

Appendix 1 – Outer North East Community Committee Public Health Profile and Draft Area overview profiles for Wetherby, Kippax and Meanwood Integrated Neighbourhood Teams (INTs)

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
- Outer North East Community Committee Public Health Profile
- Draft Area overview profiles for Wetherby, Kippax and Meanwood Integrated Neighbourhood Teams (INTs)

Community Committee boundaries and Integrated Neighbourhood Team footprint areas

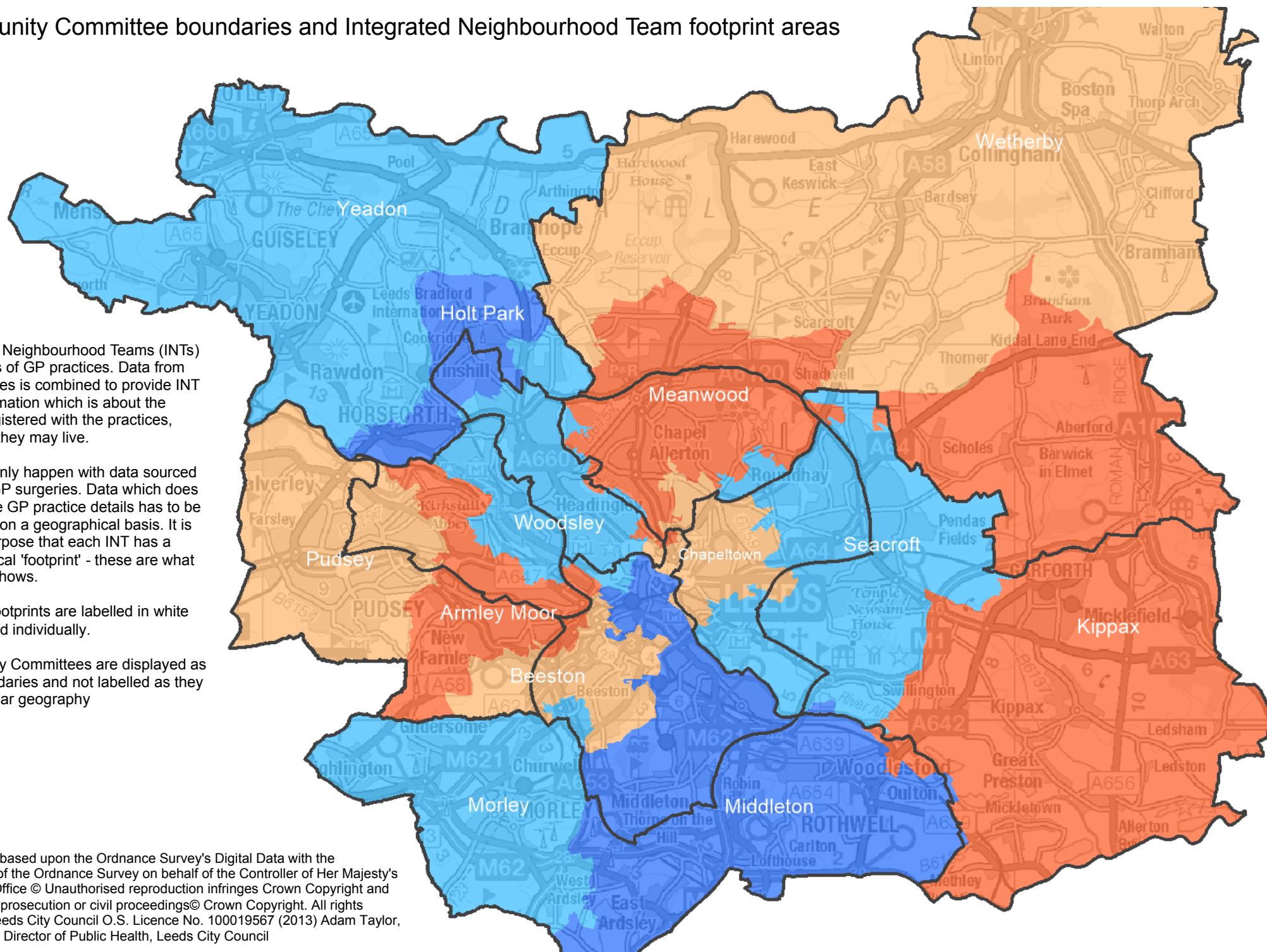
Integrated Neighbourhood Teams (INTs) are groups of GP practices. Data from the practices is combined to provide INT level information which is about the people registered with the practices, wherever they may live.

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

This map is based upon the Ordnance Survey's Digital Data with the permission of the Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings© Crown Copyright. All rights reserved. Leeds City Council O.S. Licence No. 100019567 (2013) Adam Taylor, Office of the Director of Public Health, Leeds City Council



Area overview profile for Outer North East Community Committee

This profile presents a high level summary of data sets for the Outer 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.

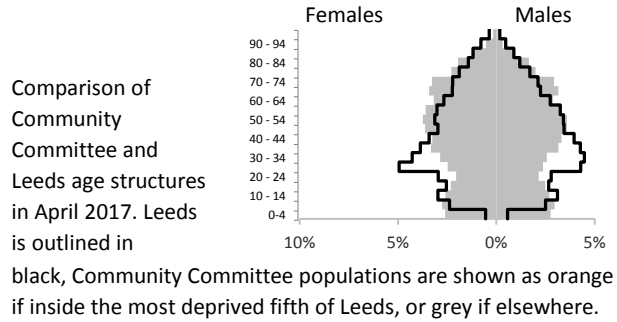
Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	5,126	79%	71%
Indian	341	5%	2%
Pakistani	272	4%	7%
Any other white background	211	3%	5%
Any other Asian background	111	2%	2%

(January 2017, top 5 in Community committee, corresponding Leeds value)

Pupil language, top 5	Area	% Area	% Leeds
English	6,225	96%	87%
Urdu	77	1%	3%
Punjabi	49	1%	1%
Arabic	39	1%	1%
Kurdish	33	1%	0%

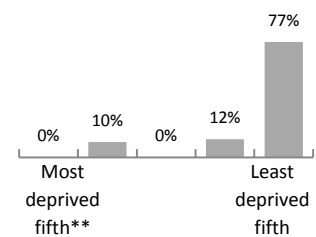
(January 2017, top 5 in Community committee, corresponding Leeds value)

Population: 64,225 32,908 31,317



Deprivation distribution

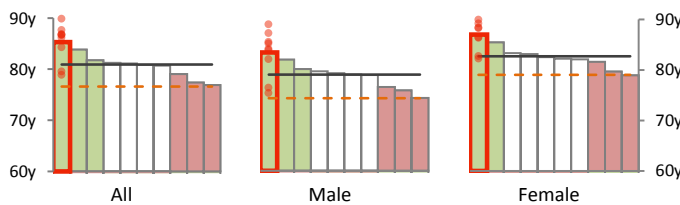
Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), April 2017.



GP recorded ethnicity, top 5	% Area	% Leeds
White British	74%	62%
Not Recorded	5%	6%
Other White Background	5%	9%
Indian or British Indian	3%	2%
(blank)	2%	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

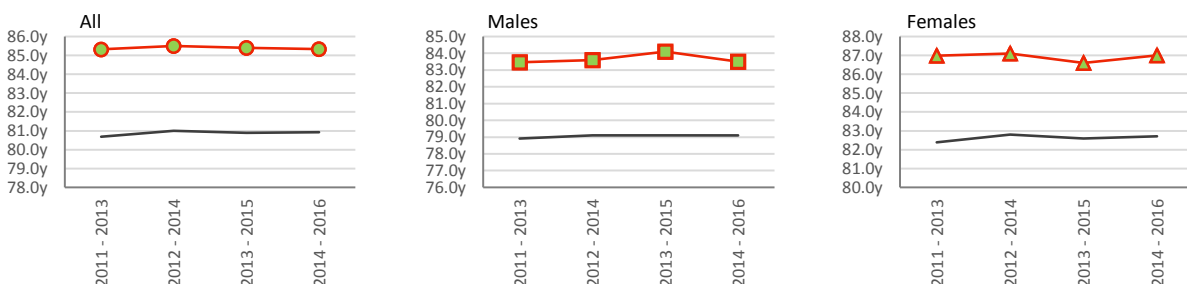


(years)	All	Males	Females
Outer North East CC	85.3	83.5	87.0
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

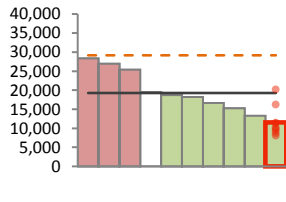
"How different is the life expectancy here to Leeds?"

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.

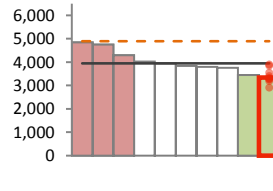
Life expectancy in this Community Committee is significantly better than that of Leeds and it has been this way since 2011-13.



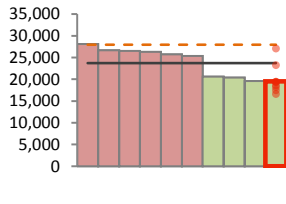
GP recorded conditions, persons (DSR per 100,000) GP data



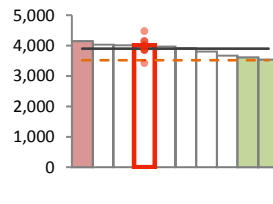
Smoking (16y+)
 Outer North East CC 11,504
 Leeds 19,265
 Deprived fifth** 29,163
 (April 2017)



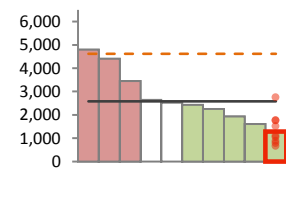
CHD
 Outer North East CC 3,342
 Leeds 3,947
 Deprived fifth 4,894
 (January 2017)



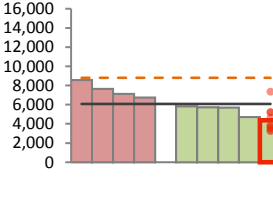
Obesity (16y+ and BMI>30)
 Outer North East CC 19,542
 Leeds 23,722
 Deprived fifth 27,951
 (April 2017)



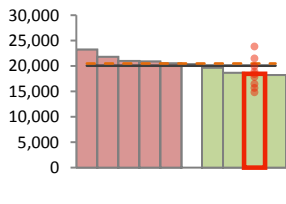
Cancer
 Outer North East CC 4,007
 Leeds 3,899
 Deprived fifth 3,519
 (January 2017)



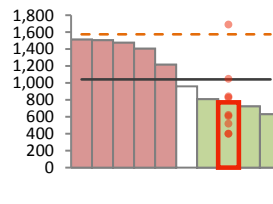
COPD
 Outer North East CC 1,291
 Leeds 2,580
 Deprived fifth 4,617
 (April 2017)



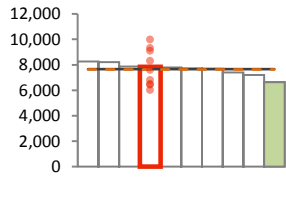
Diabetes
 Outer North East CC 4,370
 Leeds 6,076
 Deprived fifth 8,802
 (April 2017)



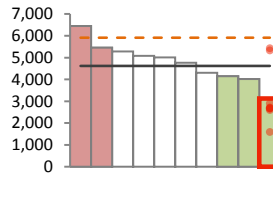
Common mental health
 Outer North East CC 18,465
 Leeds 20,060
 Deprived fifth 20,496
 (January 2017)



Severe mental health
 Outer North East CC 772
 Leeds 1,042
 Deprived fifth 1,574
 (January 2017)



Asthma in children
 Outer North East CC 7,841
 Leeds 7,659
 Deprived fifth 7,633
 (October 2016)



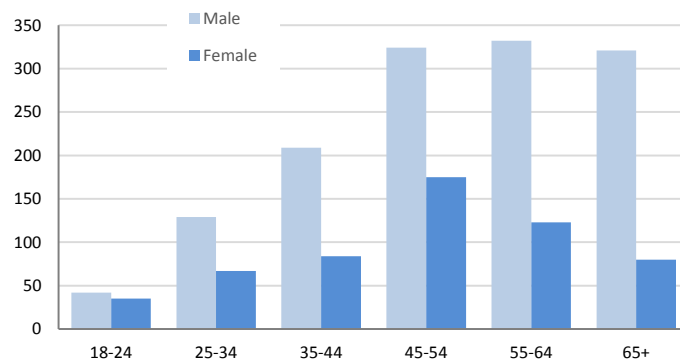
Dementia (over 65s)
 Outer North East CC 3,120
 Leeds 4,618
 Deprived fifth 5,911
 (January 2017)

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.

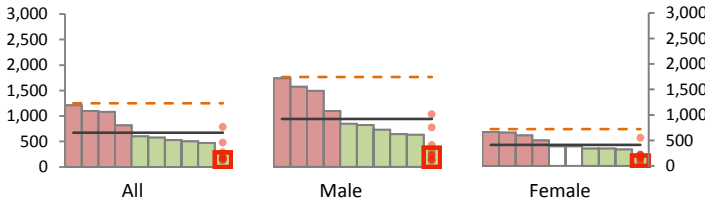
Alcohol dependency - the Audit-C test GP data, April 2017

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
Outer North East	284	373	203
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?"

