

Appendix 1 – Inner North East Community Committee Public Health Profile and Draft Area overview profile for Meanwood Integrated Neighbourhood Team (INT)

The Leeds public health intelligence team produce public health profiles at various local geographies Middle Layer Super Output Area, Ward and Community Committee.

These are available on the Leeds Observatory (http://observatory.leeds.gov.uk/Leeds_Health/). In addition, the public health intelligence team have developed profiles for Integrated Neighbourhood Teams (INTs). There are 13 in Leeds, each team is a group of health and social care staff built around localities in Leeds to deliver care tailored to the needs of an individual. Further information on services delivered through integrated neighbourhood teams is available here <https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/neighbourhood-teams/>. People who need care from these teams are allocated to a team based on their GP practice, we have combined GP practice level information to produce a profile for each of the 13 integrated neighbourhood teams in Leeds.

This appendix includes:

- Map of the Community Committee boundaries and Integrated Neighbourhood Team footprint areas
- Inner North East Community Committee Public Health Profile
- Draft Area overview profiles for Meanwood Integrated Neighbourhood Teams (INT)

Community Committee boundaries and Integrated Neighbourhood Team footprint areas

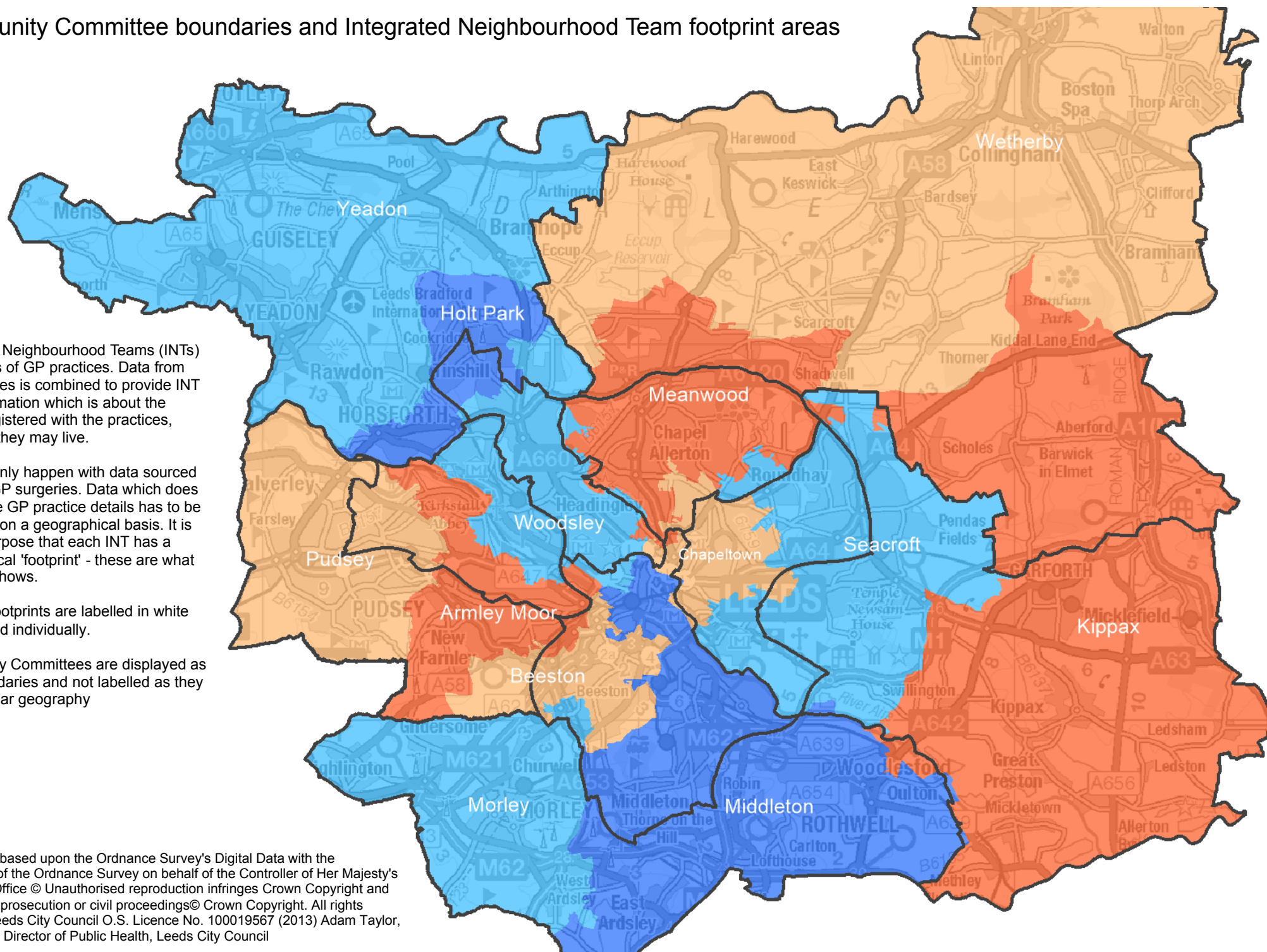
Integrated Neighbourhood Teams (INTs) are groups of GP practices. Data from the practices is combined to provide INT level information which is about the people registered with the practices, wherever they may live.

This can only happen with data sourced from the GP surgeries. Data which does not include GP practice details has to be combined on a geographical basis. It is for this purpose that each INT has a geographical 'footprint' - these are what this map shows.

The INT footprints are labelled in white and shaded individually.

Community Committees are displayed as grey boundaries and not labelled as they are a familiar geography

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Area overview profile for Inner North East Community Committee

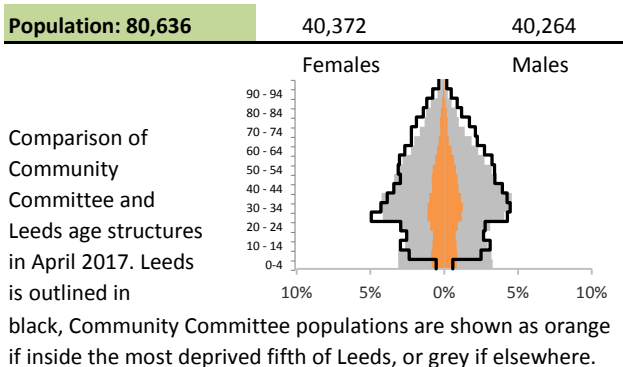
This profile presents a high level summary of data sets for the Inner North East Community Committee, using closest match Middle Super Output Areas (MSOAs) to calculate the area.

All ten Community Committees are ranked to display variation across Leeds and this one is outlined in red.

If a Community Committee is significantly above or below the Leeds rate then it is coloured as a red or green bar, otherwise it is shown as white. Leeds overall is shown as a horizontal black line, Deprived Leeds* (or the deprived fifth**) is a dashed horizontal. The MSOAs that make up this area are shown as red circles and often range widely.

