Appendix 1 – Inner East Community Committee Public Health Profile and Draft Area overview profiles for Seacroft and Chapeltown Integrated Neighbourhood Teams (INTs)

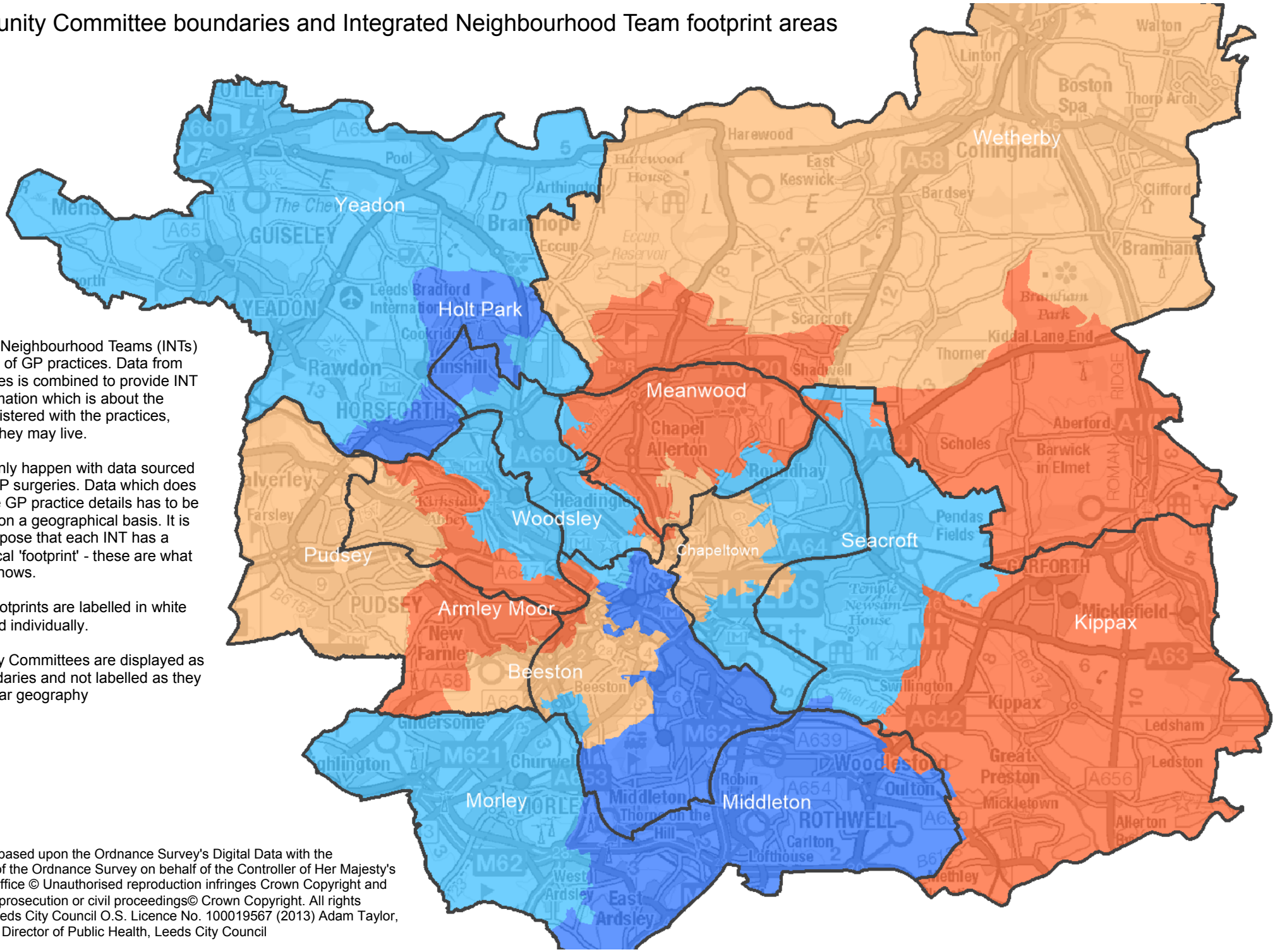
The Leeds public health intelligence team produce public health profiles at various local geographies Middle Layer Super Output Area, Ward and Community Committee.

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
- Inner East Community Committee Public Health Profile
- Draft Area overview profiles for Seacroft and Chapeltown 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 familar geography

Inner East Community Committee 2017.pdf

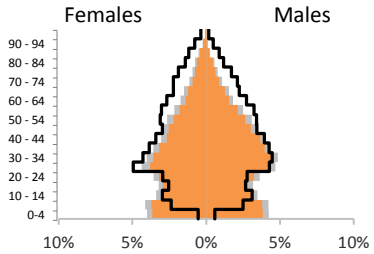
Area overview profile for Inner East Community Committee

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

Population: 94,113 45,225 48,888



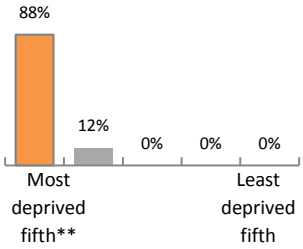
Comparison of Community Committee and Leeds age structures in April 2017. Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	6,341	40%	71%
Pakistani	2,166	14%	7%
Black - African	2,063	13%	5%
Any other white background	1,348	8%	5%
Bangladeshi	658	4%	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.