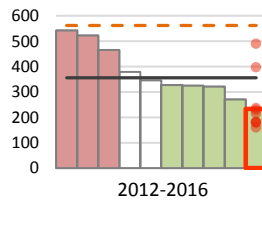
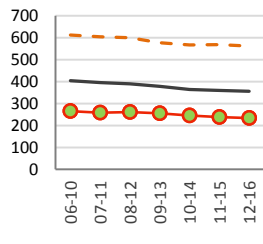
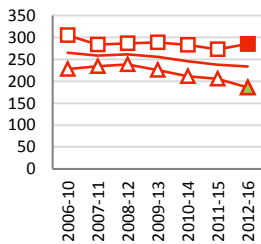
- Persons
- Leeds
- - - Deprived fifth**

Shaded if significantly > Leeds
Shaded if significantly < Leeds

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

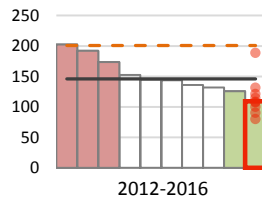
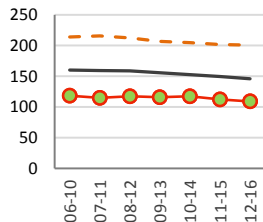
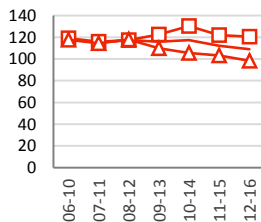
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



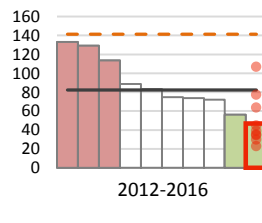
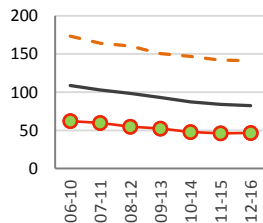
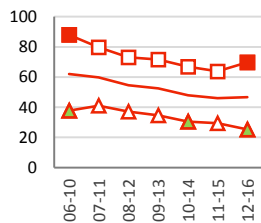
Persons (DSR per 100,000)	Outer North East CC	Count of deaths in 2012-16
Outer North East CC	234	733
Leeds resident	356	
Deprived fifth**	562	

Cancer mortality - under 75s



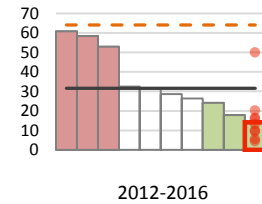
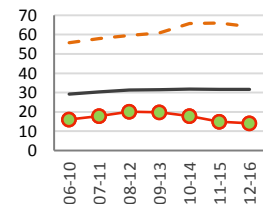
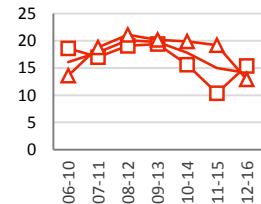
Persons (DSR per 100,000)	Outer North East CC	Count of deaths in 2012-16
Outer North East CC	109	347
Leeds resident	146	
Deprived fifth	201	

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	Outer North East CC	Count of deaths in 2012-16
Outer North East CC	47	149
Leeds resident	82	
Deprived fifth	141	

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	Outer North East CC	Count of deaths in 2012-16
Outer North East CC	14	46
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.

Outer North East Community Committee

The health and wellbeing of the Outer North East Community Committee contains some variation but overall looks very healthy within the city. It is the smallest Community Committee and none of the population live in the most deprived fifth of Leeds**. Life expectancy is the highest of any Community Committee and has been significantly higher than Leeds for many years.

The age structure bears very little resemblance to that of Leeds overall with more very young children, many fewer young adults and greater proportions of those aged over 40. GP recorded ethnicity shows the Community Committee to have slightly larger proportions of “White background” than Leeds. 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.

GP recorded smoking, obesity, CHD, COPD, diabetes, and dementia rates are the lowest of all Community Committees with the ‘Moor Allerton’ MSOA being the highest in each case.

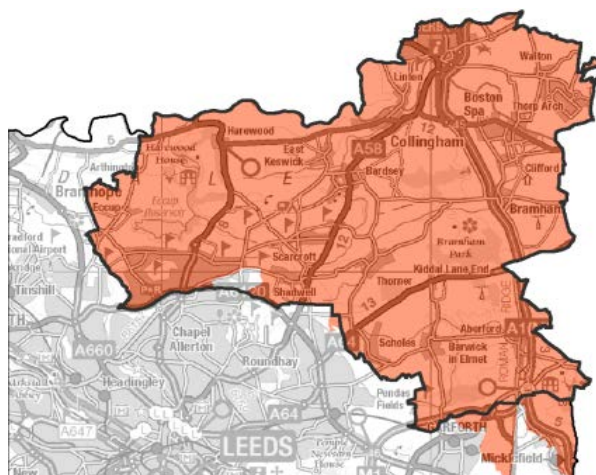
The alcohol dependency test shows a very strong gender bias and much lower numbers of young drinkers than most Community Committees. Alcohol specific admissions are concentrated at the very low end except for the Moor Allerton MSOA which is higher than Leeds rates for males, females, and overall.

All-cause mortality for under 75s is well below the Leeds average and has been for many years. Only two MSOAs are above Leeds – ‘Wetherby East, Thorp Arch’ and ‘Moor Allerton’. Cancer, circulatory, and respiratory disease mortality rates are also the lowest Community Committee rates in the city. The same two MSOAs feature as the highest two in the Community Committee in each case here.

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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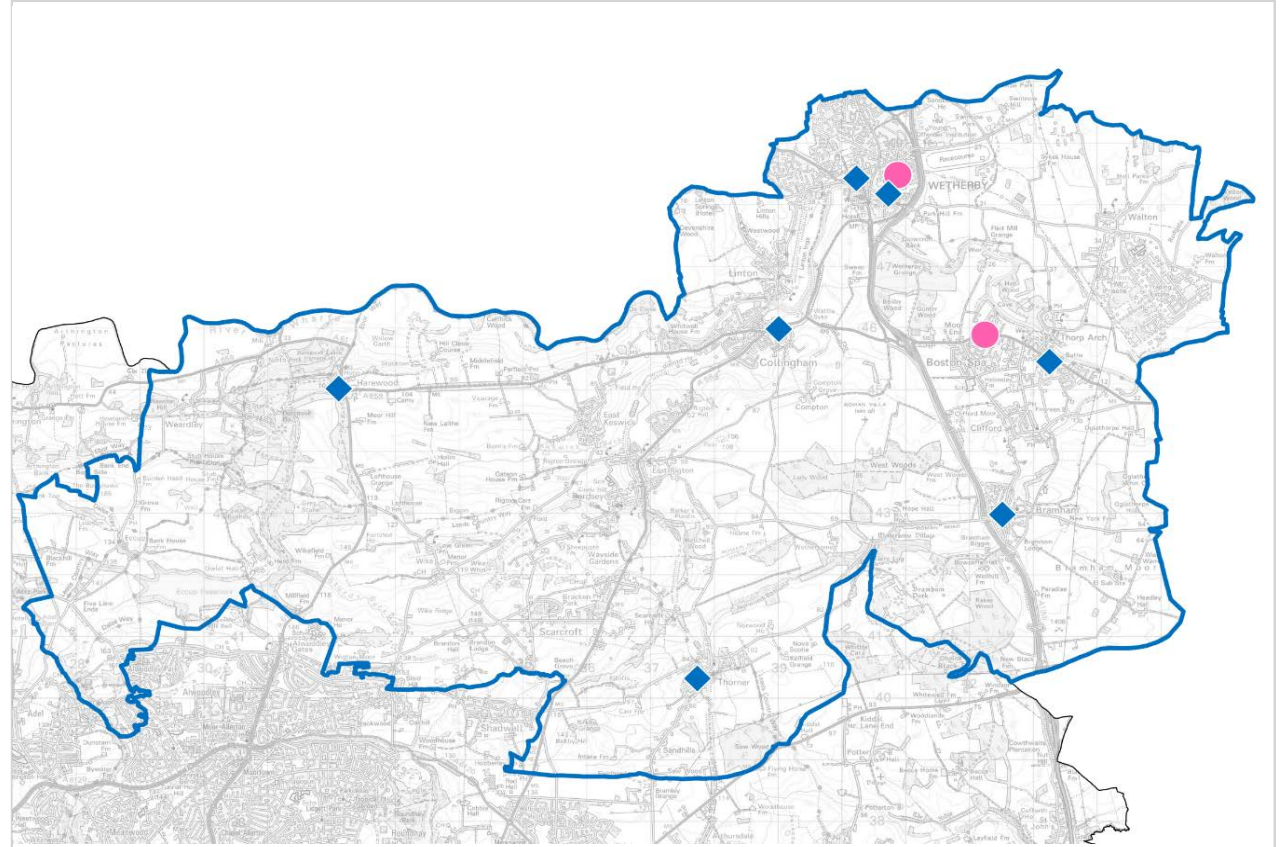
Area overview profile for Wetherby Integrated Neighbourhood Team

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.

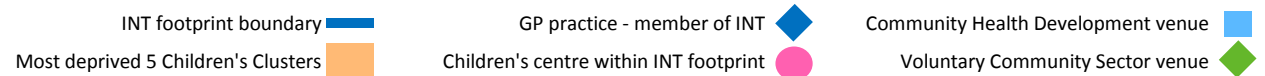
The INT has a very noticeable difference in age structure to Leeds, much older population with lower proportions of children and under 45s. It also has a much larger 'White British' ethnic group proportion than Leeds. It is the INT with the most noticeable differences to Leeds for both elective and emergency admissions.

This INT has the highest GP recorded asthma rate in the city. Despite the lack of deprivation, social isolation index scores do include a couple of small areas with very high scores. Mortality rates don't show such an extreme difference between sexes, and overall rates are significantly below Leeds.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Collingham Church View Surgery & Thorner Surgery. Crossley Street Surgery. Spa Surgery. Wetherby Surgery - Wetherby. Bramham Medical Centre.

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 Wetherby Integrated Neighbourhood Team

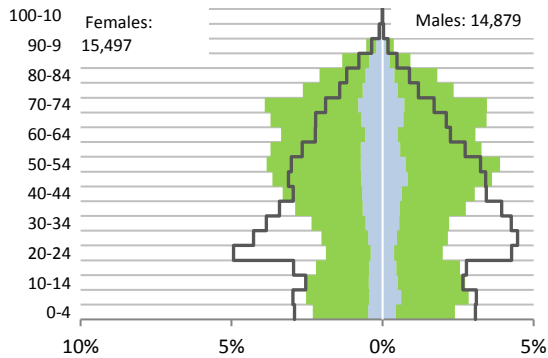
This profile presents a high level summary of data for the Wetherby Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 30,376 in April 2017 GP data

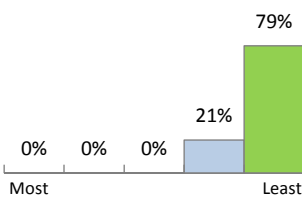
Comparison of INT and Leeds age structures. Leeds is outlined in black, INT populations are shown as dark and light orange if resident inside the 1st or 2nd most deprived fifth of Leeds, and green if in the least deprived.



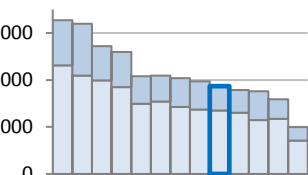
GP recorded ethnicity, top 5	% INT	% Leeds
White British	83%	62%
Not Recorded	8%	6%
Other White Background	3%	9%
Not Stated	2%	2%
Unknown	1%	1%

(April 2017)

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



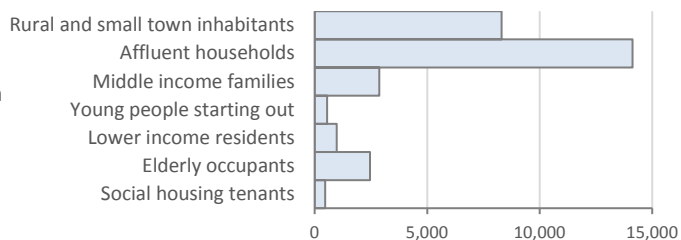
Aged 74+ (April 2017)
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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>



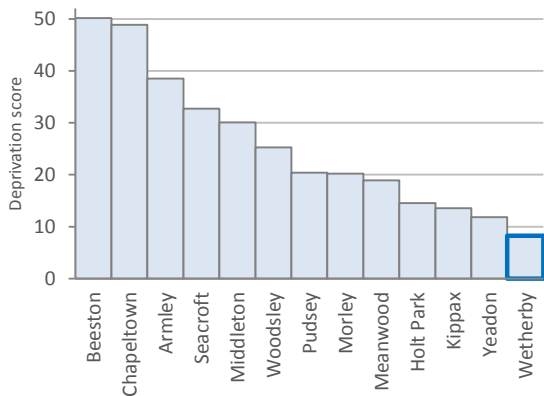
Population counts in ten year age bands for each INT (April 2017)

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
	Woodsley	Chapelton	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby

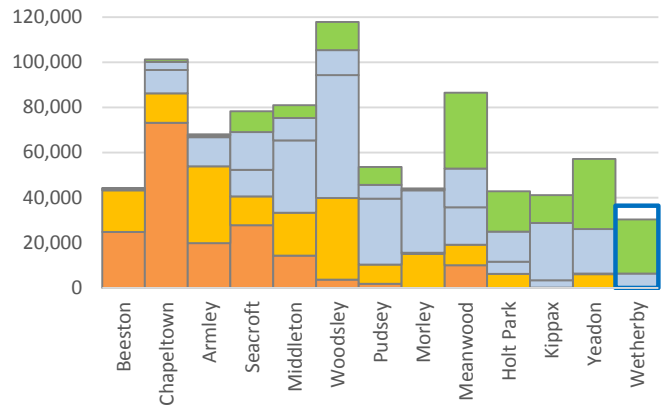
Deprivation and the population of Wetherby INT IMD2015 and GP data

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 8.3, ranked number 13 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

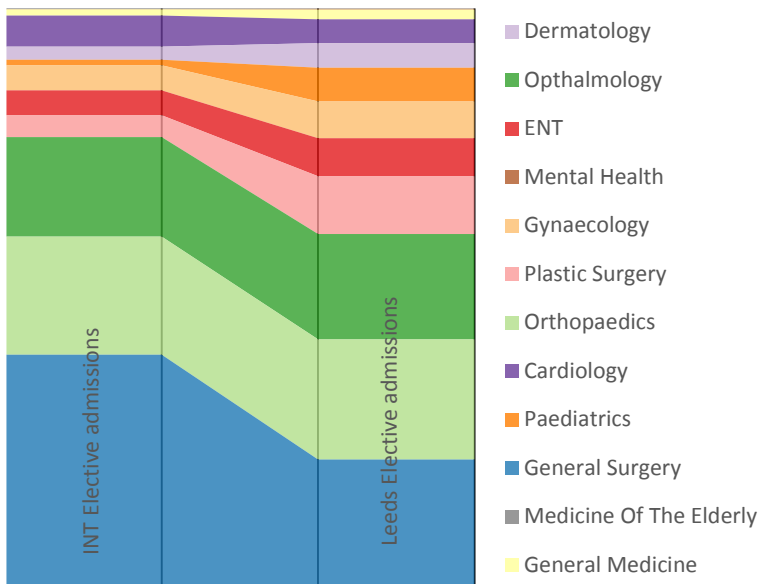


Hospital admissions for this INT by specialty (2016/17)