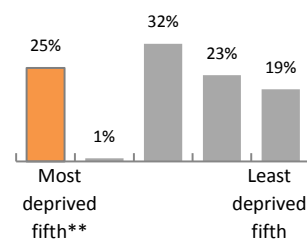
Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	4,345	44%	71%
Pakistani	1,645	17%	7%
Indian	660	7%	2%
Any other white background	533	5%	5%
Black - African	480	5%	5%
(January 2017, top 5 in Community committee, corresponding Leeds value)			

Pupil language, top 5	Area	% Area	% Leeds
English	7,863	82%	87%
Urdu	620	6%	3%
Punjabi	237	2%	1%
Bengali	156	2%	1%
Romanian	132	1%	1%
(January 2017, top 5 in Community committee, corresponding Leeds value)			



Deprivation distribution

Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), April 2017.



GP recorded ethnicity, top 5	% Area	% Leeds
White British	47%	62%
Other White Background	11%	9%
Pakistani or British Pakistani	8%	3%
Indian or British Indian	6%	2%
(blank)	5%	4%
(April 2017, top 5 in Community committee, and corresponding Leeds values)		

Life expectancy at birth, 2014-16 ranked Community Committees

ONS and GP registered populations

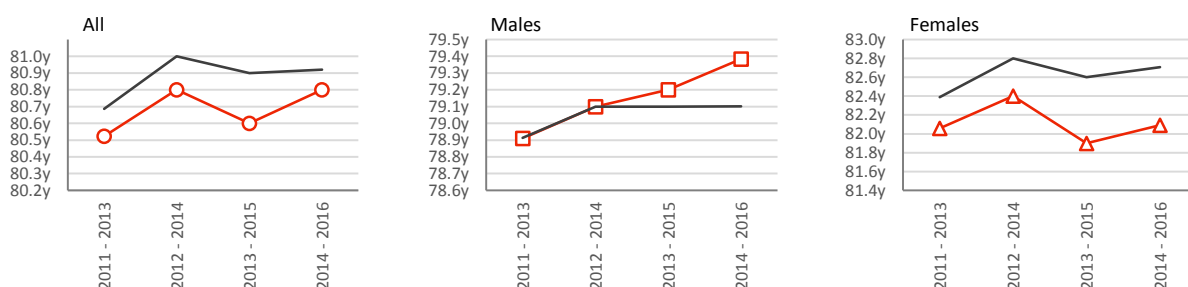


(years)	All	Males	Females
Inner North East CC	80.8	79.4	82.1
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

"How different is the life expectancy here to Leeds?"

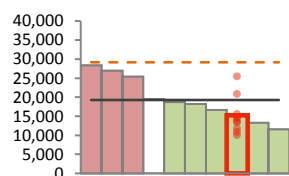
The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

Life expectancy in this Community Committee is not significantly different to that of Leeds and it has been this way since 2011-13



GP recorded conditions, persons (DSR per 100,000)

GP data

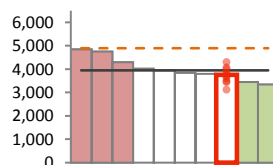
**Smoking (16y+)**

Inner North East CC 15,208

Leeds 19,265

Deprived fifth** 29,163

(April 2017)

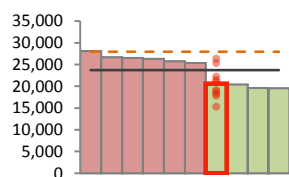
**CHD**

Inner North East CC 3,762

Leeds 3,947

Deprived fifth 4,894

(January 2017)

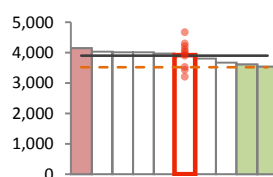
**Obesity (16y+ and BMI>30)**

Inner North East CC 20,599

Leeds 23,722

Deprived fifth 27,951

(April 2017)

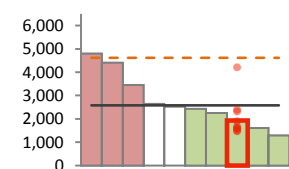
**Cancer**

Inner North East CC 3,922

Leeds 3,899

Deprived fifth 3,519

(January 2017)

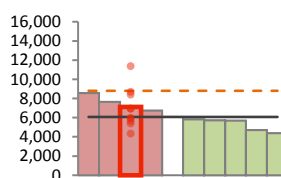
**COPD**

Inner North East CC 1,930

Leeds 2,580

Deprived fifth 4,617

(April 2017)

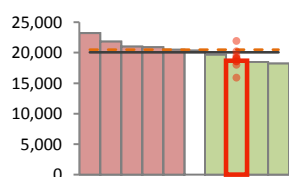
**Diabetes**

Inner North East CC 7,113

Leeds 6,076

Deprived fifth 8,802

(April 2017)

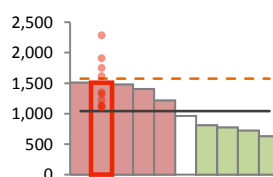
**Common mental health**

Inner North East CC 18,666

Leeds 20,060

Deprived fifth 20,496

(January 2017)

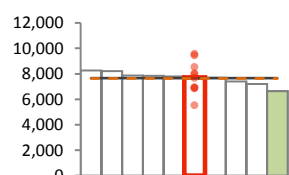
**Severe mental health**

Inner North East CC 1,505

Leeds 1,042

Deprived fifth 1,574

(January 2017)

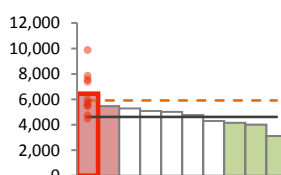
**Asthma in children**

Inner North East CC 7,714

Leeds 7,659

Deprived fifth 7,633

(October 2016)

**Dementia (over 65s)**

Inner North East CC 6,452

Leeds 4,618

Deprived fifth 5,911

(January 2017)

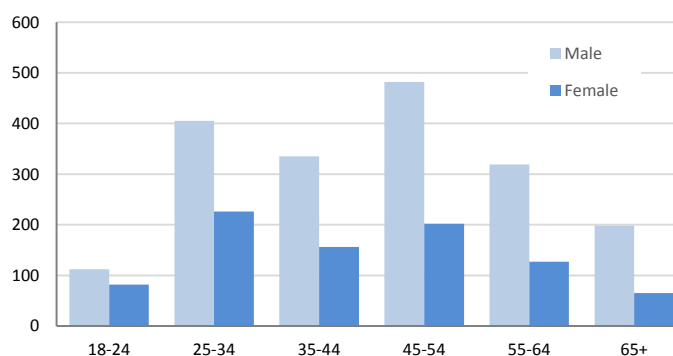
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within the population are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture. This data includes all Leeds GP registered patients who live within the Community Committee. Obesity here is the rate within the population who have a recorded BMI.

Alcohol dependency - the Audit-C test

GP data, April 2017

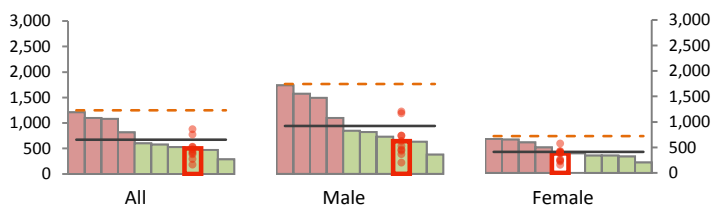
The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. This chart displays the *number* of patients living inside the Community Committee boundary who have a score of 8 or higher.



