symptoms, ring 111 or contact your doctor's surgery immediately - please don't go to hospital or your doctor's surgery without first calling ahead, it's extremely important you don't spread the disease to vulnerable people.

"Having two doses of the MMR vaccine at the right time gives long-term protection against measles and it is free from your GP practice.

"A non-porcine version of the MMR vaccine is also available which does not contain any pork products; however, you may need to request this from your GP practice ahead of vaccination."

- https://news.leeds.gov.uk/news/parents-urged-to-vaccinate-children-against-measles-amid-a-rise-in-cases

Measles Leeds Update (07th April 2025)

- UKHSA today updated that there have been no new notifications of measles in Leeds in the last 29 days.
- The outbreak was be declared over as the 6th of April 2025 was reached with no new cases
- While this is a positive development, measles is a highly contagious disease, and early detection is key to preventing and minimizing future outbreaks. UKHSA encourage all partners to maintain a low threshold of suspicion and continue robust surveillance and reporting. confirmed cases (two consecutive incubation periods, 42 days with no new cases).
- Partnership played a critical role in achieving this outcome.

Mumps

Mumps is a contagious illness caused by a virus. It often happens in childhood but is largely preventable with a vaccine. Mumps is easily spread by airborne droplets from the upper respiratory tract. After a person is exposed to the virus, the disease often takes 2 to 3 weeks to appear. Since the introduction of the mumps vaccine, cases of mumps in the U.S. are

uncommon. But they do still occur among unvaccinated people. Mumps is most recognisable by the painful swellings in the side of the face under the ears (the parotid glands), giving a person with mumps a distinctive "hamster face" appearance.

Figure 335 Close up of a baby's face with mumps (NHS).



Source: NHS

Encouraging MMR vaccinations is vital to ensure the spread of contagious diseases like Mumps to protect children's health and spare them from any longer lasting health conditions in later life.

Rubella

Rubella (German measles) is a rare illness that causes a spotty rash. It usually gets better in about a week, but it can be serious if you get it when you're pregnant. The main symptom of rubella is a spotty rash that starts on the face or behind the ears and spreads to the neck and body. You might also have lumps (swollen glands) in your neck or behind your ears. The rash takes 2 to 3 weeks to appear after getting rubella.

Figure 336 Close up of a child's chest with rubella rash (NHS)



Source: NHS Inform (2025)

The Rubella rash looks red or pink on white skin. It can be harder to see on brown or black skin but might feel rough or bumpy. Where due to skin tone it is harder to detect parents can look for lumps (swollen glands) in your neck or behind your ears. It is very unlikely you will have rubella if you have had two doses of MMR. Parents may also want to check your child for other symptoms listed below.

Rubella can also cause:

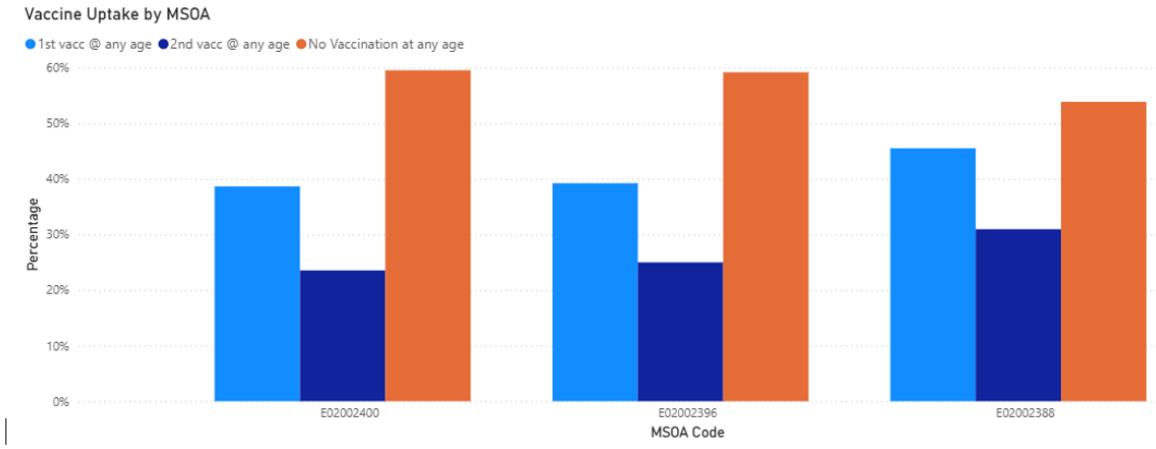
- Aching Fingers, Wrists or Knees
- High Temperature
- Coughs
- Sneezing and a Runny Nose
- Headaches
- Sore Throat
- Sore, Red Eyes

(Source: NHS)

It is reassuring to note that There have been no new laboratory confirmed cases of rubella reported in the UK since 2019 (Source: NHS 3rd May 2024).

Summary of MMR Vaccinations by Armley Ward MSOA by MMR Age Band-(1st March 2025)

Figure 337 Vaccine Uptake by MSOA within the Armley ward (1st March 2025)



Source: PHI

Key:

- E02002400 - Armley / New Wortley
- E02002396 - Upper Armley
- E02002388 – Bramley Hill Top, Raynville and Wyther Park

The UK Measles and Rubella elimination strategy was launched in 2019 and includes a national ambition to achieve and sustain the WHO target of 95% coverage for two doses of the MMR vaccine in five-year-olds (Nuffield Institute for Health 27 Feb 2025).

- https://www.nuffieldtrust.org.uk/resource/vaccination-coverage-for-children-and-mothers-1#:~:text=The%20UK%20Measles%20and%20Rubella,in%20five%2Dyear%2Dolds.

Worryingly we can see the local population of Armley by MSOA is way behind the national ambition for immunisation, with approximately just over 41% of children having their first dose, as low as 24% their second dose and nearly 60% with no vaccination at all. Encouraging parent, carers and guardians to inoculate their children is a essential to contribute to a child's best start in life. Consistent messages to meet this aim at community level are essential to increase uptake.

Note: A full list of routine childhood vaccinations and at what ages can be found in Appendix 7.

Successful Case Study of Armley concerning MRR uptake after a special project led by local practices within Armley PCN.

The information below is provided by Sinead Brannigan from Thornton Medical Practice-Armley who was the manager in charge of this stunningly successful project described below. Sinead's description of the project is summarised below in bullet point form.

- This was our second MMR clinic after a pilot in October 2024 which saw double the number of patients turns up for the walk in which indicated it was successful alongside being a current public health priority.
- The target was to have 72 vaccinations with 2 nurses working 8:00am-4:00pm. Patients requiring the vaccines were identified using the Ardens report 3.22 'MMR catch up 6-25 years old which showed majority to be aged between 5-15 years, so we concentrated on inviting these. Using the fair share ratio and learnings from the pilot, text messages were sent out to the eligible patients as below expecting a 20-25% turn up from each practice:
  AMP-200 text messages
  PV-54 text messages
  TMC-142 text messages
  Texts were sent out the Friday before the walk in and the Wednesday before the walk in and first thing on the morning of the walk in.

- 36 vaccines given in Octobers 2024 clinic and informed our planning for our January 2025 clinic

  AccuRx Message:

"We are holding a drop-in MMR clinic at your hub practice- Priory View Medical Centre on Saturday January 18th. You can drop in between 8am & 3.30pm for your MMR vaccine- no appt necessary. Measles is circulating, the best protection against measles is to have two doses of the MMR vaccine. You're receiving this message as your child has missed 1 or both of their MMR vaccinations. Please bring your child's imms records with you

- Texts were sent out the Friday on the week before the walk-in clinic and on the Wednesday of the week of the clinic as well as first thing on the Saturday morning of the clinic.

- For this clinic I planned to send around 370 texts based on having 2 nurses both working 8am-4pm with an estimation that they could comfortably give 36 vaccines each in that time, equalling 72 vaccines all together.

- During our first clinic in October, we had estimated we would get a 10% turn out (purely based on our walk-in smear clinic as we have never done a vaccine walk in so had no anecdotal data to base estimations on) I sent 370 texts out across the 3 practices with an estimation that around 37 patients may turn up. On the day we had over double the number of patients turn up and had to turn away lots of patients. We estimated that the actual turn out for the first clinic in October including those turned away would be closer 20%.

- For the January walk in clinic- due to the success and demand of the first clinic, we took this learning and doubled our capacity for vaccinating. We put 2 nurses on shift and sent a similar number of texts out.
- We split the 370 texts between the 3 practices and used data from the first clinic in October to look at which practices we would be concentrating the texts on. This included looking at what percentage of each individual practices patients had attended the October walk in, as well as consideration for our usual PCN fair share split.
- I sorted the data from the outstanding MMR reports into age ranges and concentrated my texts on those in the lower age ranges (between 5 and 10 years old) because they were the most prominent attendees at our 1st clinic**.** I also concentrated on patients registered at an LS12 postcode on the assumption that the closer they live to the practice the most likely they are to attend.

Armley PCN MMR Walk In Clinic Highlights

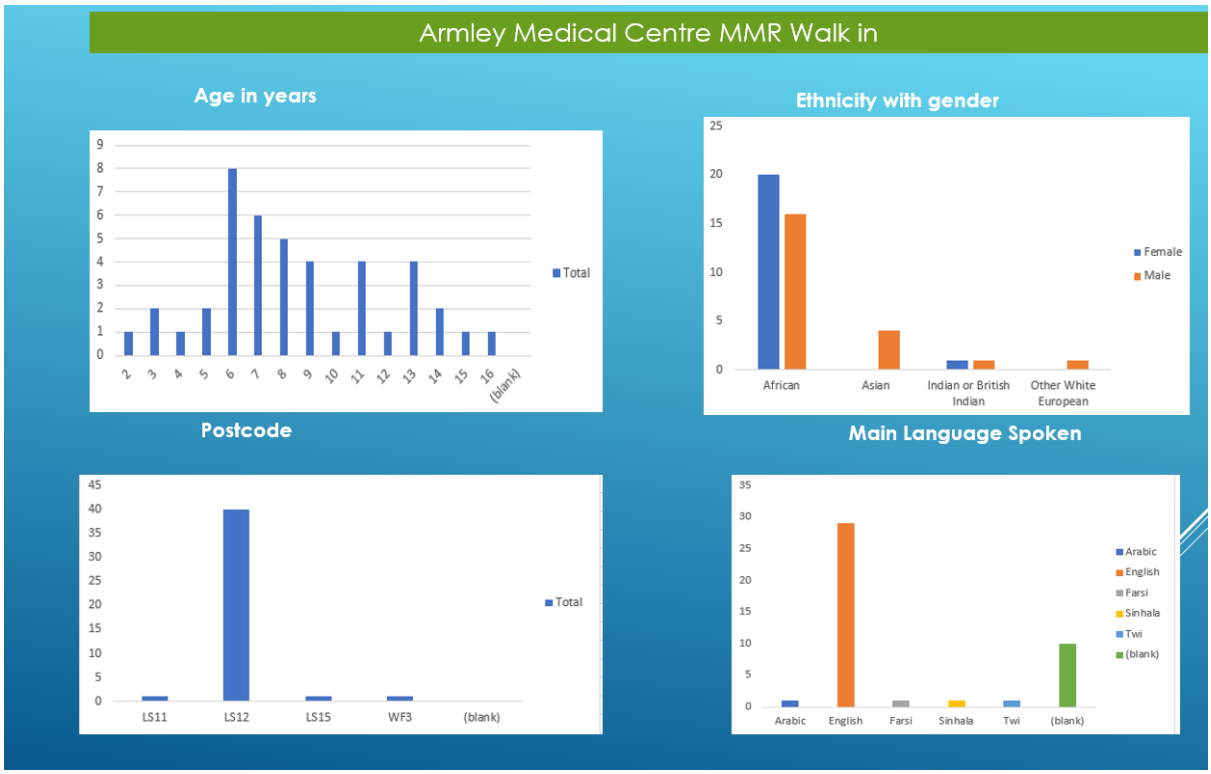
- ✓ 94 people attended
- ✓ 61 first doses were administered
- ✓ 12 second doses were administered
- ➢ 21 patients did not require the vaccine once records were checked for reasons including coding errors, medical evidence brought on the day showing up to date protection, some had received an MMR too recently and some people turned up on the day who had not received texts due to word of mouth.
- ❖ 16 patients came from Priory View- (30% of those texted- this is an indication that we can increase the number of texts sent to PV for our next clinic)
- ❖ 43 patients came from Armley- (22% of those texted)
- ❖ 34 patients came from Thornton (25% of those texted)

Ethnicity for the Armley MMR Special Walk In Clinic

African ethnicity was by far the majority of attendee's across the 3 practices which is in line with the Ardens 'outstanding MMR' reports that are majority African patients. English is the most common language recorded on their records as this is commonly spoken amongst the African population however nurses report that English is not fluent and this does present barriers on the day (no language line can be booked in advance for a walk-in clinic and not much time is available at a walk in to use on demand).

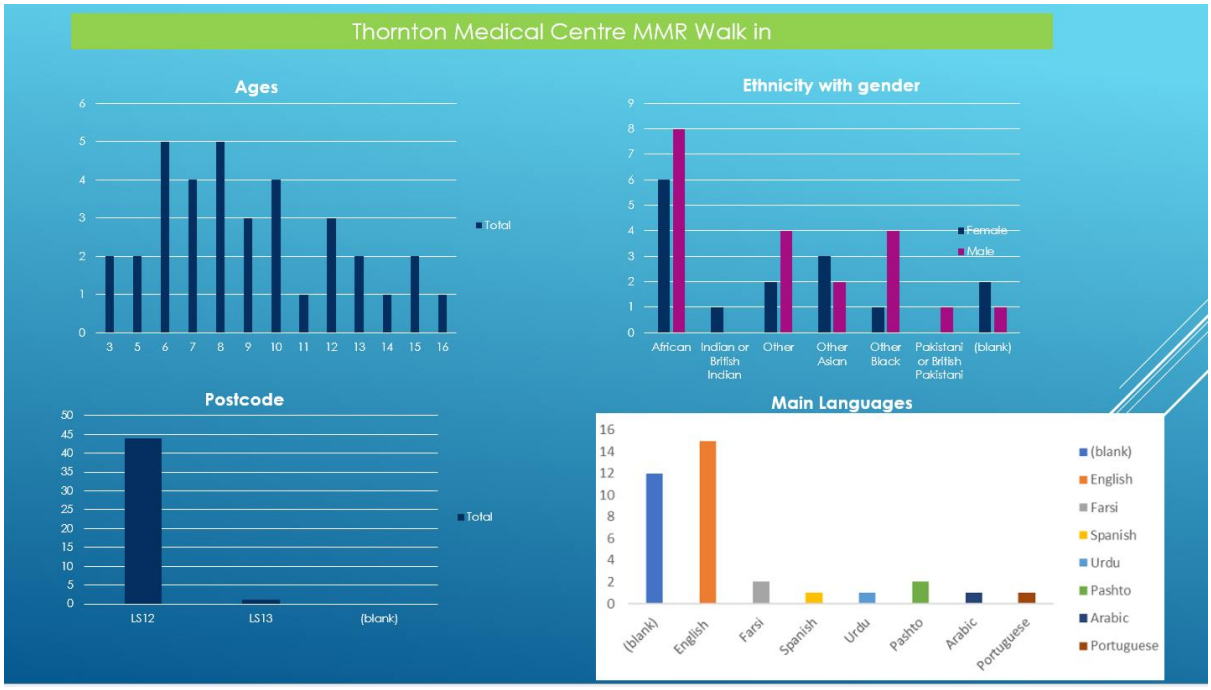
- Attendee's across the PCN were highest in the age range between 6 and 8 years old.
- Even mix of genders attended from Armley Medical Practice.

Figure 338Armley Medical Center MMR walk in data-age-postcode-language and ethnicity with gender



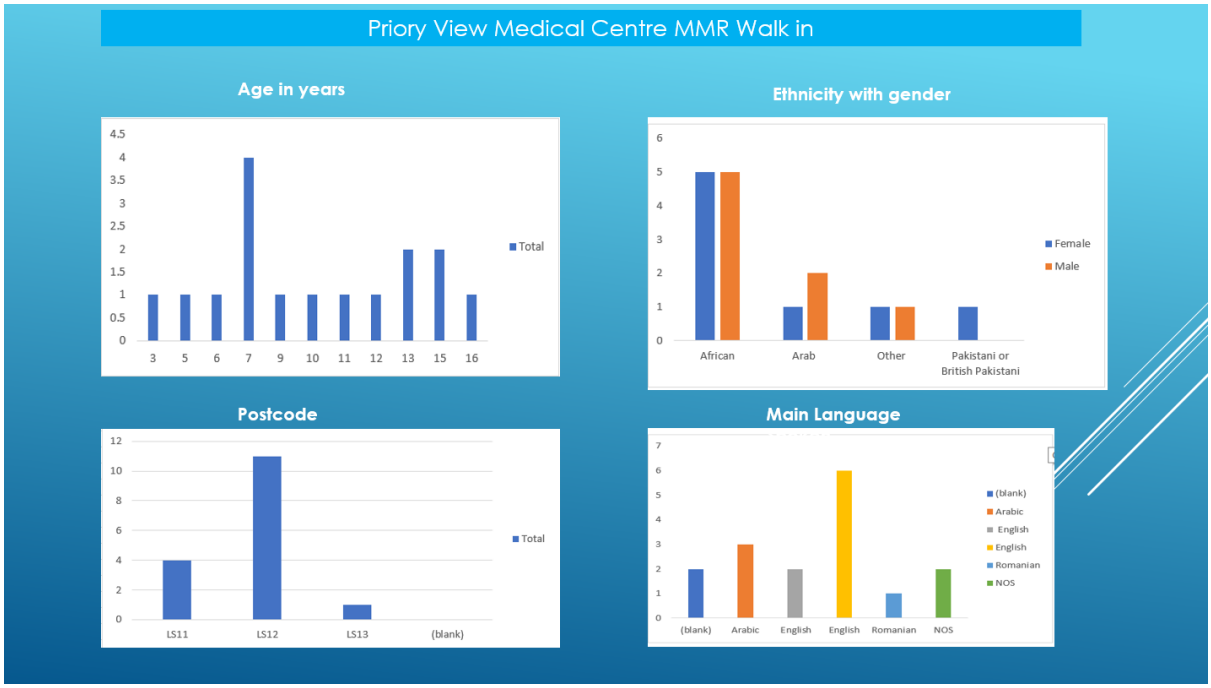
Source: Sinead Brannigan-Armley PCN 2025

Figure 339 Thornton Medical Practice MMR project data



Source: Sinead Brannigan-Armley PCN 2025

Figure 340 Priory View MMR project data



Source: Sinead Brannigan-Armley PCN 2025

LEARNINGS AND RECOMMENDATIONS

- Siblings who are under 5 will often attend with older siblings & can be vaccinated on the day but would not yet show in the overdue reports.
- Some patients will attend who were not invited as they heard about the clinic through word of mouth- they were not always eligible as some were on schedule with vaccines.
- Some patients who attend are overdue on our reports however medical evidence brought on the day shows MMR is not actually indicated- practices to consider requesting imms history from newly registered patients & chasing when this is not provided.
- Vaccines given by community health are not always correctly coded meaning children sometimes show in the outstanding report who have already received full schedule MMR.
- Most of our overdue patients are from an African background and often registered within the last 2 years.
- **Anecdotal feedback demonstrated that a 'walk in' model rather than a timed appt is more familiar to people from African backgrounds hence the success of the clinics.**
- Age range of those who attend are of primary school age indicating Saturday appt's work better for parents of young children.
- 'Patients coming from a system 1 practice to an Emis-System practice via GP2GP electronically do not have their imms codes transferred correctly onto the EMIS practice so these patients should not actually be in the overdue reports & this is a coding issue- all of which was recoded correctly once picked up by the walk-in clinic.

- Some patients in the Ardens report are overdue MMR vaccines however parents have verbally declined, practices will ask for this in writing & then code child with a 'declined' code however Ardens report does not pick the decline code up so further data cleansing is necessary to invite the correct patients.

- System 1 coding is very specific and codes need to be very exact (1st dose and 1st scheduled booster are the correct codes).

Source: Sinead Brannigan-Armley PCN 2025

Childrens Asthma in the Armley Ward

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. There's currently no cure, but there are simple treatments that can help keep the symptoms under control, so it does not have a big impact on your life.

Two of the MSOAs that make up the Armley Ward have the second and third highest diagnosis with in the city.

- E02002388 Bramley East (Bramley Hill Top, Raynville and Wyther Park)
- E02002396 Bramley South and Upper Armley (Upper Armley)

Symptoms of Asthma

The main symptoms of asthma are:

- a whistling sound when breathing (wheezing)
- breathlessness
- a tight chest, which may feel like a band is tightening around it
- coughing

The symptoms can sometimes get temporarily worse. This is known as an asthma attack.

Source: NHS (2025)

Asthma is usually treated with 'inhalers' small devices which you use to inhale medicines through the mouth*, 'reliever inhalers'* allow you to treat asthma quickly when it becomes a problem and *'preventer inhaler'* are used every day to prevent symptoms happening.

Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.

It may happen randomly or after exposure to a trigger.

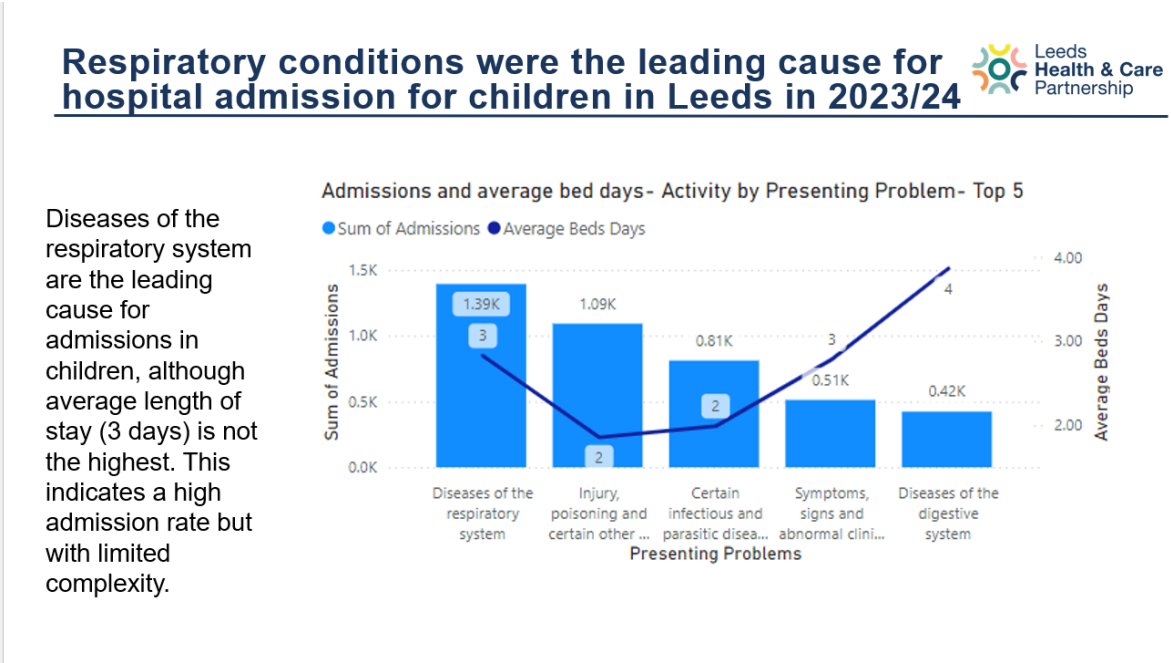
Common asthma triggers include:

- Allergies (to house dust mites, animals or pollen, for example)
- Smoke, Pollution and Cold Air
- Exercise
- Infections like Colds or Flu

Identifying and avoiding your asthma triggers can help you keep your symptoms under control.

A recent and ongoing project in the West of Leeds by Leeds Health and Care Partnership concerning Children and Young People Diseases of the Respiratory System and examining high incidences of unplanned hospital admissions. The reasons for this clinical interest in Leeds is shown below.

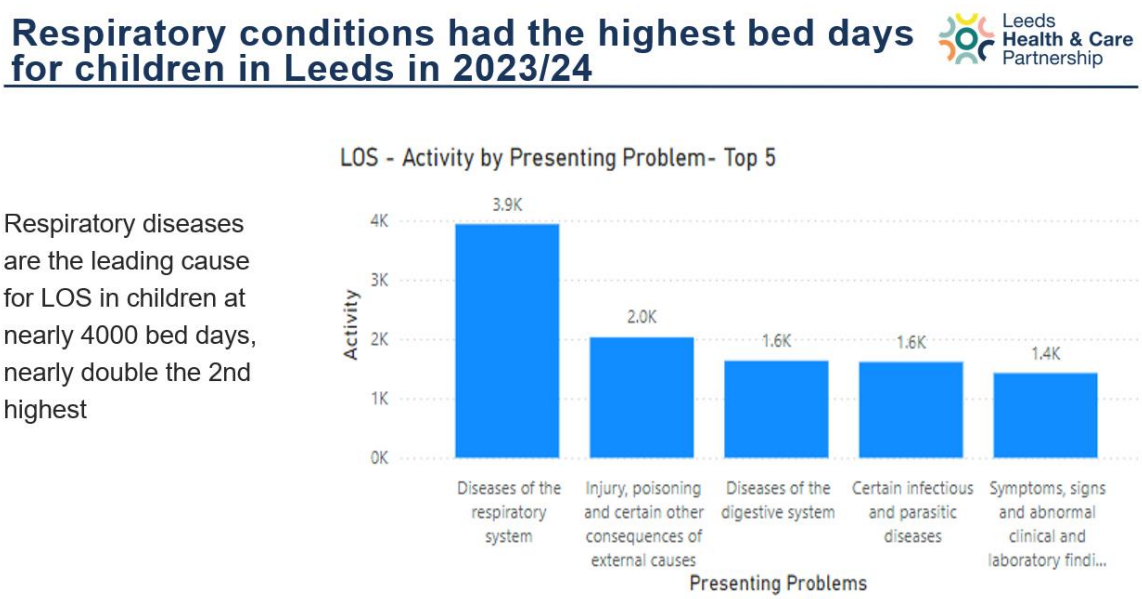
Figure 341 Leeds children's respiratory conditions, top five reasons for hospital admissions 2023/24



Source: Leeds Health and Care Partnership (2024)

Respiratory diseases are the leading cause for LOS in children at nearly 4000 bed days, nearly double the 2nd highest.

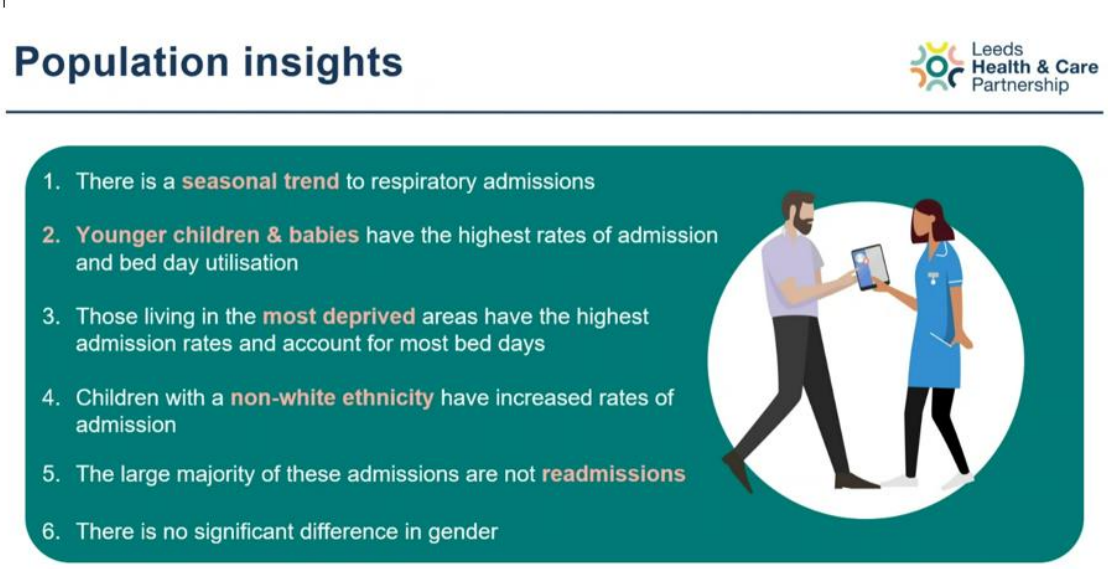
Figure 342 Leeds children's hospital admissions by presenting problem 2023/24



Source: Leeds Health and Care Partnership (2024)

Admissions for respiratory conditions is greatest in the 0-1 age group and drops down to a very low admission rate from 7yrs onwards. Ethnicity does not appear to be a risk factor. West Leeds Primary Care Network remains the PCN with the highest bed day rate per capita. The West Leeds Partnership considered three areas to investigate to ascertain if this would make a positive impact on unplanned admissions and length of stay in hospital for children.