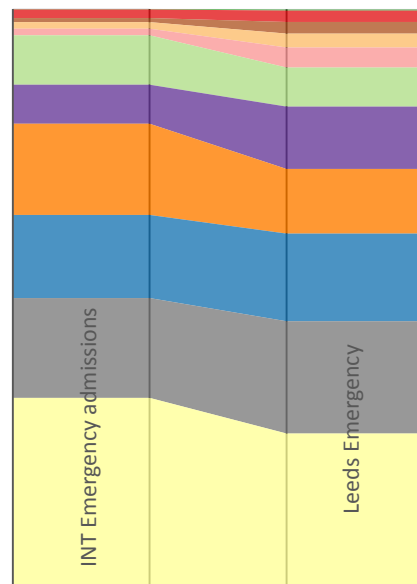
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialities and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

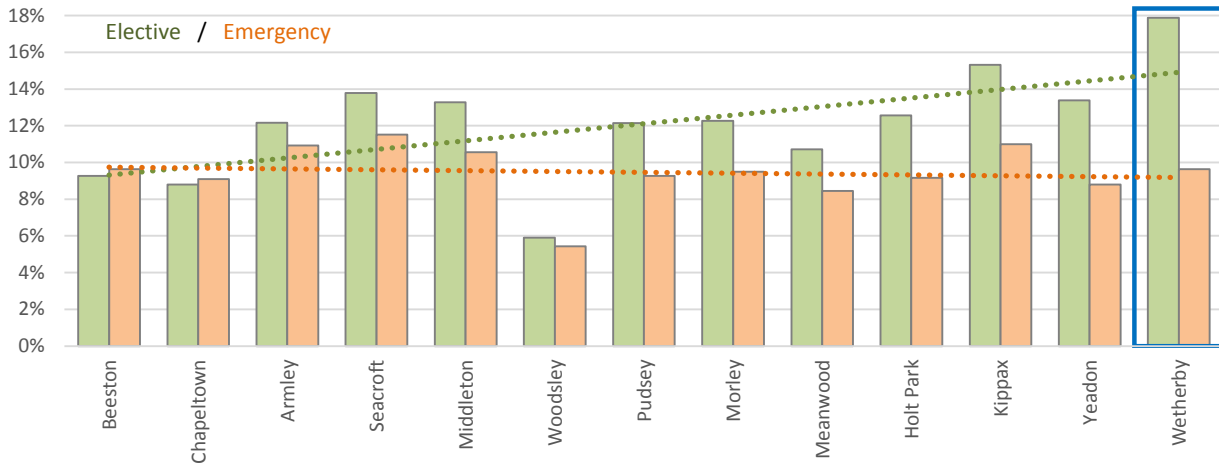


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st General Surgery	22%	12%
2nd Orthopaedics	11%	11%
3rd Ophthalmology	9%	10%
4th Cardiology	3%	2%
5th Gynaecology	2%	3%

INT Emergency admissions top 5	% of INT admissions	Leeds proportion
1st General Medicine	26%	16%
2nd Medicine Of The Elderly	13%	12%
3rd Paediatrics	12%	7%
4th General Surgery	11%	9%
5th Orthopaedics	7%	4%

Elective and emergency admission rates and deprivation

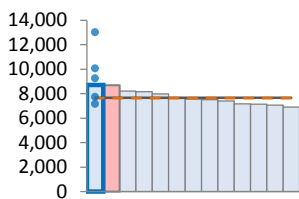
Hospital admission rates as percentage of whole INT populations. The INTs are ordered by deprivation score and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

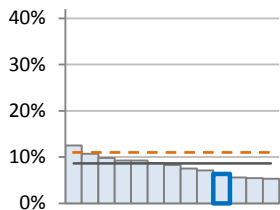


Asthma - under 16s

INT	8,705
Leeds registered	7,659
Deprived fifth**	7,633
INT count	348

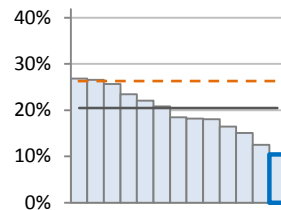
GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

Child obesity 2015-16 NCMP, aggregated from LSOA to INT boundary



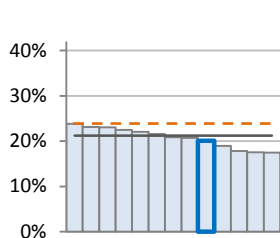
Obesity in Reception year

INT	6.3%
Leeds registered	8.6%
Deprived fifth**	11.0%
INT count	18 of 284 children in INT



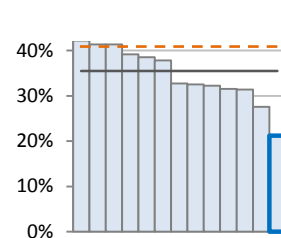
Obesity in Year 6

INT	10.4%
Leeds registered	20.5%
Deprived fifth**	26.3%
INT count	27 of 259 children in INT



Obese or overweight, Reception year

INT	20.1%
Leeds registered	21.2%
Deprived fifth**	23.9%
INT count	57 of 284 children

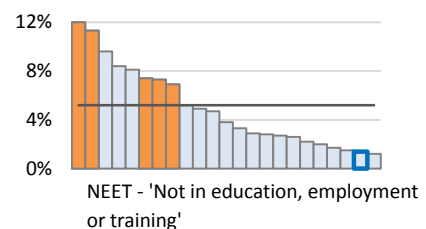
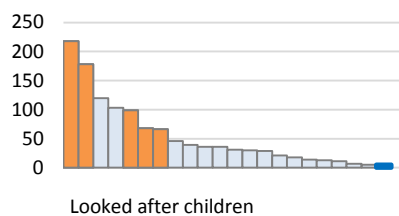
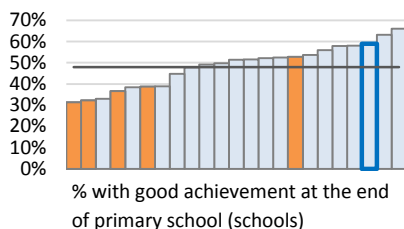


Obese or overweight, Year 6

INT	21.2%
Leeds registered	35.5%
Deprived fifth**	40.9%
INT count	55 of 259 children

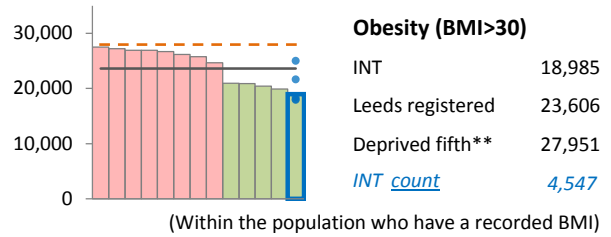
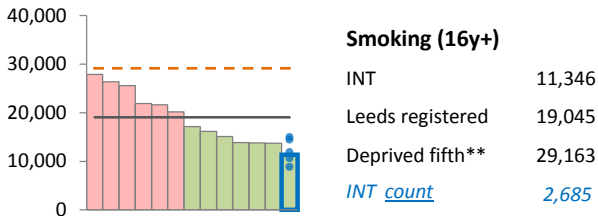
Children's cluster data Children and Young People's Plan Key Indicator Dashboard July 2017

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)

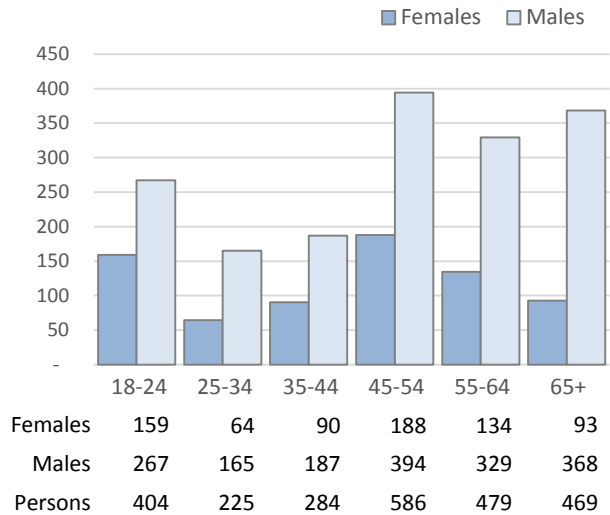


Audit-C alcohol dependency

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.

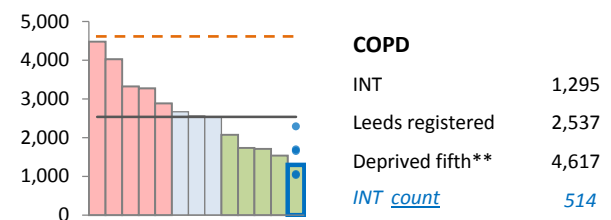
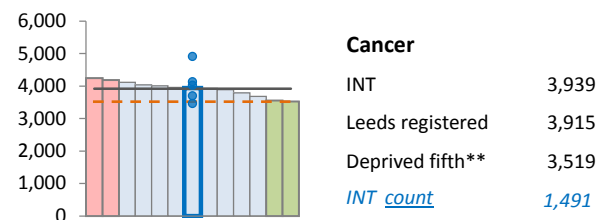
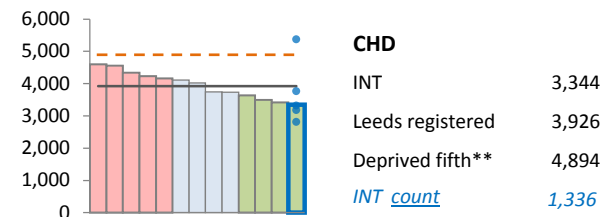
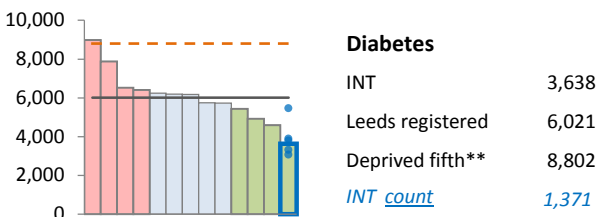
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

GP data

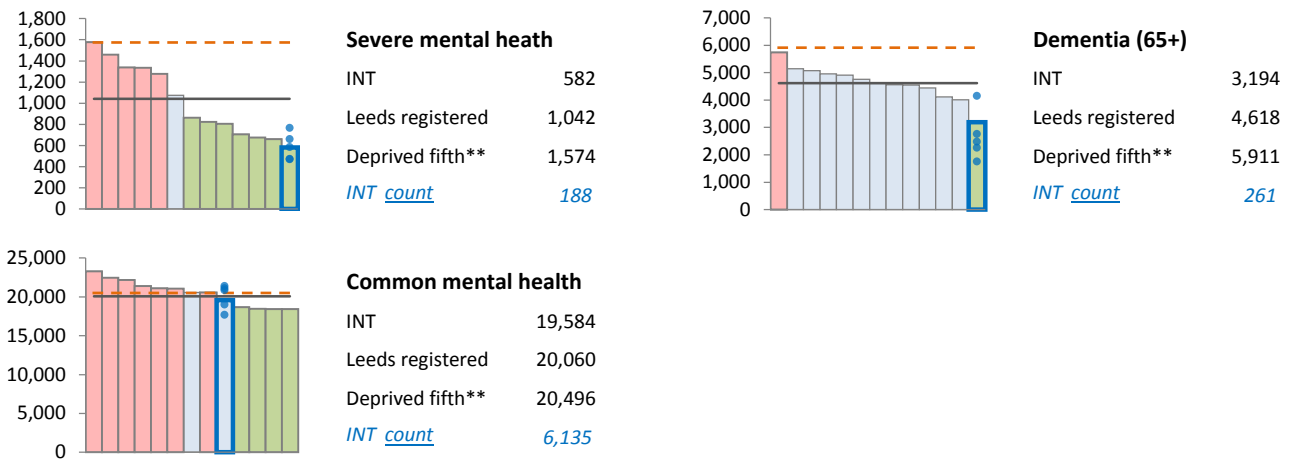
GP data. Quarterly data collection, April 2017 (DSR per 100,000)



Diabetes 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)

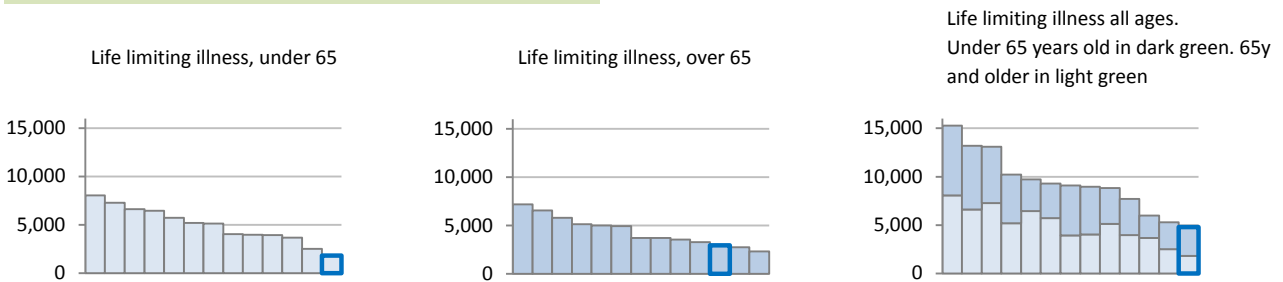


The GP data charts show all 13 INTs in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant 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.