Alcohol specific hospital admissions, 2012-14 ranked

HES



(DSR per 100,000)	All	Males	Females
Inner North East	503	638	383
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

Mortality - under 75s, age Standardised Rates per 100,000

ONS and GP registered populations

"How different are the sexes in this area?"

- Males
- △ Females
- Persons

Shaded if significantly > persons

Shaded if significantly < persons

"How different is this area to Leeds?"

- Persons
- Leeds
- Deprived fifth**

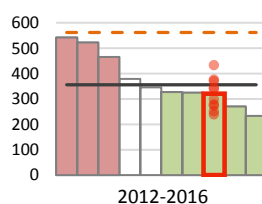
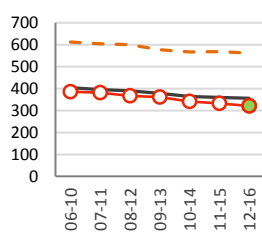
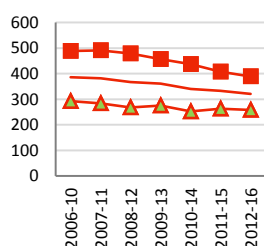
Shaded if significantly > Leeds

Shaded if significantly < Leeds

"Where is this Community Committee in relation to the others and Leeds?"

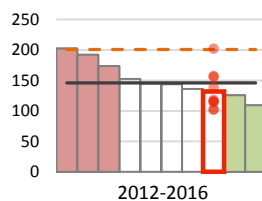
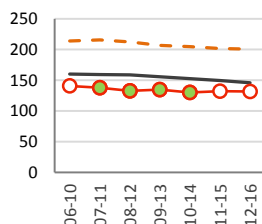
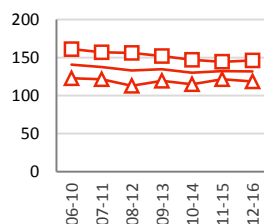
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



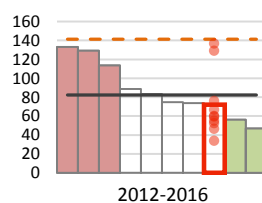
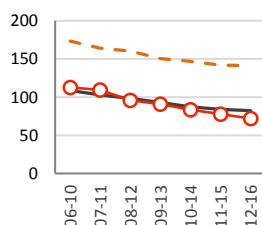
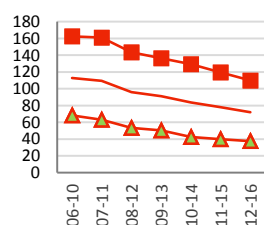
Persons (DSR per 100,000)	
Inner North East CC	321
Count of deaths in 2012-16	827
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



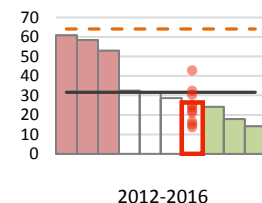
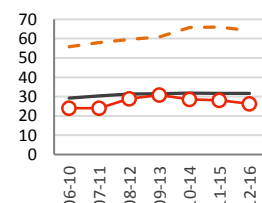
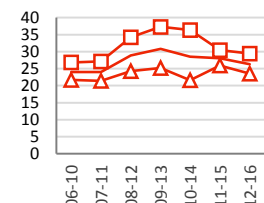
Persons (DSR per 100,000)	
Inner North East CC	132
Count of deaths in 2012-16	332
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North East CC	72
Count of deaths in 2012-16	183
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North East CC	26
Count of deaths in 2012-16	62
Leeds resident	32
Deprived fifth	64

DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

Inner North East Community Committee

The health and wellbeing of the Inner North East Community Committee contains some variation but is generally around the mid range of Leeds. Around 25% of the population live in the most deprived fifth of Leeds**.

Life expectancy for the Community Committee is more or less the same as for Leeds overall, and male life expectancy has improved recently.

The age structure bears a close resemblance to that of Leeds overall but with larger proportions of children. GP recorded ethnicity shows the Community Committee to have smaller proportions of “White background” than Leeds and higher proportions of some BME groups, especially “Pakistani or British Pakistani”. However 12% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a similar picture.

Smoking, obesity and COPD are well below the Leeds average despite one MSOA ‘Meanwood 6 estates’ having figures which are much higher than other parts of the area. Diabetes, dementia and severe mental health rates are well above Leeds and again the same MSOA features as the highest. Alcohol specific admissions for this Community Committee are significantly below Leeds for men and overall. The alcohol dependency test shows the usual higher numbers of men and in general an older profile of drinkers than some committee areas.

All-cause mortality for under 75s has historically not been any different to the Leeds rate but recently it become significantly lower than that of the city. Male and female rates are very different though and female rates look to be levelling off. Circulatory disease mortality shows a similar situation. Three small areas show much higher cancer and circulatory disease mortality rates than their neighbours - ‘Meanwood’, ‘Chapeltown’, and ‘Meanwood 6 estates’.

The **Map** shows this Community Committee as a black outline. Health data is available at MSOA level and must be aggregated to best-fit the committee boundary. The MSOAs used in this report are shaded orange.

* **Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation.

****Most deprived fifth of Leeds** - Leeds split into five areas from most to least deprived.

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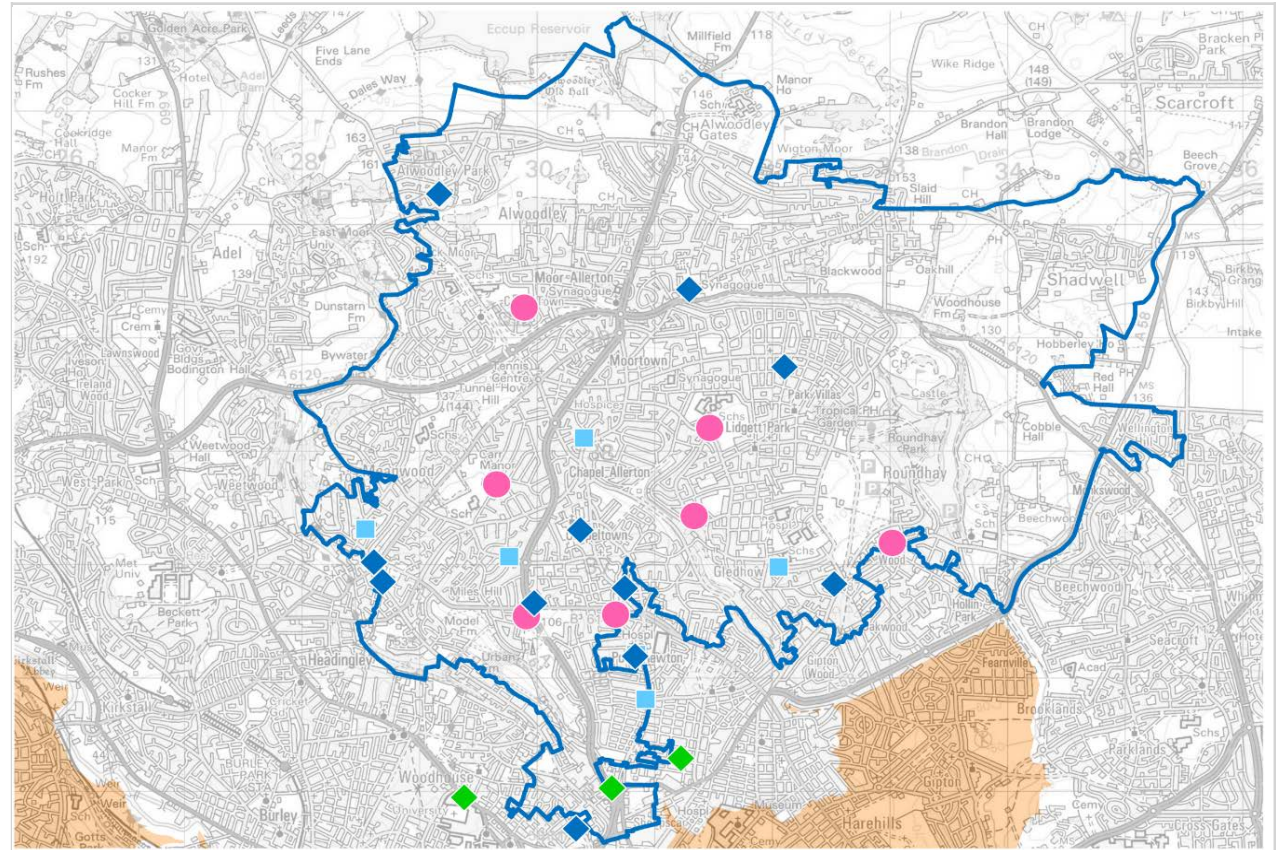
Area overview profile for Meanwood Integrated Neighbourhood Team