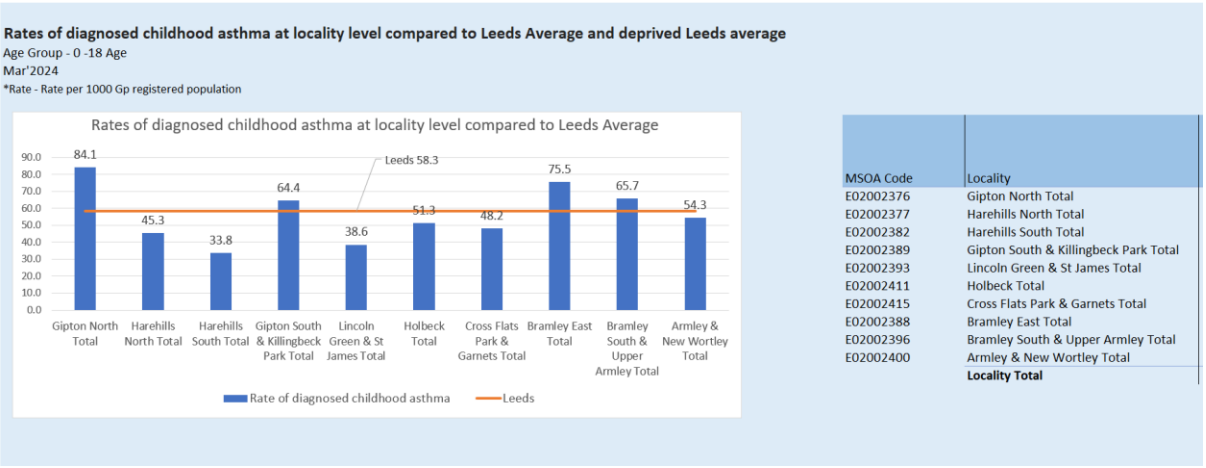
Figure 343 popular insights into Asthma (LHCP)



Source: Source: Leeds Health and Care Partnership (2024)

Rates of Diagnosed Childhood Asthma at Locality Level Compared to the Leeds Average and Deprived Leeds Average (March 2024)

Figure 344 rates of diagnosed childhood asthma at locality level compared to the Leeds average and deprived Leeds average (March 2024)



Source: NHS West Yorkshire-Integrated Care Board-2024

The chart shows the ‘Bramley East’ (MSOA-E02002388-Bramley Hill Top, Raynville and Wyther Park) total as the second highest in the city at 75.5 with ‘Bramley South and Upper Armley’ (MSOA- E02002396 Upper Armley) in third place as the highest in the city, both MSOAS are above the Leeds average.

Figure 345 Children with long term conditions-Asthma 0-18 years old-March 2024

Children with LongTermConditions Asthma -Mar24
Age 0-18 Years

MSOA	MSOA_NM	LSOA	LSOA_NM	Num of Children	Rate per 1000 Reg Population
E02002388	Bramley East	**E01011281**	Raynville Cres, Houghleys, Victoria Parks	21	40.4
		E01011282	Astons, Snowdens	22	57.4
		E01011283	Wyther Parks	30	62.0
		E01011286	Hill Top, Town End	15	63.8
		E01011295	Outgang Lane, Raynvilles, Musgraves	27	64.1
	Bramley East Total			115	56.3
E02002396	Bramley South & Upper Armley	**E01011287**	Spring Valleys	20	71.9
		E01032499	Armley Granges, Gotts Park, Hill End (2011)	20	59.9
		E01032500	Armley Ridge Road, Edinburghs (2011)	7	21.0
		E01032606	Green Hill Dr, Billingbank Dr, Poplars (2011)	24	52.6
		E01032607	Aberdeens, Moor End, Wortley Road (2011)	7	22.1
		E01032608	Hallidays, Park Street, St Ives (2011)	11	44.5
	Bramley South & Upper Armley Total			89	45.3
E02002400	Armley & New Wortley	**E01011284**	Aviaries, Arleys, Salisburys	14	28.6
		E01011292	Carr Crofts, Cedars, Wesley Road	23	47.6
		E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models	15	29.5
		E01011294	Armley Grove Place, Hall Lane, Abbot View	15	47.9
		E01011363	Holdforths, Clyde Approach,	33	61.6
	Armley & New Wortley Total			100	42.9

Source: NHS West Yorkshire-Integrated Care Board-2024

Spring Valleys LSOA has the highest rate per 1,000 of the registered population and all other Armley LSOAS over 60 rate per 1,000 of the registered population are highlighted in yellow.

A short note about **Prevalence** and **Incidence** of Asthma.

- **Prevalence** is the number of cases of a disease in a specific population at a particular timepoint or over a specified period of time.
- **Incidence** is the **rate of new cases** of a disease occurring in a **specific population** over a **particular period of time.**

Figure 346 Unplanned children 0-18 years respiratory admissions (2023-24)

Unplanned Children Age 0 -18 years Respiratory Admissions
Period - 2023-24

msoa11cd	MSOA_NM	LSOA	LSOA_NM	Number of Children	Admissions	Bed days	Rate of Admission	Avg Length Of Stay
E02002388	Bramley East	**E01011281**	Raynville Cres, Houghleys, Victoria Parks	6	6	17	11.5	2.8
		E01011282	Astons, Snowdens	4	5	11	13.1	2.2
		E01011283	Wyther Parks	3	3	9	6.2	3.0
		E01011286	Hill Top, Town End	1	1	7	4.3	7.0
		E01011295	Outgang Lane, Raynvilles, Musgraves	1	1	0	2.4	0.0
	Bramley East Total			15	16	44	7.8	2.8
E02002396	Bramley South & Upper Armley	**E01011287**	Spring Valleys	2	5	7	18.0	1.4
		E01032499	Armley Granges, Gotts Park, Hill End (2011)	1	1	1	3.0	1.0
		E01032500	Armley Ridge Road, Edinburghs (2011)	1	1	2	3.0	2.0
		E01032606	Green Hill Dr, Billingbank Dr, Poplars (2011)	2	2	9	4.4	4.5
		E01032608	Hallidays, Park Street, St Ives (2011)	3	3	5	12.1	1.7
	Bramley South & Upper Armley Total			9	12	24	7.3	2.0
E02002400	Armley & New Wortley	**E01011284**	Aviaries, Arleys, Salisburys	5	5	6	10.2	1.2
		E01011292	Carr Crofts, Cedars, Wesley Road	3	3	2	6.2	0.7
		E01011293	Mistress Lane, Nancroft Lane, Brooklyns, Models	3	4	6	7.9	1.5
		E01011294	Armley Grove Place, Hall Lane, Abbot View	3	4	5	12.8	1.3
		E01011363	Holdforths, Clyde Approach,	5	6	13	11.2	2.2
	Armley & New Wortley Total			19	22	32	9.4	1.5

Source: NHS West Yorkshire-Integrated Care Board-2024

The data in this assessment uses closest match MSOA data.

The statistics cover a relatively low number of children, but we can see the Raynvilles Crescent, Houghleys and Victoria Park has the highest number of bed days and the Spring valleys with only two children but the highest rate of admission.

Free School Meals Eligibility in the Armley Ward

Figure 347 Free school take up in the Armley ward-2022

	% Pupils eligible for FSM at primary school	% Pupils eligible for FSM at secondary school	% Pupils eligible for FSM Total1
Gipton & Harehills	41.17%	45.72%	43.17%
Beeston & Holbeck	35.73%	39.75%	37.77%
Hunslet & Riverside	34.77%	44.18%	39.06%
Burmantofts & Richmond Hill	49.27%	51.76%	50.35%
Armley	38.41%	40.40%	39.65%
Killingbeck & Seacroft	38.10%	42.57%	40.49%
Leeds Total	**25.46%**	**28.13%**	**26.93%**

Source: Education Leeds

There were 1774 children in the October 2024 census who are eligible and claiming Free School Meals in Armley.

When children have enough nutritious food, they are ready to learn, thrive and overcome challenges. Children are in school 190 days per year which creates an important opportunity to improve a child's access to good nutrition.

Free School Meals are a critical way of mitigating the negative impact of diet inequalities and improving children's health. They target children from the most disadvantaged backgrounds, who may not otherwise have access to a healthy diet. For many children, a Free School Meal can be the only hot nutritious meals they have all day.

Evidence shows children who eat school lunches have better overall diets, lower obesity rates and better academic performance. However, in England, the eligibility for Free School Meals is very low meaning that 800,000 children living in poverty miss out. This prevents all children from having equal access to a healthy diet or the opportunity to thrive equally.

It is essential those families on low incomes in Armley are aware of their eligibility for free school meal. 8,435 eligible pupils missed out on their free school meal (FSM), which can save families up to £490 annually. To address this, Leeds City Council's Health and Wellbeing Service, Catering Leeds, and partners are launching a campaign starting 13th January 2025, encouraging children, especially those entitled to FSM, to choose school meals. This initiative aims to boost FSM uptake before the January 2025 census day.

The campaign will utilise media channels to engage parents and students, promoting FSM through tweets, emails, and online platforms. Schools are encouraged to deliver assemblies, involve chefs in discussions, analyse FSM data, communicate eligibility criteria, conduct surveys, create promotional posters, and share photos on social media.

A full overview and information on how to take part can be found by downloading the attached document along with a separate social media guide. For Armley partners who wish to support the campaign resources are available below.

Images to support the campaign can be accessed here:

Free School Meals Assets - Google Drive

Below is a diagram showing free school uptake across the city by percentage, please note it only

Figure 348 FSM uptake by percentage across the city-2013-2024

includes those schools that allowed access to their data.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Primary Schools	76.8	82.9	84.3	82.2	82.7	82.9	81.6	81.2	80.6	81.1	79.8	78.7
Secondary Schools	74.0	79.6	77.1	77.4	72.4	75.9	74.9	75.4	87.3	70.5	75.8	72.0
All Through Schools	-	-	-	81.8	90.9	96.2	93.1	90.7	99.4	77.8	83.3	80.6
SILCs	69.0	69.5	51.5	64.7	64.2	66.1	62.1	59.4	57.1	72.1	70.9	74.5
City Wide	**75.6**	**81.5**	**81.1**	**80.3**	**79.3**	**80.8**	**79.3**	**78.5**	**82.7**	**76.8**	**78.2**	**75.9**

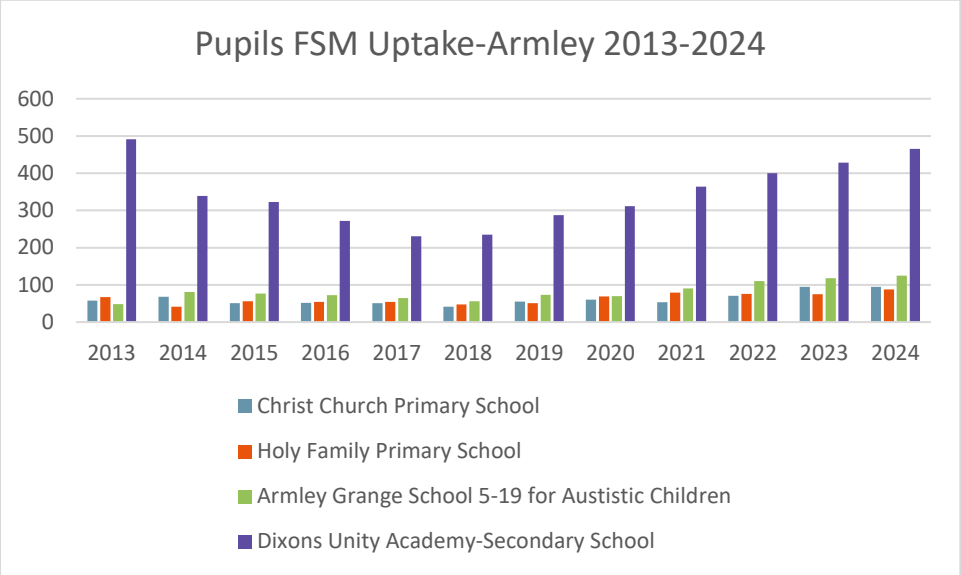
Sources: Free School Meal Take up by Phase

2013-2018 Data Source: January School Census (only includes those schools who allowed access to their FSM uptake data).
2019 Data Source: DfE (includes all schools except Stephen Longfellow, Elland and Rodillian Academy).
2021 Data Source: DfE (includes all schools except Morley Newlands).
2020 + 2022-2024 Data Source: DfE includes all schools.

In 2024 the city-wide average was 75.9%. For the schools cluster Inner West, the overall average was 85.7% for the uptake of free school meals.

Below is a selection of Armley schools and free school meal uptake. Please note Armley Grange Schools attracts pupils from across Leeds as well as Armley children and is shown as a comparator for those with learning disabilities and special needs which is situated within the geography. The table shows a gradual rise from 2017 onwards.

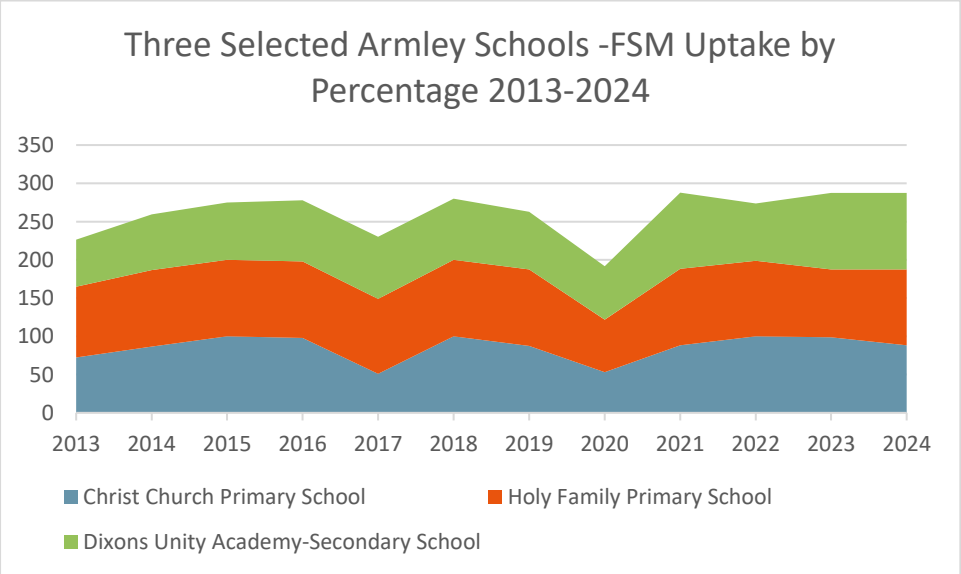
Figure 349 Pupil uptake FSM in Armley 2013-24



Sources: Free School Meal Take Up by Cluster

Source: 2013-2018 January School Census - only includes pupils from the schools who shared their FSM uptake data.
Source: 2019-2024 Department for Education - includes all schools

Figure 350 Three selected Armley Schools FSM uptake by percentage 2013-2024



Source: Department for Education 2024

The three example schools in the chart above show closely mirrored trends of peaks and troughs, with highest levels in 2024 shadowing the current economic trends in deprived

areas across Leeds and the country. All schools have a good track record of encouraging families, children and young people to access free school meals.

NHS Healthy Start Vouchers

If you're pregnant or have children under the age of 4 you may receive payments every 4 weeks to spend on: fresh, frozen or tinned fruit and vegetables. fresh, dried, and tinned pulses. One of the issues with a low uptake of this offer is the application is now on line and some families who newly arrived, do not have English as a first language or who come from health systems which are very different to the UK may struggle to access the offer.

There is a set criteria, shown below for accessing this offer.

You'll qualify for the Healthy Start scheme if you're at least 10 weeks pregnant or you have at least one child that's under 4.

In addition, you must be receiving any of the following:

- Child Tax Credit
- Income Support
- Income- based Jobseeker's Allowance
- Pension Credit
- Universal Credit (only if your family's take home pay is less than £408/ month)

You will also be eligible if:

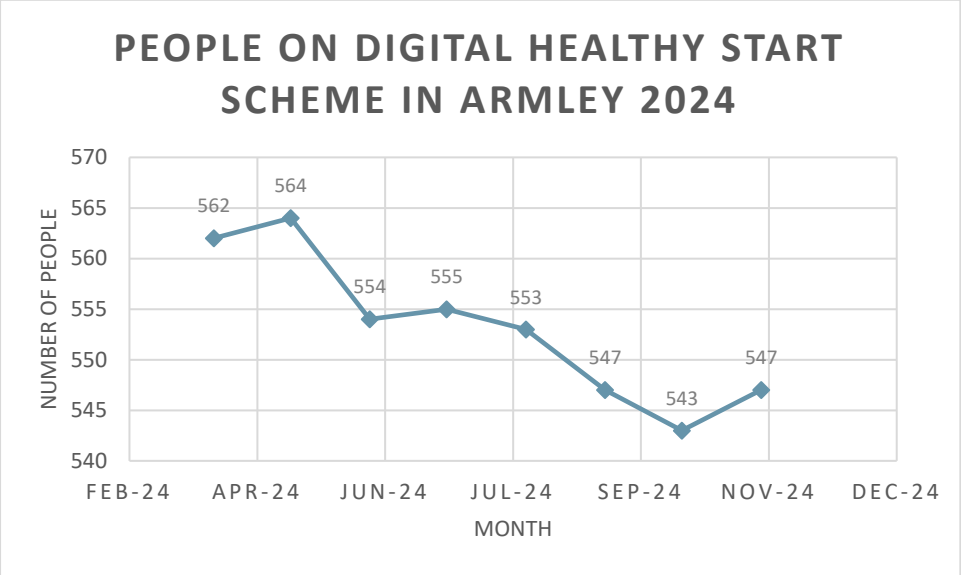
- you're under 18 and pregnant, even if you are not claiming any benefits
- you claim income-related Employment and Support Allowance and are over 10 weeks pregnant
- you or your partner get Working Tax Credit run-on only

and Armley residents can access the offer through this link healthystart.nhs.uk

More information can be found here: https://foodwiseleeds.org/project/healthy-start/#:~:text=What%20is%20NHS%20Healthy%20Start,fresh%2C%20dried%2C%20and%20tinned%20pulses

Uptake of Healthy Start Offer in Armley 2024

Figure 351 People on digital healthy start scheme in the Armley Ward 2024



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SOURCE: NHS LEEDS

Sadly, there has been a slight drop as the numbers are small on uptake when the trend ideally should be upward as many parents fail to access the NHS Healthy Start Scheme

Lone Parents in the Armley Ward

Children have been successfully raised by one parent across Leeds for generations. Statistically the prime carer or single parent is female and this is certainly the case in Armley. In Leeds, lone parents are disproportionately affected by poverty, with 40% of children in lone parent households living in poverty, compared to 24% in couple parent households. This is particularly significant as 35.9% of children in Leeds are living in poverty, representing a substantial 54,273 children and young people. The high rates of poverty among lone parents are attributed to factors like low-paid and insecure jobs, the lack of affordable childcare, and the need for greater support within the benefits system, according to reports from The National Lottery Community Fund and Gingerbread.

Helping single parents access all the support that is available to them in terms of benefits like The Healthy Start Vouchers, free childcare, job training, education is essential for them and their families to live happy, healthy and rewarding lives. Below is a summary of one parents families in Armley and the type of tenure they have suggesting their accommodation costs with only one income source for the family.

Figure 352 Lone parent family tenure for Armley

RM135 - Tenure by household composition							
ONS Crown Copyright Reserved [from Nomis on 9 May 2025]							
population	All households						
units	Households						
date	2021						
household comp	Single family household: Lone parent family						
2022 ward	**Total**	**Owned**	**Owned: Owns outright**	**Owned: Owns with a mortgage or loan or shared ownership**	**Rented**	**Rented: Social rented**	**Rented: Private rented or lives rent free**
Armley	1,679	355	155	200	1,324	828	496

Source: ONS

Figure 353 Lone parent tenure with dependent children for Armley

RM135 - Tenure by household composition							
ONS Crown Copyright Reserved [from Nomis on 9 May 2025]							
population	All households						
units	Households						
date	2021						
household comp	Single family household: Lone parent family: With dependent children						
2022 ward	**Total**	**Owned**	**Owned: Owns outright**	**Owned: Owns with a mortgage or loan or shared ownership**	**Rented**	**Rented: Social rented**	**Rented: Private rented or lives rent free**
Armley	1,229	141	28	113	1,088	659	429

Source: ONS

Figure 354 Lone parent tenure with non-dependent children for Armley

RM135 - Tenure by household composition							
ONS Crown Copyright Reserved [from Nomis on 9 May 2025]							
population	All households						
units	Households						
date	2021						
household comp	Single family household: Lone parent family: All children non-dependent						
2022 ward	**Total**	**Owned**	**Owned: Owns outright**	**Owned: Owns with a mortgage or loan or shared ownership**	**Rented**	**Rented: Social rented**	**Rented: Private rented or lives rent free**
Armley	450	214	127	87	236	169	67

Source: ONS

Families on Universal Credit with School Age Children in the Armley Ward

WARD November 2024	Total number of Families with School Age Children on Universal Credit	One dependent child. 11-15 yrs old	Two dependent children. 11-15 yrs old	Three or more dependent child. 11-15 yrs old
ARMLEY	1,855	630	170	28
		One dependent child. 5-10 yrs old	Two dependent child. 5-10 yrs old	Three or more dependent child. 5-10 yrs old
		736	241	50

Please note: This data may may be provisional and revised by the time of the next release and 'the latest available estimate' due to the time delays involved (Nov 2024). Children aged 16 are counted in a 16-19 age group which can't be broken down any further. This makes these figures the best available at this time but there may be some minor errors and approximation involved. It should provide a strong indication.

Families with school age children may very likely be struggling to meet household bills. Families claiming Universal Credit with school-age children receive an additional amount for each child they live with, until they turn 16. This amount is also continued until the 19th birthday if the child is in eligible education or training, such as GCSEs, A levels, BTECs, or vocational qualifications. There has been a cap put on the number of children that are eligible for this and this is now two children. Brief government advice is below with a link to go to for more information.

You'll be entitled to an additional amount for any child born before 6 April 2017.

Universal Credit will no longer pay you an additional amount for a third or subsequent child born on or after 6 April 2017, unless special circumstances apply.

For example, if you're already claiming Universal Credit, have responsibility for 2 children and you then give birth to a new child, you won't get an additional amount of Universal Credit for that new child, unless special circumstances apply.

You'll still be entitled to additional support in respect of any disabled children, even if you aren't getting an additional child amount of Universal Credit for the disabled child.

- https://www.gov.uk/guidance/universal-credit-and-families-with-more-than-2-children-information-for-claimants

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Oral Health for Children in the Armley Ward

Children's oral health and setting up strong dental hygiene habits is essential for healthy teeth, gums and mouth in later life. Focussed dental health practice is an essential part of the early years framework (EYFS).

The EYFS framework states that early years providers must promote good oral health of children who attend their setting.

Oral health is important, even with baby teeth. This is because children's baby teeth:

- help them to bite and chew
- support speech and language development
- help them feel confident when they smile
- make space for and help to guide adult teeth

Good Oral Health also keeps children free from toothache, infection and swollen gums.

Tooth Decay and Oral Health Routines

Children need to form good oral health habits from an early age to help avoid tooth decay. Tooth decay happens when sugars from food and drinks interact with bacteria in tooth plaque. This results in acid production, causing holes in teeth known as cavities.

If children have tooth decay, they may have yellow, brown or black marks on their teeth. They may also complain about their teeth hurting, particularly when eating or drinking.

Figure 355 Close up of a child's mouth with tooth decay



Source: Gov.UK

Tooth decay is largely preventable, but it's still a serious problem among young children. The Office for Health Improvement and Disparities oral health survey of 5-year-old children 2022 and Public Health England oral health survey of 3-year-old children 2020 found that:

- Nearly a quarter of 5-year-olds in England have tooth decay, affecting 3 to 4 teeth on average
- **Children from more deprived backgrounds are more likely to have tooth decay**
- 11% of 3-year-olds in England have visible tooth decay, affecting 3 teeth on average

Having decayed teeth removed is also the most common reason for surgery under a general anaesthetic for children aged 6 to 10.

Source: Public Health England 2022)

https://www.nhs.uk/live-well/healthy-teeth-and-gums/taking-care-of-childrens-teeth/

Finding an NHS dentist has been problematic for local Armley families in the past; however the current government have promised to increase the amount of NHS dentists through increased funding. The link below explains the process of finding a dentist and access to emergency dental surgery for children.

https://www.nhs.uk/nhs-services/dentists/how-to-find-an-nhs-dentist/

The chart below shows the state of dental health in Armley for children, whilst certainly not the worst performing ward in the city the percentage of the population receiving regular preventative dental treatment is low and can always be improved.

Figure 356 Armley rates of urgent dental treatment for 0-9 years old

Rank	Ward Name	A&E Attendances (Rate)	Urgent Dental Treatment (%)	111 Calls (Rate)	Notes
1	Gipton and Harehills	5.5	5.1	8.8	Highest A&E
2	Little London & Woodhouse	3.4	5	13.4	High 111
3	Hunslet and Riverside	2.7	5	8.4	
4	Killingbeck and Seacroft	1.5	5.8	5.8	Highest urgent
5	Middleton Park	1.1	5.5	9.6	
6	Cross Gates and Whinmoor	1.4	5.2	5.2	
7	Burmantofts and Richmond Hill	1.9	4.8	17.9	Very high 111
8	Temple Newsam	1.8	4.8	6.4	
9	Chapel Allerton	0.9	4.1	11.1	
10	Armley	2.0	4.6	12.4	

Source: Dental Data Tool for Leeds Children: LEEDS ICB 2024).

Oral Health

At the time of writing this document the Leeds Children and Young Peoples strategy is in development. The strategy aims to improve the oral health of children and young people by:

- Promoting good oral health with children, young people and families
- Strengthening community actions that will support improved oral health
- Creating environments that support individuals with good oral health
- Improving children and young people's access to dental services

It takes a preventative approach, establishing a solid foundation for good oral health in the early years, supporting continuation through the life course. The strategy has a particular focus on reducing health inequalities for those most in need and includes several initiatives including:

Brushing for Life scheme - delivered by health visitors from the Leeds 0-19 Public Health Integrated Nursing Service who provide toothbrushing packs and oral health information and advice at the 6–8-week mandated contact.

Supervised toothbrushing scheme – currently delivered by the Leeds 0-19 service. The scheme is targeted at early years and primary school settings in areas of deprivation.

There is a brief bullet point summary below showing children attendance at hospital for dental issues and treatment rates in the ward. The rate described below is for 1,000 children of the ward population.

0–9-year-olds

- Elective spell in hospital (planned or non-urgent work) 8.7 per 100,000children.
- Non-elective spell (unplanned, urgent or emergency treatment) 0.3 per 100,000 children.

0-17 Receiving Dental Treatment

- Receiving Band 1 dental treatment 33.6 (proportion of the population).
- Receiving Band 2 or Band 3 dental treatment 16.2 (proportion of the population).
- Population receiving dental treatment (proportion of the population).

Brief guide to different bands of dental treatment.

- **Band 1** NHS dental treatment in England covers the cost of an examination, diagnosis (including X-rays), advice on preventing future problems, a scale and polish if needed, and preventative care like fluoride varnish or fissure sealant. The current cost for Band 1 is £27.40 (2025).
- In the NHS, **Band 2** dental treatment covers a range of procedures beyond basic check-ups, including fillings, root canal treatment, and extractions. The cost for a Band 2 course of treatment is £73.50 in England and £60 in Wales. This band also includes sealant treatment, adjustments to dentures, and gum disease management.
- **Band 3** NHS dental treatment in England costs £326.70 and covers a range of complex procedures, including crowns, dentures, bridges, and other laboratory-made devices. It also includes all treatments covered by Band 1 and Band 2.

Childhood Obesity in the Armley Ward

Around one in eight children aged between two and 10 in England are obese, an NHS survey published today found.