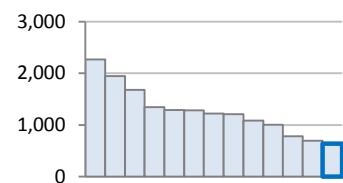
**Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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



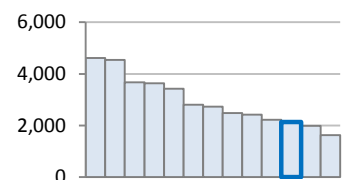
Carers providing 50+ hours care/week ✘



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+ ✘

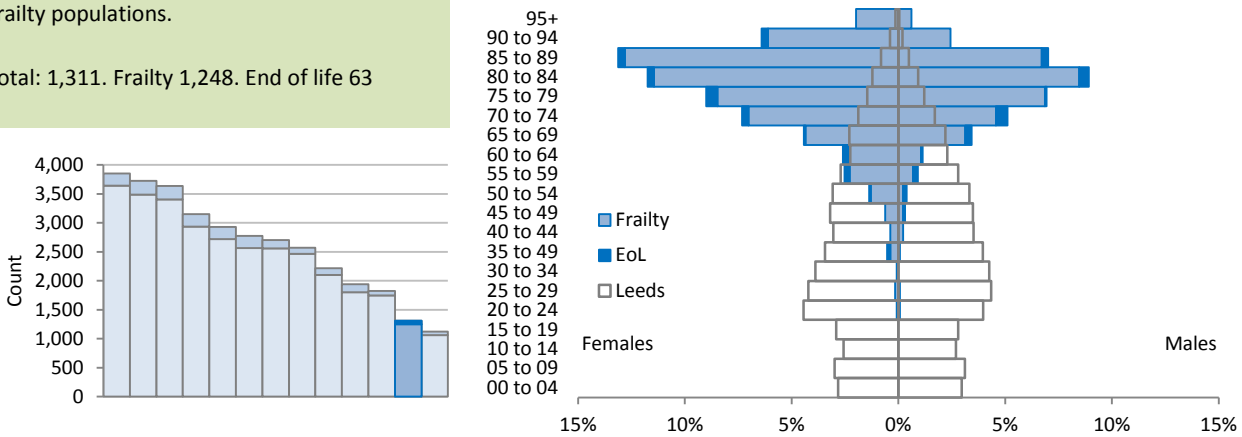


	number	rank
Limiting Long Term Illness - All Ages	4,777	13
Limiting Long Term Illness - under 65	1,808	13
Limiting Long Term Illness - 65+	2,969	11
Providing 50+ hours care/week	636	13
One person households aged 65+	2,141	11

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: 1,311. Frailty 1,248. End of life 63

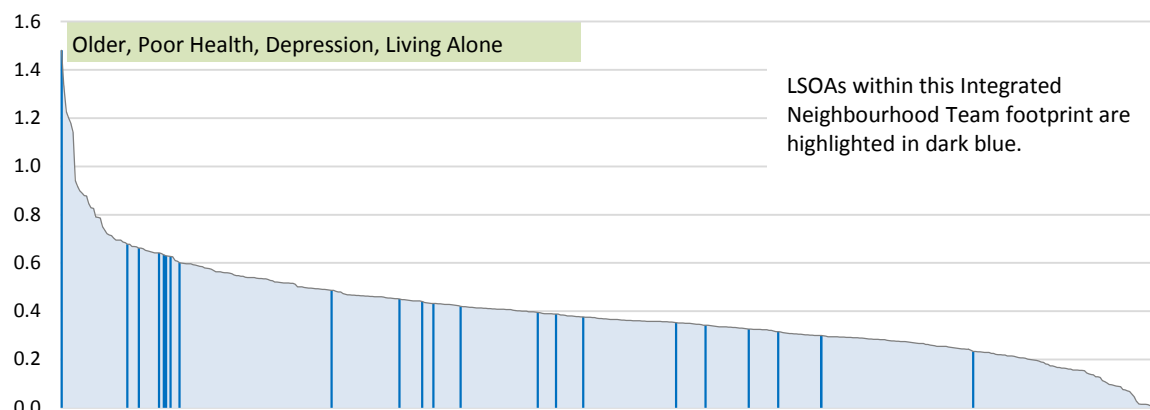
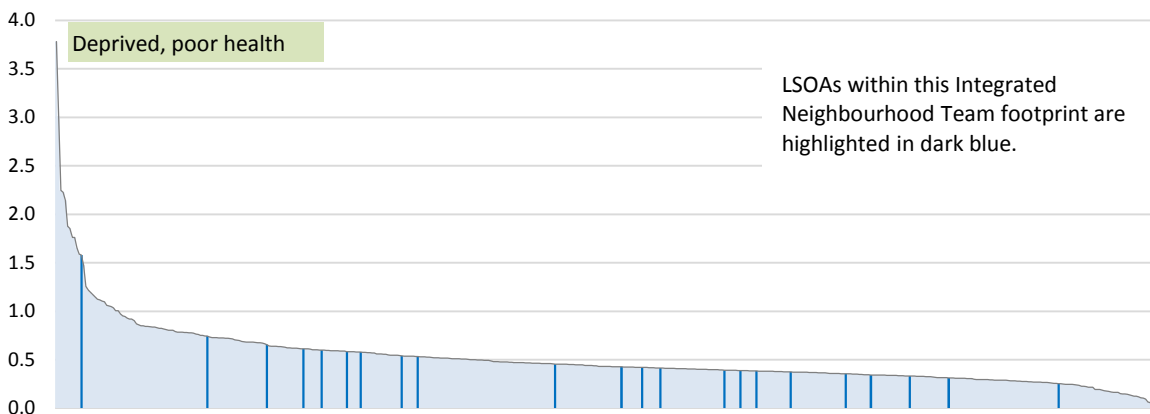
INT (in blue) compared to Leeds by gender and age band.



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"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons
Shaded if significantly below Persons

"How different is this INT to Leeds"

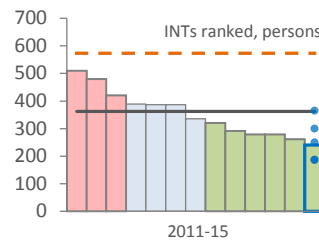
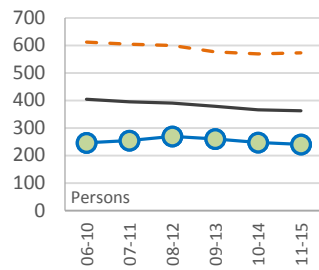
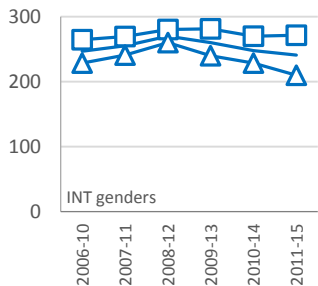
- INT persons
- Leeds
- Deprived fifth of Leeds**

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.

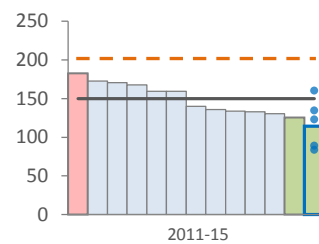
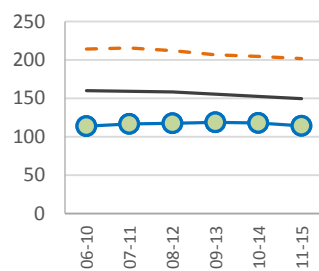
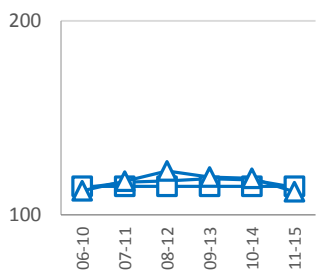
All cause mortality



Persons (DSR per 100,000)

INT	241
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>377</i>

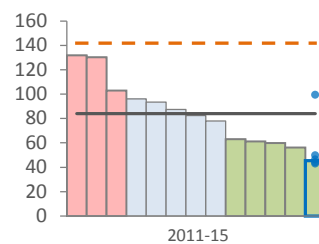
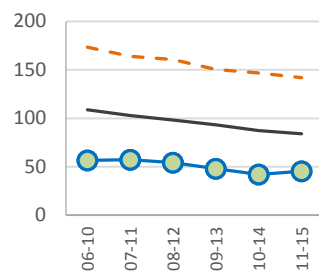
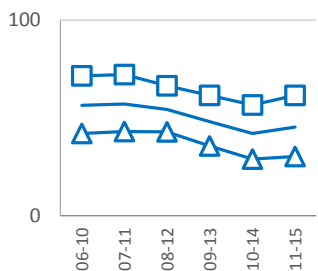
Cancer mortality



Persons (DSR per 100,000)

INT	114
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>183</i>

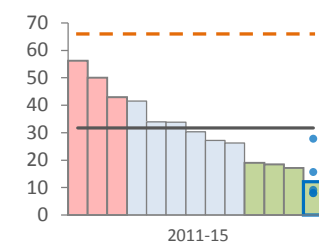
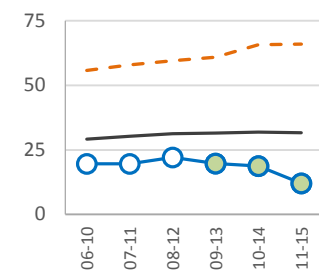
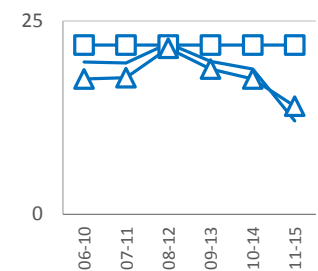
Circulatory disease mortality



Persons (DSR per 100,000)

INT	45
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>73</i>

Respiratory disease mortality



Persons (DSR per 100,000)

INT	12
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>20</i>

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

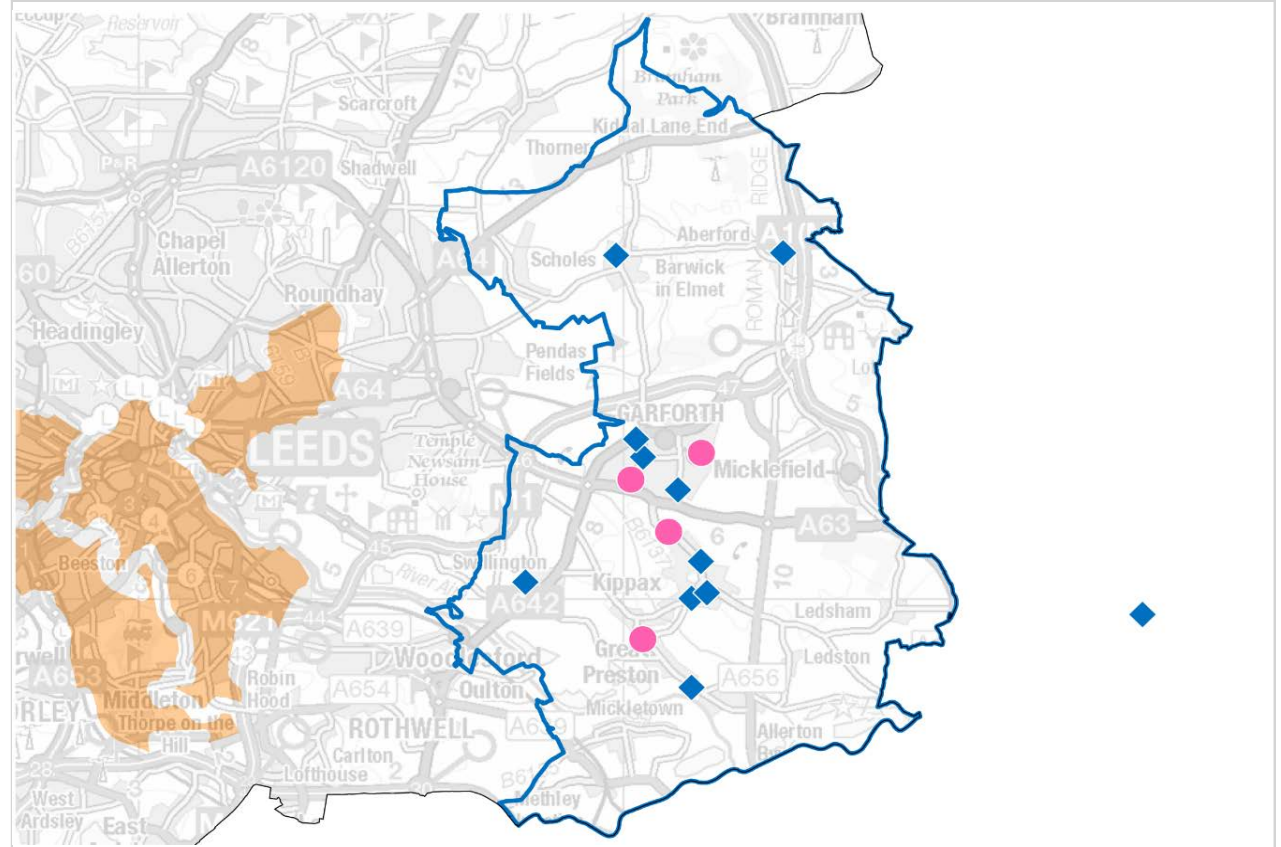
Area overview profile for Kippax Integrated Neighbourhood Team

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.

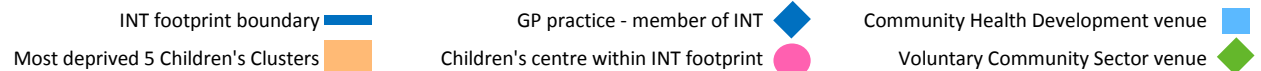
The INT has an older age structure than Leeds, with lower proportions of children and no student and young adult bulge. It has a much larger proportion of "White British" than in Leeds overall, and a lower proportion of "Other White Background". The obesity rate is significantly above Leeds, which is a little out of character for a population with generally good to average health indicators and low deprivation.

The INT has the highest cancer rate in Leeds, but there is a strong inverse relationship with deprivation and cancer diagnosis and so this is likely to reflect good levels of screening and GP attendance (Cancer mortality is quite low in this INT as a result) A few small areas in the INT footprint score very highly in the 'Older, poor health, depression, living alone' social isolation index.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Gibson Lane Practice. The Practice Radshan House. Garforth Group Medical Practice. Nova Scotia Medical Centre. Kippax Hall Surgery. Moorfield House Surgery. Swillington Health Practice.

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.



Ordnance Survey PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved.

Area overview profile for Kippax Integrated Neighbourhood Team

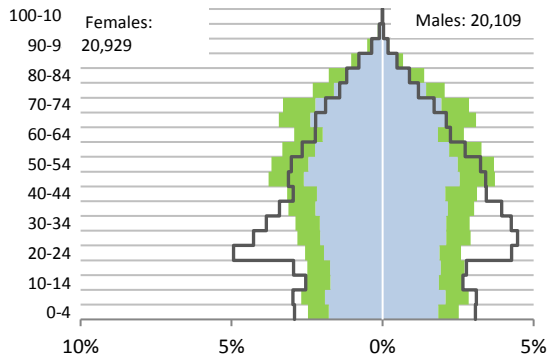
This profile presents a high level summary of data for the Kippax Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 41,038 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.