November 2017

This profile presents a high level summary using practice membership data. When not available at practice level data is aggregated to INT footprint on a geographical basis.

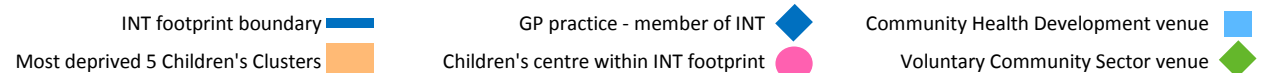
The INT has a large non-deprived population but 1 in 5 of the population are living in the most deprived two fifths of Leeds, so very varied conditions in this INT. Non white ethnic groups are more represented in the INT than Leeds as a whole. It is the second largest INT in the city for actual numbers of elderly patients - aged 74 and above.

One children's cluster which overlaps the INT area has relatively weak primary school achievement rates, and the 3rd largest 'Looked after Children' count in the city. Many GP recorded conditions are around average or better than the city, but 'Severe Mental health' issues are actually significantly above Leeds. Social isolation scores vary widely from some of the very highest to the very lowest. General mortality rates are significantly below Leeds, but male and female rates are very different with male rates for circulatory disease mortality being significantly above Leeds and female rates significantly below.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Rutland Lodge Medical Centre. The Avenue Surgery. Allerton Medical Centre. Shadwell Medical Centre. Meanwood Group Practice. The Street Lane Practice. Oakwood Surgery. Newton Surgery.

Note: A small number of practices have branches that are far enough apart to fall into different INTs. These practices are not listed here or shown in the map. The original INT boundaries do not relate to statistical geographies and so this footprint which is a nearest match LSOA area is used when aggregating geographical data.



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Area overview profile for Meanwood Integrated Neighbourhood Team

This profile presents a high level summary of data for the Meanwood Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch belongs to. Where data is not available at practice level it is aggregated to INT footprint on a purely geographical basis ✕.

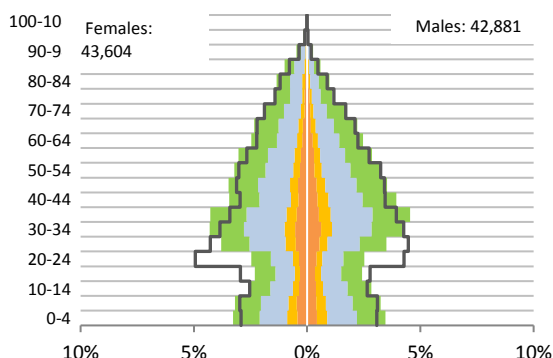
All INTs are ranked to display variation across Leeds and this one is outlined in blue. Practices belonging to this INT are shown as individual blue dots. Actual counts are shown in blue text. Leeds overall is shown as dark grey, the most deprived fifth of Leeds** is shown in orange.

Where possible, INTs are colour coded red or green if rates are significantly worse or better than Leeds.

Population: 86,485 in April 2017

GP data

Comparison of INT and Leeds age structures. Leeds is outlined in black, INT populations are shown as dark and light orange if resident inside the 1st or 2nd most deprived fifth of Leeds, and green if in the least deprived.

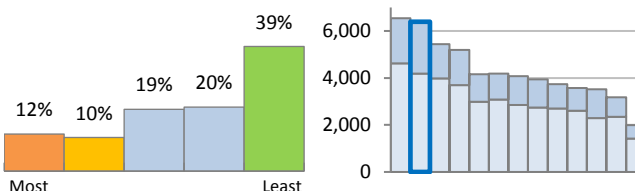


GP recorded ethnicity, top 5	% INT	% Leeds
White British	56%	62%
Other White Background	12%	9%
Indian or British Indian	6%	2%
Pakistani or British Pakistani	6%	3%
Other Asian Background	2%	2%

(April 2017)

Deprivation distribution

Proportions of INT within each deprivation fifth of Leeds April 2017. Leeds has equal proportions. **



Aged 74+ (April 2017)

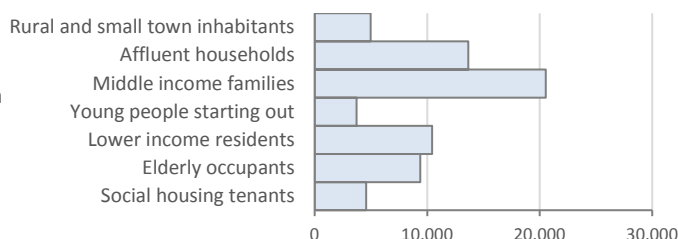
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.

Mosaic Groups in this INT population

(October 2017)

The INT population as it falls into Mosaic population segment groups. These are counts of INT registered patients who have been allocated a Mosaic type using location data in October 2017.