New statistics show around one in seven children (15%) aged between two and 15 were obese in 2022 – similar to 2019 (16%). Obesity rates in 2022 were 12% among those aged between two and 10, and 19% in those aged between 11 and 15. (NHS England-2024) Obesity is a significant issue for Leeds and our poorest neighbourhoods like Armley.

https://www.england.nhs.uk/2024/09/one-in-eight-toddlers-and-primary-school-aged-children-obese/

Children in lower income households are more than twice as likely to be obese as those in higher income households and that the gap is widening. That is why providing extra support to lower income families and schools from deprived communities in Armley is essential.

https://www.parliament.uk/globalassets/documents/commons-committees/Health/Correspondence/2017-19/Childhood-obesity-Government-Response-to-eighth-report-17-19.pdf

Around sixty **Health-Exercise-Nutrition for the Really Young** (**HENRY)** programmes were delivered by Leeds children centres in 2019. Over 600 families took part in either the group programme or one to one support during the same period. Data showed obesity levels fell from 9.4% to 8.8% in reception children in Leeds. Unfortunately, after the coronavirus pandemic obesity levels started to rise again.

https://www.henry.org.uk/about-us

https://news.leeds.gov.uk/leeds-spotlight/leeds-childhood-obesity-programme

Figure 357 Childhood weight comparators for Armley MSOAs-reception class 2019/20 to 2023/24

Childhood Weight Categories in Armley MSOAs and Comparators' -Reception 2019/20 to 2023/24

Weight Category	England Rate	Yorkshire and Humber Regional Rate	Leeds Rate	E02002388 Bramley East	E02002400 Armley, New Wortley	E02002396 Upper Armley
Very Overweight	9.7%	10.4%	9.6%	**11.6%**	**13.8%**	**10.9%**
Overweight	12.5%	13.1%	12.8%	**14.1%**	**13.6%**	**13.8%**
Healthy Weight	76.7%	75.7%	76.8%	73.7%	71.5%	75.1%
Under Weight	1.1%	1.0%	0.9%	0.6%	1.1%	0.2%

Source: NCMP

For reception class year in Armley all three MSOAs are above all of the comparators for the '*very overweight'* and *'over weight' Armley*, New Wortley has the greatest percentage.

Childhood Weight Categories in Armley and Comparators' -Year Six 2019/20 to 2023/24

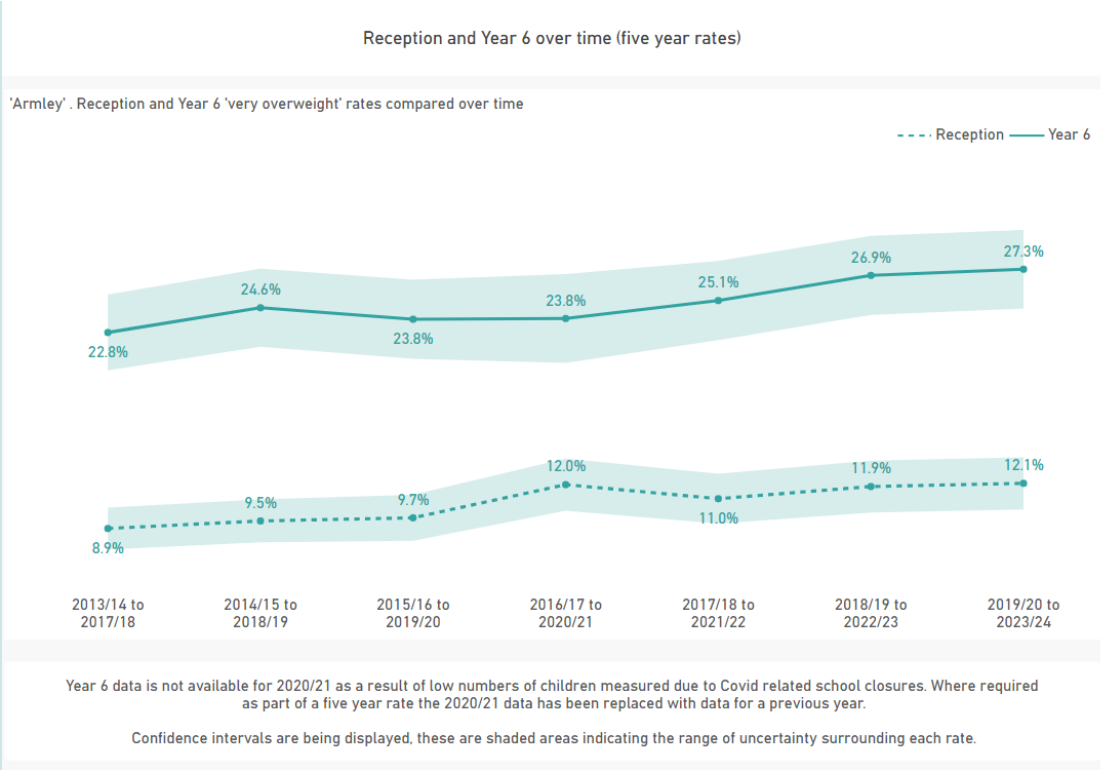
Figure 358 Childhood weight categories by Armley MSOA with comparators 2019/20 to 2023/24 **Weight Category**	**England Rate**	**Yorkshire and Humber Regional Rate**	**Leeds Rate**	**E02002388 Bramley East**	**E02002400 Armley, New Wortley**	**E02002396 Bramley South and Upper Armley**
Very Overweight	21.9%	23.0%	22.6%	**25.9%**	**30.6%**	**24.8%**
Overweight	13.3%	14.1%	14.2%	15.2%	16.2%	13.3%
Healthy Weight	61.3%	61.5%	61.3%	57.9%	51.7%	61.9%
Under Weight	0.8%	1.4%	1.3%	1.0%	1.4%	0.8%

Source: NCMP

When Year Six arrives alarmingly rates in Armley, New Wortley MSOA have risen significantly higher. In Armley all three MSOAs are above all of the comparators for the '*very overweight'* and *'over weight' Armley*, New Wortley has the greatest percentage and presents the greatest challenge to partners supporting children to achieve a healthy weight.

Looking at children's weight at ward level in Armley below the graph shows the rates are rising in both reception and year six classes.

Figure 359 Childrens weight categories for reception and year 6 over time-ARMLEY



Source: NCMP

Obesity and helping children and young people to achieve a maintain a healthy weight is a serious problem for the people of Armley, being very overweight or overweight can lead to health complications in later life such as diabetes and shorten an adults life span due to heart disease complications. Multiple services and investment needs to be mobilised to help children manage weight and lead happy fulfilled lives on simultaneous fronts such as in the classroom, at home, outside and at play.

The cuts to local government budgets in the last 14 years have hit Leeds City Council hard and these cuts have a knock-on effect of increasing pressures on NHS Leeds. The cuts to local authority budgets in England have severely impacted services that are supportive of many of the building blocks or determinants of health and have been linked to decreases in life expectancy and limited-service provision in childhood health and weight management for example. Between 2019/10 and 2019/20 in the Yorkshire and the Humber region where Leeds is located, local authority spending fell by 23%* (https://ifs.org/publications/english-local-government-funding-trends-and-challenges-2019-and-beyond-0)

Youth Work in the Armley Ward

Figure 360 Leeds Youth Work Vision 2025

Leeds Youth Work Vision:		
Youth work will be valued and understood.	Participation and Empowerment.	Collaboration.
Inclusiveness, equality, and diversity	Respect and positivity	Quality, safety, and well-being

Source: LCC Youth Service

Youth work in Armley plays a crucial role in promoting and supporting the physical, mental, and social well-being of young people, by providing informal educational experiences, safe spaces, and fostering positive relationships, while also acting as a preventative intervention.

Youth Workers work with young people on a voluntary basis adopting a non-judgemental approach with the aim of offering them somewhere to go, something to do and someone to talk to. Young people are provided information and guidance to help them make better informed choices around issues that affect them.

The Armley Youth Work Programme includes traditional centre-based youth clubs at West Leeds Activity Centre, New Wortley Community Centre and Strawberry Lane Community Centre. Sports sessions are delivered in partnership at Armley Leisure Centre with Let's Do More Basketball and the Ministry of Boxing. In addition, the mobile provision unit is unitised targeting hot spot areas of reported ASB and youth nuisance.

The Health and Wellbeing Project delivered in partnership with Dixons Academy and the Well Wave Sexual Health drop-in aim to help young people with their health needs.

Outside of regular provision young people have been involved in various creative projects including art (Armley Leisure Centre Mural) , drama (Emmerdale and ITV and Casting for a BBC Short Film and Comedy Series). Young people have also taken part in the highly successful 90 Minute Intervention Project delivered in partnership with West Yorkshire Police and Farsley Football Club.

The benefits of the youth work curriculum in healthcare settings Youth Work works because at it has the relationship between the young person and the youth worker at its very heart. The relationship is voluntary which means that the strengths of the young person are valued and developed from the outset no matter the situation or environment which has brought the youth worker and young person together. The youth work curriculum also seeks to address other key issues in healthcare settings such as racial disparity and health inequalities, as well as helping to better meet the needs of neurodiverse and LGBTQIA+ populations.

Source: Kindley provided by Stephen Harper, Team Leader, West North West, Leeds Youth Service, Leeds City Council-2025)

Figure 361 Young people from the West of Leeds enjoying a trip out to Leeds Playhouse



Source: Photograph LCC Youth Service 2024

Young People Not in Employment, Training or Education (NEETS) in the Armley Ward

Being a young person within the NEET status in Armley can have a massive impact on a young resident's overall health and wellbeing, demonstrated in the table below. NEETS in the Armley Ward are ranked 6th in the city, higher than the Leeds average and categorised as 'very high' compared to other wards (Leeds Alcohol Harm Matrix-LCC Licencing-2025).

Figure 362 Impact on health of NEET category young people 2014

Effect	Overall	National ComRes	Working full time	NEET 1 year +	Male	Female	Male 16-18	Female 16-18	Male 19-24	Female 19-24
Stress or anxiety	42%	39%	34%	42%	42%	42%	46%	35%	41%	49%
Depression	29%	33%	17%	35%	25%	32%	27%	29%	25%	34%
I very rarely leave the house (e.g. playing video games/watching TV)	25%	37%	35%	20%	31%	21%	24%	21%	33%	21%
Smoke too much	25%	16%	21%	27%	33%	19%	49%	21%	27%	17%
Eat unhealthy foods/comfort eat	22%	26%	31%	16%	23%	22%	19%	16%	24%	27%
Drink too much alcohol	15%	7%	14%	15%	19%	11%	19%	12%	20%	10%
Taken drugs	14%	6%	3%	17%	19%	9%	30%	9%	15%	9%
Self harmed	8%	8%	3%	14%	5%	11%	8%	11%	3%	11%
Have become physically ill	6%	5%	3%	9%	5%	6%	5%	5%	5%	7%
None of the above	25%	34%	31%	22%	19%	29%	13%	32%	22%	27%

Source: Young Lives Leeds Report-2014

https://doinggoodleeds.org.uk/research-and-evaluation/young-lives-leeds-neet-report/

Examples of local programmes run by charitable organisations in partnership with Leeds City Council delivered in a coaching style can reap important rewards as shown below.

Out of the young people who accessed the Work Well service, **86%** of them increased their mental health. **58%** went into education, training or work and **42%** are now job searching (previously inactive) and/or have improved life skills.

Work Well was part funded through the European Social Fund. It is part of the Leeds City Council Employment Hub Mental Health (MH) program and is aimed at supporting Leeds residents into employment, education and or training.

https://www.barca-leeds.org/service/workwell

Coupled with councils efforts to ensure when young people leave education a appropriate work or training pathway is in place for them is helping to decrease the amount of young people within the NEET status.

https://www.leeds.gov.uk/one-minute-guides/september-guarantee

https://www.theguardian.com/local-government-network/2013/feb/28/no-neets-young-people-leeds

Conclusion for Children's Health Related Data for the Armley Ward

Much of the early years, children, young people and families data is bleak in terms of health, conditions, service access and outcomes. However, partners who have been effectively working on the patch for over thirty years know Armley residents have been successfully

raising families for years despite some extreme and challenging, social, economic and environment in one of the 1% most deprived neighbourhood in England.

The statistics make depressing reading in the face of hard working, underfunded and over stretched Health Visitors, Midwives and Early Years Services.

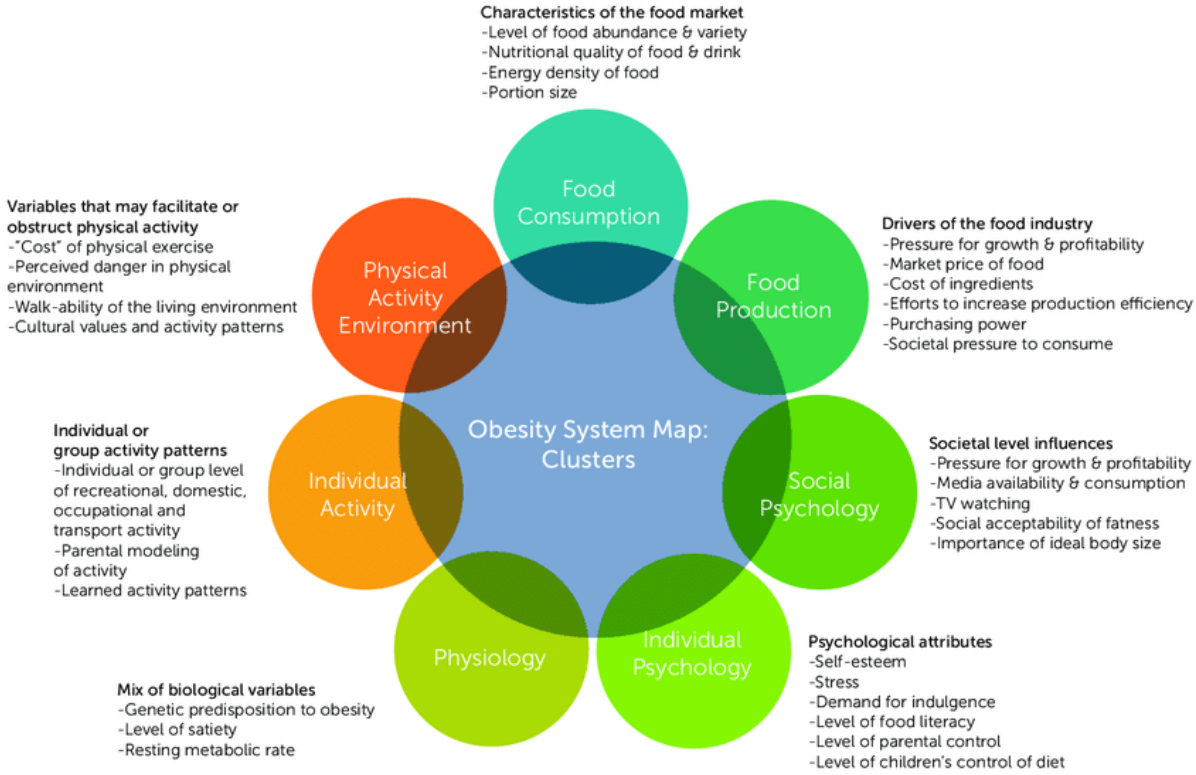
Low birth rate levels in Armley are some of the worse in the city, class two maternal obesity is the third highest, breast feeding inhiation and maintenance is also well below recommend levels. Maternity late bookings are high, MMR uptake low and two MSOAs of Armley have high Asthma hot spots on the heat map for unplanned hospital admissions and long hospital bed stays. There is a low uptake of the digital healthy start scheme.

Pupils achieving a good level of achievement are all below the 60% recommended UK average with Upper Armley performing the best at 58%.

There is much to be concerned about is considering how best to support perinatal health in this ward.

One of the greatest health concerns is childhood obesity for example the rate of very overweight children in Class Six in Armley, New Wortley at a staggering 30.6% of children being very overweight in this ward. However, this presents partners with a challenge and an opportunity they can seize to look at causes and shift the responsibility away from the individual avoiding stigma and blame and focus more helpfully on harmful external environments such as Ultra processed Food and the Obesogenic environment (Hobbs and Radley 2020)

Figure 363 The Obesogenic Environment



Source: Julianne Vandervoort-Center for Addiction and Mental Health-Canada

Leeds City Council Councillor Community Health Champions have obesity as a main priority on their upcoming agenda. There were three actions in particular that are at the center of thought as recommendations are being developed:

- Cllrs and Public Health to link on the planning applications and local plan update. Sessions for elected members to involve them in the processes is being developed and will be shared with Cllr Health Champions

- The Health and Wellbeing Service (in LCC Children's Directorate) support the schools with food and have devised a school food policy toolkit so can support Cllrs locally.

- LCC Public Health have started discussions on food at Breeze events. Cllrs will be briefed on the Healthier Catering Commitments once agreed, so they can consider how they can support this work at a ward level.

All of these considerations can potentially have an impact on the health of children. The healthy weight management landscape for children is extremely complex and needs careful navigation and prioritising. (Balasundaram, P. and Krishna, S. 2020).

Poverty, terminology and Childhood Weight Conditions

Over the years partners and major clinical players in the fight, and it is a fight to support children struggling to maintain a healthy weight have changed the language to describe *'overweight children'* to be kinder and more appreciative of the role that food, societal environments and especially the impact of poverty on children has to play. In many of the clinical charts in this document and medical systems conditions are described as being overweight or obese, sometimes just generally as obesity and all GPs, clinicians and community health professionals are aware of what that means. The language has evolved and you may hear many different terms which may be more empathetic to a child or young person's situation. Some examples below.

- *"Living with Obesity".*
- *"Living with being Overweight".*
- *"Living in Bigger Bodies".*
- *"Living with excess Weight" (rather than "Living with an Unhealthy Weight").*
- *"Children navigating a Healthy Weight".*
- *"Children Struggling to Manage a Healthy Weight".*
- *"Children with Obesity".*
- *"Children Experiencing Obesity".*
- *"Children Affected by Obesity" etc.*

To assist partners in Armley LCC Public Health's Specialists Liz Boniface and Mindy Grewal have supported and assisted with the following guide.

Please find a link below to the **Food Active Weight Stigma Guide**, which might be helpful to mirror:

- https://foodactive.org.uk/wp-content/uploads/2024/04/Weight_Stigma_Checklist_FoodActive_FINAL_April2024.pdf

The impact of so many children experiencing poverty in Armley and the consequences for their weight management and healthy diet cannot be underestimated.

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).

When undertaking any work on childhood weight issues compassion, empathy and basic household economics must be considered when designing support and intervention.

Below are some further reading and specific references kindly sourced by Nicola Kelly-Johnson-Advanced Health Improvement Specialist for Leeds City Council Public Health-Localities and Primary Care Public Health Team.

- Obesity Health Alliance. (2021). Turning the Tide: a 10-year healthy weight strategy.
- Obesity Health Alliance. (2023). Dietary and Health Inequalities Position Statement.
- UNICEF (2025). Held back from the start. The impact of deprivation on early childhood. Embargoed-09.06.25-Held-Back-From-the-Start-UNICEF-UK-FINAL.pdf

Below is a useful chart describing Body Mass Index kindly sourced by Mindy Grewal.

Figure 364 BMI standard and reduced thresholds chart

7.3 BMI Status

NICE recommends using reduced weight category thresholds for people of South Asian, Chinese, other Asian, middle Eastern, Black African or African-Caribbean family background. [3] The thresholds used in this analysis are in Table 4.

Table 4

	Standard threshold	Reduced threshold
Normal weight	18.5 - 24.9	18.5 - 22.9
Overweight	25.0 - 29.9	23.0 - 27.4
Obesity class 1	30.0 - 34.9	27.5 - 32.4
Obesity class 2	35.0 - 39.9	32.5 - 37.4
Obesity class 3	>= 40.0	>= 37.5
Underweight	< 18.5	< 18.5

Standard threshold: White British, Other Black Background, Other White Background, White Irish, Other Ethnic Background, Other Mixed Background

Reduced threshold: Indian or British Indian, Chinese, Other Asian Background, Mixed - White and Black Caribbean, Black African, Bangladeshi or British Bangladeshi, Pakistani or British Pakistani, Black Caribbean, Mixed - White and Black African, Mixed - White and Asian

Source: NHS 2025

This NHS link explains Body mass Index terms in full and offers helpful advice and further information. Obesity - NHS

Whichever approach partners choose it should always be non-judgemental, empathetic, putting compassion and circumstance first with the child or young person at the center of all we do.

Chapter 17-Community Voice-Resident and Stakeholder Views

Community consultation is a process that allows Armley residents and stakeholders to voice their opinions and influence decisions regarding projects or issues impacting their community. It is a way to ensure that decisions are made with community input and that people feel heard and involved.

https://www.local.gov.uk/our-support/communications-and-community-engagement/resident-communications/understanding-views-2

There have been many community consultations in Armley over the last twelve years and in Armley as across the city there is a danger that residents feel over consulted without much resulting action taking place. With this consultation the Leeds Community Anchor Network (LCAN) Leader New Wortley Community Center has been organising this listening event and has already managed to secure some funding with the assistance of LCC Communities Team for youth activities in the area.

It is important citizens have control and power over the results and consequences of the consultation in line with Arnstein's A Ladder '(Theory') of Participation.

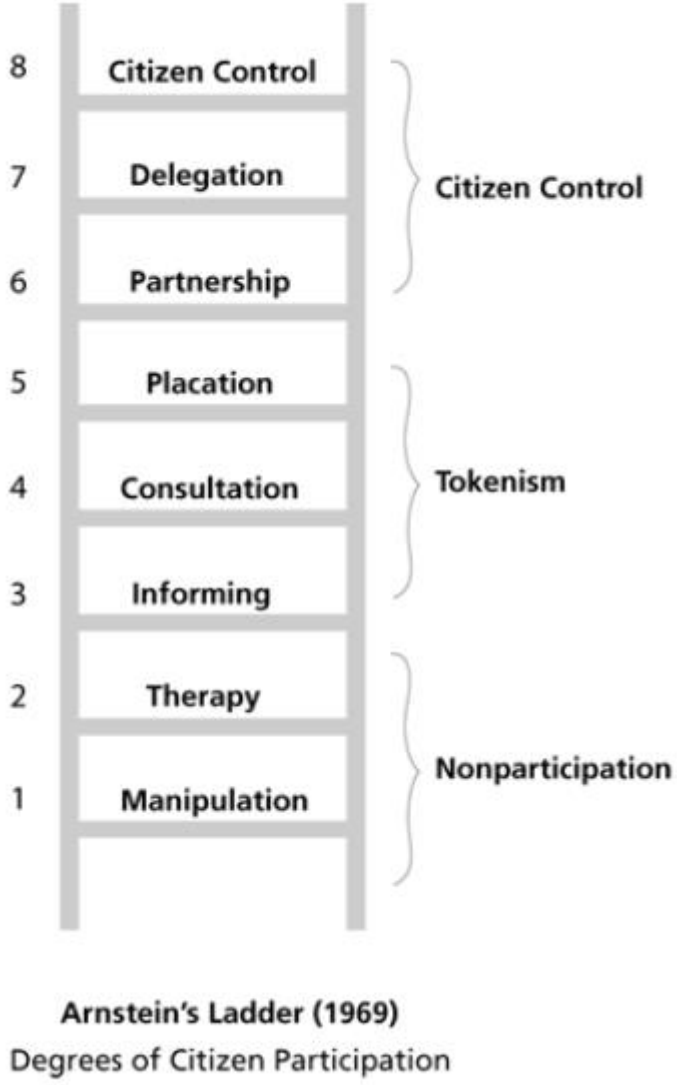
https://www.citizenshandbook.org/arnsteinsladder.html

Sherry Arnstein, writing in 1969 about citizen involvement in planning processes in the United States, described a "ladder of citizen participation" that showed participation ranging from high to low (Arnstein, 1969). Arnstein's penetrating, no-nonsense, even pugnacious analysis advanced a central argument that remains as relevant today as it was in 1969: citizen participation in democratic processes, if it is to be considered "participation" in any genuine or practice sense, requires the redistribution of power. In Arnstein's formulation, c*itizen participation is citizen power*. Without an authentic reallocation of power—in the form of money or decision-making authority, for example—participation merely "allows the powerholders to claim that all sides were considered but makes it possible for only some of those sides to benefit". It maintains the status quo.

"The idea of citizen participation is a little like eating spinach: no one is against it in principle because it is good for you. Participation of the governed in their government is, in theory, the cornerstone of democracy—a revered idea that is vigorously applauded by virtually everyone. The applause is reduced to polite handclaps, however, when this principle is advocated by the have-not blacks, Mexican Americans, Puerto Ricans, Indians, Eskimos, and whites. And when the have-nots define participation as redistribution of power, the American consensus on the fundamental principle explodes into many shades of outright racial, ethnic, ideological, and political opposition."

-Sherry R. Arnstein, "A Ladder of Citizen Participation," Journal of the American Planning Association

Figure 365 Sherry R. Arnstein, "A Ladder of Citizen Participation"



Source: Arnstein (1969)

A community (resident) consultation took place in 2023 and 2024. The survey started life as a pure Public Health exercise for the purposes of the Armley Health Needs and Assets and 140 resident views were collected. The Leeds Anchor Network Community Consultation Exercise came on line and both exercises were morphed into one and combined to pool resources and push the resident respondent level to above 200. The LCAN exercise continues at the time of this document being written. It made no sense to run both surveys simultaneously and there were more funded resources available to continue with the Armley Community Anchor Network Exercise

LCC Public Health Resident Survey Stage

Initially the Public Health Survey asked the following questions, before it synergised with the LCAN Listening Exercise.

1. **What do you Like about Living in Armley that Keeps you Happy and Healthy?**
2. **What do you Dislike about Living in Armley that Challenges your Health and Happiness?**
3. **What would make a Positive Difference to your Health and Happiness?**
4. **Where would you go to get Information about Health and Wellbeing?**

A thematic analysis was undertaken, given that this is only a small part of overall sample size. Themes like *'Green Spaces'*, *'Parks'* and *'Canals'* were united into the Super-Theme *'Greenspaces'*. You can clearly see the top four responses in the basic tables and charts below. Quite refreshing how much community members value green spaces. The sample size for this stage of the consultation was 141.

Section 1-Thinking about People & Local Services.