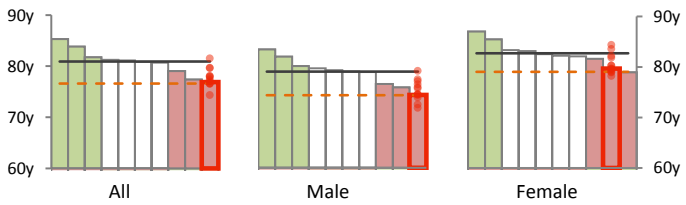
Pupil language, top 5	Area	% Area	% Leeds
English	9,637	65%	87%
Urdu	986	7%	3%
Romanian	532	4%	1%
Bengali	436	3%	1%
Czech	368	2%	0%

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

GP recorded ethnicity, top 5	% Area	% Leeds
White British	45%	62%
Other White Background	11%	9%
Pakistani or British Pakistani	8%	3%
Black African	8%	3%
(blank)	6%	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*

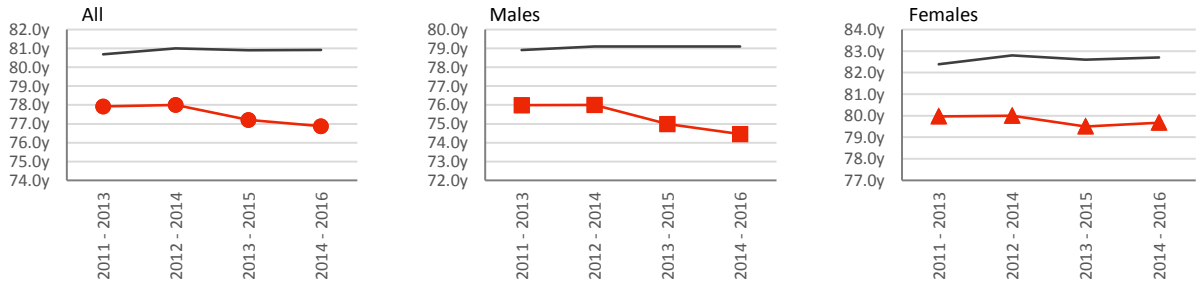


(years)	All	Males	Females
Inner East CC	76.9	74.5	79.7
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

"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.

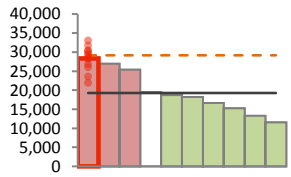
Life expectancy in this Community Committee is significantly worse than that of Leeds and it has been this way since 2011-13.



Inner East Community Committee 2017.pdf

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

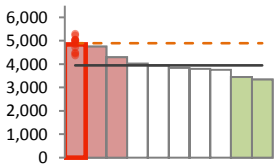
GP data



Smoking (16y+)

Inner East CC	28,309
Leeds	19,265
Deprived fifth**	29,163

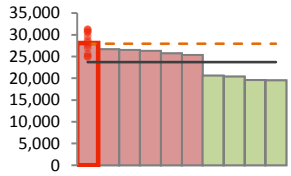
(April 2017)



CHD

Inner East CC	4,842
Leeds	3,947
Deprived fifth	4,894

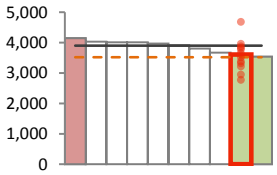
(January 2017)



Obesity (16y+ and BMI>30)

Inner East CC	28,089
Leeds	23,722
Deprived fifth	27,951

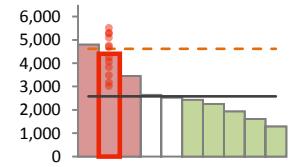
(April 2017)



Cancer

Inner East CC	3,606
Leeds	3,899
Deprived fifth	3,519

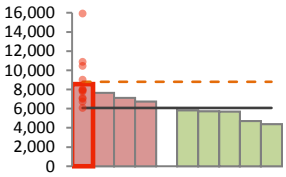
(January 2017)



COPD

Inner East CC	4,401
Leeds	2,580
Deprived fifth	4,617

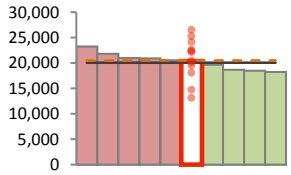
(April 2017)



Diabetes

Inner East CC	8,548
Leeds	6,076
Deprived fifth	8,802

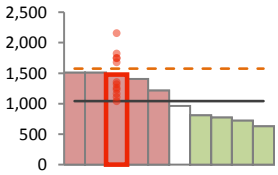
(April 2017)



Common mental health

Inner East CC	20,397
Leeds	20,060
Deprived fifth	20,496

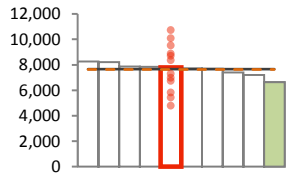
(January 2017)



Severe mental health

Inner East CC	1,475
Leeds	1,042
Deprived fifth	1,574

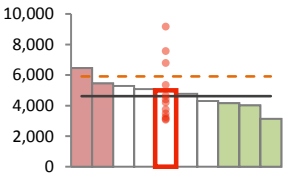
(January 2017)



Asthma in children

Inner East CC	7,793
Leeds	7,659
Deprived fifth	7,633

(October 2016)



Dementia (over 65s)

Inner East CC	5,001
Leeds	4,618
Deprived fifth	5,911

(January 2017)

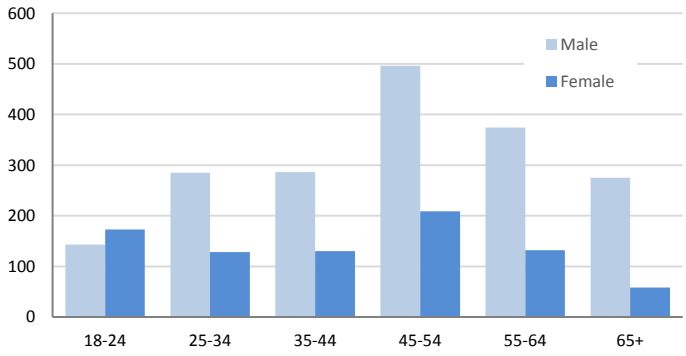
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within 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.