<http://www.segmentationportal.com>



Population counts in ten year age bands for each INT

(April 2017)

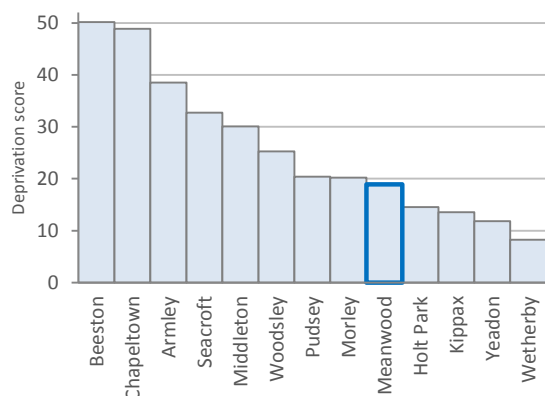
Age Band	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	8,094	6,016	7,053	5,489	3,023	4,713	4,591	4,986	4,128
50-59	6,802	9,376	10,627	10,747	10,471	8,843	8,182	6,979	4,799	6,151	5,431	5,728	4,469
40-49	8,717	13,132	12,437	11,412	10,251	9,257	8,319	7,734	6,123	6,499	5,692	5,656	4,141
30-39	17,473	20,275	14,961	12,099	10,462	11,065	7,156	8,386	8,130	6,610	6,307	4,886	3,099
20-29	53,913	20,411	10,616	10,372	10,107	10,101	5,665	6,427	6,945	5,286	5,116	4,474	2,448
10-19	13,339	11,955	8,778	9,119	9,000	7,281	6,128	5,406	5,244	4,418	4,408	4,274	3,050
00-09	7,297	15,190	11,384	11,179	9,970	9,021	6,358	6,995	6,800	5,130	5,313	4,322	3,067
Total	117,901	101,260	86,486	81,004	78,264	68,012	57,091	53,659	44,092	44,049	42,744	41,038	30,376

Deprivation and the population of Meanwood INT

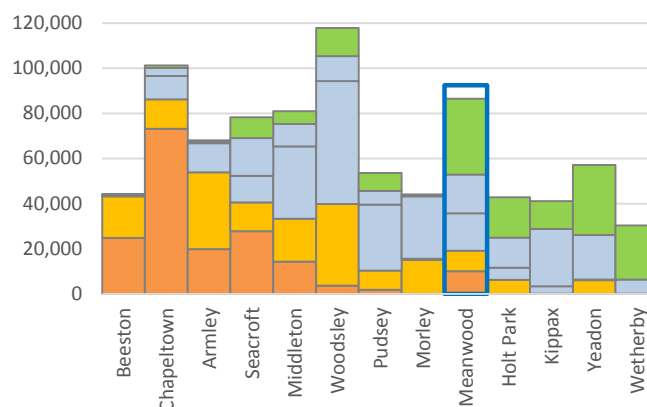
IMD2015 and GP data

The INT deprivation score is calculated using the count and locations of patients registered with member practices in April 2017, and the Index of Multiple Deprivation 2015 (IMD). The larger the deprivation score, the more prominent the deprivation within the INT population. This INT deprivation score is 18.9, ranked number 9 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

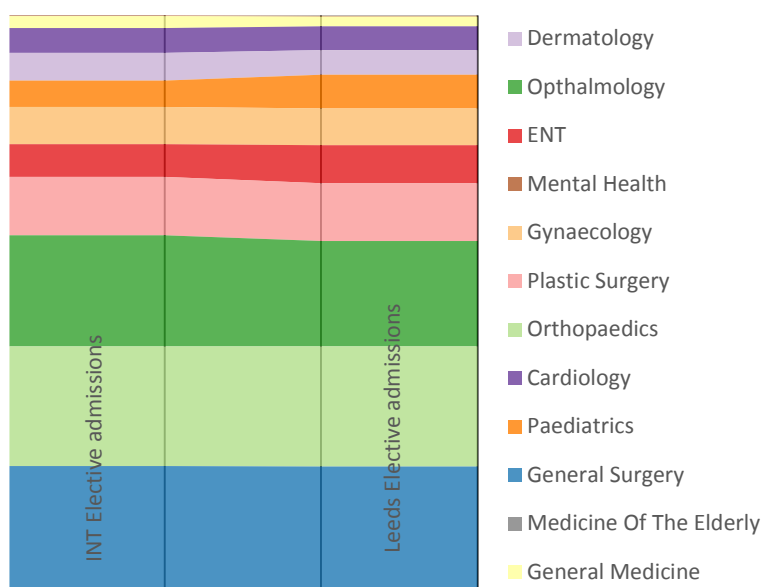


Hospital admissions for this INT by specialty (2016/17)

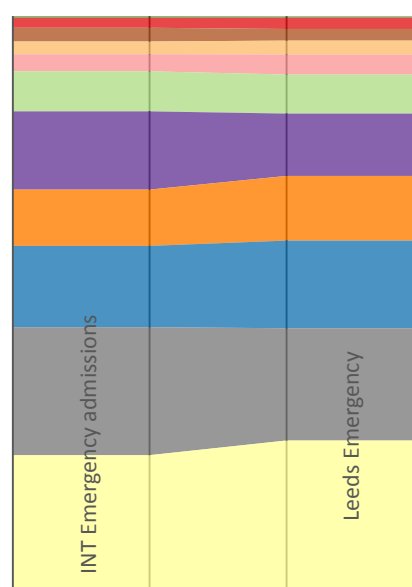
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

Non-emergency and emergency admission patterns obviously differ significantly, but of interest here is how the INT might differ to Leeds overall. The two charts use the same colour coding and both rank specialties by their contribution to Leeds overall, (the 'others' group is not charted or included in top 5 lists)

Proportions of Elective admissions. INT vs Leeds



Proportions of Emergency admissions. INT vs Leeds

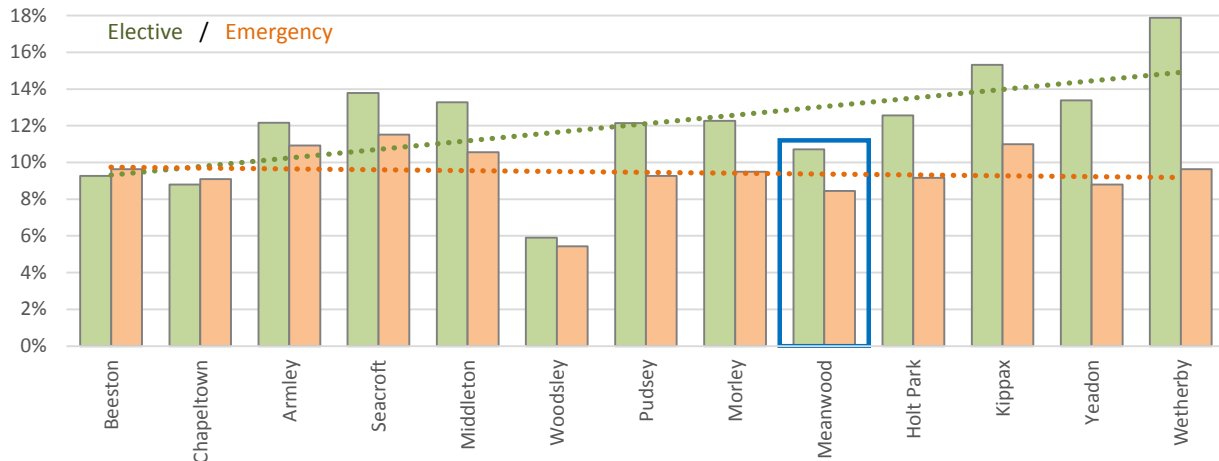


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st General Surgery	13%	12%
2nd Orthopaedics	12%	11%
3rd Ophthalmology	11%	10%
4th Plastic Surgery	6%	5%
5th Gynaecology	4%	3%

INT Emergency admissions top 5	% of INT admissions	Leeds proportion
1st General Medicine	14%	16%
2nd Medicine Of The Elderly	13%	12%
3rd General Surgery	8%	9%
4th Cardiology	8%	7%
5th Paediatrics	6%	7%

Elective and emergency admission rates and deprivation

Hospital admission rates as percentage of whole INT populations. The INTs are ordered by deprivation score and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.