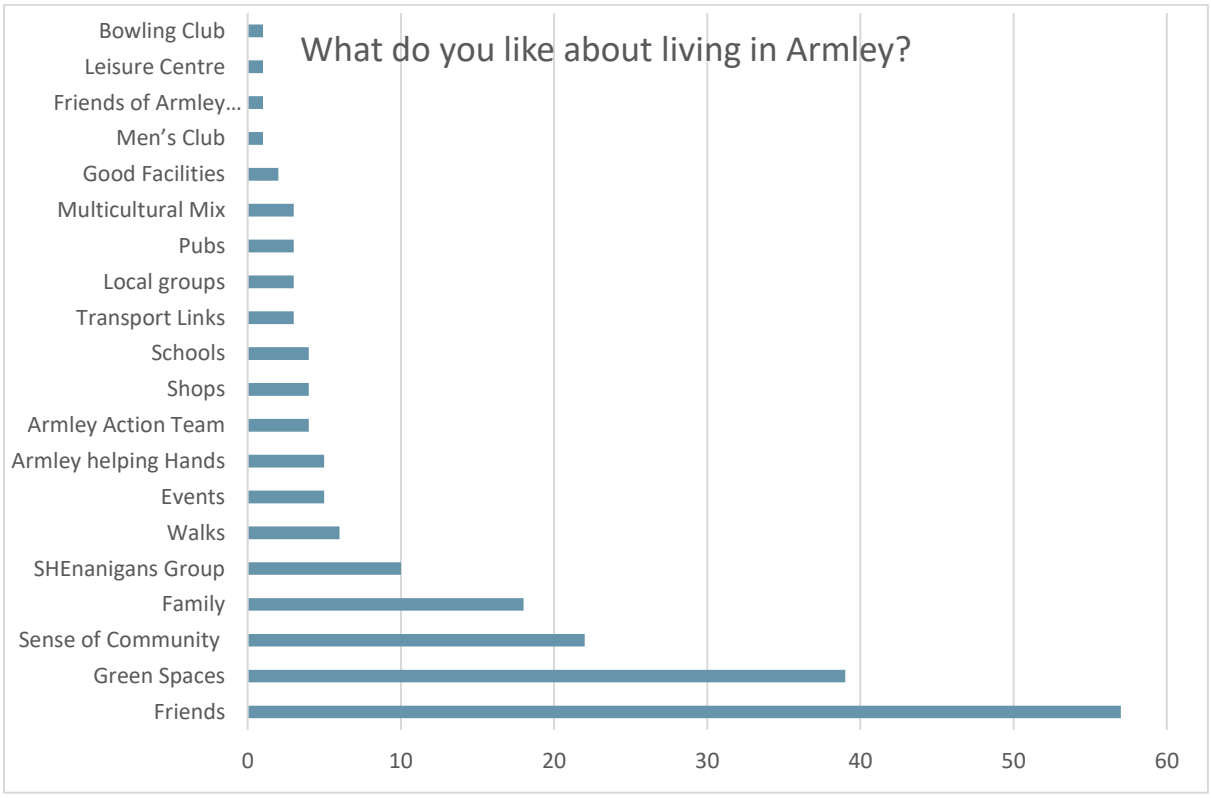
Q**: What do you like about living in Armley that keeps you Happy and Healthy?**

THEME	**FREQUENCY** (How many times a topic is mentioned)	**Typified by-representative example.**	**Researcher notes if applicable.**
Friends	**57**	*"My mates"- "my friends"*	
Green Spaces	**39**	*"access to green spaces"- "I love the parks"- "canal walks"*	
Sense of Community	**22**	*"my lovely neighbours"- "we are all in it together"- "helpful people"*	
Family	**18**	*"like being need my family"- "need my families help nice to have them nearby"*	
SHEnanigans Group	**10**	*"love SHEnanigans-brought me out of myself"- "Like the group I don't feel lonely- "I always go"*	
Walks	**6**	*"like the walks around here"*	Could link this theme to Green Spaces? but didn't specifically mention Canals or Parks etc.
Events	**5**	*"love the community events-well organised"*	
Armley Helping Hands	**5**	*"they look after me"- "I wouldn't have had any help without them"*	

Armley Action Team	**4**	*"Bundles and Yum are where I go"*	
Shops	**4**	*"I can get what I need around here"*	
Schools	**4**	n/a	
Transport Links	**3**	*"buses are good"*	Mixed messages across the survey as some complained about transport links.
Local groups	**3**	n/a	No examples given
Pubs	**3**	*"like drinking in locals with my mates, beer's not too pricey"*	
Multicultural Mix	**3**	*"nice mix of communities"*	
Good Facilities	**2**	n/a	
Men's Club	**1**	*"like the men's Clubs at Armley Helping Hands"*	
Friends of Armley Common Trust	**1**	n/a	
Leisure Centre	**1**	*"nearby"*	
Bowling Club	**1**	n/a	

Source: LCC Public Health Locality and Primary Care Team 2024

Figure 366 What do you like about living in Armley graph



Source: LCC Public Health Locality and Primary Care Team 2024

The top three themes for what residents like about Armley are, **Friends**, **Green Spaces** and **Sense of Community.**

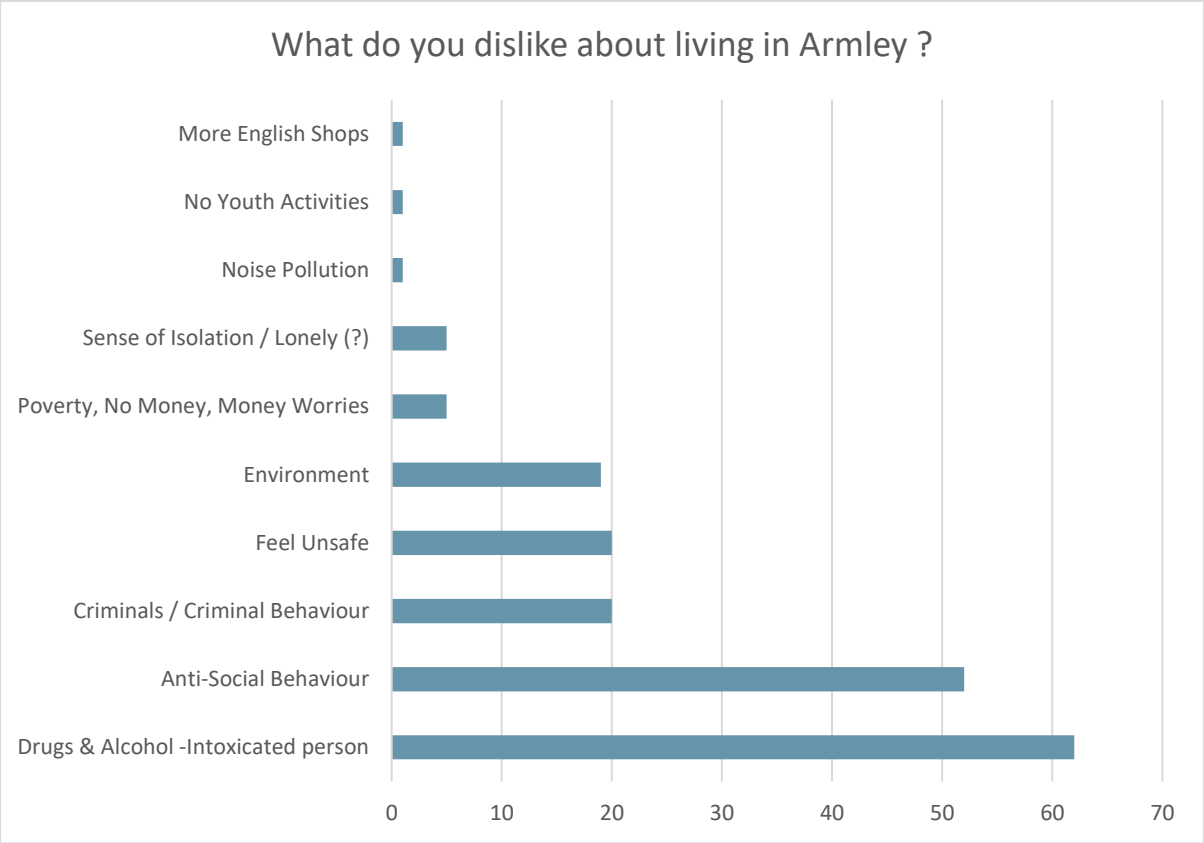
Q: What do you dislike about living in Armley that challenges your Health & Happiness?

THEME	**FREQUENCY** (How many times a topic is mentioned)	**Typified by-representative example.**	**Researcher notes if applicable.**
Drugs & Alcohol - Intoxicated person	**62**	*"crack heads"- "smackheads"- "spice heads"- "druggies"*	
Anti-Social Behaviour	**52**	*"some nasty youths about"- "aggressive people in my block"- "young people always causing nuisance"*	This can be aggregated with behaviour of intoxicated persons on Armley Town Street displaying threatening or menacing behaviour. However mostly concerning young people 11 years old and upwards to teenage years.
Criminals / Criminal Behaviour	**20**	*"people trying to sell you drugs all the time"*	
Feel Unsafe	**20**	*"don't feel safe on Town St"- "strange men walking around"- "don't go down there in dark"*	These responses typically from older residents aged 50+
Environment	**19**	*"litter"- "fly tipping"- "dog sh#@ (faeces)"- "dirt"*	
Poverty, No Money, Money Worries	**5**	*"need as better paid job"- "want more shifts"- "need more money".*	
Sense of Isolation / Lonely (?)	**5**	*"need more friends"- "just moved here, all I can afford I would like to meet some people"*	
Noise Pollution	**1**	*"can't sleep at night because of shouting and cars"*	

No Youth Activities	**1**	*"nothing for kids to do, going to get up to mischief"*	
More English Shops	**1**	n/a	

Source: LCC Public Health Locality and Primary Care Team 2024

Figure 367 What do you dislike about living in Armley graph-2024



Source: LCC Public Health Locality and Primary Care Team 2024

We can see the most frequent reasons for what residents dislike about living in Armley are people on the streets under the influence of Drugs / Alcohol, closely followed by Anti-Social Behaviour and then three consecutive themes at almost the same frequency Criminals / Criminal Behaviour, Feeling Unsafe and the quality of the Environment in terms of litter, fly tipping, dog fouling and graffiti.

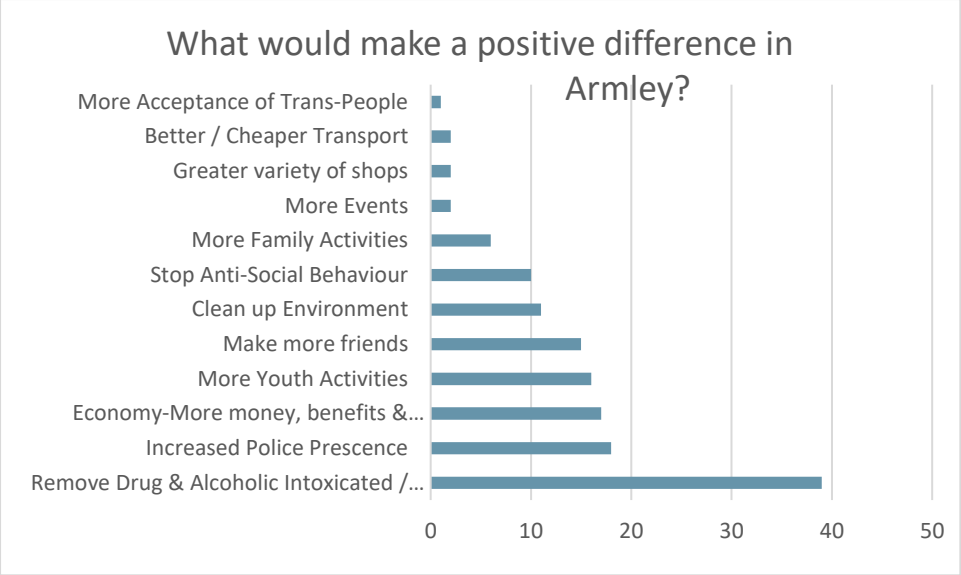
Q: What would make a positive difference to your Health and Happiness?

THEME	**FREQUENCY** (How many times a topic is mentioned)	**Typified by-representative example.**	**Researcher notes if applicable.**
Remove Drug & Alcoholic Intoxicated / Dependent persons	**39**	*"help druggies to get off the streets"* – *"clear drunks and*	This theme naturally intersects with the topics of increased

		druggies out of Town Street" – "get rid of crack heads" – "get some support for drug people, but some of them just don't want help!"	Police presence and tackling anti-social behaviour as many residents mentioned all three in a connected narrative.
Increased Police Prescence	**18**	*"need more Police about"- "more Police all of the time until they go"*	
Economy-More money, benefits & employment	**17**	*"need more jobs in this area so I don't have to travel"*	
More Youth Activities	**16**	*"want more stuff for kids to do, stop them committing crime and nuisance"*	
Make more friends	**15**	*"be better if I had more friends"*	
Clean up Environment	**11**	*"Town St is dirty, needs cleaning up"*	
Stop Anti-Social Behaviour	**10**	*"need Police to catch youths and stop this"*	
More Family Activities	**6**	*"I'm a single dad would be good for more things for me and my son to do" – "I want more after school family activities"*	
More Events	**2**	n/a	
Greater variety of shops	**2**	*Residents mentioned:* • *Nice coffee shop* • *Supermarket* • *Fashion shop*	
Better / Cheaper Transport	**2**	n/a	
More Acceptance of Trans-People	**1**	*"I would like to feel safe walking down Town Street at night"*	

Source: LCC Public Health Locality and Primary Care Team 2024

Figure 368 What would make a positive difference in Armley graph



Source: LCC Public Health Locality and Primary Care Team 2024

Looking at the chart above residents within the first initial survey were clear removing drug and alcohol influence and activity in Armley was the most important factor in making a positive impact on the area by a considerable margin, this included people clearly under the influence of drugs and alcohol and congregating on the Armley streets. Most of the Armley respondent would like more of a visable Police prescence on Armley Town Street. A more buyoant local economy with jobs, careers and work attached was the third most popular theme and lastly local people felt there was a void when it came to youth activity in Armley, some of this has been addressed by LCC Youth Service and the LCC Communities Team Youth activities at Armley Leisure Center.

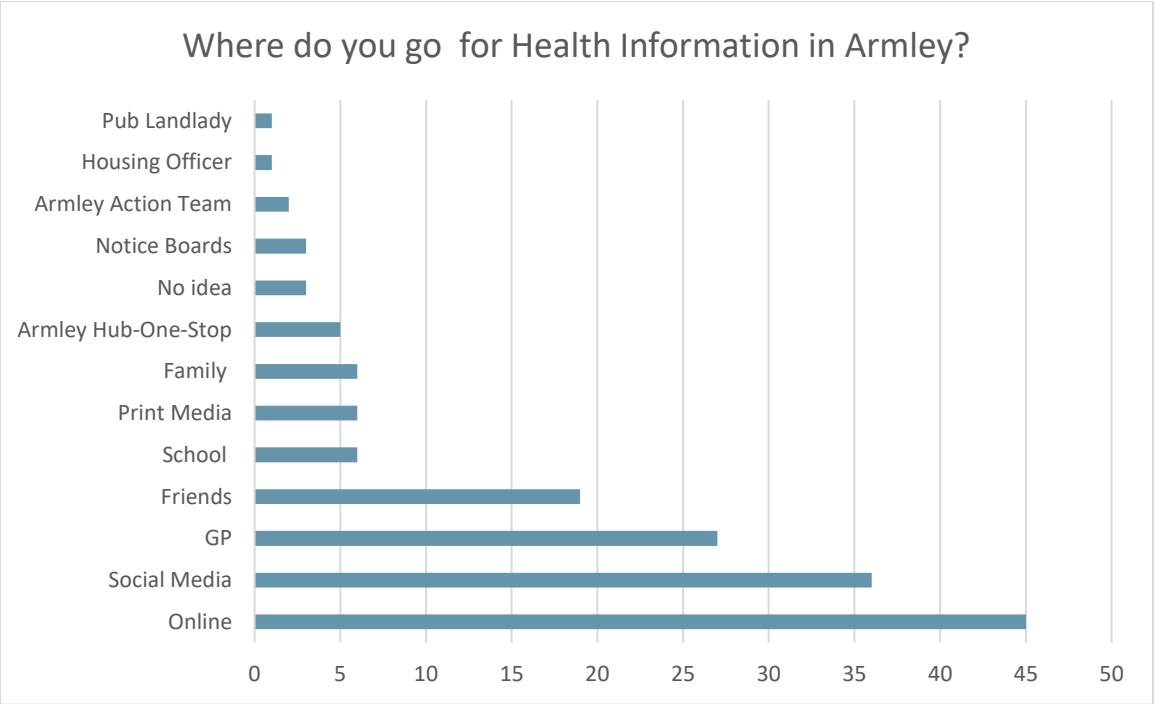
Where would you go to get information about Health & Wellbeing

THEME	**FREQUENCY** (How many times a topic is mentioned)	**Typified by-representative example.**	**Researcher notes if applicable.**
Online	**45**	*"go online"*	**Social media and online separated as themes for clarity as two distinct items.**
Social Media	**36**	*"go on FACEBOOK or WhatsApp groups"*	
GP	**27**	*"ask the GP"*	
Friends	**19**	*"check with mates"*	
School	**6**	*"school lets us know"*	
Print Media	**6**	**n/a**	
Family	**6**	*"ask my daughter"*	
Armley Hub-One-Stop	**5**	**n/a**	
No idea	**3**	*"not sure mate"*	
Notice Boards	**3**	**n/a**	
Armley Action Team	**2**	**n/a**	

Housing Officer	**1**	**n/a**	
Pub Landlady	**1**	*"ask Elaine she's never wrong"*	

Source: LCC Public Health Locality and Primary Care Team 2024

Figure 369 Where do you go for health information in Armley



Source: LCC Public Health Locality and Primary Care Team 2024

On line access was the most popular information route, followed by social media, the GP and friends. Interviewers made the point that for this final question of the initial Public Health survey would clearly be dependent on the age group asked, although older citezens were part of survey it was noted some older respondents relied heavly on family members for information as well as notice boards in the local pharmacey and GP surgery. A proportion of the respondents also said they relied on local neighbourhood networks like Armley Helping Hands to help them navigate the health and social care system.

Please note: for demographics of which Armley Residents were asked please see Appendix 8

After this initial stage of consultation the following was noted

1. A larger sample size was now available as the Home Office funded LCAN Listening Survey was launched, and all Public Health data was allowed to be assimilated into this. This would strengthen the data set size and allow stronger conclusions to be drawn, although some themes would be ever present in all surveys.
2. It did not make sense to run two large scale consultations simultaneously (LCC Public Health and LCAN) asking broadly similar questions so the Public Health results were absorbed into the ongoing LCAN study.

3. A suggestion was made to target some of the gaps (low recordings) in terms of age and ethnicity above and we look at those communities that are perhaps unrepresented in the charts. Some of this information was picked up in stakeholder views.
4. Although the Volunteers, Public Health Officers and Health Professionals were of mixed gender, it was noted by interviewers if utilising specific genders with certain gender specific groups might illicit more information. Perhaps a point to consider in future research.

The next stage of the consultation was the LCAN Listening Exercise which asked different questions but broadly along similar lines.

Phase One of the LCAN Armley Listening Exercise

UKSPF Funded Listening Exercise – Armley results – Phase 1

Background

The UK Shared Prosperity Fund (UKSPF) is a £2.6 billion fund, part of the UK government's "Levelling Up" agenda, designed to replace European Structural and Investment Funds (ESIFs) and provide funding for local investment, aiming to improve pride in place, increase life chances, and support communities, businesses, and skills across the UK.

The Leeds Community Anchor Network (LCAN) was formed as a result of the work locally trusted organisations and their partners provided in across Leeds in response to the pandemic.

The Community Care Hubs covered all electoral wards for a period of two years, and many have gone on to set up Community Anchors to build on the existing partnership work. Anchors work together recognising individual strengths and sharing knowledge and expertise across the community they work in. Anchors have a unique understanding of the communities they work in. They aim to help communities to thrive by ensuring people have the opportunity to have their voices heard and can identify solutions to problems in their neighbourhoods.

The longer-term aim of LCAN is to influence systemic change in communities by working in partnership to achieve a fairer, more just society of thriving communities with equal access to the services they need

Armley CAN Partners

- New Wortley Community Association
- Armley Helping Hands
- Armley Action Team
- Interplay Theatre
- Christ Church, Upper Armley

- Climate Action Armley
- West Leeds ARLFC
- Dixons Unity Academy
- Sri Guru Nanak Sikh Temple

Community Listening Exercise

Leeds City Council commissioned the Community Anchor Network to deliver a community listening exercise targeting the six priority neighbourhoods (Armley being one of them) The aim of the exercise was to develop a system for community engagement which collects, analyses and distributes resident feedback that can be used to improve services and deliver better outcomes for local people,

Information collect information regarding how residents feel about where they live and play an active role in their community. The primary aim of the listening exercise is to inform and shape the activities of LCAN as a network, and of the Community Anchor organisations themselves, ensuring that these reflect and respond to community priorities

Feedback capture

Feedback was captured via postcards – 5 to 10 minutes spent with local people to capture the responses to set questions. Postcards were intentionally asset focussed purposefully seeking to highlight the strengths of communities. The question "what could it look like it 10 years" was intended to draw out the longer-term, systemic change that communities wanted to see, encouraging them to be aspirational and ambitious rather than focusing on responding to short-term issues.

205 postcards were completed by people living in Armley and 55 people attended 3 focus groups

Question asked were:

- **What is great about your area?**
- **How could it be better?**
- **What could it look like in 10 years' time?**

Participants in the postcard-based activity were then invited to participate in a focus group in order to gain more in-depth views from the participants and to have conversations focused on between three to five particular themes that participants had chosen as the most important in their community.

Source: Andrea Edwards CEO New Wortley Community Center

Focus Groups for the LCAN Armley Listening Event

Focus groups were structured in a way that both asked participants specific questions but focussed on particular themes they had flagged up in their area. Questions in focus groups were posed as follows for each theme identified:

- **Opportunities (What does change look like?)**
- **Ideas and Solutions**
- **Each focus group was asked to summarize their discussion as a 'lift question':**

"If you had 30 seconds with the head of Leeds City Council (or whoever is the decision maker in this scenario) what would you tell them about what you have talked about today?"

The data from these focus groups and postcards was subsequently collected and shared with Voluntary Action Leeds to analyse the feedback and present overall findings from across the Listening Exercise.

Phase 1 findings

'What's great about your area?'

- Community spirit and togetherness
- Friendly people
- Green spaces
- Community Activities/events
- Educational facilities

Residents valued the community cohesion in Armley, getting along well with their neighbours and people they encountered while also having community events that they could attend and come together with the rest of their community - "I'm Armley born and bred, and I love where I live!!"

Valued Assets

- Armley Action Team (Yum! /Bundles)

- Armley Festival
- Armley Helping Hands
- Armley Library
- Armley Park
- New Wortley Community Centre
- Wortley Recreation Ground

Key themes discussed at focus groups

- **Community Safety and Antisocial Behaviour (ASB)**: Concerns about ASB, drug-related activity, gangs, and limited trust in the police were prevalent. Many participants emphasized the need for more visible policing, alternative reporting methods, and local initiatives like community-led policing and mediation.
- **Support for Youth and Families**: There's a call for more activities, safe spaces, and opportunities for young people, with better communication on what's available and funding priorities that reflect the community's needs.
- **Investment in Green Spaces and Parks: There** is a call for improved green spaces to address littering, vandalism, and a lack of amenities, with accessible litter-picking tools in public spaces, more community gardening projects, and introducing fitness equipment in parks suggested by residents.

"Education is important to ensure that we have respect for where we live."

- **Improvements to Armley Town Street**: Residents feel numerous safety concerns in Armley Town street such as street drinking, begging, and lack of traffic management could be addressed designating Town Street as an alcohol-free zone, regular support services for the homeless, a campaign against shoplifting, and establishing a shopkeepers' forum. *"I don't go to Town Street anymore – it's too unsafe."*

Follow up work in progress for 2025

- Creation of a #Team Armley Youth Voice – residential in May 2025 providing an opportunity for organisations working with children and young people to come together and take part in teambuilding/outdoor activities and also undergo training to develop effective community engagement skills, understand how funding works etc
- Conversations looking at set up or reviving residents groups across Armley
- Exploration of what local people was to see in terms of investment in local green spaces
- Possible website/newsletter detailing what activities and support is available locally for children, young people and parents/carers

(Please see 14th January 2025 LCAN LCP update by Andrea Edwards CEO NWCC in Appendix 10)

Phase 2

The next process is out of the time scale of this HNAA and it will be about carrying out a follow up postcard exercise and working to a very short timescale on this with a target of 270 postcards.

Important Note: please consult completed LCAN Listening Survey towards the end of 2025 for the complete results of this survey and subsequent actions. Available from New Wortley Community Association Anchor Organisation.

Focus groups are to be facilitated and reported on by 14th April 2025

Postcard Questions are:

- **What would make you feel safer in your community?**
- **What local green spaces are you aware of and use?**
- **What challenges do you think children and young people face in the area?**

How this will be done

The main focus of Phase 2 will be to carry out large scale consultation with Children and Young People living in Armley. We intend to by consulting as follows:

- New Wortley CC based youth provision (including Youth Services)
- Armley Youth Space
- 3 local primary schools
- Dixon's UA – Children and Young People
- Dixons UA – Parent, Guardians and Carers at Community Hub

Other consultation sources

- Armley Town Street
- Yum! -Armley Food Pantry (Armley Action Team)
- Armley Hub
- Wythers Estate
- Armley Helping Hands
- Gurdawara (Sikh Temple-Tong Road)
- West Leeds Amateur Rugby League Football Club

Partners will be involved by

- Completing a sample of 30 postcards
- Hosting a focus group
- Helping to facilitate a focus group

Source: Andrea Edwards CEO New Wortley Community Center.

(Historic resident survey themes pictorials can be seen in Appendix 9)

Focus Group Observations on Locations and Groups

Focus groups so far were conducted at three Healthy Holiday Kids events these were useful but it was difficult separating children from parents to allow parents sufficient time to think and answer questions, there was a focus group at Armley Library and one at New Wortley Community and Wellbeing Center.

Key Finding-Phase 1-Listening Exercise-Armley Ward

1. Assets in the Armley Ward-Resident Views

1.1 Community Spirit and 'Togetherness'

Across all surveys for this HNAA community spirit was a prominent and strong theme where respondents mentioned there was a strong feeling of neighbourliness and community cohesion. Cohesion was highly valued by residents, having friendly and mutually beneficial relationships with neighbours. Community events such as Armley Festival and New Wortley Community Fun Day are valuedbecause they were community events that they could attend and come together with the rest of their community - "I'm Armley born and bred, and I love where I live!!"

1.2 Friendly People

Residents felt many people in Armley were friendly and this included newly arrived community members and residents from different religions and cultures. Friends was one of the biggest assets mentioned in all surveys.

1.3 Green and Blue Spaces

In all surveys most residents said they appreciated the many green spaces within the Armley ward and beyond. They enjoyed the proximity of walkable blue spaces such as the canal (Leeds and Liverpool Canal) and river (River Aire). They enjoyed being able to walk, cycle, 'jog' or just sit by the water as it is quiet and secluded from traffic noise and pollution. In addition, Wortley Recreation ground was mentioned which is close but outside the Armley ward boundary. Below is a list of blue and green spaces in Armley.

- **Local Leeds Canals & Rivers**
  - canalrivertrust.org.uk
- **Armley Park**
  - https://www.leeds.gov.uk/parks-and-countryside/your-local-park/armley-park

- **Armley Moor**
  - Armley Moor, Leeds - area information, map, walks and more (ordnancesurvey.co.uk)
- **Gotts Park**
  - Gotts Park (leeds.gov.uk)
- **Jailey Field**
  - Jaily Field, New Wortley | Leeds Inspired
- **Charlie Cake Park**
  - Charlie Cake Park - Discover Leeds

1.4 Community Festivals / Fayres / Fun Days and Events

The community events in the Armley Ward run by local charities in partnership are incredibly popular with residents. They are prepared, planned and delivered to a high quality with bands, information stands, events, interactive games and activities for children and families, food, music, demonstrations where many local volunteer and statuary bodies attend. Health providers have been able to connect with hundreds of local residents over the year with a whole host of topics from early years provision, immunisation, health protection and healthy living advice and support.

1.5 Valued Assets

The most popular community assets from both the Public Health and CAN Listening Exercise are listed below.

- **Armley Action Team (AAT)** (Yum-Food Pantry and Fridge /Bundles-Childrens clothes shop)
  - Armley Action Team CIC exists to help Armley, LS12 thrive not just survive. AAT run Armley Festival, a re-use shop for 0-18's called Bundles, and a Community Food Pantry & Fridge called YUM. ATT also work in partnership to make the Town Street area a better place for everyone, through street markets, 'in bloom' and the street-ambassadors programme.
    - https://uk.linkedin.com/company/armley-action-team?original_referer=https%3A%2F%2Fwww.google.com%2F
    - https://www.facebook.com/ArmleyActionTeam/?locale=en_GB
- **Armley Festival**
  - Details of the 2024 festival are here; https://westleedsdispatch.com/event/armley-annual-community-arts-festival/
- **Armley Helping Hands (AHH)**

- AHH provide advice, support and numerous social and healthy living activities to enable our members to live independently and to participate within their communities. Our services grow in response to the needs and aspirations of local older people. Activities include coffee mornings, luncheon clubs, games, crafts, shopping, day trips, an annual holiday, free gentle exercise, strength and balance classes and many more fun and social opportunities for older people.
    - https://www.facebook.com/armley.helpinghands/?locale=en_GB

- **Armley Community Hub- Library-One Stop Shop**
    - Armley One Stop Centre, Jobs Shop, Benefit Advice, Housing Office, Health Advice and Library are combined in the same building.
        - https://www.leeds.gov.uk/community-hubs/armley

- **Armley Park**
    - Provides beautiful walks in parks and woods, sitting areas to observe nature, bowling green, football area, skate park, playgrounds and a tennis court.
        - https://discoverleeds.co.uk/things-to-see-and-do/outdoors/armley-park/

- **New Wortley Community and Wellbeing Centre**
    - New Wortley Community Centre is a community-owned and community-led centre located in New Wortley, an inner-city area of West Leeds, West Yorkshire. The centre opened in 1982 and is managed by New Wortley Community Association, a membership group of people that work to improve the area of and lives of residents living in the postcode LS12. We provide support to residents living in New Wortley and the wider Armley ward offering a range of services, groups and activities to empower community members to lead happier and healthier lives.
        - https://www.newwortleycc.org.uk/

- **Wortley Recreation Ground**
    - An inner-city sport and recreational green space with a picture postcard view over Leeds city, with football pitch, skate park, playground and walks.
        - https://discoverleeds.co.uk/things-to-see-and-do/outdoors/new-wortley-recreation-ground/

Figure 370 Yum Community Fridge and Pantry-2025



Source: Armley Action Team 2025

2. Challenges and Barriers to Living Well in the Armley Ward-Resident Views

2.1 Community Safety and Antisocial Behaviour (ASB): Concerns about ASB, drug-related activity, prolific alcohol use, gangs, and limited trust in the police were prevalent. Many participants emphasized the need for more visible policing, alternative reporting methods, and local initiatives like community-led policing and mediation.

2.2 Support for Youth and Families: There's was a resident and partners call for more activities, safe spaces, and opportunities for young people, with better communication on what's available and funding priorities that reflect the community's needs. Across all surveys youth provision was mentioned and the need for a large amount of youth activity both as diversionary tactic moving young people away from crime and anti-social behaviour and as a route where those young people not in education, employment or training could access schemes to move them closer to the job market and training in vocational work such as local apprenticeship schemes. *"Education is important to ensure that we have respect for where we live."*

2.3 Investment in Green Spaces and Parks: There is a call for improved green spaces to address littering, vandalism, and a lack of amenities, with accessible litter-picking tools in public spaces, more community gardening projects, and introducing fitness equipment in parks suggested by residents.