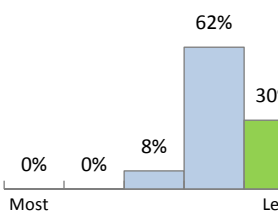


GP recorded ethnicity, top 5	% INT	% Leeds
White British	88%	62%
Not Recorded	6%	6%
Other White Background	2%	9%
Not Stated	1%	2%
Unknown	0%	1%

(April 2017)

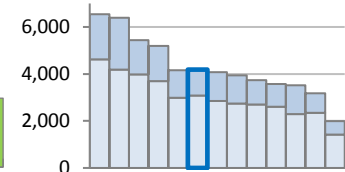
Deprivation distribution

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



Aged 74+ (April 2017)

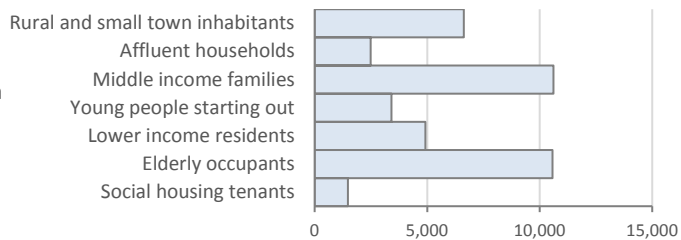
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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)

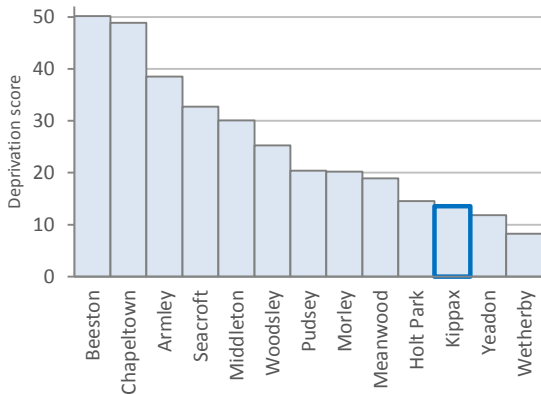
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	8,094	6,016	7,053	5,489	3,023	4,713	4,591	4,986	4,128
50-59	6,802	9,376	10,627	10,747	10,471	8,843	8,182	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
	Woodsley	Chapelton	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby

Deprivation and the population of Kippax INT

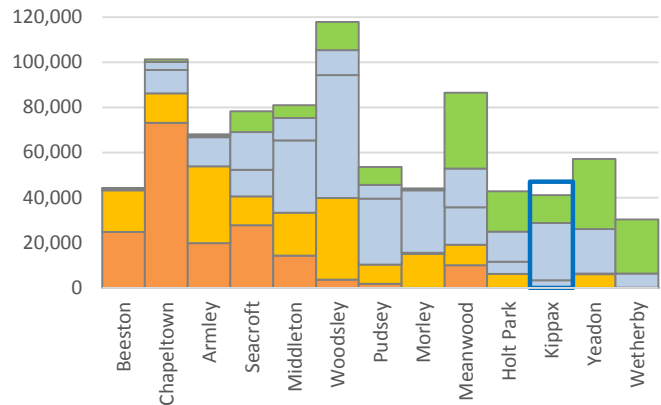
IMD2015 and GP data

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 13.6, ranked number 11 in Leeds.

INTs ranked by deprivation score



INT population sizes ranked by deprivation score

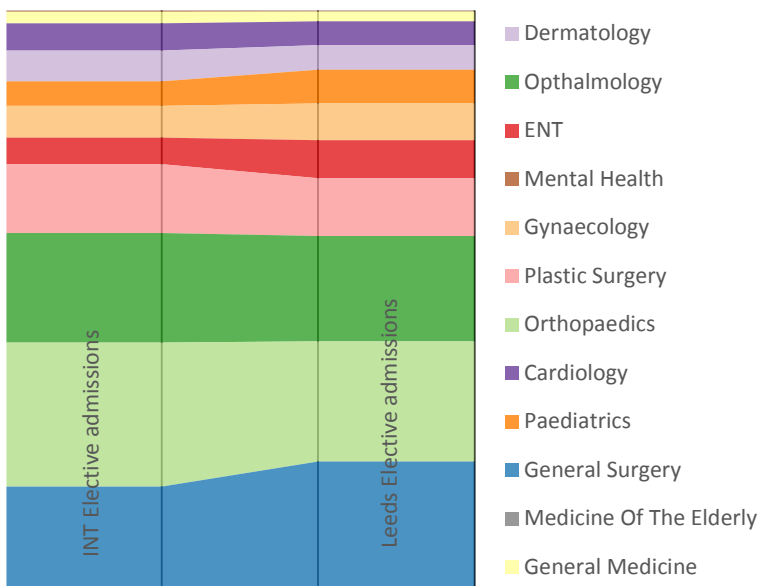


Hospital admissions for this INT by specialty (2016/17)

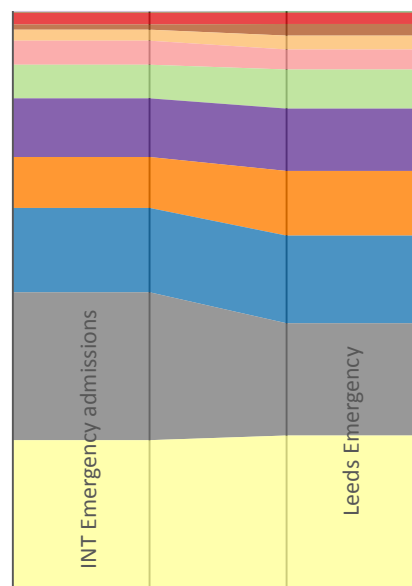
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialities and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

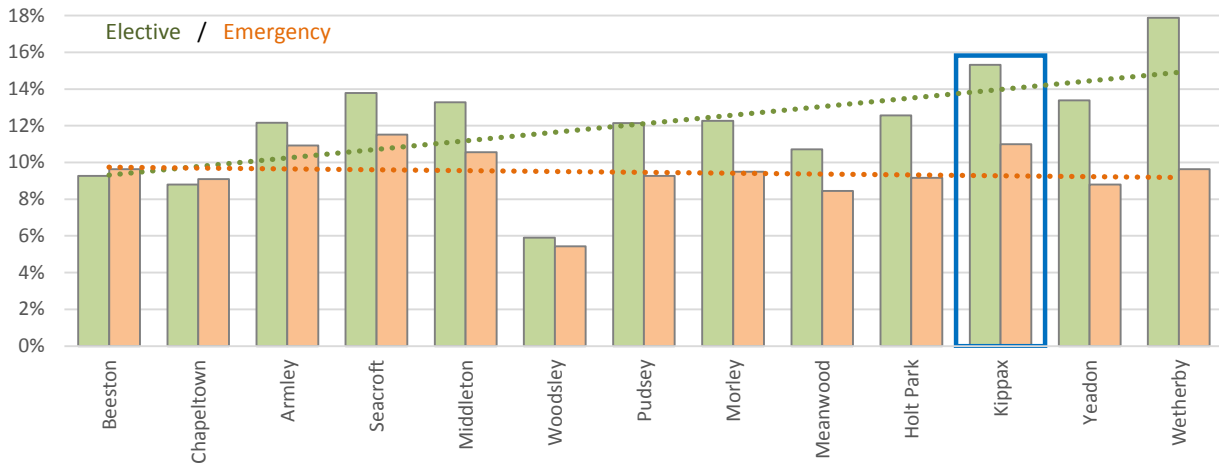


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st Orthopaedics	13%	11%
2nd Ophthalmology	10%	10%
3rd General Surgery	10%	12%
4th Plastic Surgery	6%	5%
5th Gynaecology	3%	3%

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

Elective and emergency admission rates and deprivation

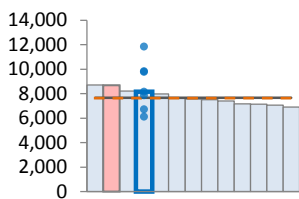
Hospital admission rates as percentage of whole INT populations. The INTs are ordered by deprivation score and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

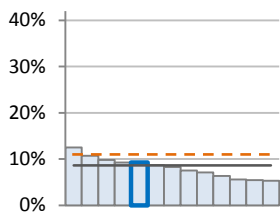


Asthma - under 16s

INT	8,162
Leeds registered	7,659
Deprived fifth**	7,633
<u>INT count</u>	<u>437</u>

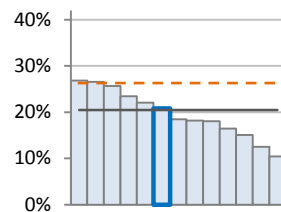
GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

Child obesity 2015-16 NCMP, aggregated from LSOA to INT boundary



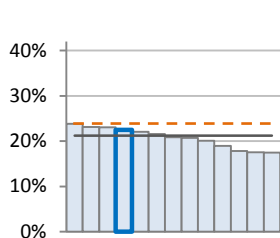
Obesity in Reception year

INT	9.2%
Leeds registered	8.6%
Deprived fifth**	11.0%
<u>52 of 564 children in INT</u>	



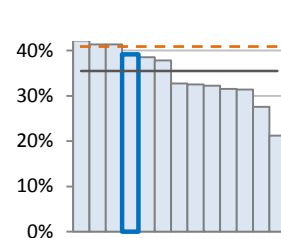
Obesity in Year 6

INT	20.8%
Leeds registered	20.5%
Deprived fifth**	26.3%
<u>105 of 505 children in INT</u>	



Obese or overweight, Reception year

INT	22.5%
Leeds registered	21.2%
Deprived fifth**	23.9%
<u>127 of 564 children</u>	

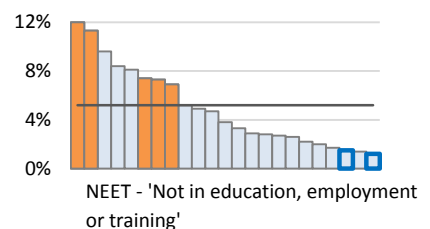
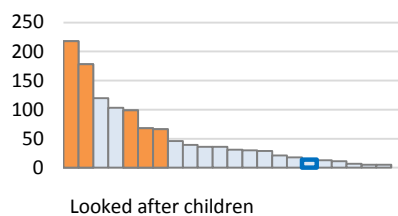
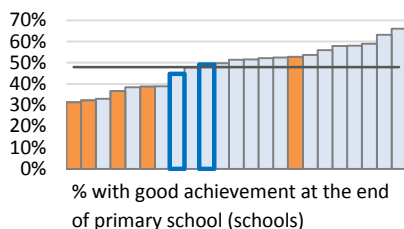


Obese or overweight, Year 6

INT	39.2%
Leeds registered	35.5%
Deprived fifth**	40.9%
<u>198 of 505 children</u>	

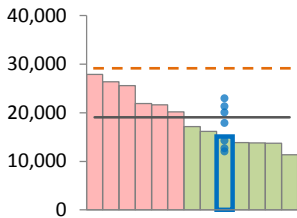
Children's cluster data Children and Young People's Plan Key Indicator Dashboard July 2017

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.



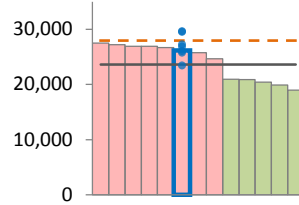
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	15,122
Leeds registered	19,045
Deprived fifth**	29,163
<i>INT count</i>	<i>5,045</i>



Obesity (BMI>30)

INT	26,159
Leeds registered	23,606
Deprived fifth**	27,951
<i>INT count</i>	<i>8,450</i>

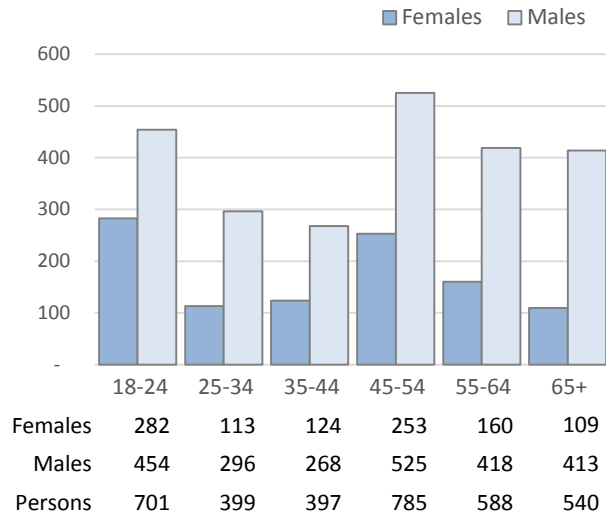
(Within the population who have a recorded BMI)

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.

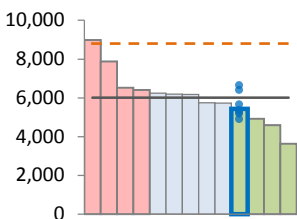
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

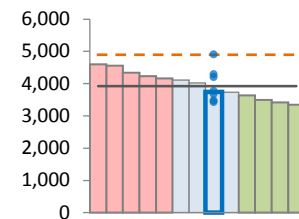
GP data

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



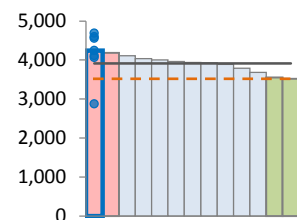
Diabetes

INT	5,431
Leeds registered	6,021
Deprived fifth**	8,802
<i>INT count</i>	<i>2,443</i>



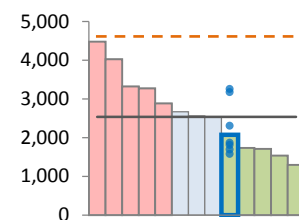
CHD

INT	3,742
Leeds registered	3,926
Deprived fifth**	4,894
<i>INT count</i>	<i>1,721</i>



Cancer

INT	4,241
Leeds registered	3,915
Deprived fifth**	3,519
<i>INT count</i>	<i>1,919</i>