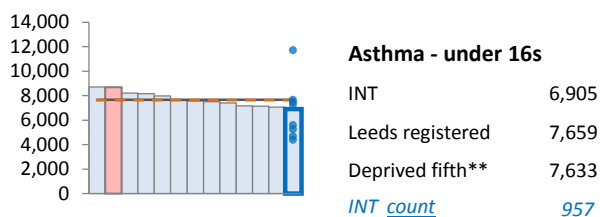


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

Asthma in children October 2016 (DSR per 100,000)

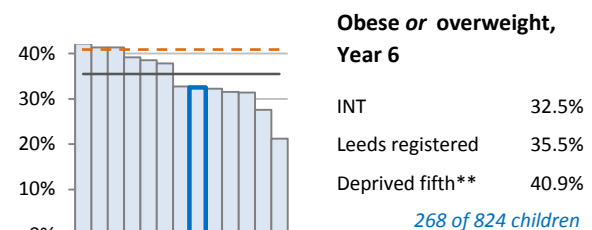
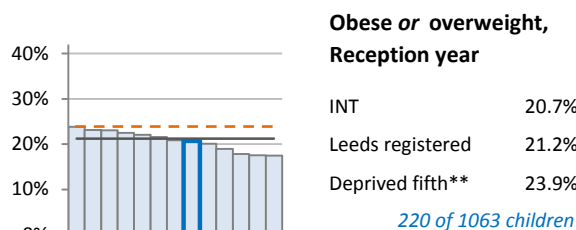
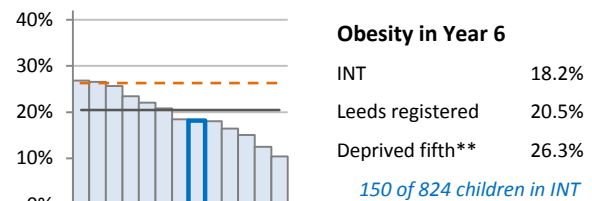
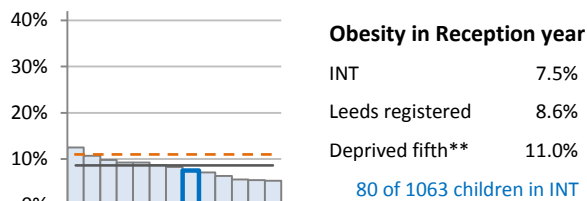
GP data



GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

Child obesity 2015-16 ✖

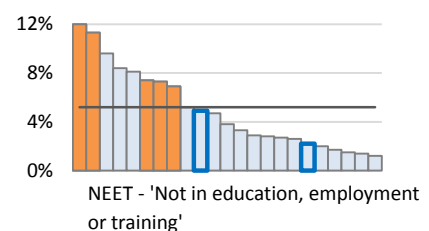
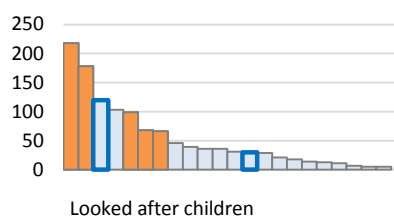
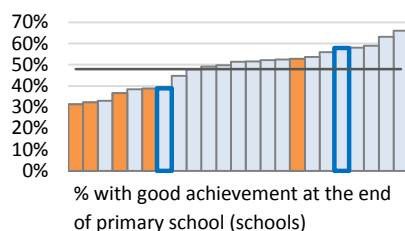
NCMP, aggregated from LSOA to INT boundary



Children's cluster data ✖

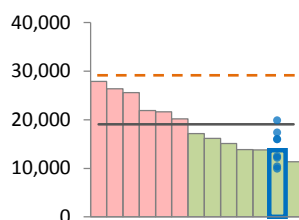
Children and Young People's Plan Key Indicator Dashboard July 2017

All 23 Children's clusters in Leeds, ranked below. Each INT footprint may be overlapped by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



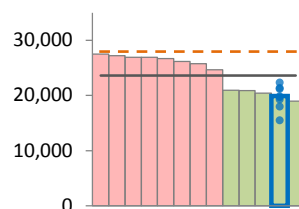
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	13,731
Leeds registered	19,045
Deprived fifth**	29,163
<u>INT count</u>	<u>9,858</u>



Obesity (BMI>30)

INT	19,885
Leeds registered	23,606
Deprived fifth**	27,951
<u>INT count</u>	<u>12,094</u>

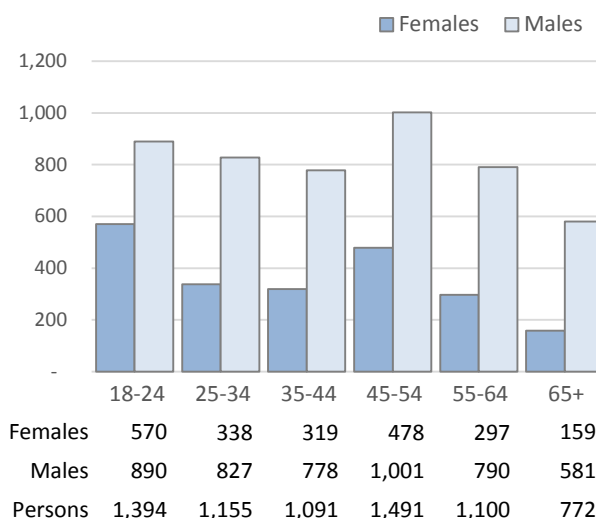
(Within the population who have a recorded BMI)

Audit-C alcohol dependency

GP data. Quarterly data collection, April 2017

The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption. In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. Rates for age bands and females in Leeds are applied here to the INT registered population to form a picture of the alcohol risk in the whole INT adult population.