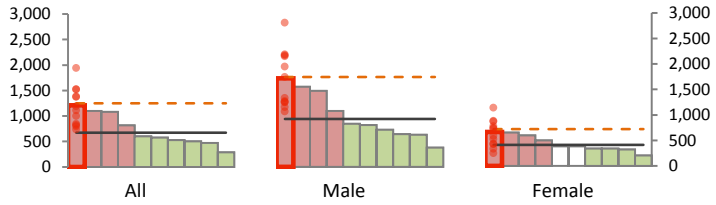
In Leeds, almost half of the adult population have an Audit-C score recorded by a GP. This chart displays the *number* of patients living inside the Community Committee boundary who have a score of 8 or higher.



Inner East Community Committee 2017.pdf

Alcohol specific hospital admissions, 2012-14 ranked

HES



(DSR per 100,000)	All	Males	Females
Inner East	1,211	1,724	663
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?"

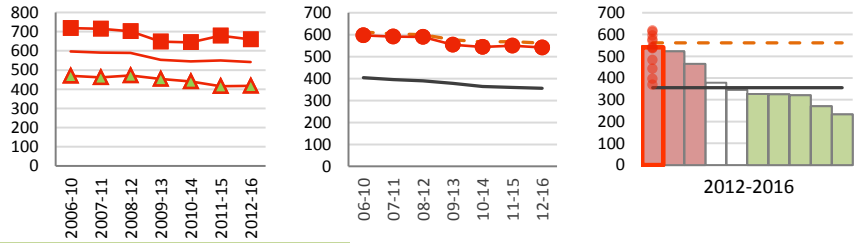
Persons
Leeds
Deprived fifth**

Shaded if significantly > Leeds
Shaded if significantly < Leeds

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

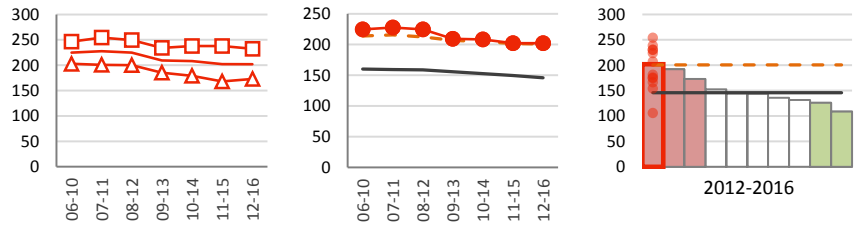
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



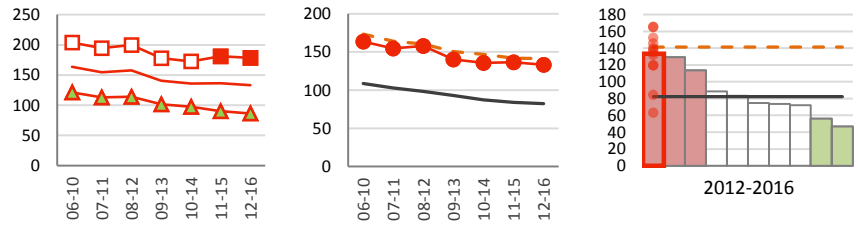
Persons (DSR per 100,000)	
Inner East CC	542
Count of deaths in 2012-16	*1,360*
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



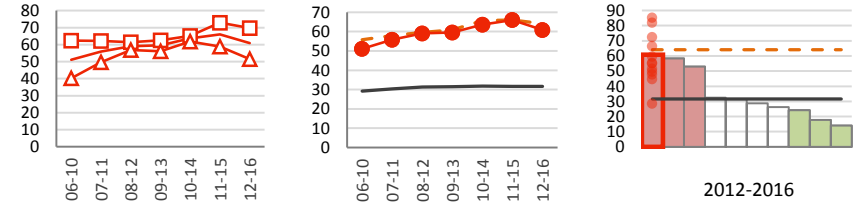
Persons (DSR per 100,000)	
Inner East CC	202
Count of deaths in 2012-16	*464*
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner East CC	133
Count of deaths in 2012-16	*317*
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner East CC	61
Count of deaths in 2012-16	*132*
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 East Community Committee 2017.pdf

Inner East Community Committee

The health and wellbeing of the Inner East Community Committee contains some variation across the range of Leeds, tending strongly towards ill health. It is the second largest Community Committee in the city, and around 9 in 10 people live in the most deprived fifth of Leeds**. Life expectancy for the Community Committee is significantly lower than Leeds for overall, it is the lowest of all in the city.

The age structure bears little resemblance to that of Leeds overall, with larger proportions of children and fewer in the older age bands. GP recorded ethnicity shows the Community Committee to have smaller proportions of "White background" than Leeds and higher proportions of some BME groups. 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 with BME groups more predominant than in Leeds.