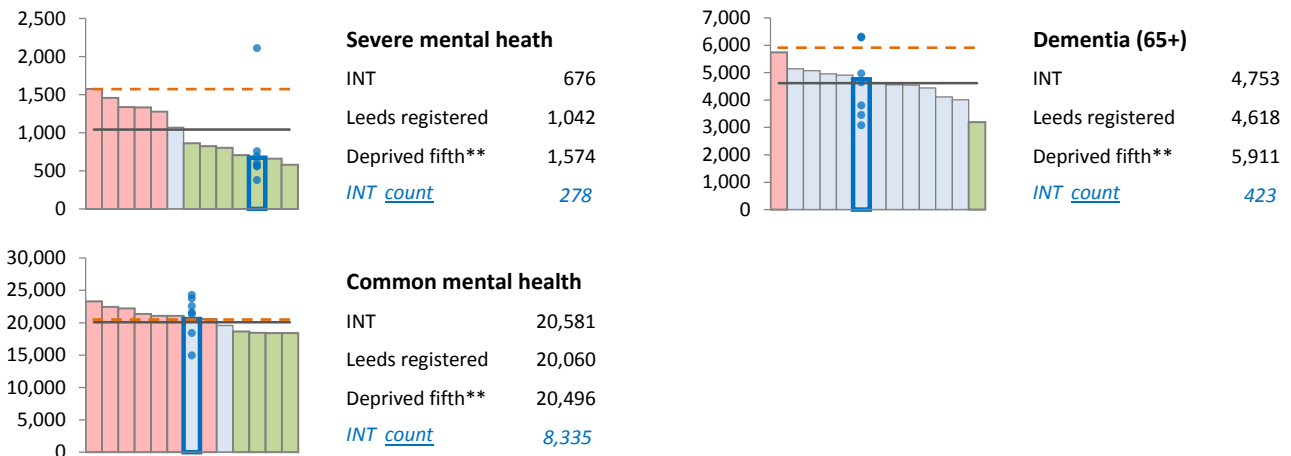
COPD

INT	2,077
Leeds registered	2,537
Deprived fifth**	4,617
<i>INT count</i>	<i>958</i>

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)

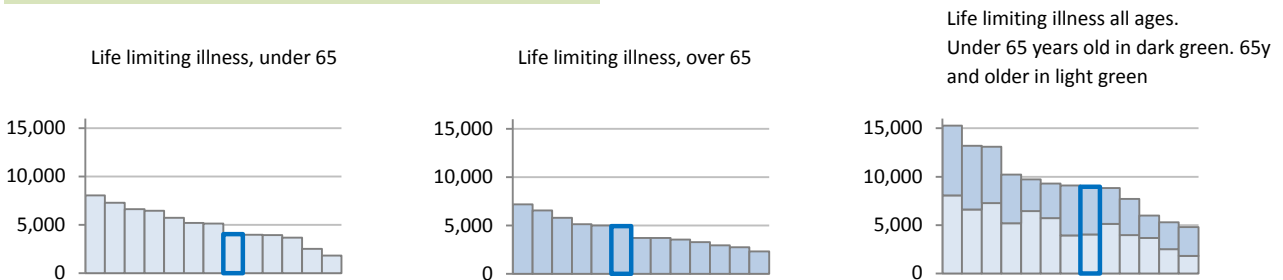


The GP data charts show all 13 INTs in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. Where the INT is significantly above or below Leeds is it shaded red or green, if there is no significant 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.

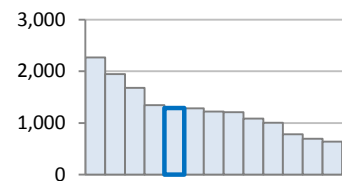
**Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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



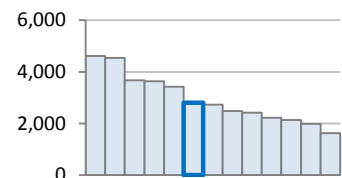
Carers providing 50+ hours care/week ✘



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	8,965	8
Limiting Long Term Illness - under 65	4,033	8
Limiting Long Term Illness - 65+	4,932	6
Providing 50+ hours care/week	1,290	5
One person households aged 65+	2,808	6

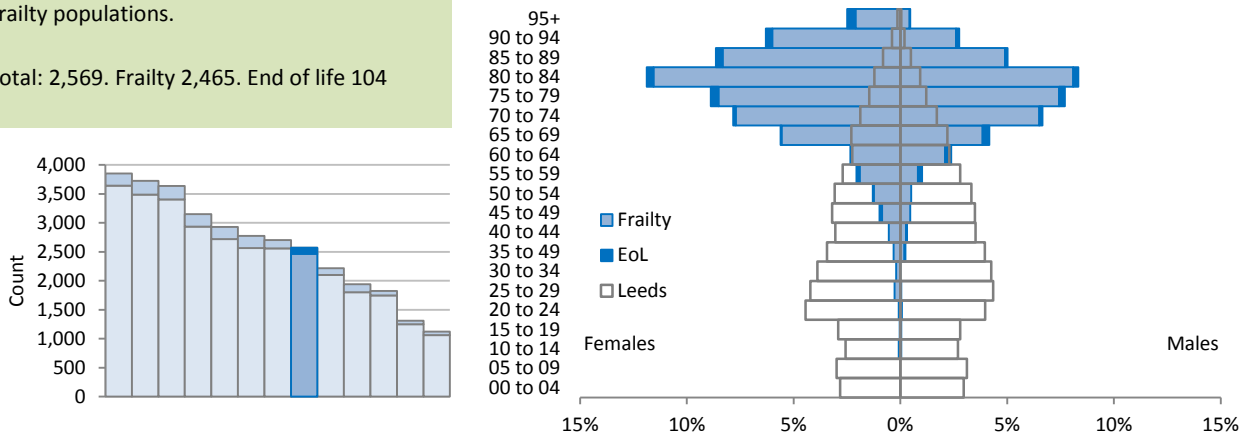
People living with frailty and 'end of life'

Leeds data model September 2016 cohort

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

Total: 2,569. Frailty 2,465. End of life 104

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

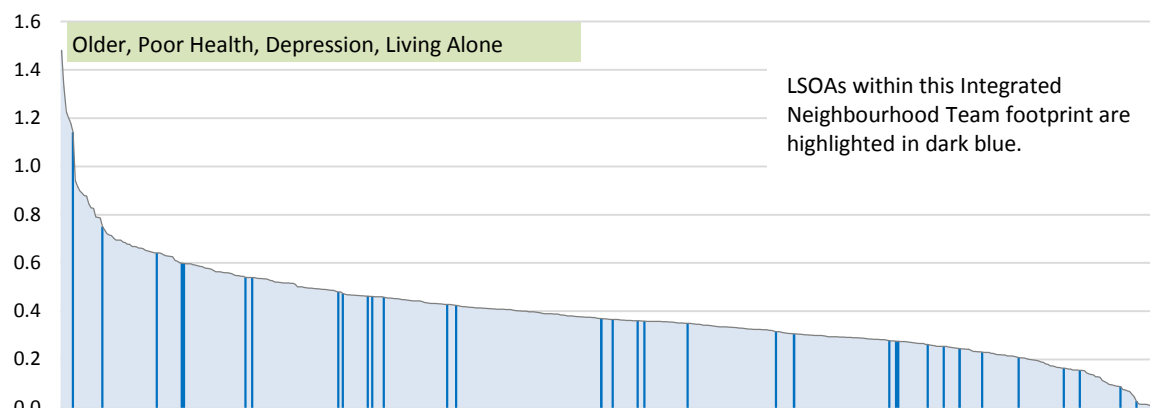
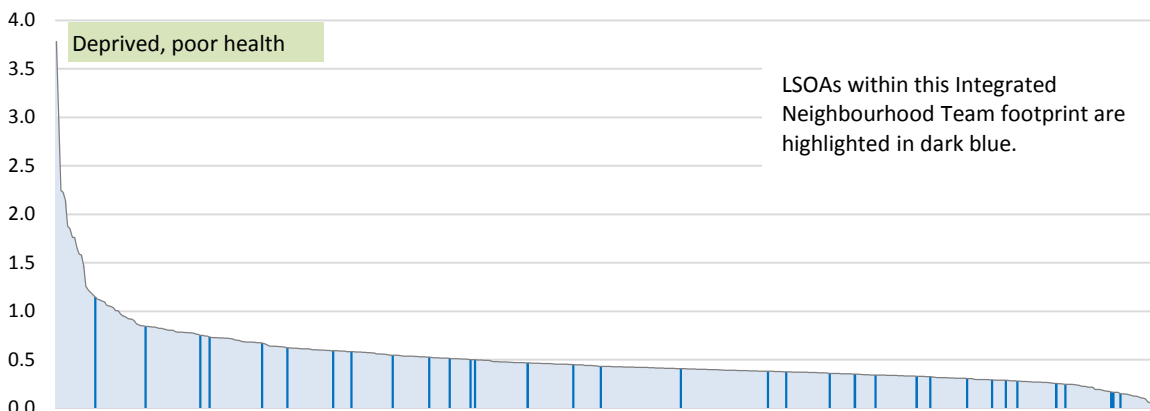


Social Isolation Index

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"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

- INT persons
- Leeds
- Deprived fifth of Leeds**

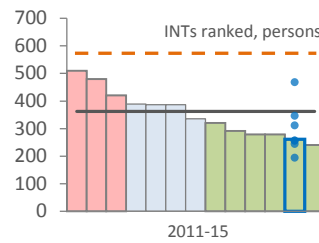
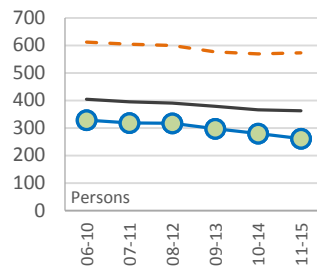
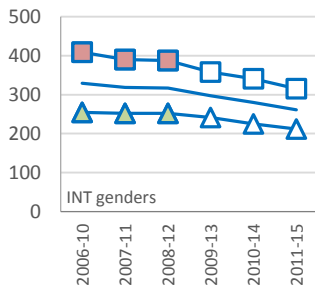
Shaded if significantly above Leeds

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.

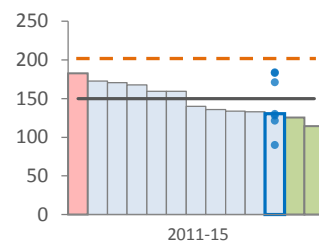
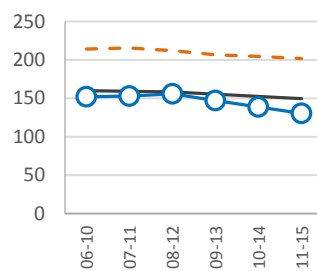
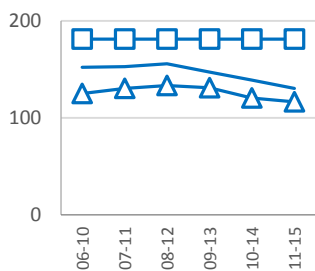
All cause mortality



Persons (DSR per 100,000)

INT	261
Leeds resident	363
Deprived fifth**	573
<i>INT count</i>	<i>512</i>

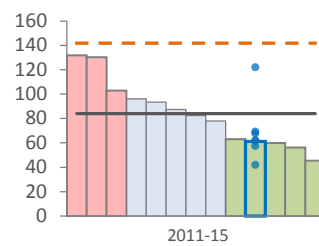
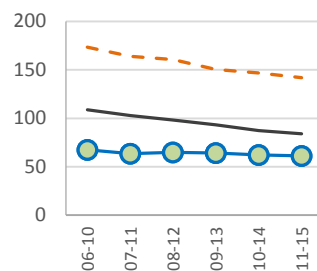
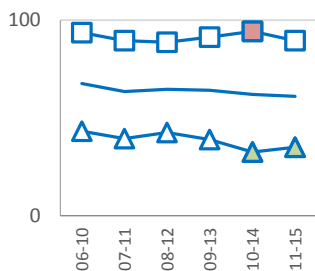
Cancer mortality



Persons (DSR per 100,000)

INT	131
Leeds resident	150
Deprived fifth**	202
<i>INT count</i>	<i>257</i>

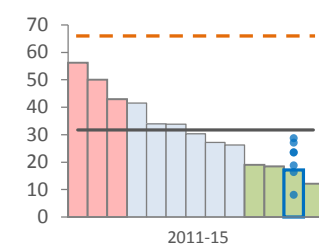
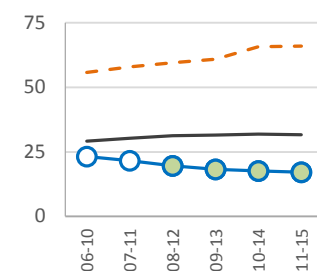
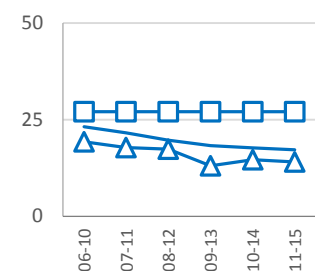
Circulatory disease mortality



Persons (DSR per 100,000)

INT	61
Leeds resident	84
Deprived fifth**	142
<i>INT count</i>	<i>121</i>

Respiratory disease mortality



Persons (DSR per 100,000)

INT	17
Leeds resident	32
Deprived fifth**	66
<i>INT count</i>	<i>35</i>

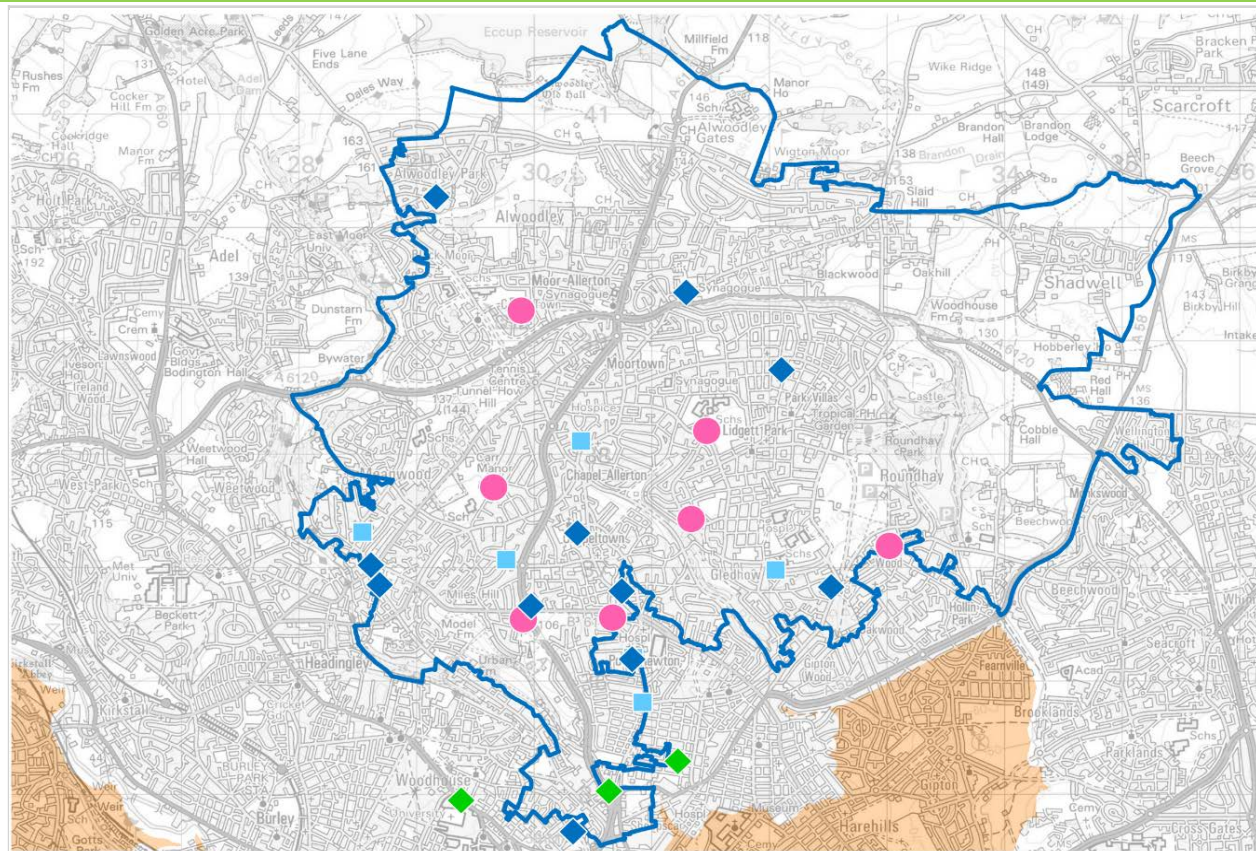
GP data courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.