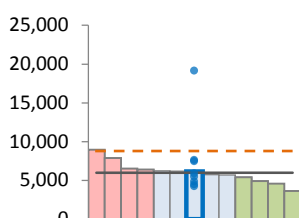
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

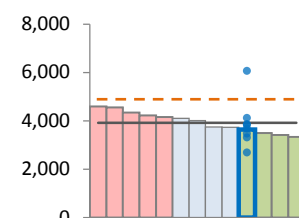
GP data

GP data. Quarterly data collection, April 2017 (DSR per 100,000)



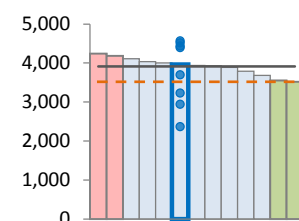
Diabetes

INT	6,178
Leeds registered	6,021
Deprived fifth**	8,802
<u>INT count</u>	<u>4,562</u>



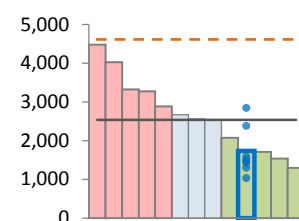
CHD

INT	3,639
Leeds registered	3,926
Deprived fifth**	4,894
<u>INT count</u>	<u>2,598</u>



Cancer

INT	3,959
Leeds registered	3,915
Deprived fifth**	3,519
<u>INT count</u>	<u>2,864</u>



COPD

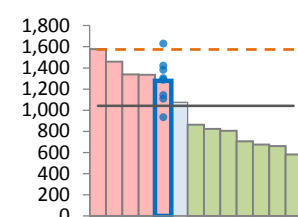
INT	1,737
Leeds registered	2,537
Deprived fifth**	4,617
<u>INT count</u>	<u>1,227</u>

Diabetes and COPD - April 2017. CHD and cancer - January 2017

Long term conditions, adults and older people continued

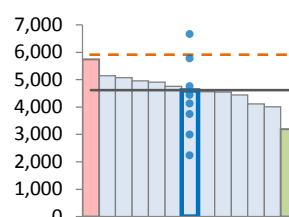
GP data (January 2017)

GP data. Quarterly data collection, (DSR per 100,000)



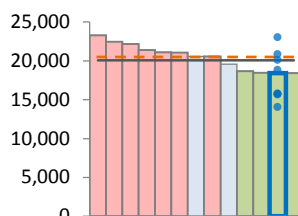
Severe mental health

INT	1,279
Leeds registered	1,042
Deprived fifth**	1,574
INT count	1,031



Dementia (65+)

INT	4,603
Leeds registered	4,618
Deprived fifth**	5,911
INT count	688



Common mental health

INT	18,420
Leeds registered	20,060
Deprived fifth**	20,496
INT count	15,247

The GP data charts show all 13 INTs in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant difference then it is shown in blue. Blue circle indicators show rates for practices which are a member of the INT, in some instances scales are set which mean practices with extreme values are not seen.

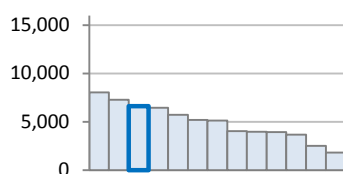
****Most deprived fifth, or quintile of Leeds** - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture.

Life limiting illness ✖

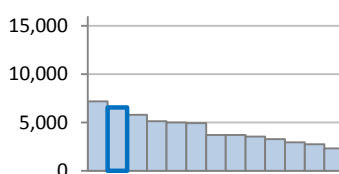
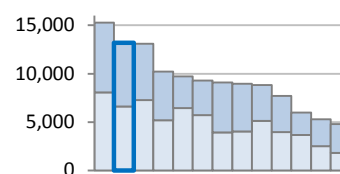
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness

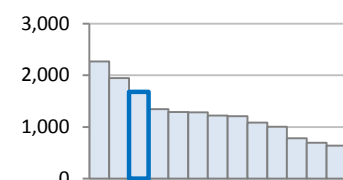
Life limiting illness, under 65



Life limiting illness, over 65

Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green

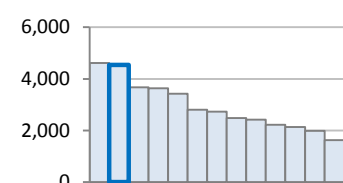
Carers providing 50+ hours care/week ✖



The number of people within the INT area in these categories are shown in the table below, the INT ranking position in Leeds is also shown.

✖ This data is not related to INT practice membership so cannot be related back to practice membership of the INT. However each INT has a crude boundary allowing geographical data such as this to be allocated on that basis instead.

One person households aged 65+ ✖



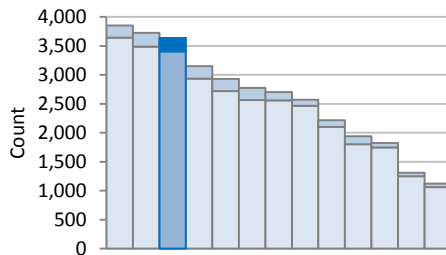
	number	rank
Limiting Long Term Illness - All Ages	13,192	2
Limiting Long Term Illness - under 65	6,610	3
Limiting Long Term Illness - 65+	6,582	2
Providing 50+ hours care/week	1,678	3
One person households aged 65+	4,546	2

People living with frailty and 'end of life'

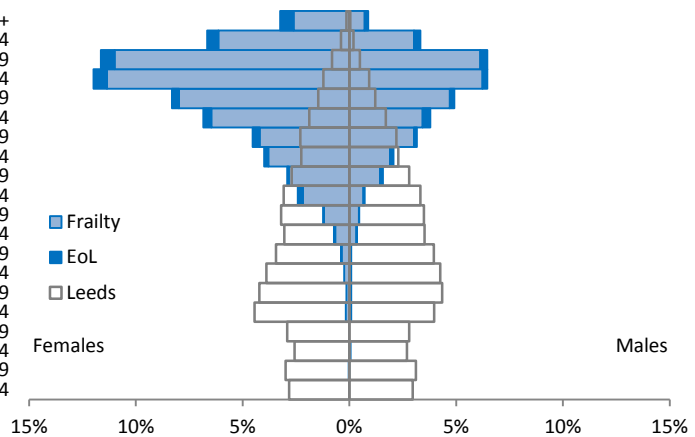
Leeds data model September 2016 cohort

Leeds Integrated Neighbourhood Teams ranked by combined count of End of Life and Frailty populations.

Total: 3,637. Frailty 3,407. End of life 230



INT (in blue) compared to Leeds by gender and age band.