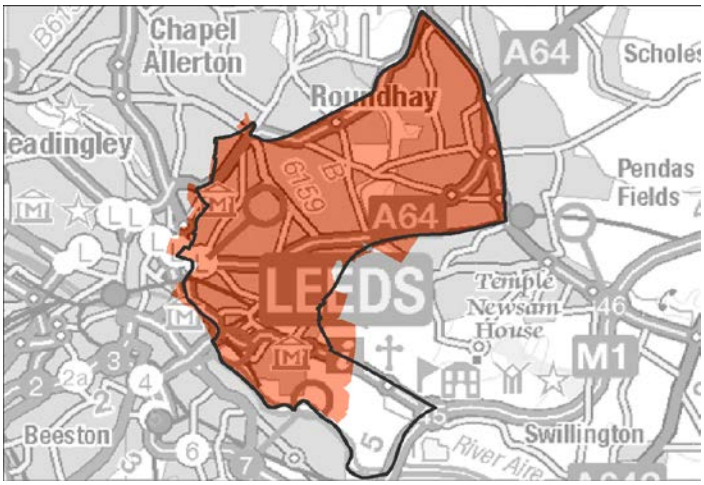
Smoking, obesity, CHD, and diabetes are all significantly above the Leeds average, with the highest rates in Leeds. Cancer at Community Committee level is nearly significantly below the city, and two MSOAs are within the lowest four in Leeds (Harehills| Harehills Triangle), this is expected as deprived areas often have low GP recorded cancer due to non/late presentation.

The alcohol dependency test shows the usual skewing towards male drinkers but actually shows more females in the youngest ageband. Alcohol specific admissions for this Community Committee are the highest in Leeds, and almost all the MSOAs in the area have overall and male rates significantly above the Leeds rates.

All-cause mortality for under 75s is significantly above the Leeds average for men, women and overall – it is the highest for any Community Committee in Leeds. The Lincoln Green and Ebor Gardens MSOA has the highest mortality rate in the Community Committee. Despite the high rates and large areas of deprivation in the area, male and female mortality rates are clearly different.

Cancer, circulatory and respiratory disease mortality rates are quite widely spread at MSOA level but the overall Community Committee rates are significantly higher than Leeds and have been for many years. The area has the highest rates of respiratory disease mortality in the city with many MSOAs having very high rates, and the overall figure has been climbing in recent years while the Leeds rate is static.

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.*

Area overview profile for Seacroft Integrated Neighbourhood Team

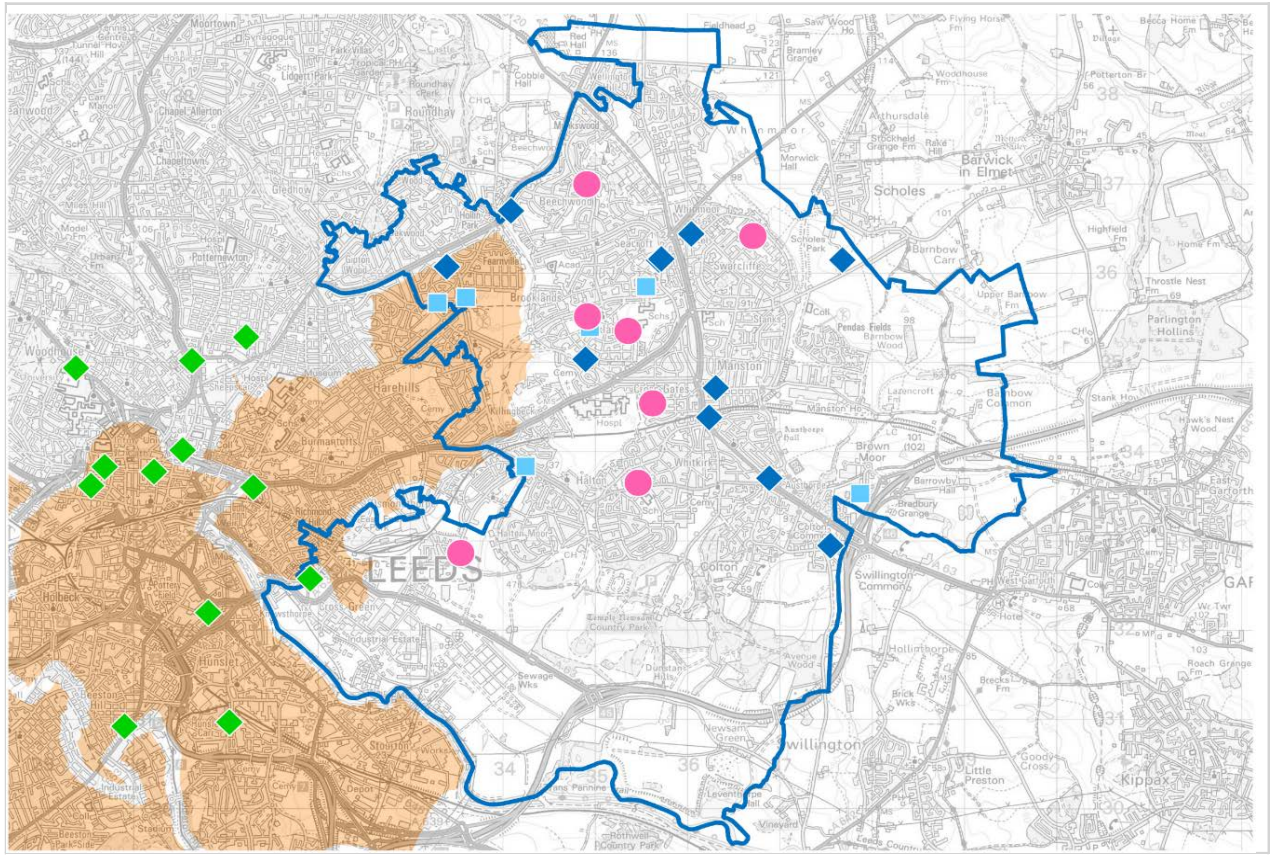
November 2017

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 no student and young adult bulge. It also has a slightly larger 'White British' ethnic group proportion than Leeds. 1 in 3 are living in most deprived fifth of Leeds, and over half the population living in the most deprived two fifths.