2.4 Improvements to Armley Town Street: Residents feel numerous safety concerns in Armley Town street such as street drinking, begging, and lack of traffic management could be addressed designating Town Street as an alcohol-free zone, regular support services for the homeless, a campaign against shoplifting, and establishing a shopkeepers' forum. *"I don't go to Town Street anymore – it's too unsafe."*

The Armley Listening exercise is summarised in the 'one page' briefing sheet below.

Figure 371 Armley LCAN listening exercise- 'one pager' 2025



Source: Armley Community Anchor Network 2025

3. Solutions and Priorities-Resident Views

3.1 High Street and Infrastructure

As the Armley Community Anchor Listening Exercise continues, the completion of which is outside of this Health Needs and Assets Assessment and due to complete later in 2025 more information may emerge in terms of solutions from upcoming focus groups, this will be reported to partners later on in the year. In terms of themes and potential solutions it is imagined they will expand on existing themes previously discussed.

Armley people want.

- More Police and other agency (Forward Leeds for example) street patrols on Armley Town Street.
- Greater awareness of Armley Councillor Surgeries to talk to elected members about the area and pool resources, find solutions.
- Support for reviving local groups such as resident groups revived in Upper Armley organisations like NWCC are already looking into this and talking to Armley residents

3.2 Supporting Young People

Armley people suggested.

- There are many existing youth activities available but parents, guardians and carers may not be aware of them.
- One idea was a monthly newsletter or a partner suggested a website where all youth activity was collected and could be sourced easily. This resource should be updated regularly, weekly or monthly as a maximum parameter.
- Creating more evening and weekend youth events to fill current provision gaps.
- Forming a “Team Armley” for local youth so they could create a local identity and take pride in their area.
- A ‘Youth Council’ was proposed.
- Increased connections with local sports teams.

3.3 Investment in Green Spaces

Armley people desired.

- Opportunities to engage in environmental projects such as litter picks, ‘tidy up days’ and gardening projects.
- Increased investment in green spaces and long-term support for community led initiatives such as planting and green gyms. The new playground area at Jailey Fields would be a notable partnership story between local young people and VCF (Voluntary, Charitable and Faith groups) and statuary organisations (https://news.leeds.gov.uk/news/playground-announced-for-new-wortley-park)

3.4 Creating a Community Where People Feel Safe

People wanted to see more community led initiatives and direct channels for people to connect to Armley Police Officers. They highlighted the need for more youth focussed particularly evening and weekend. Residents stressed the importance of fostering trust in local services with anonymous reporting structures in place so people's concerns could be adequately reported and expressed.

Stakeholder Views of the Armley Ward

4. Assets of the Armley Ward-Stakeholder Views

A cross section of stake holders who work within the Armley Ward were consulted, many of their perspectives mirrored those of Armley residents. Identical questions to the Armley CAN listening exercise were asked for reasons of continuity and the main themes are listed below and **only noted if they are different to what has already been expressed by Armley residents.** This is a synthesis of those stakeholder perspectives.

4.1 Strong Partnership Working

Community groups, organisations and partners work really well together and do not compete. There is a mutual respect and understanding which makes for strong and passionate and effective collaboration. The Local Care Partnership, LCAN and LCC Community Team meetings are well attended and supported. There is a strong voluntary sector in the area who work well in partnership and provide vital links for statutory services to reach into the community. Duplication and competition is minimised through the collaborative approach.

- **LCC Communities Team-**The team have successfully brought together partners and resources and used their expert knowledge and experience of statuary services and funding to great effect. The teams vision and skills have enabled many projects to be deployed in Armley. Below is a list of activities that have helped lift Armley to date.
    - Helping with funding, consultation, support and publicity for projects such as the new playground on 'Jailey Field' working with the lead organisation New Wortley Community Center.
    - Youth projects at Armley Leisure center to decrease ASB in the area and give young people positive activities to get involved in, advice and support.
    - Helping local grass roots groups such as Shenanigans to write constitutions and set up bank accounts.
    - Organizing multi-partner outreach, advice and clear up days.
    - Helping to organise sub group on certain topics. Such as mental health.
    - Acting as a connecting bridge between local faith organisations and the Armley community to help them secure funding, undertake health checks in their community such as blood pressure checks.
    - Constant presence at local festivals and community fun days.
    - Creating a Local Area Plan for Armley and organising appropriate groups for each theme.

- Making partners aware of funding and supporting with applications. (Please appendix 12 for LCC Communities Team Local Area Plan (LAP)).

"***Strong partnerships. There is a wide buy into the LCP meetings. More locally, there are passionate people in health, housing, LSABT and the third sector that a are committed to the area and the people we serve. Our energy motivates each other and generates creative ways of working. The central location of many partners to the locality is also of benefit"***

- **Armley Local Care Health Partnership-** Armley Local Care Partnership (LCP) is a mature, well-formed, and productive partnership. Partners from across sectors are well represented and committed to joined up working to improve the health and wellbeing of Armley communities. Armley partners have a generous and collaborative approach with one another, fostering creative solutions to local challenges. This is key for an LCP to thrive. Below is a list of things an LCP does to continue connecting people:
  - Strong leadership group of partners steering the direction of the LCP.
  - Two pure networking sessions per year.
  - Quarterly face to face meetings for all partners.
  - Shared training as an LCP.
  - Armley Neighbourhood Activities WhatsApp group: A lot of info shared on here is from information on Facebook, Instagram, newsletters etc. This is an easy and quick way of sharing information on the go.
  - Dawn from Armley Help Hands has put together a shared spreadsheet of Armley resources.
  - Flyer-Publicity group. Neil (Communities Team) has a mailing list and supports with coordinating a list of Armley people who can engage in this activity.
  - The Armley LCP around different venues for meetings to learn about the assets in Armley. (Please see Appendix 11 for an example of an LCP Dashboard for Armley.)

4.2 Variety of Voluntary and Community Groups in Armley

Armley enjoys a large and varied number of groups which provide a large spectrum of opportunities for friendship, advancement and volunteering. For example, there is Shenanigans designed as a social group for women (https://westleedsdispatch.com/armley-women-are-doing-their-thing-at-shenanigans/) who go away on camping trips and try everything from 'belly-dancing' to dragon boat racing and local men's groups run by local charities and GP practices. Armley Action Team, Armley Helping Hands, Barca and New Wortley Community Center are all brilliant local organisations. These volunteer

organisations, groups, faith settings and charities provide vital links for statutory and health services to reach into the community. Food banks / pantries were also mentioned at YUM, New Wortley Community Centre and the provision of emergency ambient temperature ready meals from Armley Helping Hands.

- Also noted was the variety of organisations which cater for specific topics or age groups for example Armley Helping Hands-A Neighbourhood Network for Older Armley Citizens, which has been running for over thirty years.
    - *"A key strength of Armley Helping Hands (AHH) over the years is our community partnership. Our funders, statutory colleagues, community partners and providers have been invaluable in this journey. Collectively each one of you have contributed to enabling us to offer numerous benefits, including bespoke services and activities to our older people, engaged in developing new pathways to support, increased resources and wider reach, fostering innovation and collaboration, building stronger community ties, and ultimately leading to greater impact and improved quality of life to our older people, families, carers and communities"* Dawn Newsome-CEO AHH

4.3 Good Faith Based Organisations Committed to the Community

There are Christian, Muslim and Sikh religions who are committed to the community and undertake many charitable activities to help less fortunate Armley residents. During the consultation exercise, some people mentioned faith as a protective factor for health and wellbeing and there is a large volume of research that supports the notion that people who are spiritually and/or religiously grounded are better able to deal with adversity, stressful life events and illness. Places of worship play an important role in bringing communities together, but it is not always for the purpose of worship and prayer. Today, we see places of worship bringing diverse communities together to build tolerance and resilience and some offer food provision for vulnerable people. Most of these activities are delivered through volunteering which presents a great foundation for building new friendships and connections, combat loneliness and build an overall sense of wellbeing.

The prominent St Bartholomew's Church is in the heart of Armley and has good working relationships with various local community-focused agencies as well as close links with the local Primary School, where they host end of term leavers services in the Church. Christ Church (Upper Armley) is another local vibrant parish church, offering a range of services such as a Warm Welcome space for friendly chat, providing food and games. There is also a Trussell Trust food bank offer as well as various children focussed activities. There are also smaller churches and chapels dotted around Armley which also play an important positive part in local life.

For people of Muslim faith, you will find the grandiose Jamia Masjid Ghousia mosque; the origins of this place of worship date back to 1995 when building work started after fundraising by the local Muslim community. A number of interfaith activities have taken

place at the mosque over the years. There are also dedicated youth focussed programmes of work from this center.

Sri Guru Nanak Sikh Gurudwara, is a busy Sikh temple on Tong Road, the members of this community have played an important part in local festivals such as the Armley Festival and play a pivotal role in celebrating diversity in the West. The building the temple is based in was built in 1877 as a United Methodist Free Church. The temple has various activities and social gender specific and mixed groups.

- https://www.local.gov.uk/case-studies/engaging-faith-communities-public-health-through-healthy-faith-settings-toolkits

(Source: Faith Survey: Parminder Grewal-Public Health- 2024)

4.4 Local Councillors Engage Strongly with the Community

Armley elected members live in Armley, have done so for a number of years work in front facing educational and health roles and understand through their local surgeries what residents want. They interact effectively with local people and can articulate their desires and support many of these to fruition.

4.5 Sense of Community Pride

Despite many challenges, lots of residents feel pride in being from and living in Armley. Particularly in those born and raised in the area but also in new residents. Sense of humour and resilience.

4.6 Committed Local Medical Practices, GP Surgeries, Health Professionals and Staff Teams

Armley is served well by hard working clinical teams, nurses, social prescribers and health and wellbeing coaches all linked to a number of local medical centers.

4.7 Good Quality Schools which are Improving all the time

The Armley catchment area has many excellent and outstanding Children Centers, Primary and Secondary Schools

5.Challenges and Barriers to Living Well in the Armley Ward-Stakeholder Views

5.1 Lack of Trust in Authorities to Regenerate and Invest in Armley

Regeneration and investment. Poor quality housing and infrastructure is a barrier to communities lifting themselves from poverty. In spite of obvious community pride and resilience, there is a clear lack of community trust in authorities and low faith due to broken promises and lack of investment. Where we have managed to deliver limited investment through projects it has had a positive impact in terms of building relationships, increasing trust and raising aspirations in the community. Community engagement. There is much good work ongoing in this respect but it can always be increased with a cross-partner

commitment. This needs to be carefully focused on issues that matter to the community and where gains can be made, also involving an open and honest approach to managing expectations and avoiding further broken promises.

5.2 Better Amenities for Leisure and General Activity

Increased investment in, and sustainability of amenities such as greenspaces can promote healthier lifestyles through all age groups. Creating spaces that people feel safe and comfortable in will support activity through everything from play and walking to sport and exercise. There is a drought / dessert of local sports clubs, investing in startups for gender specific and mixed football or basketball teams as two examples is needed.

5.3 Increased Employment, Training and Skills Opportunities

Local employment opportunities should be supported and promoted to give the community agency and empower them to change their circumstances. Better links to wider employment opportunities in the city also needs exploring. Raising aspirations of young people to achieve not only academically but through vocational opportunities and by inspiring them. Apprenticeships, Higher Education opportunities (college/university), volunteering opportunities linked to employment and generally need to be increased.

5.4 Poor Outreach for those with Addictions

A lack of outreach professional services for those struggling with alcohol, Ketamine and Substance Abuse / Misuse is needed in preparing those on the streets for access to Forward Leeds for treatment. If this was achieved it might mean a smaller work load for the Police and reassure residents.

5.5 No Dedicated Center for Young People

With an injection of capital a designated building, designed as a youth center where young people could move off the streets at night and weekend and feel both safe and engaged.

5.6 Lack of Support for Newly Arrived Communities

Armley has an increasingly large Nigerian community. Many find the initial 12 months really challenging on a number of levels. *"How can we provide some support for them in the first 12 months of arrival".* There are a number of new communities in Armley including Eastern European which is rapidly establishing itself in the area, Sudanese community members and other newly arrived nationalities from Africa.

5.7 Low Awareness of what Resources are Available for Armley Residents

This lack of resident awareness has been a problem for many years and means supportive groups, services and friendship may have been missed by local people which could help lift and maintain their overall health and Wellbeing.

5.8 Transport issues for Older, Frailer and less Mobile Residents for Hospital and GP appointments and general Service Access

AHH prepared an excellent transport leaflet guide for older residents, which highlighted the need for more investment for local charities to provide accessible transport and support

5.9 Greater Awareness for Residents about what Local Groups are Available to Support Mental and Emotional Health Issues.

With long waiting lists to access psychological therapies and social prescription services busy it was highlighted that more information should be circulated in the Armley ward about what is available while residents are on waiting lists.

6.0 Cost of Living Crisis

Many residents were struggling with house hold budgets and food provision for their families and reliant on food banks and pantries.

6. Solutions and Priorities for the Armley Ward-Stakeholder Views

6.1 Dedicated Building for Youth Activities in Armley

A centrally located building preferably, (perhaps) in Upper Armley or another area of high ASB where local youth need is catered for, offering a base and sage space for LCC Youth Activities, partner work, sports and social clubs and vocational educational facilities. After an original investment, it could be run by local volunteers and not reliant on council funding for some of the operational costs. This could provide a diverse and vibrant offer for young people. Inspiring young people through activities and opportunities, raising aspirations and creating pathways. Ideally open seven days a week on evenings and over the weekend.

6.2 Community Engagement Focussing on Resident Issues

Much excellent work is already taking place but it could be increased with a cross-partner commitment. This needs to be carefully focused on issues that matter to the community and where gains can be made, also involving an open and honest approach to managing expectations and avoiding further broken promises. Also, an opportunity to look at local assets and for residents to design their own solutions to local problems.

6.3 Increased Communication and Resident Awareness of Voluntary, Community and Faith Resources

A greater level of awareness of what is available for Armley residents has been a gap for many years. This could be solved by a designated website, regularly updated, one Facebook site and all newsletters.

6.4 More Investment in supporting Minority and Newly Arrived Communities in Armley

Increased investment in supporting minority groups in Armley who are struggling. Money invested now could save the health service future spending who are committed to reducing

the health inequalities these communities face. An example of investment would be more conversational English groups / ESOL classes for those whose first language is not English. This has been proven to help citizens navigate the health, housing and benefit systems. Having celebration events of cultural identity is a great way to improve community cohesion, allow people to mix and learn about different cultures and create new friendships.

6.5 Better Connections with the Police and Police Presence in the Locality

The Police are very keen to increase crime reporting in Armley, this could be an opportunity for a local mechanism to be set up, not too onerous of Police and resident time to discuss local matters that arise on a set monthly basis. This could be a mutually beneficial two-way flow of intelligence and residents could be made aware of Police crime statistics. Also, an opportunity in the light of cuts in central government and council funding what is realistically possible in terms of increased Policing.

6.6 Investment in Better Quality Housing

Investment in better quality housing will increase community pride and aspirations as well as contributing to better health outcomes as a wider determinate. It may be due to increasing house prices in surrounding areas a gradual gentrification of certain specific parts of Armley take place with all the positives and negatives that can bring. A really good range of housing options- with social housing that is affordable and a greater level of housing support.

6.7 Simple 'Things' Make all the Difference

Many stakeholders mentioned that sometimes the simple things can make all the difference. Here are a few suggestions for stakeholders.

- Lots of good quality benches / seating for people to be able to meet, chat, rest if elderly or inform and enjoy green spaces and nature. This could be everywhere including church grounds.
- Drinking fountain where people can safely fill up their water bottles.
- Increased Green and Blue Space signage of where to go, walk, jog and run and how long that journey would take.
- A Covered Youth 'hang out' Shelter in local Green Spaces. Stakeholders appreciate that these can be misused and attract ASB but would like to see it trialled.

6.8 Increased Investment in Sport and Sport's Facilities

Sports facilities in Armley are not comparable to other wards, meaning residents have to travel sometimes to access them. Introducing facilities like a five a side astro turf pitch which is free and accessible most of the time would be a strong example and may lead the way for five a side teams to be started.

6.9 An Arts Center for Armley

An arts centre in the old factory in High Thorne Grove, linking up with community groups such as Interplay and Arts Projects such as 'High Rise' which used to be located at the Stockshill Community Mental and Emotional Health Day Center (https://thehighriseproject.co.uk/collective/) The therapeutic benefits of the arts are well documented.

7.0 Improving Existing Venues in Armley

The Dennison Hall Social Club expanding its use with investment so it becomes viable for many years to come is a good example of this.

7.1 Improved Relationships and Trust Between Communities and Services

This would lead to better community 'intel' and reporting of issues to housing, health services and employment agencies and in turn promotes better responsiveness from services.

7.2 Investment in the Commercial Center of Armley (Town Street)

Investment in the commercial centre (Town Street) and transport infrastructure (connecting people) will support opportunities for employment, promote commercial activity and support the local economy. Town Street could become pedestrian friendly. A market day twice a month in Armley would bring more people into the area and help the Town Street Shopping Area commercially and economically.

7.3 Sharing of Places and Spaces

In the budgetary climate more sharing of spaces and places – makes less go further and build more professional trust and reduce isolation, leading to better outcomes for all.

Summary of the Listening Exercise in the Armley Ward

Many of the themes below are common across all inner-city areas of Leeds and highlighted in many of the city-wide Health Needs and Asset Assessments produced by Leeds City Council Public Health for our most deprived areas.

- Armley and its people have much to be proud about, they are resilient, tenacious, friendly and celebrate where they live. Armley can be a challenging landscape at times for residents but it is studded with diamonds throughout the ward landscape in the form of human, physical, environmental and organisational assets. Local organisations are committed to an Asset Based Community Driven Approach (https://www.abcdinleeds.com/) The Asset Based Community Development Builder at New Wortley Community Center works with local people utilising their assets on issues that impact their lives and utilises these assets, one of the popular requests

was for a Menopause café and Support group. Pride in the community is high, strong neighbourhood friendships and a wealth of green and blue spaces are what local people value. The Armley Ward has a wide and diverse network of dedicated and passionate Voluntary, Charitable and Faith groups who work in a collaborative and non-competitive beneficial way for the residents of Armley.

- Investment in green and blue spaces in Armley are seen as key to improve and maintain the overall health and wellbeing of Armley people. They provide more leisure activities for local people, a chance to exercise, essential opportunities for young children to play, develop skills, problem solving abilities in preparation for 'School Readiness'. School readiness refers to a child's preparedness to succeed in school, encompassing cognitive, social, emotional, and physical development, and their ability to adapt to the school environment this is one of key pillars of a child's development and a precursor for them to reach their full potential in later life, this best start in life is one of Leeds fundamental Marmot principles (marmot, 2020). Reconnecting with nature has a strong emotional therapeutic impact on a person's health. These green assets are available for use now, free but do require investment for projects such as Green Gyms.

Figure 372 The Green Gym and Horses on Armley Moor



Source: The Green Gym and Horses on Armley Moor. Photograph: JS Hindley (2025).

Note: This land is managed by local people via the Armley Moor-Common Rights trust 2025.

Large spaces like Armley Moor regularly run Community Fun Days such as Armley festival, well attended and a chance for different communities, cultures and faith to mingle, interact to make the area more cohesive.

- A gap in youth provision in terms of activities, employment and training was highlighted in the surveys also the need for increased evening and weekend sessions. A greater variety of activities may help reduce youth ASB in the area.

- Crime, Community Safety and Anti-Social Behaviour (ASB) was a prominent theme in all surveys and listening activity. Although ASB has fallen significantly across the whole of the Armley Ward, people's perception of crime hadn't. A regular connection between the Police and other services where two-way intelligence could be exchanged was a suggestion of the surveys.

- Investment in Armley Town Street Shopping centre, pedestrianising the high street to make it a more attractive retail area for locals and as a destination to encourage more people into the area, perhaps with the addition of a regular farmers market.

- Supporting newly arrived communities into Armley and helping them to access local services such as Primary Care was seen as important as Armley demographic slowly shifts. Celebrating diversity at community events was also a key point in the survey to aid community cohesion and welcome new ward residents.

- Other factors mentioned were housing quality and availability, transport issues, especially those for older citizens and more sports facilities which could lead to the formation of more sports teams for all genders.

- Low level mental and emotional health issues within the ward were cited by professionals as highly prevalent and the lack of awareness of residents about the scope and variety of groups where mood can be boosted and kept that way where there is no waiting list to access.

Please note at the time of this HNAA document being compiled the Armley Community Anchor Network Listening Exercise was going into Phase Two, the results of which will be published later in the year (2025). The Armley Listening Exercise is being led by New Wortley Community Center. There is a list of Stakeholders at the start of this assessment under the heading 'Acknowledgements'.

Chapter 18-Key Findings and Summary for the Armley Ward

This chapter looks at Armley Ward in its entirety bringing all the smaller and medium sized geographical areas (LSOAs and MSOAs) examined in detail in earlier chapters together, highlighting distinctions between MSOAs where appropriate.

Armley is awash with assets in each of the three MSOAs that make up the Armley Ward in the form of People, Community Pride, Social Capital (the networks of relationships among people who live and work in a particular society or community, enabling that society or community to function effectively), Services, Organisations, Residents Groups, Places of Faith, Charities, a Sports Club, Medical Centers, Physical, Leisure and Creative Activities, Housing, Financial and Cost-of Living Support and Advice, a Retail Center, Community Venues, Green Spaces (Parks and Nature), Blue Spaces (Canals and Rivers), a Restaurant, Festivals, Community Fun Days and general Neighbourliness and local Friendships. Friendship was valued most highly in the survey, followed by the wealth of green spaces in the area and access to blue spaces. Armley resources are essential in a sometimes challenging and severe landscape because of entrenched educational, financial and employment deprivation, significant lack of investment which place some smaller Armley geographies in the 1% most deprived neighbourhoods in Leeds and the UK. Investment in green spaces was seen as key to improving the overall holistic health of residents as the spaces are free to access, accessible and well used. Green gyms, playgrounds, increased sitting areas and opportunities for planting flowers and vegetables and creating open access community gardens were mentioned. These numerous green spaces dotted around Armley high rise and housing stock have historically and can in the future provide opportunities for play so the very young can develop skills for life in line with ambitions of a Marmot city. The recent stakeholder survey, it was noted that not all of Armley residents are aware of these marvellous resources and what is required a central depository in the form of a regularly updated central Armley website, Newsletter and Notice Boards appropriate to different types of community member capturing all that is going on and available in Armley. ***** ***** Existing examples of communication; All organisations have their own social media platforms, some websites, Armley Helping Hands organising a What's App group for front line workers and professionals in Armley, New Wortley Community Center has a newsletter and there is a Healthy Weight directory updated every month highlighting physical activity opportunities and healthy cooking sessions this is available by signing up to the Local Care Partnership Digest: (LCPDEVELOPMENT (LEEDS COMMUNITY HEALTHCARE NHS TRUST) lcht.lcpdevelopment@nhs.net) .

Armley's most prominent age bracket is 30-39 age band, closely followed by the 20-29 age bracket, this is similar across all the three MSOAs which make up Armley. This is the age bracket and time where most people have families. The age bracket with the most families in the UK is also 35-39 years. This is the age group with the highest percentage of parents living in a family unit with primary-aged children. The percentage of parents with primary-aged children is 27% for the UK. In Leeds and the UK Inner cities tend to attract younger people due to a combination of factors, including proximity to amenities, job opportunities, and the vibrant culture often associated with urban living. Additionally, housing costs in the suburbs and rural areas can be a significant barrier, making city center living more affordable for some.

Armley's dominant ethnicity is of a white background, however this is slowly decreasing as more residents from a Black African and Asian background move in to settle. With this changing ethnic landscape languages spoken which are not English increase. Stakeholder comments have noted that to support newly arrived community members who find the first

12 months of arrival particularly difficult and challenging extra help is required, this support may take the form of ESOL (English for Speakers of Other Languages) * or more informal English conversational groups this has been proven to give local women of an African heritage sufficient confidence to access local GP surgeries. These local initiatives can help new arrived citizens access the health care they need and at the same time help local Primary Care Networks reduce health inequalities. Primary Care should commit more resources outside of surgeries and within the community to fund ESOL classes to reduce health inequalities in the inner city. These language classes and community groups equip newly arrived community members to attend GP appointments. Support for all newly arrived communities into Armley was highlighted in the stake holder survey.

* ESOL, which stands for "English for Speakers of Other Languages," refers to courses and qualifications designed to help non-native English speakers improve their English skills for everyday life, education, and employment.

Children account for just over 24% of the population in Armley and in the MSOA Armley, New Wortley 100% of children live in the most deprived neighbourhoods and for the other two neighbourhoods 100% of children live in the second most deprived. The early years, typically defined as from pre-birth to the start of school, are a crucial period for a child's development, laying the foundation for their future learning, well-being, and success. This period is characterized by rapid brain development, the formation of strong bonds, and the acquisition of essential skills, all of which significantly impact a child's life. For a child in Armley every moment of their early life counts. Children's brains are built, moment by moment, as they interact with their environments. In the first few years of life, more than one million neural connections are formed each second – a pace never repeated again.

- (https://www.unicef.org/early-childhood-development#:~:text=When%20children%20miss%20out%20on,they%20need%20to%20provide%20) it.

The quality of a child's early experiences makes a critical difference as their brains develop, providing either strong or weak foundations for learning, health, happiness, success as defined by the adult and behaviour throughout life. Unfortunately, the NEET (Not in education, employment or training) score is very high and ranked sixth in the city, which is higher than the Leeds average. (Leeds Alcohol Harm Data Matrix-LCC Licencing 2025).

Success academically can determine a person's earning and development potential in later life and also has a significant impact on physical, mental and emotional health as a young person or adult, if unable to secure a satisfactorily paid job which facilitates a decent standard of living in Armley. Pupils achieving a good level of attainment is below the UK and Leeds average with the Armley, New Wortley MSOA having the worse performance at just over 50%. Armley, New Wortley is also ranked most deprived at decile one for education, skills and training.
Universal Credit 'Out of Work' claimant rates are well above the Leeds average and have been rising at a faster rate than the Leeds average. Income deprivation also impacts the elderly population of Armley with 66.5% of eligible age bracket drawing pension credits with

the greatest number of people claiming within the two LSOAs Car Crofts, Cedars and Wesley Road, followed by the Holdsforths / Clyde Approach. For young people in the Armley ward, a gap in youth provision was highlighted and a need for opportunities for young people to engage in co-produced activities which are free, fun, meaningful to the youth audience and divert them from crime. Within these opportunities there is a chance for young people not in education, employment or training to access support to gain entry to apprenticeships and vocational training which moves them nearer to the employment market.

Cost of Living challenges were also highlighted in Stakeholder views and the reliance of some residents on food banks. With the consumer retail price index increasing and some private rents residents in the poorest circumstances are struggling. Fuel poverty is an additional burden to residents 25 % of two Armley LSOAs households (Halidays, Park Street, St Ives and Mistress Lane, Nancroft Lane, Brooklyns, Models) experiencing fuel poverty and the LSOA Avaries, Arlys and Salisburys experiencing over 31 % fuel poverty. The Cedars LSOA old terrace housing refurbishments funded by a government initiative should significantly reduce fuel poverty and the New Wortley Community Center -Center for Warmth Project where help with energy bills can be sought should contribute to alleviating the problem.

Crime, Community Safety and Anti-Social Behaviour (ASB), Street Drinking and Drug use were flagged up as one of the worse problems the area suffered from in resident surveys. Contradictorily Armley ASB levels have fallen significantly in all three of the MSOAs that make up Armley. However, and possibly because of the very visible nature of the problem on Armley Town Street this was certainly not the vast majority of residents perception. Various stakeholder theories have been put forward to explain this contradiction with the most popular ones being underreporting. The local Police have encouraged all residents to report all incidents, however small so they can build up an intelligence - based picture of hot spots. However, some residents are of the belief that reporting is pointless as the Neighbourhood Policing Team as nothing is achieved and the perpetrators are still on the streets. The Police have a good reputation in dealing with youth crime when they attend and a strong rapport with some of the local youths, it is a time of scarce resource and funding for the Police so it may be other options are devised to support them such as Armley Street Wardens. Leeds Anti-Social Behaviour team (LASBT) have also been working hard in the area to help stem the problem and can be phoned directly to report a problem Personal antisocial behaviour is when a person targets a specific individual or group. Nuisance antisocial behaviour is when a person causes trouble, annoyance or suffering to a community. Environmental antisocial behaviour is when a person's actions affect the wider environment, such as public spaces or buildings. Fear of crime can lead to fear of going out and accessing retail shopping, social events and services., a reluctance to let your children out to play. Residents and stakeholders recommended more youth provision in the area especially at night and over the weekend and also a monthly connection session with the Police where concerns could be expressed, intelligence shared and action plans updated. Residents complain about high levels of ASB around the Town Street Shopping Area, the government have announced a new crackdown on crime and ASB in shopping centers: Ways to fund more effective policing in the future for shopping areas was announced by

Government this week. Prime Minister Sir Keir Starmer said: "We've got to end this culture of crime that is destroying our communities. Today I can announce the first step - 3,000 new neighbour officers, being onboarded by the start of next year… All of them visible, on the beat and serving their communities – not stuck behind a desk or taken away to plug shortages elsewhere."