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.

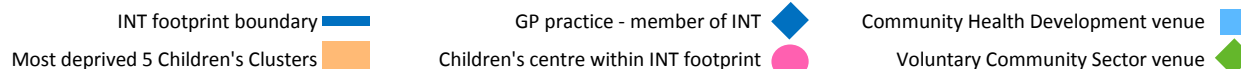
The INT has a large non-deprived population but 1 in 5 of the population are living in the most deprived two fifths of Leeds, so very varied conditions in this INT. Non white ethnic groups are more represented in the INT than Leeds as a whole. It is the second largest INT in the city for actual numbers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



Ordnance Survey PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved.

Area overview profile for Meanwood Integrated Neighbourhood Team

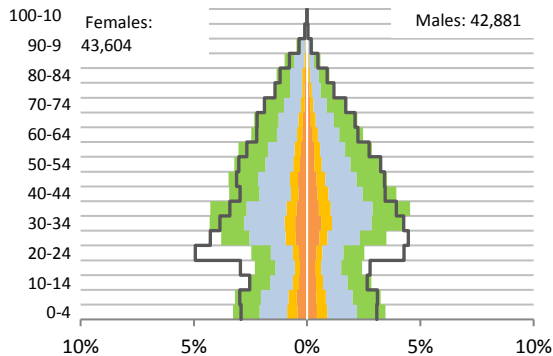
This profile presents a high level summary of data for the Meanwood Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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

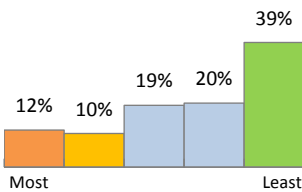
Comparison of INT and Leeds age structures. Leeds is outlined in black, INT populations are shown as dark and light orange if resident inside the 1st or 2nd most deprived fifth of Leeds, and green if in the least deprived.



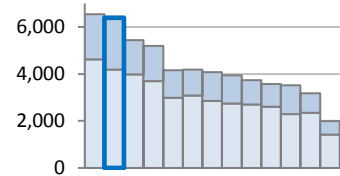
GP recorded ethnicity, top 5	% INT	% Leeds
White British	56%	62%
Other White Background	12%	9%
Indian or British Indian	6%	2%
Pakistani or British Pakistani	6%	3%
Other Asian Background	2%	2%

(April 2017)

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



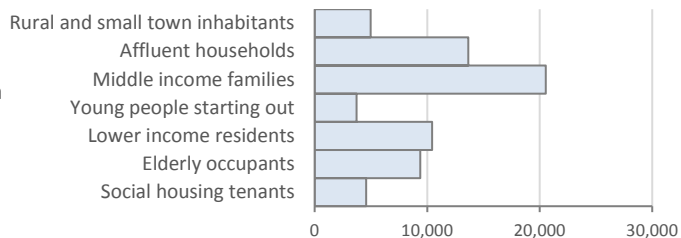
Aged 74+ (April 2017)
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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>



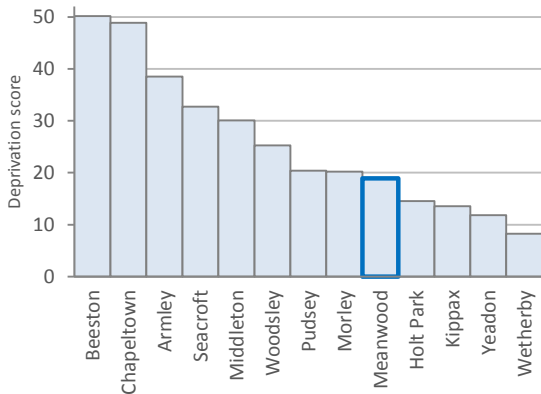
Population counts in ten year age bands for each INT (April 2017)

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
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby

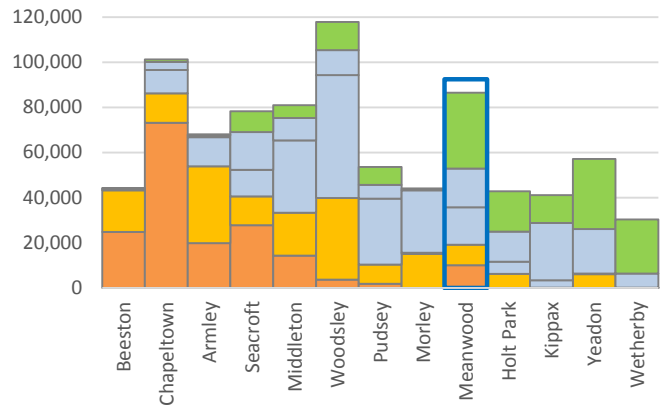
Deprivation and the population of Meanwood INT IMD2015 and GP data

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

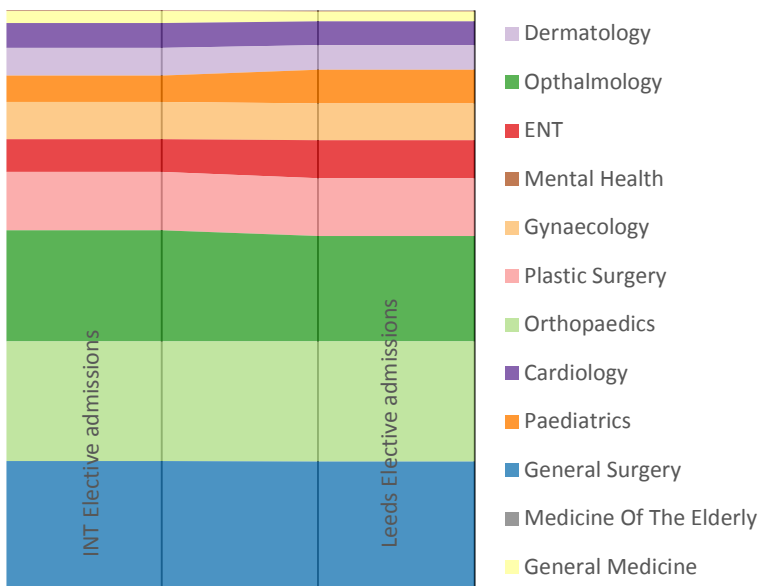


Hospital admissions for this INT by specialty (2016/17)

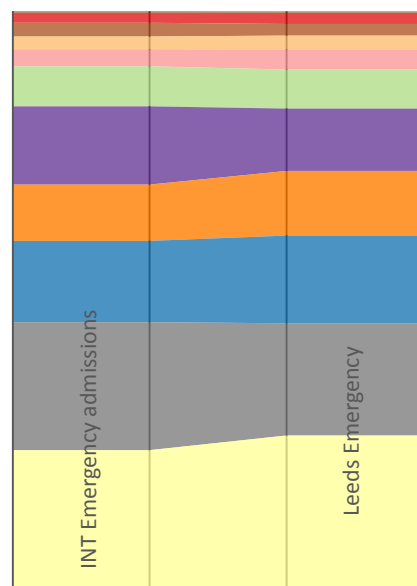
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialities and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

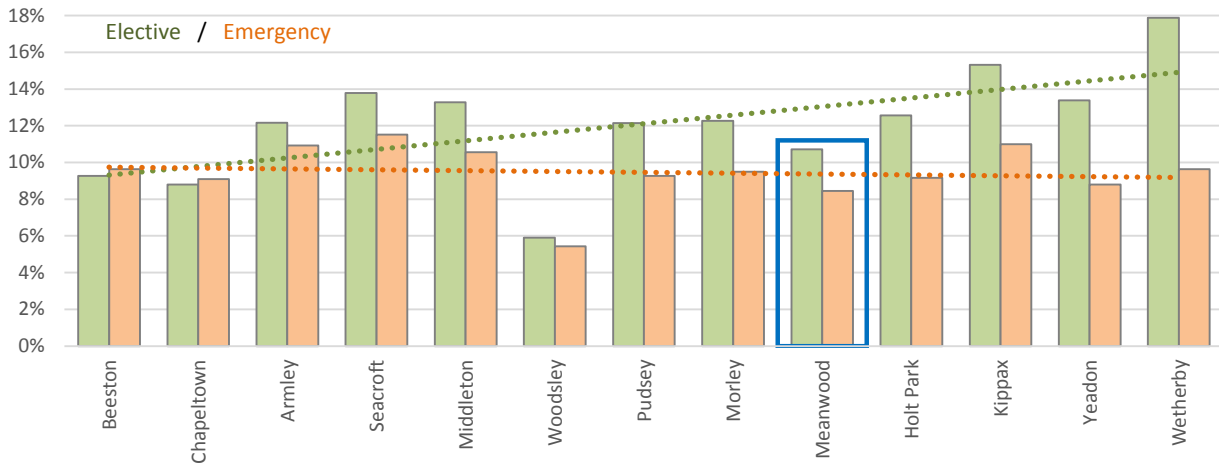


INT Elective admissions top 5	% of INT admissions	Leeds proportion
1st General Surgery	13%	12%
2nd Orthopaedics	12%	11%
3rd Ophthalmology	11%	10%
4th Plastic Surgery	6%	5%
5th Gynaecology	4%	3%

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

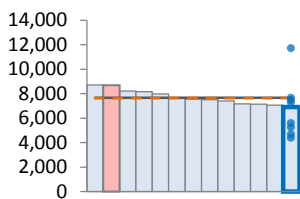
Hospital admission rates as percentage of whole INT populations. The INTs are ordered by deprivation score and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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

Healthy children

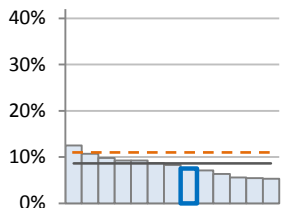
Asthma in children October 2016 (DSR per 100,000) GP data



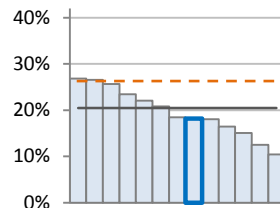
Asthma - under 16s	
INT	6,905
Leeds registered	7,659
Deprived fifth**	7,633
INT count	957

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.

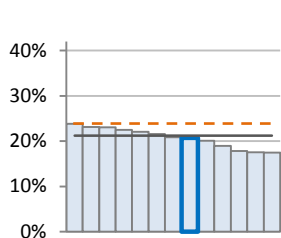
Child obesity 2015-16 NCMP, aggregated from LSOA to INT boundary



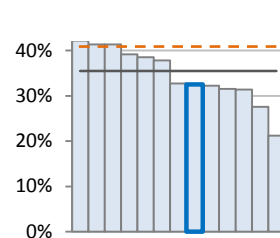
Obesity in Reception year	
INT	7.5%
Leeds registered	8.6%
Deprived fifth**	11.0%
80 of 1063 children in INT	



Obesity in Year 6	
INT	18.2%
Leeds registered	20.5%
Deprived fifth**	26.3%
150 of 824 children in INT	



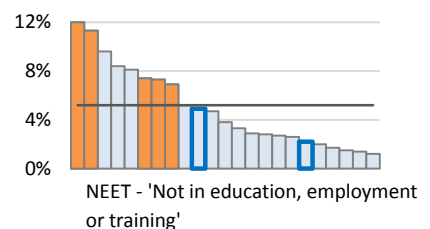
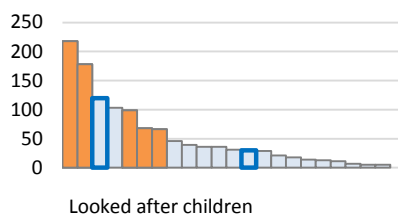
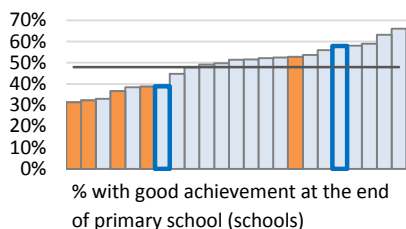
Obese or overweight, Reception year	
INT	20.7%
Leeds registered	21.2%
Deprived fifth**	23.9%
220 of 1063 children	



Obese or overweight, Year 6	
INT	32.5%
Leeds registered	35.5%
Deprived fifth**	40.9%
268 of 824 children	

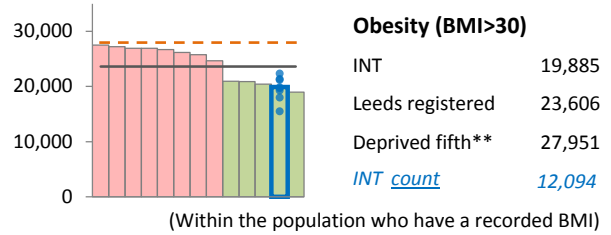
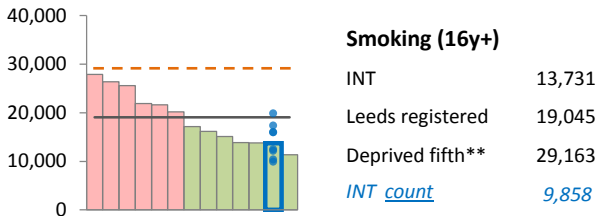
Children's cluster data Children and Young People's Plan Key Indicator Dashboard July 2017

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)

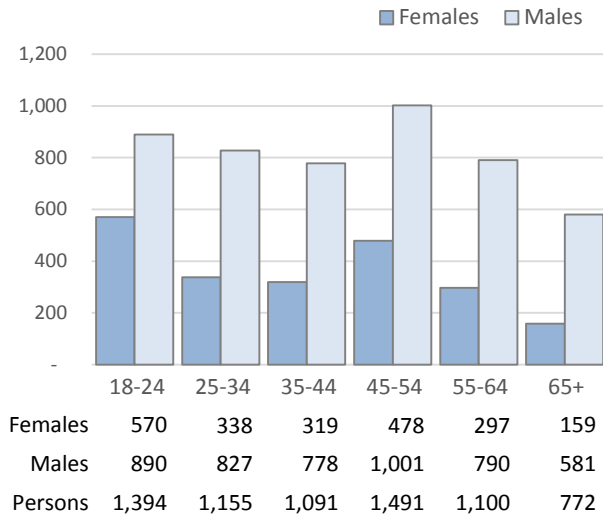


Audit-C alcohol dependency

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.