It has the largest number of elderly patients in the city despite being only 5th largest INT in total. GP recorded asthma rates are significantly above Leeds and are the only INT to have made this distinction. NEET rates are mixed but high despite above average primary school achievement perhaps indicating a changing picture. GP recorded Smoking, obesity, CHD, COPD and common mental health issues are all significantly above Leeds rates.

Social isolation index scores vary widely but do contain some of the very highest in the city. Despite GP recorded issues being high, general mortality rates are around Leeds rates. Male and female rates are very different with male rates for circulatory diseases mortality being significantly above Leeds and female rates significantly below. But in general mortality rates are only slightly higher than for Leeds.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Windmill Health Centre. Manston Surgery - Crossgates & Scholes. Oakwood Lane Medical Practice. Ashfield Medical Centre & Grange Medical Centre. Colton Mill And The Grange Surgeries. Park Edge Practice. Foundry Lane Surgery. Austhorpe View 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.

INT footprint boundary
Most deprived 5 Children's Clusters
GP practice - member of INT
Children's centre within INT footprint
Community Health Development venue
Voluntary Community Sector venue

Area overview profile for Seacroft Integrated Neighbourhood Team

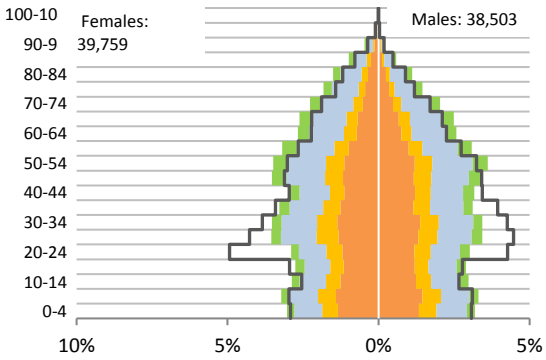
This profile presents a high level summary of data for the Seacroft Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 78,262 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.

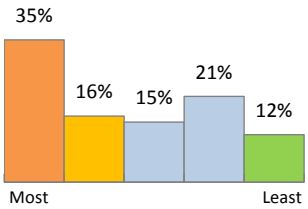


GP recorded ethnicity, top 5	% INT	% Leeds
White British	80%	62%
Other White Background	5%	9%
Pakistani or British Pakistani	2%	3%
Black African	2%	3%
Not Stated	2%	2%

(April 2017)

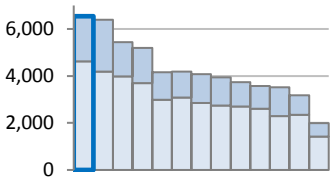
Deprivation distribution

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



Aged 74+ *(April 2017)*

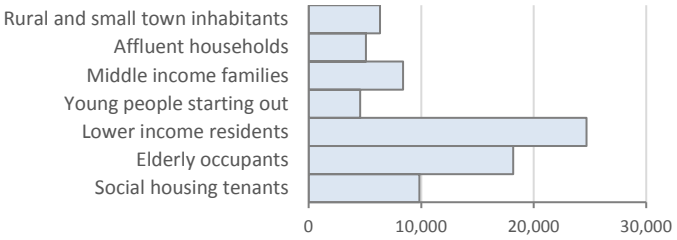
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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)*

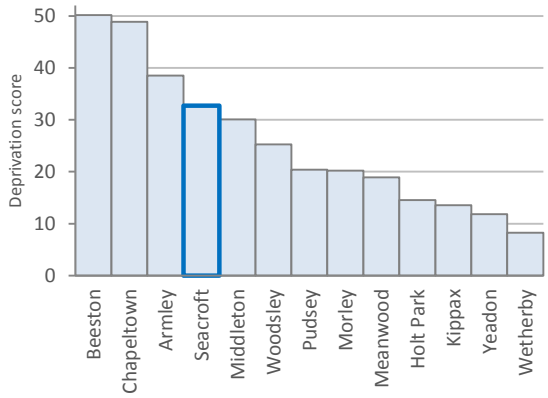
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	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 Seacroft INT

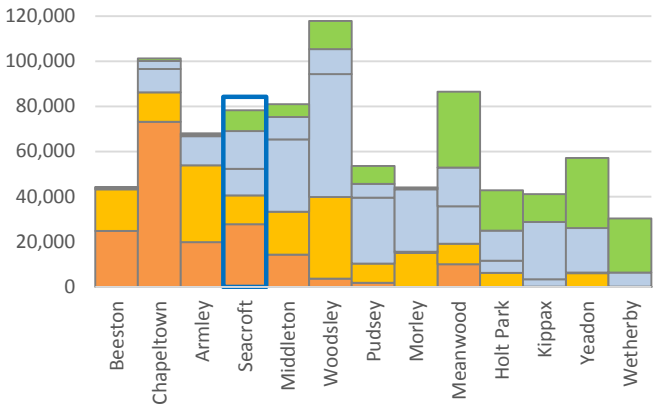
IMD2015 and GP data

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 32.7, ranked number 4 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

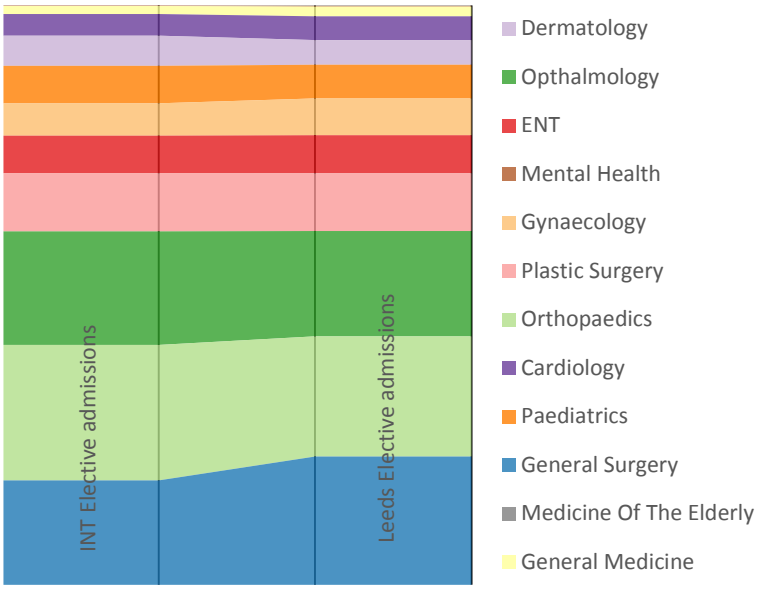


Hospital admissions for this INT by specialty (2016/17)