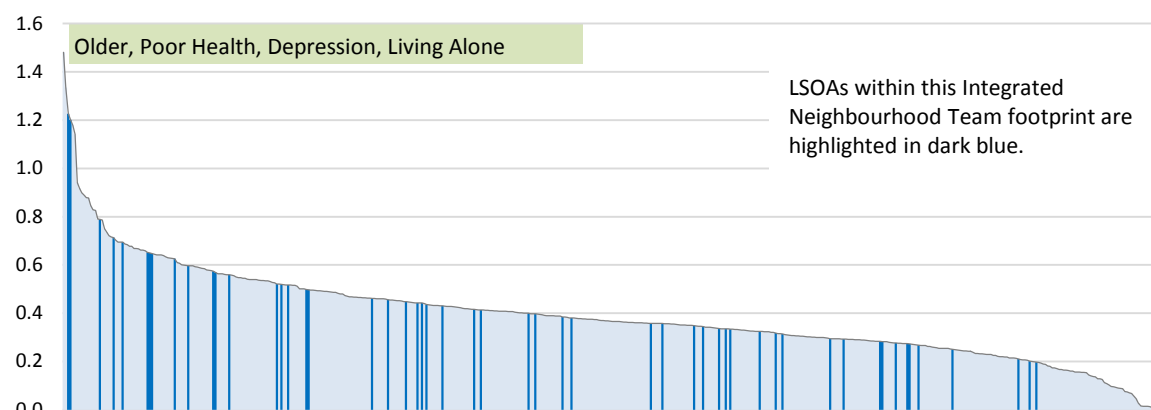
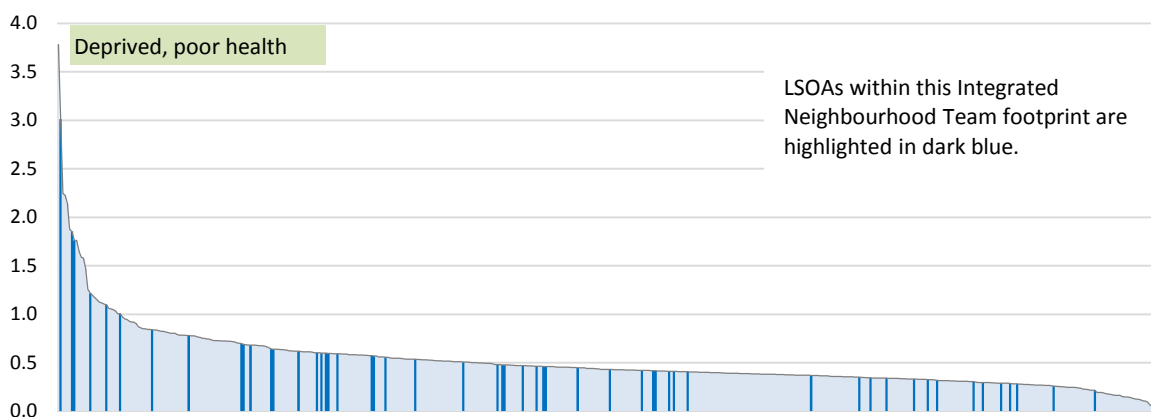


Social Isolation Index ✕

LSOAs in INT footprint

The Social Isolation Index visualises some of the broader determinants of health and social isolation as experienced by the older population. It brings together a range of indicators pulled from clinical, census and police sources. A shortlist was then used to generate population indexes, for two demographic groups across Leeds; 'Deprived, Poor Health' and 'Older, Poor Health, Depression, Living Alone'.

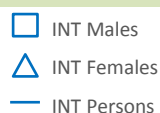
Each demographic group has a separate combination of indicators in order to better target the group characteristics, and variations in population sizes are removed during the index creation. The index levels show the likelihood a small area has of containing the demographic group in question. The higher the index score, the greater the probability that "at risk" demographics will be present, an area ranking 1st in Leeds is the most isolated in terms of that index. These charts show all Lower Super Output Areas (LSOAs) in Leeds, ranked by the indexes.



To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

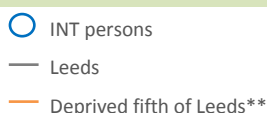
Mortality, under 75s, age standardised rates per 100,000

ONS and GP registered populations

"How different are the sexes in this INT"

Shaded if significantly above Persons

Shaded if significantly below Persons

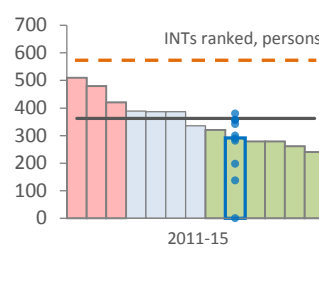
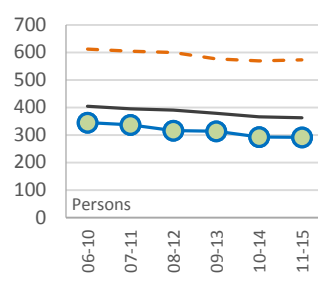
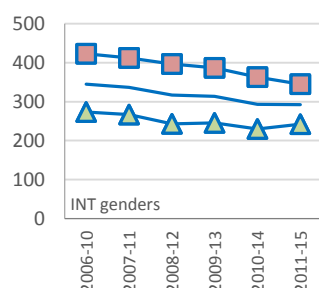
"How different is this INT to Leeds"

Shaded if significantly above Leeds

Shaded if significantly below Leeds

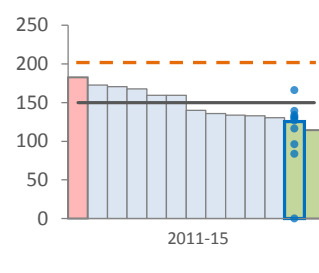
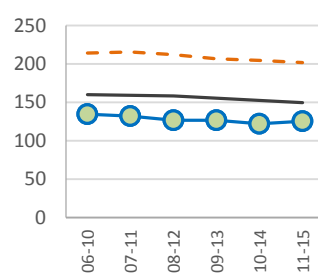
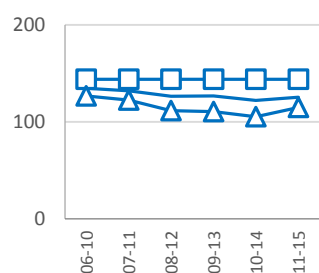
"Where is this INT in relation to the others, and Leeds"

INTs are ranked by the most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Practice rates for those within this INT are shown as blue dots. This INT is highlighted with a blue border.

All cause mortality

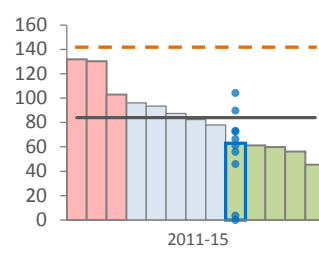
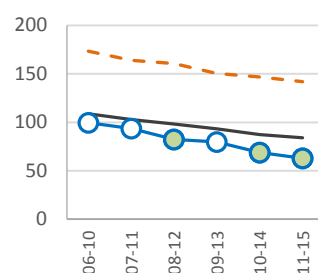
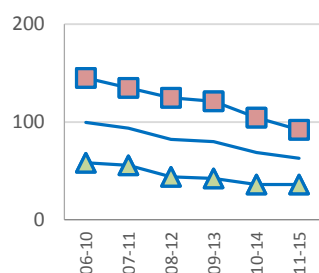
Persons (DSR per 100,000)

INT	292
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>872</i>

Cancer mortality

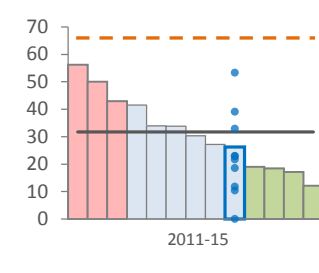
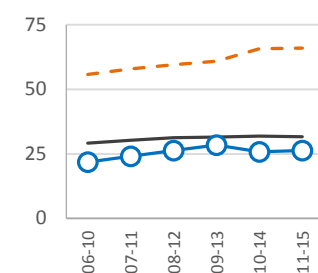
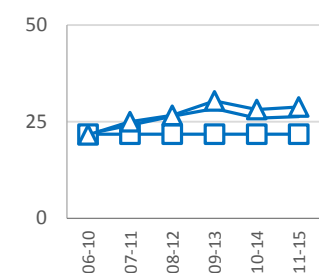
Persons (DSR per 100,000)

INT	126
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>371</i>

Circulatory disease mortality

Persons (DSR per 100,000)

INT	63
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>185</i>

Respiratory disease mortality

Persons (DSR per 100,000)

INT	26
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>73</i>

GP data courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.