More 'bobbies back on the beat', government promises in plan to boost neighbourhood policing | ITV News

The Government announcement and responses are in this link. They include Kate Nicholls, Chief Executive of UK Hospitality who said: "*It cannot be overstated how important it is for businesses and communities to feel confident in their own safety on the streets and knowing their neighbourhood police officers engender that confidence. Utilising local knowledge and relationships is critical to providing safe high streets. Hospitality and our high streets are critical for driving economic growth and regenerating our towns and cities, and we want them to be thriving hubs of activity."* Co-op Managing Director Matt Hood agreed: *"Creating healthy, safer high streets within resilient and durable communities is absolutely essential…At Co-op we have recently seen an encouraging improvement in police response and attendance, however the offenders keep coming and as retailers we do all we can to prevent crime in our shops, but, along with our communities, we need this support from the police to make it count."* It is helpful that the Prime Minister calls it a "first step" as The Police Federation have already additional pressures mentioned in the link here: Response to Government's neighbourhood policing plans which could influence the ambition. (Source: Peter Mudge-Leeds Neighbourhood centers Coordinator), LCC Update for Business Post 11-04-25).

Armley may well receive an extra seven Police officers who will be visible within the community over the next few years linked to the government initiative above.

The environment in Armley is of concern to residents in terms of high levels of litter, fly tipping, dog fouling and incidences of graffiti, this has an impact on the useability of green spaces in the area for play and recreation.

Armley has a very high risk of harm on the Alcohol Harm Matrix Tool (AHMT) and consequently has a Cumulative Impact Policy Area is in place. Cumulative Impact Policies were introduced as a tool for licensing authorities to limit the growth of licensed premises in a problem area. This is set out in the statutory guidance issued under section 182 of the Licensing Act 2003. There are over 21 metrics which make up the AHMT to determine the overall risk of every MSOA in Leeds. Armley has a large recovery community from drug and alcohol abuse and a vulnerable young population who are not risk averse. Recently a local store has been raided for selling unregulated and taxed tobacco and illegal vapes The Police, Town Center Team, Environmental Health, Elected Members and Locality Public Health to object at new or extended licences, at the time of writing this assessment they had achieved a 100% success record.

The Commercial Determinants of Health have a significant impact on people's lives in Armley, described as the 'Take Away' capital of West Leeds, consumption of cheap, high in saturated fat, salt and sugar and ultra-processed food ingredients poses a health risk to residents and certainly more straightforward and accessible advice for children, young people and adults is required. However, in a recent walk around survey of local retail businesses selling food there was a healthy fruit and vegetable offer in many eastern European Shops and Tesco. Dysons the last Fruit and Vegetable shop closed down some years ago along with the local Cooperative Store. Many of the Eastern European stores have promotional banners covering the windows making it difficult to see what is for sale on the inside and making it less enticing to step inside. LCC Town Street team has been trying to entice local stores to remove these banners that obscure the windows and welcome more residents into their retail environment that are not Eastern European by birth.

Non-communicable diseases (NCDs) the leading cause of death and disability in the UK. They account for a significant proportion of deaths, with estimates ranging from 89% to 90%. These diseases, often chronic, are not directly transmitted between people and include conditions like cardiovascular disease, cancer, chronic respiratory disease, and diabetes. There is a direct link between poverty and increased prevalence of NCD (Marmot, 2020). Preventable deaths in Armley are well over the Leeds average with a rate of 1,452 per 100,000, one of the biggest cause of hospital admissions is through alcohol which is a broad category at the rate of 2,804 per 100,000. Sever mental health in the ward is rising and in terms of suicide rates it is ranked 6 in the city and the Armley postcode LS12 is the most commonly cited post code for suicide second only to the Farnley and Wortley Ward. There are so many common health conditions above the Leeds average in common with Leeds's other 1% most deprived post codes in Armley that it can be overwhelming to the front-line health, community development workers and volunteers. However, understanding what they are and which are the priorities is the starting point to prioritising which to tackle first. Below are most concerning NCDs for Armley and are all above the Leeds rate. Preventable cause followed by cancer are the biggest causes of death in the ward.

- **Obesity** (Healthy Weight Management) is one of the most pressing issues for children and adults in Armley, it is very high across all the MSOAs that make up Armley and exactly the same at Ward and PCN level. By the time children reach year six the proportion of 'very overweight' children is alarmingly high, it is the second highest in the city. Obesity rates for women in this ward have risen uninterrupted steadily for a while, for men there was slight fall in the data and then rates are steadily rising again.

- **Diabetes** is at high levels for all MSOAs apart from males in Bramley East who are not significantly different to the Leeds rate and high at both Ward and PCN level.

- **Smoking** (Tobacco use). Although smoking rates are falling in the ward and are a mirror image of falling rates in deprived Leeds and Leeds. Smoking rates are very high

and way above the Leeds rate and meeting the deprived Leeds rate. Smoking rates are very high across all geographies and levels in Armley.

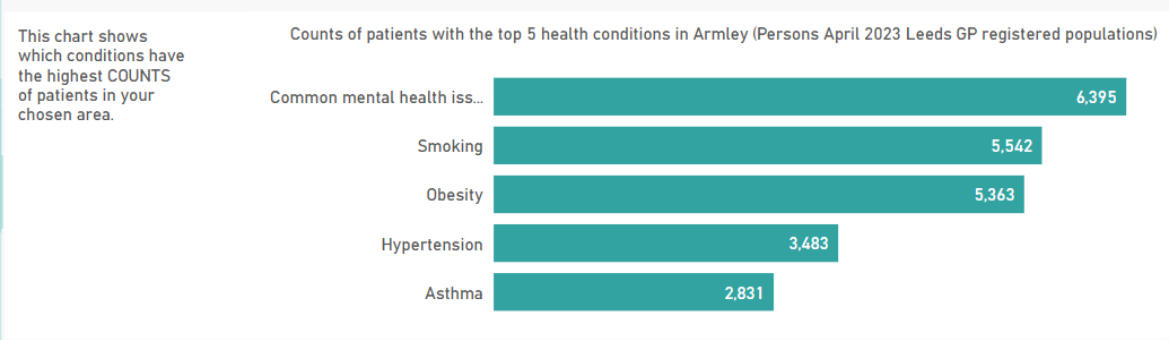
- **Chronic Obstructive Pulmonary Disease (COPD).** Apart from the MSOA Upper Armley where rates are not significantly different to Leeds, all sexes are impacted for high levels of COPD in the MSOAs Bramley East, Armley New Wortley and at Ward and PCN level. The rates are above the Leeds average, below deprived Leeds and starting to rise.

- **Coronary Heart Disease (CHD).** The rates for CHD are unusually high in females in the MSOAs Armley-New Wortley and Bramley East and similar at ward and PCN level, but not significantly different for men. Rates are rising, they are above Leeds levels and below deprived Leeds rates. While coronary heart disease (CHD) generally impacts men earlier and with higher mortality rates than women in younger age groups, the mortality rate is also higher in women after an acute heart event. Women are more likely to die from a heart attack than breast cancer, and their risk of CHD is often underestimated. Cardiovascular disease develops 7 to 10 years later in women than in men and is still the major cause of death in women. The risk of heart disease in women is often underestimated due to the misperception that females are 'protected' against cardiovascular disease. The under-recognition of heart disease and differences in clinical presentation in women lead to less aggressive treatment strategies and a lower representation of women in clinical trials. Furthermore, self-awareness in women and identification of their cardiovascular risk factors needs more attention, which should result in a better prevention of cardiovascular events (Mass and Appleman, 2010).

- **Dementia** levels are high at Ward and PCN level, not significantly different in the MSOA, Armley-New Wortley, but in the MSOA Upper Armley are high for both recorded genders, in the MSOA Bramley East females only are impacted. Rates are rising to meet the deprived Leeds level.

- **Common Mental Health Issues (CMHI)** are better or not significantly different to the Leeds average. However frontline workers in Armley, especially at the LCC Armley Community Hub-One Stop Shop report daily disclosures from customers of poor low level mental health problems. These incidences are not registering on graphs may be due to underreporting. CMHI rates have been increasing to mirror Leeds and deprived Leeds, but in 2022 dropped to below the Leeds average. However, below we can see counts for patients within the top five health conditions are at the top of the chart at 6,395.

Figure 373 Counts of patients with top 5 health conditions in Armley-Persons April 2023-Leeds GP registered population.



Source: PHI

- **Severe Mental Health Issues (SMHI)** are most pronounced in the MSOA Bramley East but only for men, the other two MSOA are not significantly different for men or women. At ward and PCN level it is above the Leeds rate. Rates have slightly fluctuated for men and women over time, higher for men and are now starting to rise (April 2023).

- **Hypertension** is above the Leeds average for all geographies / footprints apart from men in Upper Armley. The rates for 'all-persons', male and female had a dramatic increase after April 2022 which was even more pronounced in males. There are currently three blood pressure check projects in the Armley Ward.

- **Stroke / TA** is not significantly different or slightly better in the Armley MSOAs, at Ward and PCN level. The rates for Stroke / TA have fallen to be better than the Leeds average.

- **Cancer** may well be under reported in the Armley Ward, but as with stroke it is not significantly different or better than the Leeds average for both genders. Cancer rates are generally rising for all in the ward and mirror Leeds and deprived Leeds.

- **Asthma** is not significantly different or better than the Leeds average for both genders, rates are starting to slightly decline.

Life expectancy in the Armley ward is three years less than the Leeds average for women and a staggering six years for men in one MSOA. Alcohol related issues are by far the biggest reason for hospital admissions in Armley with a rate of 2,804 per 100,000 well above the Leeds average, with digestive system disease the second biggest cause. Both categories are falling in line with the Leeds and deprived Leeds averages. Armley has the fourth highest mortality rate out of all the wards in the city, for both males and females, after a peak in

2019-21 the rate is falling to 389 in 2020-22. It is two points above the 2011-13 level and five points above the average of 384 collecting ten separate time intervals, across time.

Areas of focus and possible solutions highlighted in the resident and stakeholder survey utilised local assets such as green spaces, which will be key to helping local people improving their health and maintaining it, green spaces will provide 'opportunities for play' for very young children developing skills they will require in their school years and later life. These opportunities out in nature also help strengthen a parents emotional health. Youth and youth-related sports activities also benefit Armley's young people and keep them away from anti-social behaviour and crime.

Chapter19- Areas of Focus and Next Steps

A healthy community in the UK is built upon a foundation of economic, social, and environmental factors, as well as strong community engagement. These include stable jobs, affordable housing, access to education, health care, safe neighbourhoods, green spaces, clean air, and opportunities for social connection and participation. These local building blocks must be in place so Armley residents can reach their full potential and contribute to civic life.

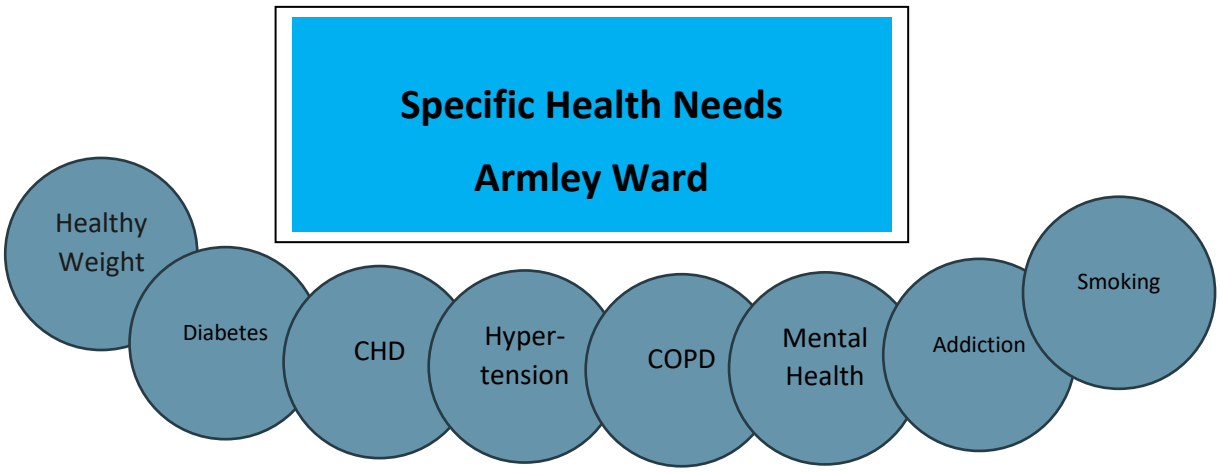
This chapter aims to.

1. Highlight the Specific Health Needs which require further exploration and research.
2. Highlight key areas of partnership focus based on the key findings of the resident and stakeholder survey which is ongoing using an Asset Based Community Driven Approach. The Armley Community Anchor Listening exercise continues into 2025 as residents and especially young people start to develop, design and co-produce with partners their own solutions.
3. Highlight key areas to focus on, explore further on and develop action plans within Armley partnership groups.

Specific Health Needs for the Armley Ward

Below is a high-level diagram of Armley's Health Needs

Figure 374 Specific Health Needs -Armley Ward 2025



Notes: CHD = Coronary Heart Disease, COPD = Chronic Obstructive Pulmonary Disease and Addiction = Drug and Alcohol. We know some Armley residents struggle with certain 'addictions' and **please note** when reading this report concerning addictive substances as with 'Obesity' the language has evolved to be more compassionate to people in our localities struggling with alcohol and drug challenges over a period of many years. Drug, Substance and Alcohol misuse or abuse may be a more appropriate term.

Similar to many deprived inner city areas cross Leeds the Public Health Intelligence Data (NCDs) examined shows the prevalence of nearly all NCDs at Armley Ward level is above the Leeds average. Additional criteria was developed by Public Health colleagues to try and determine which health outcomes to prioritise.

The following criteria has been used to determine initial health priorities:

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's 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).

6. The health condition's prevalence across all three Armley MSOAs, Ward and Primary Care Network level for both recorded genders.

6. Where partners feel under reporting is evident due to the number and frequency of requests for help and support. Common Mental Health Conditions would be a strong example of this, as reported by front line workers.

7. How much agency, energy and confidence partnerships feel they have and if it is in their gift to contribute to and have a meaningful impact on the issue.

Using this criteria the following health conditions have been identified as priorities:

1. Obesity (across the whole life course).
2. Diabetes.
3. Common Mental Health Conditions.

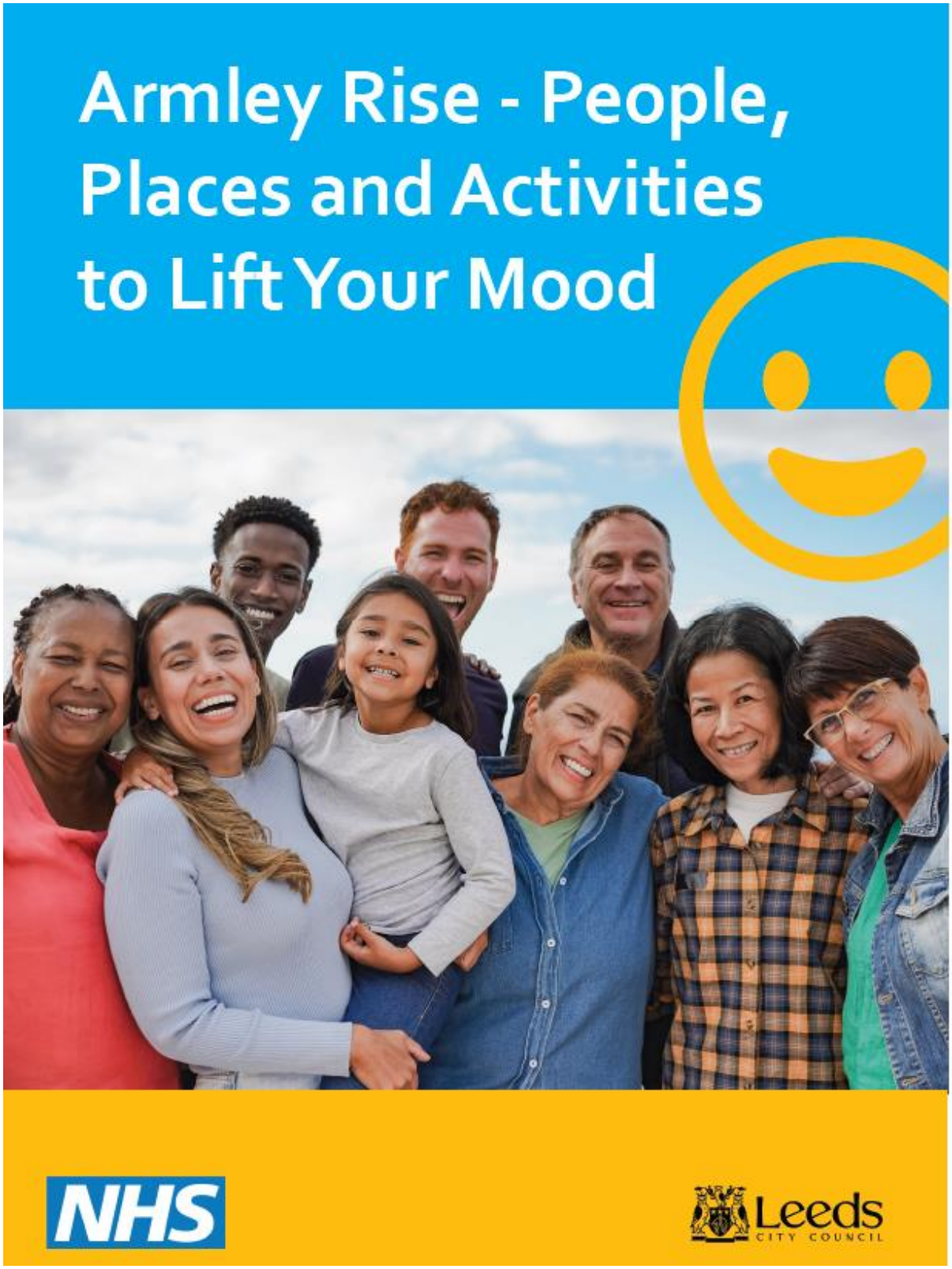
And two additional health areas

4. Hypertension (high blood pressure).
5. Smoking.

Further exploration, research and discussion with partners is required into these prevalent health conditions in Armley. Two priorities out of the above list may be the first to be focussed on.

Common Mental Health Conditions have also been included as an additional priority due to concerns relating to underreporting. We would expect rates of CMHD in Armley and its MSOAs to be consistent with the Deprived Leeds Average as this comparator has a similar socio-economic composition as Armley. Surprisingly the rates are significantly lower than both the Leeds Average and Deprived Leeds Average. Partners suggest a high daily volume of disclosures from residents around common mental health issues such as stress, anxiety and depression and this is not reflected within the Armley Data sets. The Armley rates are well below the Leeds Average the Deprived Leeds Average, however the counts for Common Mental Health GP appointments are high across Armley. It may be that this is a true reflection of Armley but given what is known about the relationship between deprivation and mental health unlikely. Severe Mental Health (SMH) is only pronounced and higher than the Leeds Average in only one Armley MSOA, which is Bramley East and then only men. SMH is high at Ward level and at a Primary Care Footprint. Waiting lists for both therapies and social prescription services are long and is a significant barrier to supporting Armley residents. There is ongoing work via the Armley Local Care Partnership to help partners identify low mood and poor emotional health through training videos and a Public Health Mood Booster guide for residents to access support in the form of people, places and organisations which can help lift residents mood and keep it that way.

Figure 375 Armley Rise-Leaflet (2025)



Source: LCC Public Health Resource Center (PHRC) 2025

Next Steps for Common Health Conditions

The health priorities identified above will be further explored with the relevant Public Health topic-based team and key partners. The data in this report appears to indicate true health inequality, however it will be further investigated to see if this provides an accurate area health picture. Further analysis may demonstrate high detection rates and effective use of Primary Care and we can examine demographic data to properly target those most in need. Health topics are chosen where partners feel they can come together to make a difference for residents impacted by that health specific condition.

Areas of Key Focus for Armley

Based on examining the social and commercial determinants of health, resident and stakeholder views for the Armley Ward, six areas of focus have been identified.

Figure 376-2025 Areas of Focus for Armley Ward-2025



All of the six themes have synergy, connectivity and inter-dependence with Leeds City Council Communities Team Local Area Plan (LAP-Appendix 12) and the Local Care Partnership Priority Dashboard for Armley (Appendix 11). They also overlap and intersect with the NHS Core Twenty plus Five Plan, in terms of severe mental health, maternity (focussing on woman of Black and Asian ethnicity) COPD, hypertension and focussing on the poorest areas we are pledged to support. In fact, the themes connect to many of the active strategies the city pursues at the time of this document being written. Within these six themes there are many important component parts which also intersect all six areas of focus, such as education, training, employment and skills, cost of living and health priorities. 'Young People' and the 'Children and Young People' category have been separated purposely so they get individual

attention. This section refrains from outlining specific recommendations, recognising that effective actions will be developed via collaboration, working closely with key partners across the Armley Ward, community, charitable and voluntary sectors, the council, residents, faith organisations, health services, social care and residents operating within an asset-based approach.

Many of the above six focus areas have strong intersectionality for example young people's activity can be organised on the many green spaces of Armley, cultural events bringing new communities together with older more established ones also can utilise the same green places during festivals.

One mission statement for each area of focus below is designed to guide and support future work in the Armley Ward and as a starting point for partner discussions and not an end game. These can be built on and added to as collaborative work develops over the years. An example of how these hyper local areas of focus can be supported and seeded are from New Wortley Community Center -a local Community Anchor administrating the Just Giving Fund have just awarded small grants to the following local organisations in 2025.

- Unity Community Culture Food Event
- Armley Scouts
- Armley Girl Guides
- Armley Common Rights Trust Hanging Baskets Festival

Children and Families

Mission Statements

- **1. Ensuring every child in Armley has the best possible start in life so they can reach their full potential and contribute beneficially in civic life.**

- **2. Creating a community where expectant mothers feel supported and have easy access to resources.**

- **3.Focussing on young children so they have opportunities for play that can develop cognitive, physical, social, and emotional abilities foster creativity, imagination, problem-solving and social skills, learn to follow rules, and regulate emotions outside of nursery and school and parents .**

Key considerations

- **Conception to year five of a child's life are the most important for cognitive and emotional developmental building blocks.**

- Many Armley children live in income deprived households, consequently free or low cost activities are essential.

- Armley has experienced high rates of domestic violence and abuse, with some parents battling drug and alcohol addiction.

- Armley has a wealth of green spaces which have been and can be utilised for opportunities for play.

- New families in Armley do not always have English as a first language.

- As these CHILDREN the Armley adults of the future, early interventions yield signifcant returns on investment and are a cost effective approach to prevent future problems and improve outcomes for the people of Armley.

Young People

Mission Statements:

- **1.Young people feel valued, supported, listened to, have their own space and feel part of the Armley Community.**

- **2. Young people have easy access to a variety of co-designed free or low cost social activities which help improve and maintain their health and happiness**

- **3.NEET Youth have plenty of oppourtunities for guidence and support to access skills, training, education, apprenticships and employment specfic to their needs and abilities.**

Key considerations:

- There have been high levels of youth ASB in Armley.

- Anecdotaly levels of Youth aspiration in terms of employment have been reported as low in Armley.

- There is a gap in evening and weekend youth provision.

- 40% of Armley 10-19 year old lives in the most deprived neighbourhoods and 60% live in the second most deprived.

Community Safety

Mission Statement:

- **1. To create safe neighbourhoods where people feel confident to go about their daily lives without fear of crime and where people feel confident in reporting incidents, knowing that their concerns will be listened to and addressed.**

Key considerations:

- Although levels of Crime and ASB have fallen across Armley this is not the general level of perception amongst Armley residents spoken to. This may be a case of underreporting.

- Police encourage residents to report all incidents, however minor and there is a Police surgery every two weeks at the Armley Community Hub.

Armley Town Street

Mission Statements:

- **1.To create a healthy, safe and vibrant highstreet at the center of Armley where people can access healthy food, green spaces increased social interaction, alcohol and fast food retail outlets are kept to a minimum, customer footfall is increased for local business with higher levels of investment in the area.**

- 2. **The issues of street drinking and drug use on Armley Town Street which have a negative impact on the objectives above are addressed and diminshed by partnership working.**

Key considerations:

- Forward Leeds (Alcohol and Drug Agency) have conducted outreach but partners state it needs to be prolonged and consistent.

- Street Festivals and Markets have always been popular on Armley Town Street and have drawn in people and trade from outside of the area.

- There is a proliferation of alcohol retailers on Town Street and a high levels of Ultra processed Food (UPF) sold in numerous take aways in this area.

- Local charites such as Armley action Team and Armley helping Hands are close to the center and strong partnership assests.

- The proposed transport plan and associated landscaping if it gets the green light will change the retail landscape of the area. Increased seating areas may encourage more social interaction on the street.

New Communities

Mission Statement:

- **1.To create inclusive and welcoming neighbourhoods for new residents where they feel valued, happy and healthy and have access to resources and services and can contribute to the cultural and economic life of Armley.**

Key considerations:

- Newly arrived African community members have successfuly accessed conversational sessions, classes and a cafe run by New Wortley Community Center learning sufficient English to have the condfidence to access and attend service such as attend GP surgeries. Increased funding for these activities could increase reach and impact.

- Armley Helping Hands with local faiths, partnerships and the faith lead from LCC Public Health are undertaking work on a faith trail to help increase better understandings of faith and improve community cohesion.

- Newly arrived Sudanese families interviewed in recent community conversations familes having moved from Harehills like the area for its quietness, closeness to the city center and friendliness.

- A increasingly growing Nigerian community in Armley struggle in the ir first 12 months of settling and require help and support. This community access the local Christian churches.

- Festivals on local green spaces are often seen as a neutral zone to mix with, socialise, explore and learn about new culturally diverse communities in Armley.

Green Spaces

Mission Statements:

- **1.To increase investment in and develop Armley Green and Blue Spaces so residents can better make use of them and access the health and well being benefits of nature.**

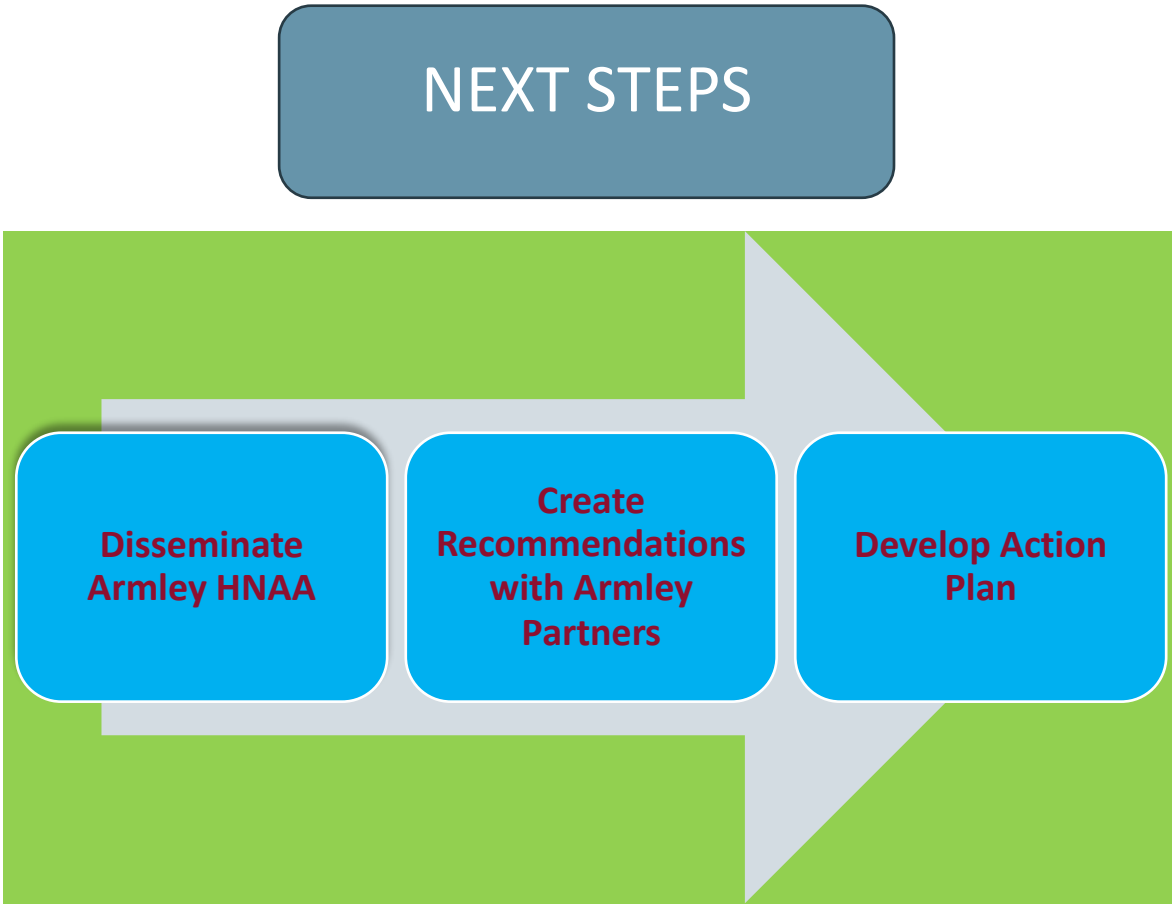
- **2. To encourage residents to access Green Space more for their Health and Wellbeing.**

Key considerations:

- The successful playground on jailey Field is a inspirational example of what is possible. green gyms, sports fields, 'Youth Chill-Out' area, increased sitting areas are all examples of positive changes in the area.