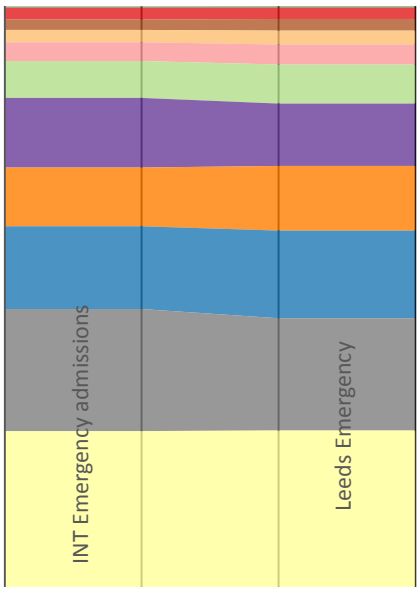
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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 us 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

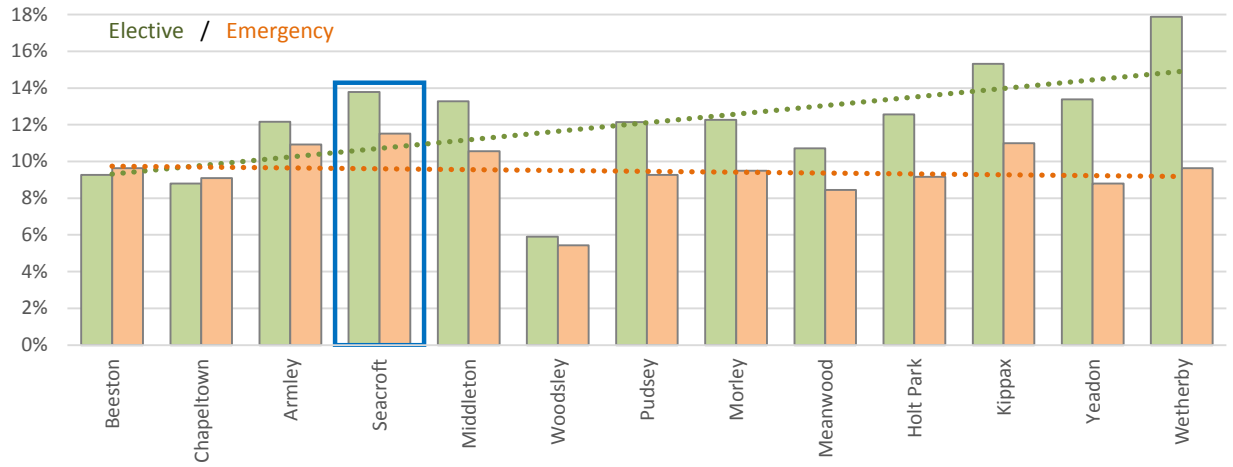


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	Orthopaedics	*13%*	11%
2nd	Opthalmology	*11%*	10%
3rd	General Surgery	*10%*	12%
4th	Plastic Surgery	*5%*	5%
5th	ENT	*3%*	4%

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

Elective and emergency admission *rates* and deprivation

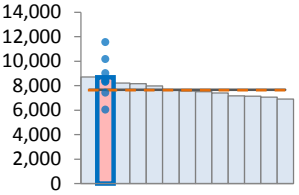
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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*

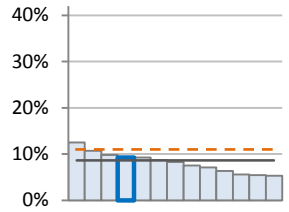


Asthma - under 16s

INT	8,672
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*1,096*

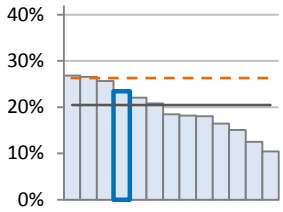
GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

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



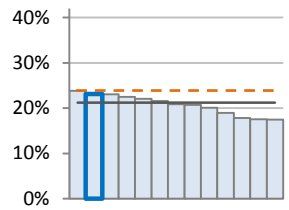
Obesity in Reception year

INT	9.2%
Leeds registered	8.6%
Deprived fifth**	11.0%
101 of 1095 children in INT	



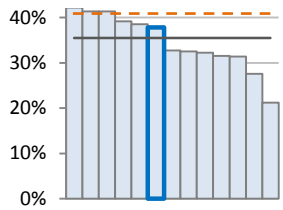
Obesity in Year 6

INT	23.5%
Leeds registered	20.5%
Deprived fifth**	26.3%
232 of 988 children in INT	



Obese *or* overweight, Reception year

INT	23.1%
Leeds registered	21.2%
Deprived fifth**	23.9%
253 of 1095 children	

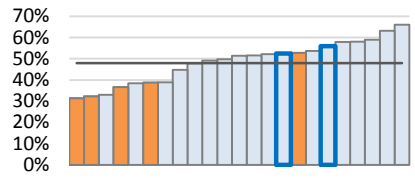


Obese *or* overweight, Year 6

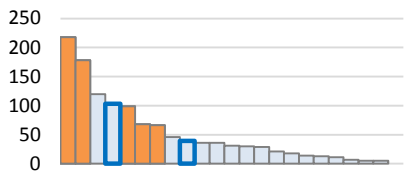
INT	37.9%
Leeds registered	35.5%
Deprived fifth**	40.9%
374 of 988 children	