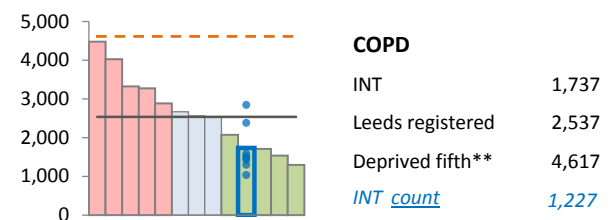
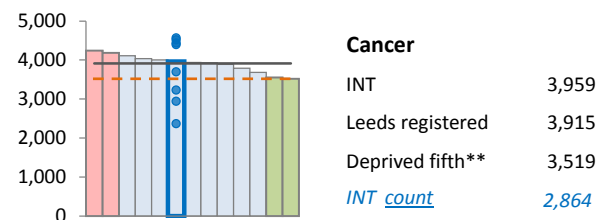
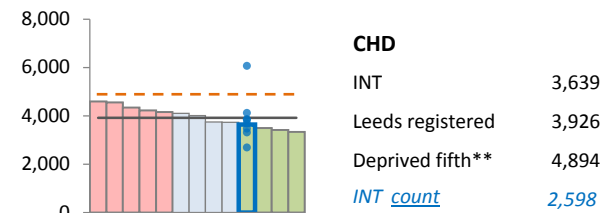
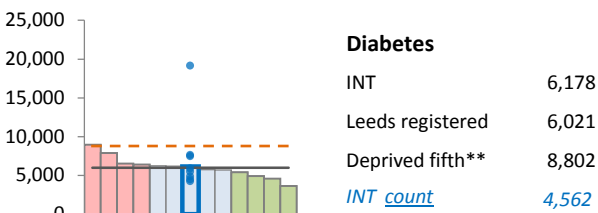
The table and chart below show the **predicted numbers of adults in this INT** registered population who would score 8 or higher.



Long term conditions, adults and older people

GP data

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

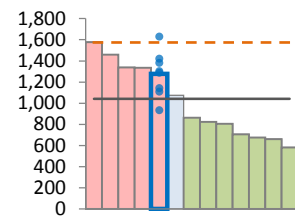


Diabetes and COPD - April 2017. CHD and cancer - January 2017

Long term conditions, adults and older people continued

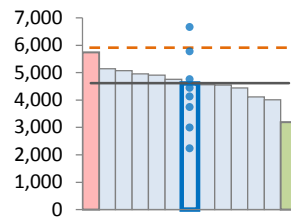
GP data (January 2017)

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



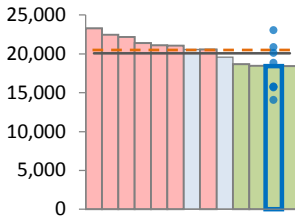
Severe mental health

INT	1,279
Leeds registered	1,042
Deprived fifth**	1,574
<u>INT count</u>	<u>1,031</u>



Dementia (65+)

INT	4,603
Leeds registered	4,618
Deprived fifth**	5,911
<u>INT count</u>	<u>688</u>



Common mental health

INT	18,420
Leeds registered	20,060
Deprived fifth**	20,496
<u>INT count</u>	<u>15,247</u>

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.

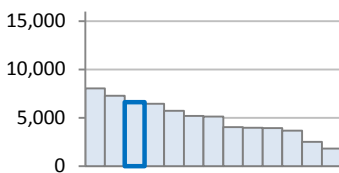
**Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ✘

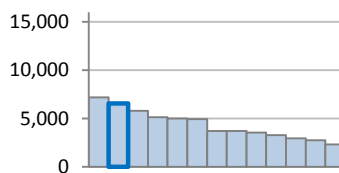
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by number of people reporting life limiting illness

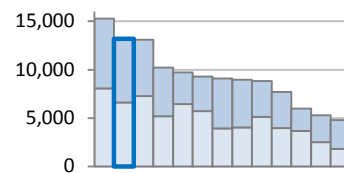
Life limiting illness, under 65



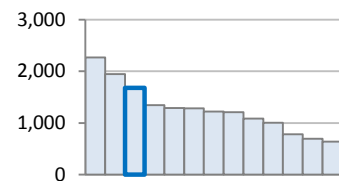
Life limiting illness, over 65



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



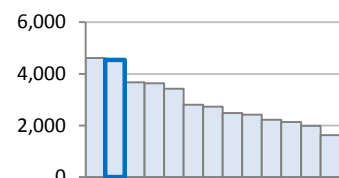
Carers providing 50+ hours care/week ✘



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+ ✘



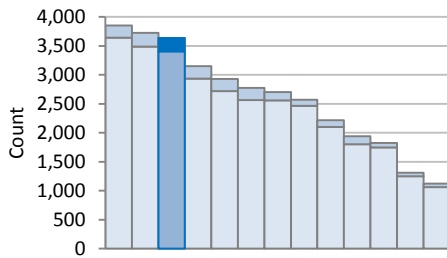
	number	rank
Limiting Long Term Illness - All Ages	13,192	2
Limiting Long Term Illness - under 65	6,610	3
Limiting Long Term Illness - 65+	6,582	2
Providing 50+ hours care/week	1,678	3
One person households aged 65+	4,546	2

People living with frailty and 'end of life'

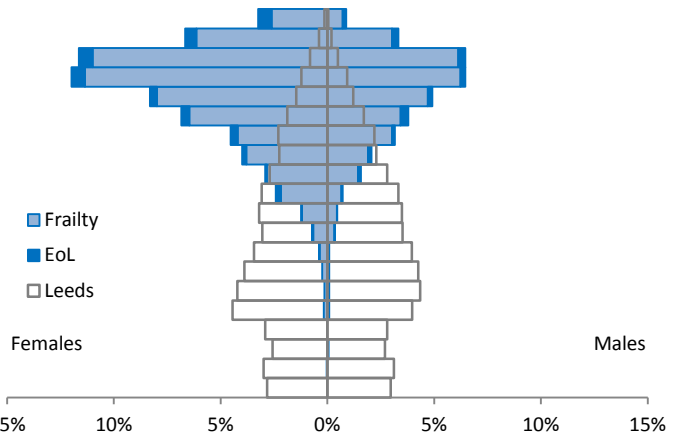
Leeds data model September 2016 cohort

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.

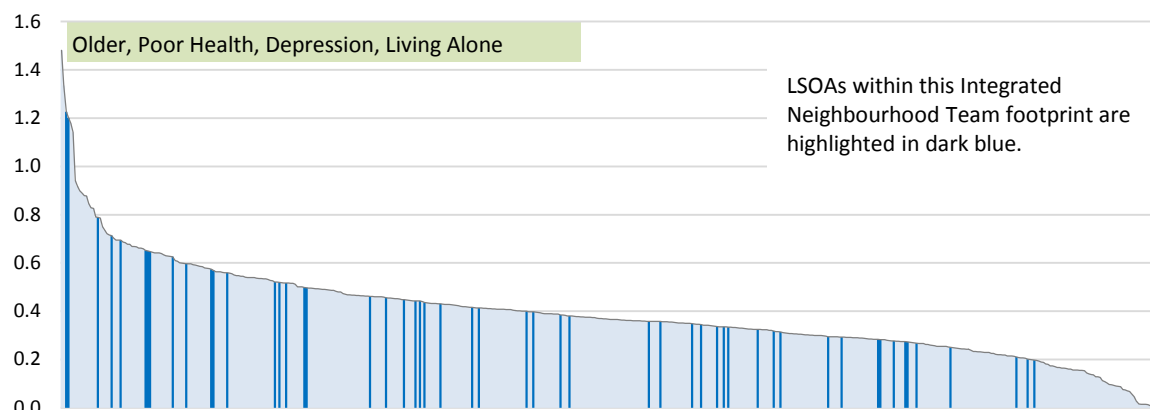
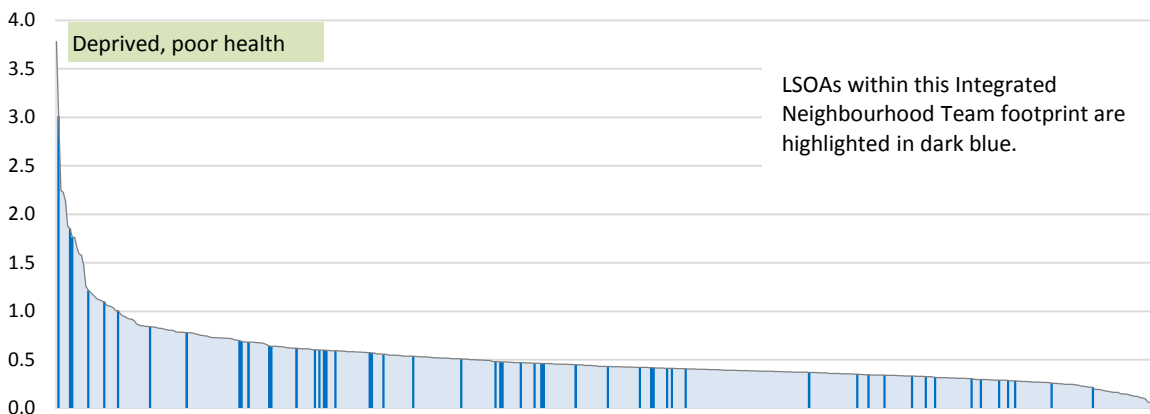


Social Isolation Index

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"

- INT Males
- △ INT Females
- INT Persons

Shaded if significantly above Persons

Shaded if significantly below Persons

"How different is this INT to Leeds"

- INT persons
- Leeds
- Deprived fifth of Leeds**

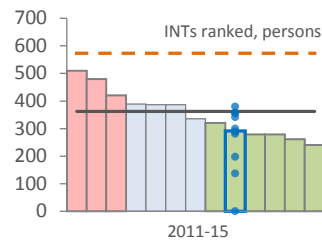
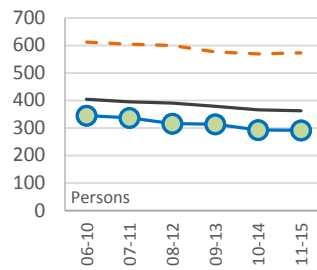
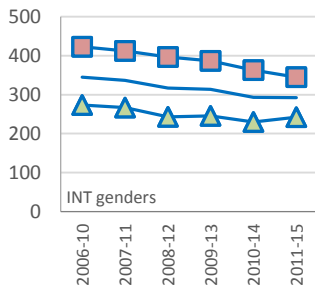
Shaded if significantly above Leeds

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.

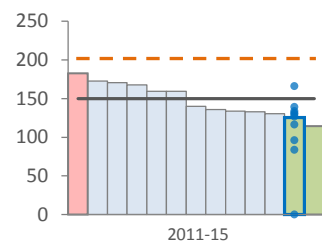
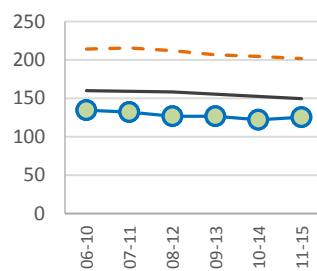
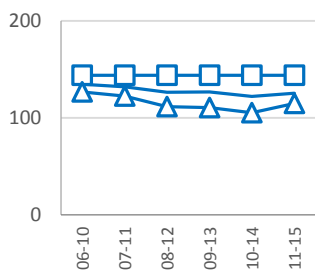
All cause mortality



Persons (DSR per 100,000)

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

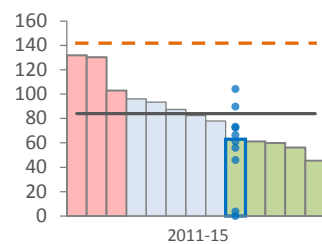
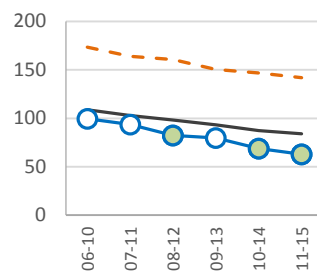
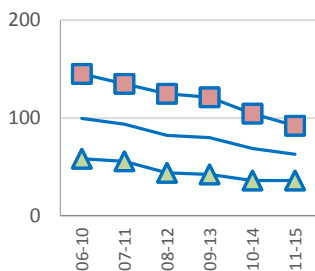
Cancer mortality



Persons (DSR per 100,000)

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

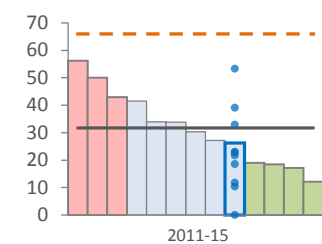
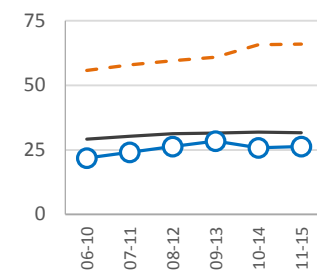
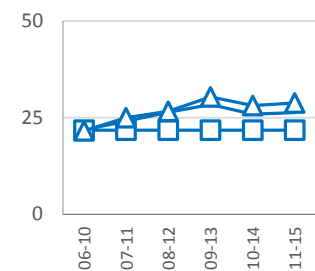
Circulatory disease mortality



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.