- Active Leeds are experts in using green spaces for activity and leisure, this expertise can also help residents manage a healthy weight and improve their emotional health.

- For Blue Spaces organisations like the Canal and River Trust can work with local partners to run activities by the water, improving people health and wellbeing.



It is the role of the LCC Public Health Localities and Primary Care Team to bring key partners together to discuss and consider the Armley Health Needs and Assets Assessment priorities and areas of key focus based on current ward circumstances and resources. An Asset Based Community Driven Approach should be deployed at all times, so local assets can be put to best use for the benefit of the Armley Community. Despite the vast amount of data and information in this HNAA it will be disseminated in a sharp and focussed way to Armley partners.

Chapter 20-Conclusion

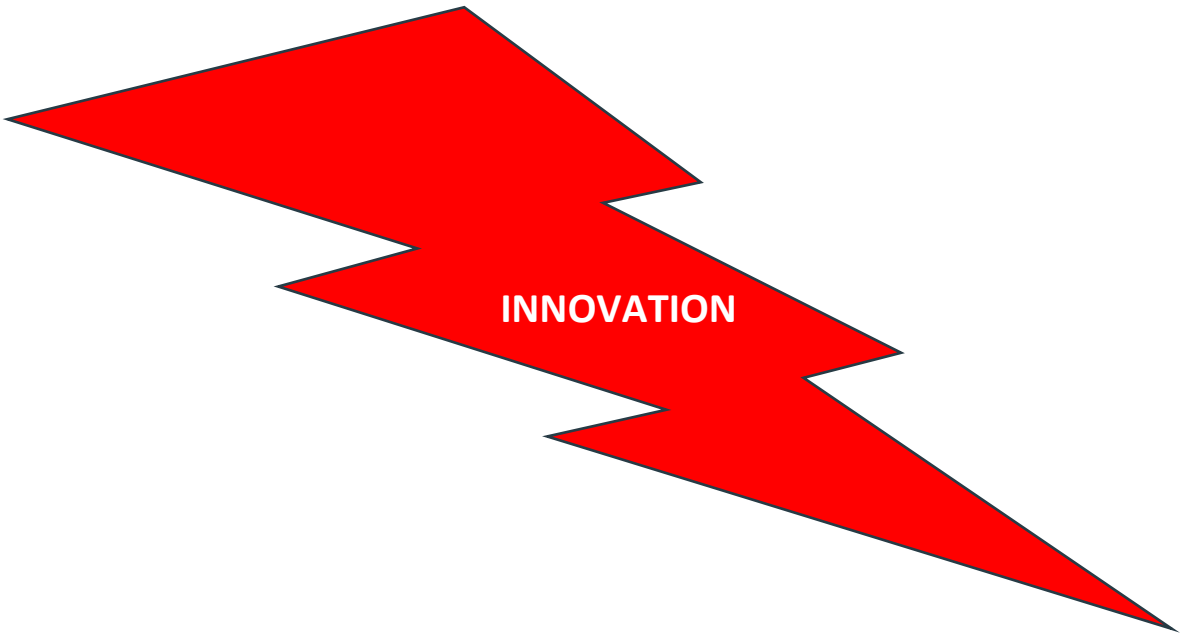
This Armley Ward Health Needs and Assets Assessment celebrates the vast array of assets within its boundaries in the form of committed professionals, places, green spaces venues, statuary organisations, health services, community groups, volunteers, faith-based leaders, friendships, strong local networks and most importantly residents.

However, in conclusion it also acknowledges and examines the very challenging landscape these assets operate in. The ward residents faces significant health challenges in the high rates of nearly all non-communicable diseases, long term conditions many of them preventable.

The Armley Ward suffers from deprivation along a wide spectrum of socio-demographic and economic conditions which hinder people's ability to live well and fulfil their full potential, such as deprivation in housing, employment, skills, training, learning, community safety, the

commercial determinants of health compounded by cost-of-living problems. Years of financial austerity significantly reduced central government spending for councils and severe changes in the benefit system such as the transition to universal credit system have left Armley residents poorer.

To address these health needs, health inequalities and to tackle the negative impact of some of the wider socio-demographic determinants of health a continuing place-based partnership approach focussing on children and young people and the many wonderful assets the ward has at its disposal is key.



A Final Word on innovation, in an environment where costs are being cut, there is less funding available for charities and councils new innovation can sometimes provide inspiration on how to achieve your goals in a low-cost way and provide a route to experiment and try new ideas so partners are prepared for when funding does become available. Experimentation and new ideas should always be encouraged. In appendix 13 are

a few suggestions to inspire our creative energies and thoughts from the UK, Europe and from around the world.

My sincere personal and professional thanks to everyone who has contributed to this assessment, you and your work, the people you have helped are woven into this document, together we make things better!

Figure 377 Armley Festival-LCC Communities Team and Public Health Officer-2023



Left to right: Imogen Wilson, Neil Pentelow, Jon Hindley and Taj Virdee. Photograph: Taj Virdee-2023

Appendices

Appendix 1: UK Government Definition of Output Areas

Output Area Type	Definition
Output Areas	Output Areas (OAs) are the lowest level of geographical area for census statistics and were first created following the 2001 Census. Using Census 2021 data, some changes were made to 2011 OAs as a result of population and household changes since 2011. Additionally, around 200 OA boundaries were selectively realigned to ward boundaries. 2011 **OAs that were still made up of between 40 and 250 households and had a usually resident population between 100 and 625** persons did not change. Otherwise, new 2021 OAs were created by merging or splitting 2011 OAs to make sure they fitted within the population and household thresholds of the unchanged 2011 OAs. There are some exceptions where OAs may have more than 625 people, for example, where there is a large prison. Outputs from Census 2021 are for 2021 OAs and are made up of unchanged 2011 OAs and new 2021 OAs.
Lower Super Output Area	**Lower layer Super Output Areas (LSOAs) are made up of groups of OAs, usually four or five. They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.** Using Census 2021 data, some changes were made to 2011 LSOAs as a result of population and household changes since 2011. New 2021 LSOAs were created by merging or splitting 2011 LSOAs to ensure that population and household thresholds were met. Outputs from Census 2021 are for 2021 LSOAs and are made up of unchanged 2011 LSOAs and new 2021 LSOAs. There are 33,755 LSOAs in England and 1,917 in Wales. View and download the names and codes of LSOAs on our Open Geography website.
Middle Super Output Areas	**Middle layer Super Output Areas (MSOAs) are made up of groups of LSOAs, usually four or five. They comprise between 2,000 and 6,000**

	households and have a usually resident population between 5,000 and 15,000 persons. MSOAs fit within local authorities. Outputs from Census 2021 are for 2021 MSOAs and are made up of unchanged 2011 MSOAs and new 2021 MSOAs. There are 6,856 MSOAs in England and 408 in Wales. View and download the names and codes of the MSOAs on our Open Geography website. OAs, LSOAs and MSOAs make up the different levels of the census statistical geographies.

Source: Office of National Statistics (https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeographies/census2021geographies)

Appendix 2

Examples of data sources used for this assessment.

Determinants of Health	Indices of Multiple Deprivation data-office of national Statistics (2023-2024).
	Leeds Social Progress Index (2024).
	Census Data (2021).
	NINos (2021).
	Intelligence and Policy Service-Leeds City Council. (2023-2024).
	Education, training and Schools data, LCC (2023).
	Health and Housing Insight Tool, LCC (2024).
	Crime, Community Safety data, Leeds Observatory (2024).
	West Yorkshire police (2024).
Commercial Determinants of Health	Leeds, Alcohol Harm data matrix, LCC (2024).
	Licencing Team Statistics (2024)
	Retail Premises Survey via walkabout in Armley
Epidemiological Data	GP Extraction Data PHI (2024).
	NHSE-Life Expectancy and Mortality (2020-23).
	Late Bookings-aggregation Leeds NHS (2019-20).
	UKHSA Vaccination Cover-Uptake 2023-2024)
	Breast feeding data, Leeds 0-19 Service (2023-24).
	National Child Management programme (2019-25).
Stakeholder Consultation	Community Team Survey (2020-22).
	LCAN Survey 2022-2024)
	Partner Surveys (2024-25)

Please note: many data sources where used and this is not an exhaustive list, they are quoted at the bottom of each table, diagram or figure.

Appendix 3-Most requested languages for translation-LCC 2022 and main Non-English Languages spoken in Leeds

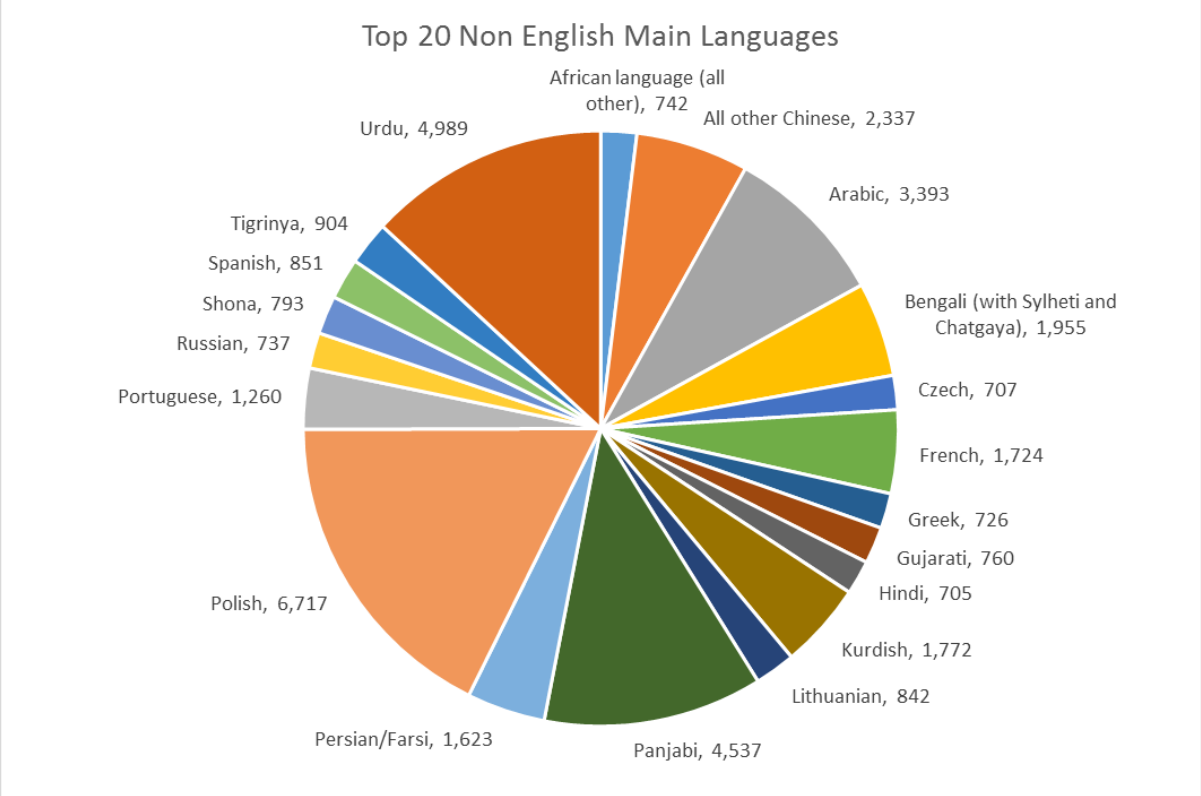
Language	Total
Romanian	2338
Arabic	1999
Farsi	1677
Polish	1589
Urdu	1570
Kurdish (Sorani)	1567
Czech	1466
Tigrinya	1244
Pashto	928
Portuguese	882
Dari	851
Slovak	829
Punjabi	555
Bengali	460
Arabic (Sudanese)	389
Spanish	325
Cantonese	317
Ukrainian	281
BSL (British Sign Language) - Interpreting Only	267
French	264
Amharic	250
Russian	191
Lithuanian	183
Vietnamese	180
Soninke	167
Mandinka (Gambia)	165
Somali	165
Mandarin	157
Hungarian	150
Swahili	110
Twi	93
Italian	88
Kurdish (Badini)	79
Albanian	78
Sylheti (Bengali) – Interpreting Only	69
Bulgarian	59
Turkish	59
Oromo	56
Kurdish (Kurmanji)	54
Mandinka (Gambia) -	52
Hindi	45
Mipuri	42
Thai	41
Lingala	40
BSL- Online Interpreting	39

Sylheti (Bengali) – Interpreting Only (Telephone)	37
Latvian	36
Wolof	32
Tigre	23
Mipuri (Telephone)(Online)	21
Akan	19
Tigre	19
Typesetting	16
Roma (Slovak)	15
Gujarati	14
Tamil	10
Ndebele	9
Roma (Bulgarian)	8
Yoruba	8
Susu	5
Croatian	4
Fullah	4
Greek	4
Igbo	4
Roma (Bulgarian) (Telephone) (Daisy Only)	4
Shona	4
Wolof -	4
Zaghawa	4
Braille – Translation Only	3
Japanese	3
Mandinka (Guinea)	3
Roma	3
Roma (Hungarian) (Telephone) (Online)	3
Serbian	3
Edo	2
German	2
Gourane	2
Kosovan	2
Oromo	2
Pahari	2
Roma (Slovak) (Telephone) (Online)	2
Susu (Telephone) (Online)	2
Ashanti	1
Catalan	1
Danish	1
Gourane	1
Hakka	1
Indonesian	1
Korean	1
Romanian Roma – (*standard Romanian -see above)	1
Tagalog -	1

Source: Leeds City Council Translating Service (22nd January 2022)

Summary of the nationalities and languages spoken in Leeds			
Languages spoken (Census 2011)	**National Insurance Number Applications (2011 – 2017)**	**LCC Interpreter and Translation (2018/2019)**	**People seeking asylum (Migration Yorkshire 2020)**

Top 10 Languages: Polish, Urdu, Panjabi, Arabic, Chinese, Bengali, Kurdish, French and Persian/Farsi **Top 5 EU Languages:** Polish, French, Portuguese, Spanish and Lithuanian	**Top 10 Nationalities:** Romania, Poland, Italy, India, Spain, Portugal, China, Lithuania, Pakistan and Greece	**Top 10 Languages:** Polish, Romanian, Urdu, Arabic, Czech, Punjabi, Tigrinya, Farsi, Slovak and Kurdish Sorani.	**Top 10 Languages:** Arabic, Kurdish-Sorani, English, Farsi, Kurdish, Albanian, Urdu, Mandarin, Amharic and Spanish



Source: Census 2021

Appendix 4 The Material Deprivation Index

The material deprivation index contains the nine items listed below. The material deprivation index is a simple sum-scoring of the number of items a respondent does not possess due to a lack of resources (and not because they do not want the items, or for any other reason). All items are equally weighted, and all members of the household receive the same score. The deprivation data has more missing data than the income values, which is why the sample sizes for this analysis are lower. The material deprivation index is comprised of the following nine items:

1. Ability to afford a holiday for one week a year (not staying with relatives).

2. Enough money to keep your home in a decent state of decoration.

3. Ability to afford household contents insurance.

4. Ability to make savings of £10 a month or more for rainy days or retirement.

5. Ability to replace any worn out furniture.

6. Ability to replace or repair major electrical goods, when broken.

7. Ability to spend a small amount of money each week on yourself, not on your family.

8. Whether respondent keeps up with bills and regular debt repayments.

9. In winter, are you able to afford to keep your accommodation warm enough?

Source: Hick and Lanua (2017)

Appendix 5 Food Businesses Table-Leeds

	Ward (2016 ONS)	2017 Food Business (not comparable datasets	2024
Adel and Wharfedale	3	5	5
Alwoodley	6	7	7
Ardsley and Robin Hood	9	14	16
Armley	44	52	43
Beeston and Holbeck	38	31	31
Bramley and Stanningley	14	21	21
Burmantofts and Richmond Hill	29	34	31
Calverley and Farsley	24	30	17
Chapel Allerton	19	27	29
Hunslet and Riverside	175	139	51
Cross Gates and Whinmoor	10	16	18
Farnley and Wortley	18	21	39
Garforth and Swillington	16	16	15
Gipton and Harehills	60	48	42
Guiseley and Rawdon	26	21	18
Harewood	4	4	5
Headingley & Hyde Park	38	29	30
Horsforth	34	31	19
Little London & Woodhouse	54	45	83
Killingbeck and Seacroft	31	32	26
Kippax and Methley	21	19	12
Kirkstall	32	34	26
Middleton Park	18	25	22
Moortown	22	20	18
Morley North	25	28	21
Morley South	41	38	30
Otley and Yeadon	36	33	26
Pudsey	40	35	33
Rothwell	18	21	14
Roundhay	14	14	16
Temple Newsam	15	16	16
Weetwood	17	14	10

Source: PH-Healthy Living Team

Appendix 6 Children's Table -Safe-Well-Prosperous-Connected

	Safe	Well	Prosperous	Connected
Targeted	Children in areas where there is most need access support and activities through the children's centre offer. Babies and children are kept safe from hidden harm by effective multiagency, community and voluntary sector partnerships. Children and families needing early help are kept safe because all professionals identify and provide the help that is needed at the earliest point. Parents who need extra help can access high quality, effective training and support which builds family resilience and improves relationships. Families that need extra help receive support which builds on family strengths, finds solutions, and supports their resilience including in the family and community. Children living with domestic abuse are kept safe through timely information sharing and support.	Vulnerable families can access pre-birth support, maximising their abilities to keep their children safe and well. Midwives ensure access to early help right from the start, where babies or their families need that. Children's emerging additional needs are identified early and assessed in the 3-4 month home visit which prompts early help and extra health visitor support where needed. Children with additional needs have access to an inclusive early education and childcare offer with staff who understand and can meet individual needs. Children and families maintain or achieve healthy weight and lifestyles. Children's parents who are experiencing issues including mental health, DA, substance misuse and well- being issues are signposted to support.	Parents and babies develop healthy attachments from pre-birth. Parents can access information which supports decision-making about feeding, and are enabled to breastfeed their baby. Children in vulnerable families have parents with good parenting capacity and emotional well-being. Children with additional needs are supported and have access to an inclusive curriculum in mainstream early years settings and schools right from the start. All parents understand the value and importance of talking to babies. Parents improve their skills, knowledge and prosperity through high quality, relevant routes into education and training and routes into employment which are locally available. Parents grow in prosperity through meaningful skills and career progression.	Midwives identify and refer babies and families in need of support, early help, protection or safeguarding at the earliest point. Children with English as an Additional Language (EAL) and Special Educational Needs and/or Disabilities (SEND) access high quality education and childcare settings which accurately assess needs and prepare them for school. Children who don't speak English as a first language and children with SEND achieve a good level of development at 5 years. Parents who don't speak English as a first language and children with SEND are enabled to support their children's education and learning. Families in key communities know that it's important and support mothers to present to maternity services in good time. Parents of children with SEND know the choices and take up early learning and development support.

	Safe	Well	Prosperous	Connected
Universal	All children are born into and grow up in families and communities that know how to, and do, provide safe care and prevent injuries. Parents and carers access information and guidance online or from their local community hub when needed. Parents and carers seek help and support from their families, friends, and communities when they experience challenges. They turn to their trusted early years or health professional when needed. Children and families stay safe by participating in accessible enabling activities in their local areas.	All babies and children benefit from good health, and are cared for in healthy households and communities and so develop a sense of a healthy lifestyle. Midwives support parents to care for and meet the needs of very young babies. Parents and carers have access to health information and guidance online or directly through their local community hub, early years or health professional. All children and families access 0-19 universal health visiting service which promotes full take up of vaccinations. All children have an joined-up integrated assessment at 2 or 2 ½ .	All children receive the universal local offer, including Imagination Library and children's centre information about what's on locally. Parents and carers access welfare rights advice, and take up opportunities to learn, volunteer, develop skills and employment. All children start school with their needs assessed and understood and with a learning offer that matches their needs. Full take up of childhood inoculations means that no children miss school with key illnesses. Full take up of early funded education and childcare means more disadvantaged children are 'school ready'. Effective early education and childcare enables parents to work knowing their children are accessing high quality learning, are well cared for and having their needs met.	All children access high quality early education and childcare places in their local communities. All children have local early years settings and schools which are good or outstanding. 0 to 5 year olds and their families live in good quality accommodation. All children and their families have local, accessible outdoor places to play. All children and families have opportunities to share their views and experiences and shape services in North Lincolnshire. All children and parents can access a range of information and guidance. Families have equality of access to the online and digital world.

	Safe	Well	Prosperous	Connected
Specialist	The most vulnerable babies are identified early by midwives and health visitors so that specialist help enables families to protect them and reduce escalation of needs. The most vulnerable babies and children swiftly access specialist assessment, support and protection when needed so they can remain with their families in their communities. Children are kept safe by ensuring consistent multiagency approaches to ensuring safety are standard. (MARS)	Parents with adverse childhood experiences are supported to understand their child and create healthy attachments. The most vulnerable children receive timely specialist support via the 0-19 Service's Intensive Family Team. Children's health and development needs are identified early, and specialist help enables families to care for children at home.	There are fewer households where children live experiencing parental domestic abuse, substance misuse and mental health. The most vulnerable families have access to information, advice and guidance that enables opportunities into volunteering, training, and employment. Parents who are most disadvantaged access inclusive, confidence building routes to education, training and employment.	Children of care leavers have childcare and early education places that support their and their parents' needs. Children with disabilities and SEND have high quality specialist provision that meets individual needs. New and young parents are enabled to access peer support and opportunities to meet other parents in their community.

	Safe	Well	Prosperous	Connected
Workforce	▪ High quality training, information and resources support professional development and continual improvement across the sector ▪ Affordable early years training is available through apprenticeships ▪ Every early years setting has a qualified early years practitioner ▪ Every early years setting has a communication champion ▪ Workforce that understands the needs of children, the principles of child development, and where relevant uses pedagogically informed approaches ▪ Specialist training upskills maternity, health and early years practitioners to recognise, support and refer vulnerable children right from the start, including signs of hidden harm			

Source: Best Start 2022 (The evidence and rationale for the UNICEF UK Baby Friendly Initiative)

Appendix 7 -Example of Routine Childhood Immunisation Programmes

When	Disease Protected Against
8 Weeks Old	Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae Type B (Hib) and Hepatitis B
	Meningococcal Group B (MenB)
	Rotavirus Gastroenteritis
12 Weeks Old	Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B
	Pneumococcal (13 serotypes)
	Rotavirus
16 Weeks Old	Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B
	Men B
One Year Old (on or after the child's first birthday)	Hib and Meningococcal group C (Men C)
	Pneumococcal
	Men B
	Measles, Mumps and Rubella (German Measles)
Eligible Paediatric Age Group	Influenza (each year from September)
3 years 4 Months Old or soon after	Diphtheria, Tetanus, Pertussis and Polio
	Measles, Mumps and Rubella
Boys and Girls aged 12 to 13 years	Cancers and Genital Warts caused by specific Human Papillomavirus (HPV) types
14 years old (School Year 9)	Tetanus, Diphtheria and Polio
	Meningococcal groups A, C, W and Y

Source: Gov.UK (1st January 2025) A list of selective childhood immunisations can be found here: **https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule/routine-childhood-immunisations-from-february-2022-born-on-or-after-1-january-2020**

Appendix 8 – Demographic data for the first Public Health Armley Resident Consultation Process

Demographics for the Public Health Armley Resident Survey

- Please note some of the survey sheets do not have demographic monitoring information due to the nature of where they were taken (e.g., Armley festival, Town Street, New Wortley etc)) and residents who did not want to supply that information, the data therefore is incomplete in that sense.
- Please note: a few residents expressed an interest in getting involved. Where this was requested website and generic contacts of local organisations were given out as well as the author's Public Health work e-mail for any further questions from residents.