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

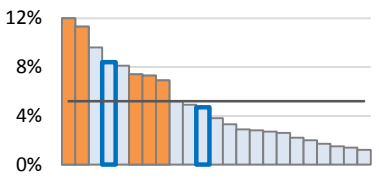
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



% with good achievement at the end of primary school (schools)



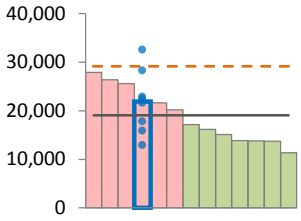
Looked after children



NEET - 'Not in education, employment or training'

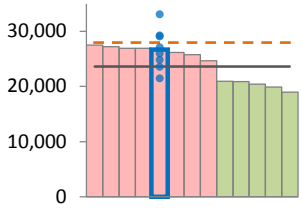
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	21,907
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*13,895*



Obesity (BMI>30)

INT	26,662
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*14,978*

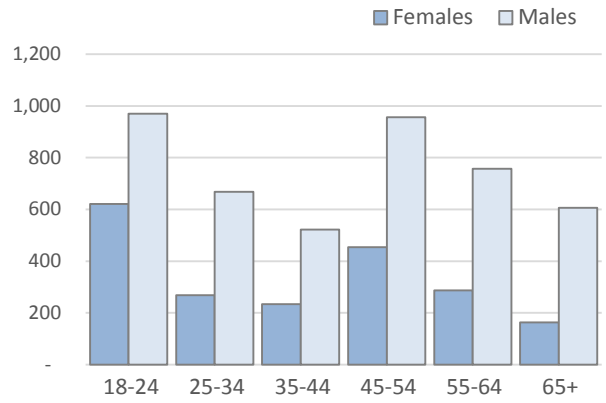
(Within the population who have a recorded BMI)

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.

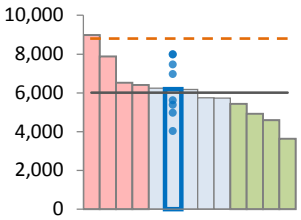


	18-24	25-34	35-44	45-54	55-64	65+
Females	620	268	234	454	287	163
Males	970	668	522	956	757	606
Persons	1,518	924	764	1,419	1,059	800

Long term conditions, adults and older people

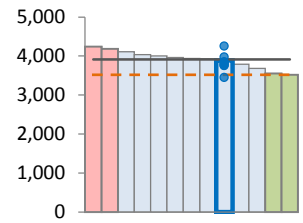
GP data

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



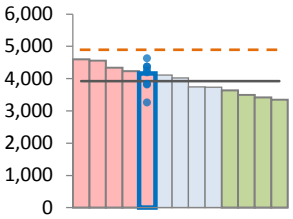
Diabetes

INT	6,199
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*4,497*



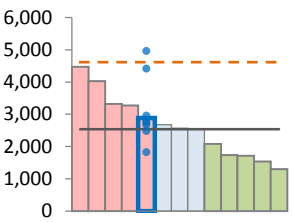
Cancer

INT	3,889
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*2,792*



CHD

INT	4,156
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*2,981*



COPD

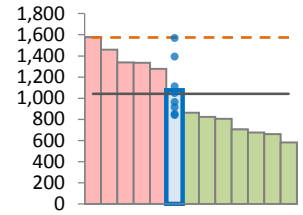
INT	2,887
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*2,069*

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

Long term conditions, adults and older people continued

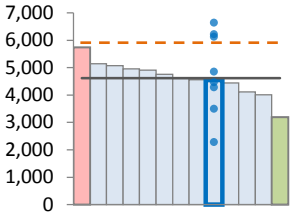
GP data (January 2017)

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



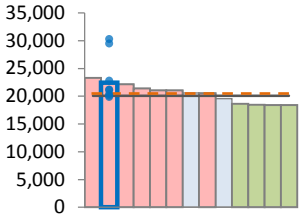
Severe mental heath

INT	1,075
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*784*



Dementia (65+)

INT	4,550
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*660*



Common mental health

INT	22,460
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*16,571*

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.

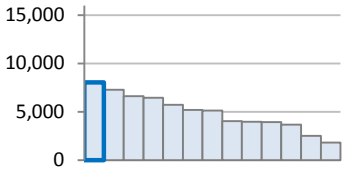
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

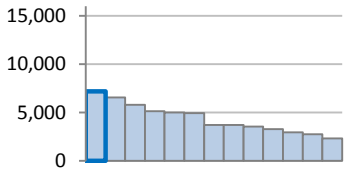
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by *number* of people reporting life limiting illness

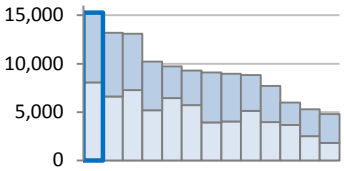
Life limiting illness, under 65



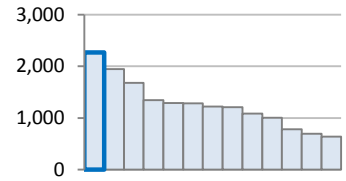
Life limiting illness, over 65



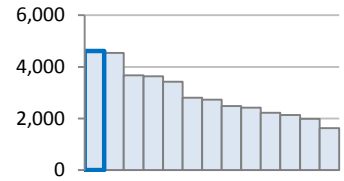
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



Carers providing 50+ hours care/week ⊁



One person households aged 65+ ⊁



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.