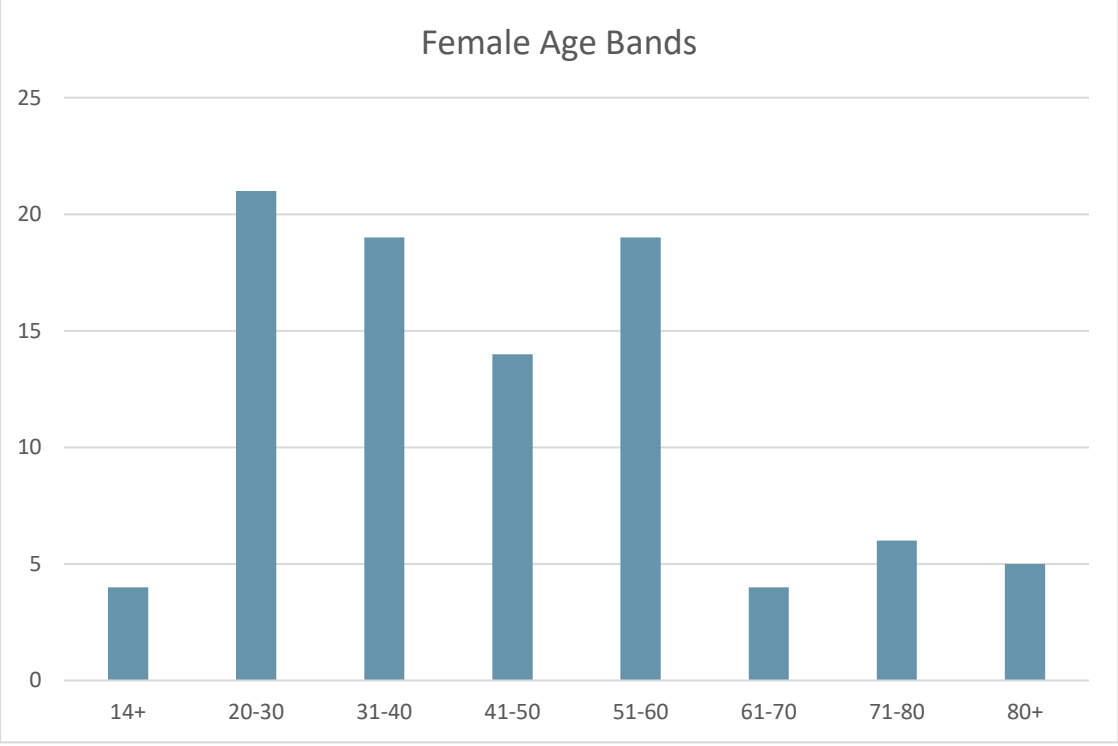
Sample size 140, age recorded by gender = 121 (1 x non-binary count)

FEMALE (Identifies as) AGE

AGE	14+	20-30	31-40	41-50	51-60	61-70	71-80	80+	TOTAL
FEMALE	4	21	19	14	19	4	6	5	92

Source: LCC Public Health Locality and Primary Care Team

Figure 378 Female age bands for the Armley resident survey-2023-24



Source: LCC Public Health Locality and Primary Care Team

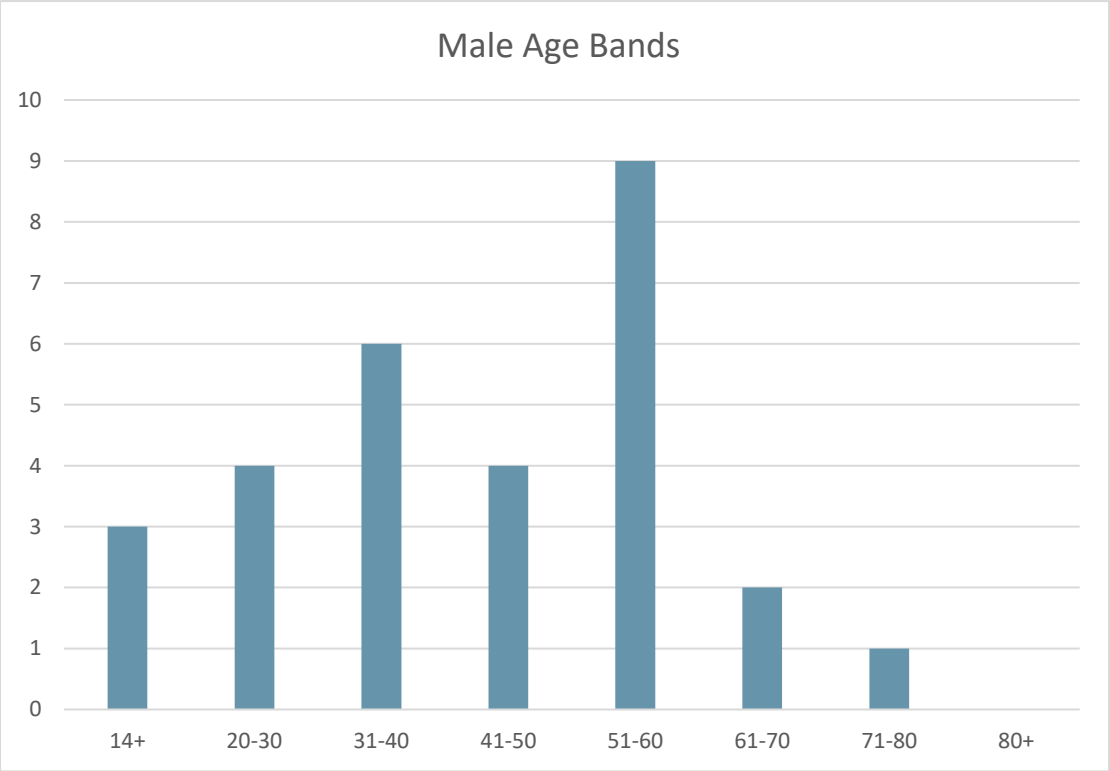
MALE (Identifies as) **AGE**

AGE	14+	20-30	31-40	41-50	51-60	61-70	71-80	80+	TOTAL
MALE	3	4	6	4	9	2	1	0	29

Source: LCC Public Health Locality and Primary Care Team

(n) = sample size 140, ethnicity recorded by gender = 118

Figure 379 male age bands for the Armley resident survey 2023-24



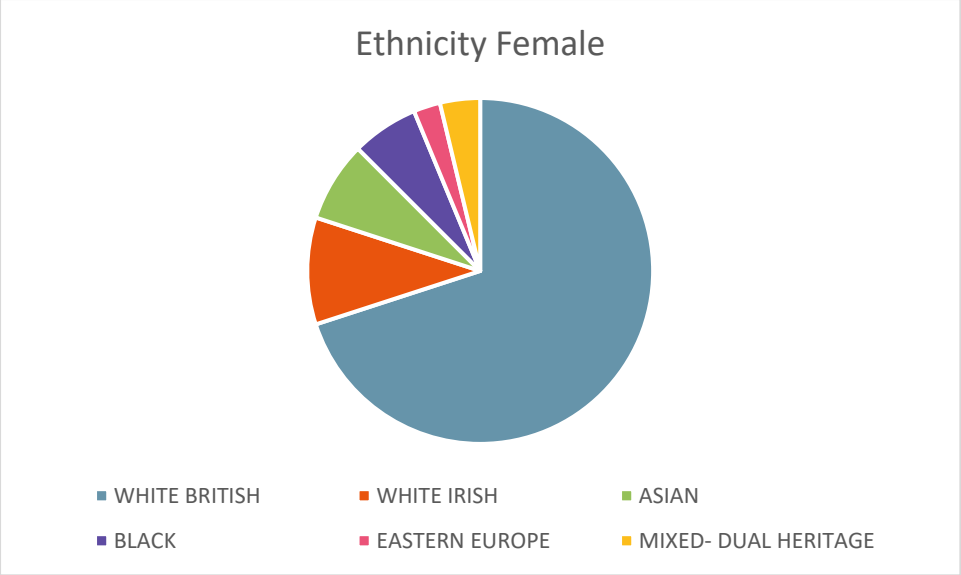
Source: LCC Public Health Locality and Primary Care Team

ETHNICITY-FEMALE

WHITE BRITISH	WHITE IRISH	ASIAN	BLACK	EASTERN EUROPEAN	MIXED / DUAL HERITAGE	TOTAL
56	**8**	**6**	**5**	**2**	**3**	**82**

Source: LCC Public Health Locality and Primary Care Team

Figure 380 Female ethnicity for the Armley resident survey 2023-24



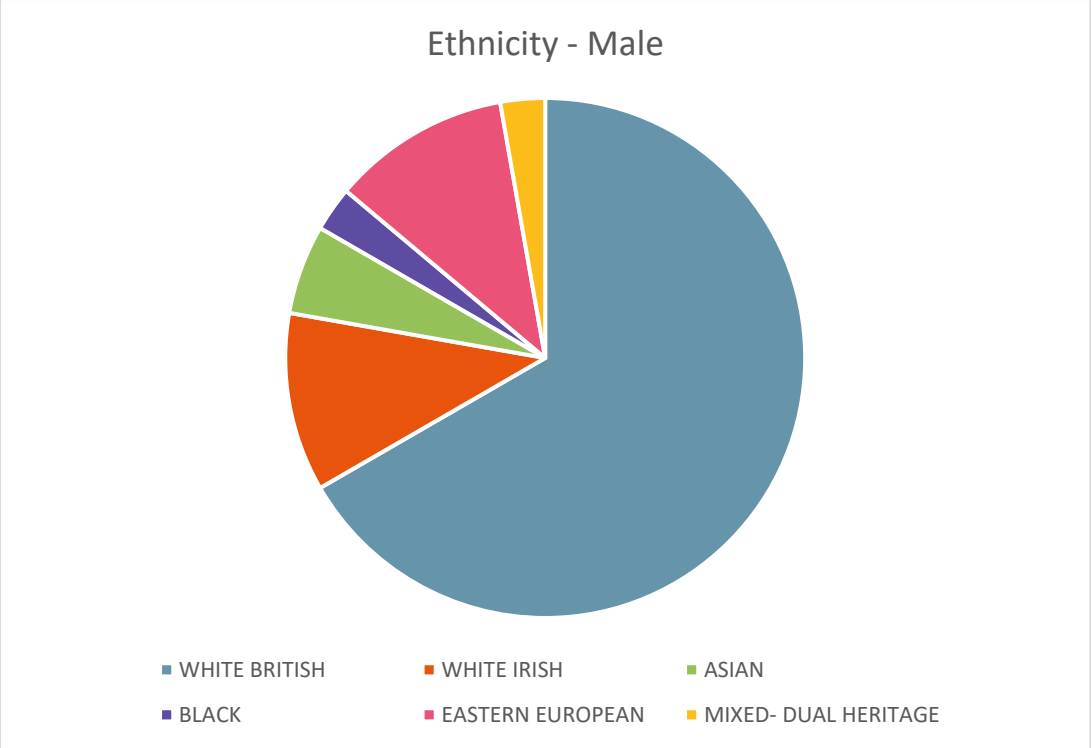
Source: LCC Public Health Locality and Primary Care Team (2025)

ETHNICITY-MALE

WHITE BRITISH	WHITE IRISH	ASIAN	BLACK	EASTERN EUROPEAN	MIXED / DUAL HERITAGE	TOTAL
24	**4**	**2**	**1**	**4**	**1**	**36**

Source: LCC Public Health Locality and Primary Care Team

Figure 381 Male ethnicity for the Armley resident survey 2023-24



Source: LCC Public Health Locality and Primary Care Team

Appendix 9 Historic Asset and Need Infographics for the Armley Ward Survey (pre-2023)



Source: Historic Assets Theme Pictorial LCC Communities Team (Pre-2023)



Source: Historic Assets Pictorial LCC Communities Team (Pre-2023)

Appendix 10-LCAN Armley Listening Exercise-LCP Update. By Andrea Edwards-CEO NWCC & representative of Armley CAN (Community Anchor Network)

COMMUNITY LISTENING EXERCISE UPDATE

ARMLEY LCP MEETING
14TH JANUARY 2025

ANDREA EDWARDS – CEO – NWCC &
REPRESENTATIVE OF ARMLEY CAN (COMMUNITY ANCHOR NETWORK)

BACKGROUND

- Leeds City Council commissioned the Community Anchor Network to deliver a community listening exercise targeting the 6 priority neighbourhoods (Armley being one of them)
- Develop a system for community engagement which collects, analyses and distributes resident feedback that can be used to improve services and deliver better outcomes for local people
- Consult with and collect information regarding how residents feel about where they live and play an active role in their community

HOW DID WE CONSULT

- Postcard activity was the first step
- Anchors took 5-10 minutes with local people to capture the responses to the following questions

- What's great about your area?
- How could it be better?
- What could it look like in 10 years?

POSTCARDS

- Postcards were intentionally asset focussed purposefully seeking to highlight the strengths of communities
- Capture what communities can collectively achieve and identify what change can be supported by the third sector and by local or regional authority
- 10 year question – aimed to draw out long term systemic change focusing on future aspiration and not simply short term issues
- 205 postcards completed in Armley

FOCUS GROUPS

- Stage 2 of engagement process – 55 people attended 3 focus groups in Armley
- Focus groups were structured in a way to focus on particular themes flagged up by the postcard data

- Opportunities – what does change look like?
- Focus on ideas and solutions
- If you had 30 seconds with the leader of the council what would you talk to them about?

FINDINGS

- Findings will be used by LCAN to shape:
- How Community Anchor organisations support communities to take action themselves, drawing on their own knowledge and understanding about their local area and communities
- Their work and offer based on the areas communities identified as being best delivered by the third sector
- How they work with communities and wider partners to enable systematic change

WHAT'S GREAT ABOUT ARMLEY?

- Friendly people
- Community Spirit
- Green spaces
- Community Events

- Residents valued community cohesion in Armley, getting along well with their neighbours and the people they encounter day to day
- They valued community events where they can come together with the rest of their community and celebrate what is good about living in Armley
- "I'm born and bred in Armley and I love where I live"

WHAT COULD BE IMPROVED?

- **Supporting young people**
- Although there are lots of activities for young people parents are not aware of them
- Suggestion – have a monthly newsletter promoting youth activities – maybe an ArmleyCAN website where all information is in one place
- More events and activities on weekends and in the evenings – creation of a TeamArmley identity for children and young people
- More involvement in sport – particularly local teams
-

HIGH STREET AND INFRASTRUCTURE

- People wanted to see more community based patrols on Town Street and for it become an alcohol-free zone
- People want better awareness of councillor surgeries and support the revival of residents groups in neighbourhoods that connect them to agencies that can offer support to improve where they live
- Residents in Upper Armley would like a residents group
- "Its not what we ask you to do for Armley, its what Armley can do for itself, Just help us to do it"

CREATING A COMMUNITY WHERE PEOPLE FEEL SAFE

- People want to see more community led initiatives and direct channels for people to connect with local officers/decision makers
- It is important to foster trust in local services- anonymous reporting of options to be made available to ensure accurate representation of local concerns

INVESTMENT IN GREEN SPACES

- People want more opportunities to engage in environmental projects like litter picks and gardening
-
- People want to see increased investment in green spaces and long term support for community-led initiatives such as planting and outdoor gyms
- Great feedback on play park on Jailey Field – shows that it is possible with the community working together

PHASE 2

- Follow up postcard exercise and focus groups
- QUESTIONS
- What would make you feel safer in your community?
- What local green spaces are you aware of and visit?
- What do you think the issues are facing children and young people in the area?



Source: Andrea Edwards CEO-NWCC & representative of Armley CAN (Community Anchor Network)

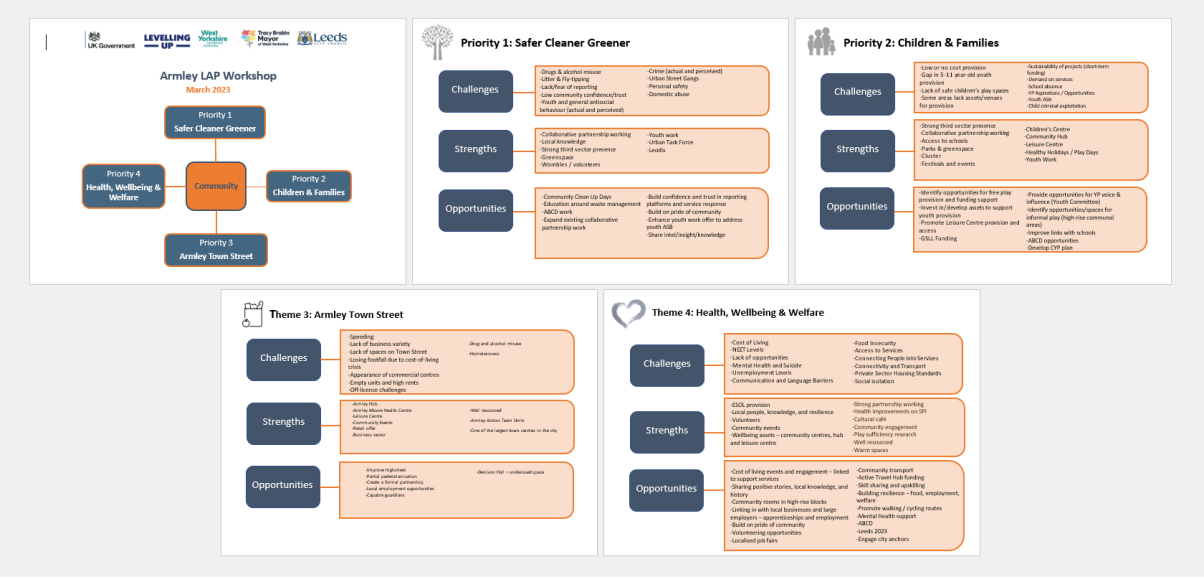
Appendix-11 Example of a Local Care Partnership Dashboard (2025)

LCP	LCP Development Team Lead	Priorities	Subgroup		Description of Work
			Yes	No	
Armley	Ruth	Mental Health	X		Partners coproducing a Mental Health training session with the aim to empower the workforce in low level Mental Health conversations and better signpost to relevant services in the area.
	Rachel S	Frailty and Falls Prevention	X		Healthy Leeds Plan priority highlighting increased level of falls in the frail population resulting in fracture/injury leading to hospital admission and bed days. Partners have identified 4 hypotheses to focus on: supporting people to engage more with physical activity and social opportunities in Armley, increased support for people with addiction and hoarding challenges, clearer pathways from hospital to community discharge, more support in care homes.
Bramley, Wortley & Middleton	Rachel S & Ruth	Emerging – Adults mental health and impact on children/Fuel Poverty		X	Partners have identified both adults mental health impact on childrens' outcomes and fuel poverty as areas they'd like to understand more in the locality. No clear workstreams have been defined yet.
Central	Rachel S	Building partner relationships		X	LCP partners continue to come together to learn about each others services and how to collaborate more effectively.
	Louise and Rachel S	Digital Spaces		X	The Digital Inclusion Project, in partnership with 100% Digital Leeds, transforms community spaces into Digital Health Hubs, offering equipment, Wi-Fi, and training. This helps residents develop digital skills, access services, and improve health outcomes.
Cross Gates	Abs	Dementia Event	X		**11am-3pm 06/05/25: Dementia Event** The planning is going on smoothly, and we are in the process of completing the event flyer to start sharing by the end of next week. 9 Stallholders have confirmed attendance, and we are expecting more organisations to send their confirmation soon.
	Abs and Ruth	Menopause - emerging		X	Partners will be exploring whether a Menopause awareness / support event would be useful and how they'd like to deliver this using learning from Woodsley & Holt Park LCP.
	Rachel A and Ruth	Advanced Respiratory and Proactive Planning Project	X		As part of the Healthy Leeds Plan - LCP working towards people at the end of life / living with severe frailty (their family and their carers) having an improved quality of life, feeling more confident, less anxious and being better supported to manage their condition in their own home thanks to a new, more patient centred pathway for people with respiratory disease.
HATCH	Rachel A & Ruth	Food is Everyone's Business Training Development	X		Partners have fed back that they do not feel confident to repeat key food messages in a professional context. To empower everyone within HATCH to communicate key food messages in their roles, we are designing a training offer for everyone.
	Rachel A	Children's Respiratory	X		As part of the Healthy Leeds Plan - The data analysis identified that a significant number of children and young people and their families were impacted by respiratory disease,understanding data before moving to diagnostic phase. Focus is for BHR, working with a aider range of partners
	Ruth	Domestic Abuse and Violence	X		Ongoing subgroup that covers a variety of themes related to DVA with the aim to increase professionals working understanding of the topic in the HATCH LCP area. Current themes: Older people, Young people and healthy relationships
	Rachel A	Testing community based approaches to NHS Health check delivery	X		To test if community-based approaches to NHS Health Check delivery engage and yield increased uptake in targeted population groups (health inclusion groups) in comparison to mainstream service delivery.
	Rachel A	SEISMIC - SEISMIC (Systems Engineering Innovation Hubs for Multiple Long Term Conditions)		X	The work will design new and effective models of care, personalised to those people with the greatest needs, and will form the basis of a new innovation hub for health system transformation forming around a multi-morbidity MDT. The Leeds Health and Care Partnership are currently developing a case for change for our proposed multi-morbidity MDT innovation hub model at a local level to support a move towards holistic, person centred integrated approaches to healthcare delivery for this population. BHR/HATCH focus.
	Louise and Rachel A	Digital Spaces - Get online for health		X	Supporting local people to get online for health -e build digital skills and confidence, get online, and use the tools that can make it easier for them to manage their health and wellbeing and engage with the NHS in the way that works best for them.

Source: LCP Leadership Team

Appendix 12-Local Area Plan (LAP) for Armley-Leeds City Council

Examples of topics covered in a LCC LAP:fostering social infrastructure, supporting local businesses, improving access to education and employment, and addressing health inequalities through culturally relevant
initiatives.



Source: LCC Communities Team-Armley (2024)

Appendix 13-Menu of Innovative Ideas for Poverty Stricken Areas

Innovative solutions for poverty-stricken areas often focus on empowering individuals and communities through sustainable practices, access to resources, and technological advancements. These strategies can include strengthening local economies, promoting education and skills development, improving healthcare access, and utilizing technology.

1. **Supported Social Enterprise** and **Microfinance** Encouraging and supporting small businesses and cooperatives within the community, providing access to training, funding, and markets, setting up supported social enterprises. (Fucci and Millard, 2023). This involves seed funding when available for new and established communities to meet some of the costs of setting up a small business such as barbers, grocers, dog walking service or nail bar for example. An essential part of the process is creating agency and confidence in the individual to take the risks associated with a start-up. **Provide access to microfinance loans for small businesses, especially those owned by women and minority groups.**
2. **Social Impact Investing.** Attracting private capital to support social enterprises and innovative solutions that address poverty and create positive social change. Negotiating with Leeds commercial business to be good corporate citizens and sponsor local start up enterprises and community activities can provide an injection of much needed money in to our poorest area. This is an innovative funding model.
3. **Creating Community Enclaves.** These are specific geographical areas of a ward where specific communities live, feel comfortable, are surrounded by their own community and prosper. Usually occurring naturally, they can be augmented by landing specific services or investment of many forms for this community within that area, for example a drop in health visitor outreach for new families at. Enclaves can take many forms and functions, be mini centers of commerce such as the collection of Eastern European shops on Armley Town Street, a tiny version of London's China Town perhaps? These enclaves can be centers

around housing where a new community lives and a café is provided locally, such as the Cultural Café at New Wortley Community Centre, this is in fact how early arriving members of the Asian community established themselves in Armley. In Johny Pitts excellent book 'Afropean' (Pitts, 2019) the author travels Europe to live in and learn about what communities Black people thrive in, their living conditions, casting an eye on the way these often-marginalised communities live. There is much to be learned from this book, it is an enjoyable read, often stark, but full of warmth and compassion for the communities he encounters. (https://www.theguardian.com/books/2019/may/30/afropean-by-johny-pitts-review) .Critics cite 'segregation' and not wanting to mix with established communities in these enclaves but since these communities are naturally occurring across Europe it's difficult to rail against them and with a little empathy and support they can become a interdependent part of Armley life with communities mixing in daily life in shops, schools, local festivals and the successful children's 'opportunities to play' sessions run by local charities at the bottom of Wortley Heights multi-storey flats for example. In Armley, this could apply to the Sudanese community in New Wortley or a growing Nigerian community in Upper Armley.

Figure 382 High rise dwelling in Armley (2025)



Photograph: J S Hindley (2023)

4. **Art and Community.** The beneficial and healing power of arts in poorer communities has been established. Looking around the world for new ideas (past and present) and inspiration can be beneficial not simply for the purposes of replication but to inspire and generate new ideas
The WPA Federal Art Project established more than 100 community art centers throughout the country, researched and documented American design, commissioned a significant body of public art without restriction to content or subject matter, and sustained some 10,000 artists and craft workers during the Great Depression in 1929s. It can also and essentially bring a little 'colour and joy' back into people's lives. Watch this brief two-minute video clip about the power of art.

- https://www.youtube.com/watch?v=lRYuAPAuSl0

Armley has enjoyed its own High Rise arts Project in 2021 (New Wortley – The Highrise Project).

Attracting local artist studios into the area with the promise of subsidised rents has also another mechanism to rejuvenate and regenerate an area all be it at the risk if gentrification if it is too successful.

5. **Creating Magic-Ideas List.** Innovative solutions for poverty-stricken areas often focus on leveraging technology and local resources to improve livelihoods and access to essential services. The pillars to end poverty are quality education, easy access to health care, economic security and child participation in civic life. Economically child tax credits and variations of the American system 'earned tax credits' have been proven to lift people out of poverty or a more radical step of Universal Basic Income (https://en.wikipedia.org/wiki/Universal_basic_income) where every citizen in the UK receives the same amount irrespective of what they earn or who they are. Both child tax credits and working tax credit programs provide a reliable source of income to parents, helping them meet immediate needs and plan for the future while making them more financially stable on a day-to-day basis. However, in 2025 this is not the direction of travel of the current UK government due to financial shortfalls. To alleviate poverty in the UK, innovative ideas could focus on strengthening local communities, improving access to education and healthcare, and promoting economic opportunity. These ideas could include community-led projects, digital literacy programs, and social enterprises that prioritise inclusivity and sustainability.

(https://www.citizensadvice.org.uk/benefits/benefits-introduction/what-benefits-can-i-)get/#:~:text=To%20get%20Working%20Tax%20Credits,work%20depends%20on%20your%20circumstances)

Below is a list of community ideas to browse and inspire.

- https://www.community-links.org/wp-content/uploads/Creating-Magic.pdf

By focusing on these innovative approaches, communities can empower individuals, create sustainable livelihoods, and break the cycle of poverty.

Appendix 14-Assets and Needs perspective from NWCC Young Person's Lead (Ailsa McLaughlin Ailsa.McLaughlin@newwortleycc.org).

Strengths of the Area (Assets)

- **Strong collaboration among local organisations working together to meet community needs.**
- **Excellent partnership working, particularly around youth provision.**
- **Schools are actively engaging with third sector organisations to support young people and their families.**

1. Challenges in the Area

- **High levels of deprivation, with many children experiencing food insecurity and living in overcrowded housing conditions.**
- **Low school attendance and cases where parents are not supportive of educational institutions.**
- **Young people often have low aspirations for their future, influenced by high unemployment among parents and carers, leading to a lack of positive role models.**
- **Rising levels of antisocial behaviour, including gang presence, setting fires near shops, and openly smoking cannabis in public spaces.**

- **Incidents of knife crime involving young people. There have also been a couple of alarming cases where children as young as 7 and 10 have discovered knives hidden in play areas.**
- **Increased use of vapes among young people, with some parents reportedly purchasing them for children. Cases have been seen involving children as young as 11.**
- **Concerns around safeguarding, with some parents/carers not recognising or addressing risky behaviours—this heightens the risk of grooming and exploitation.**
- **Sexualised behaviour among young people that is highly inappropriate for their age.**
- **A noticeable number of children presenting as potentially neurodivergent but lacking a formal diagnosis or access to the appropriate support.**
- **Incidents of bullying and physical violence between young people.**

What Would You Change?

- **Increase in funding to allow the delivery of more workshops, group activities, youth clubs, and support services that address the needs and challenges faced by young people in the area.**

Figure 383 Afropean by Johnny Pitts (2019)

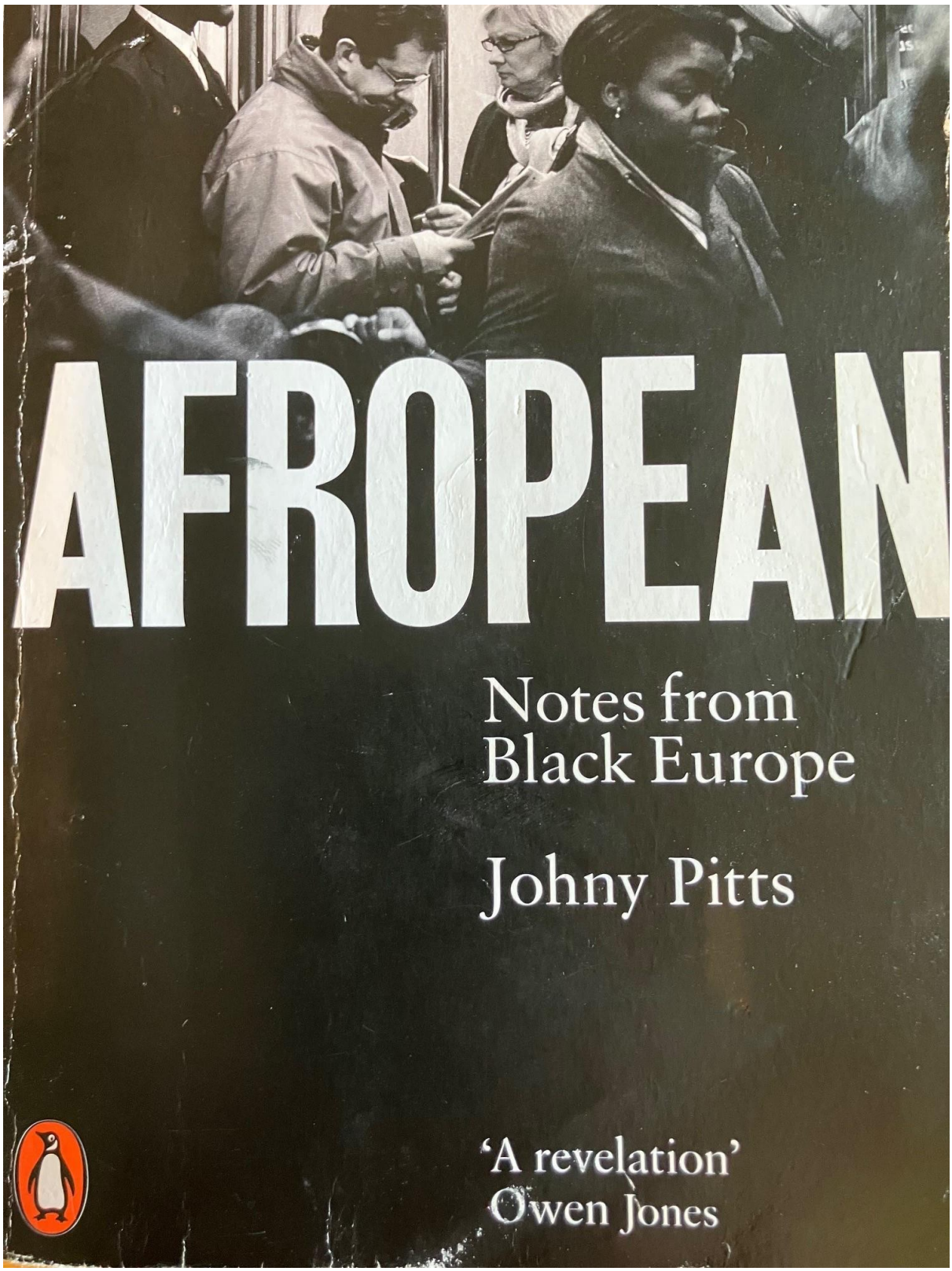


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