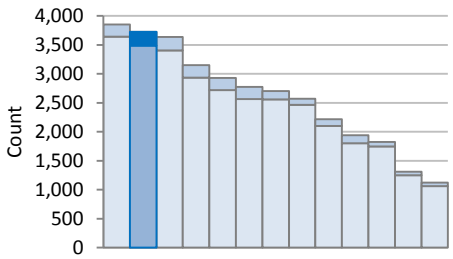
	number	rank
Limiting Long Term Illness - All Ages	*15,257*	1
Limiting Long Term Illness - under 65	*8,056*	1
Limiting Long Term Illness - 65+	*7,201*	1
Providing 50+ hours care/week	*2,268*	1
One person households aged 65+	*4,613*	1

People living with frailty and 'end of life'

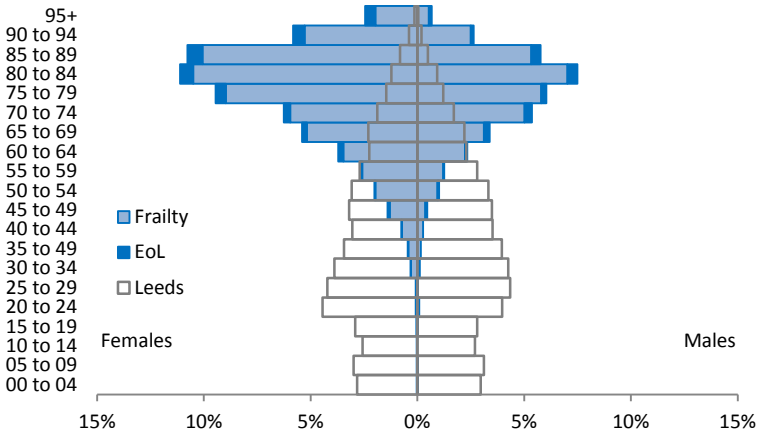
Leeds data model September 2016 cohort

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

Total: 3,726. Frailty 3,489. End of life 237



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

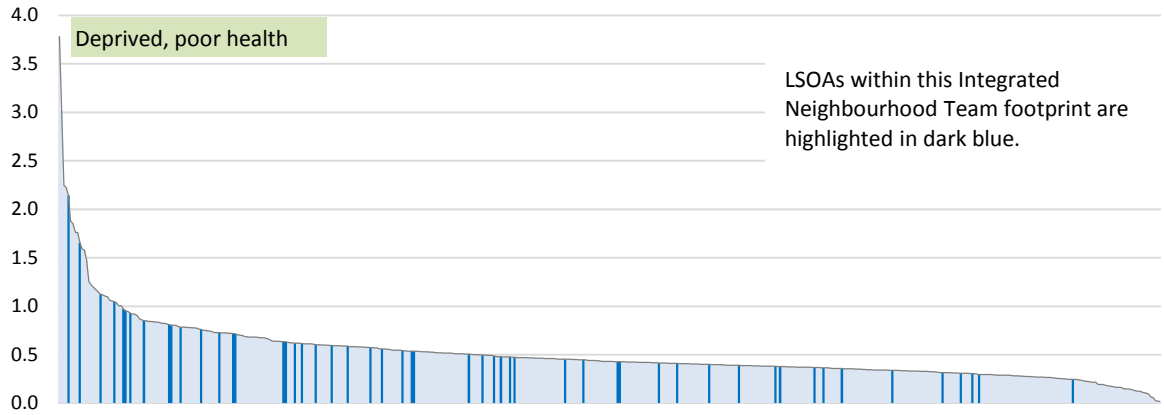


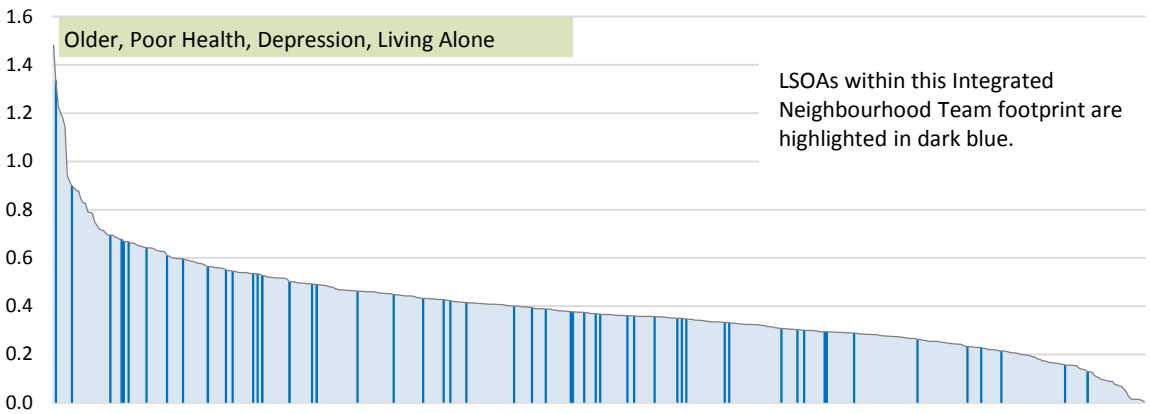
Social Isolation Index ⊀

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.





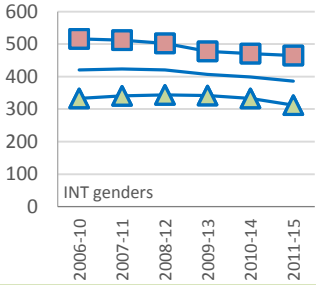
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

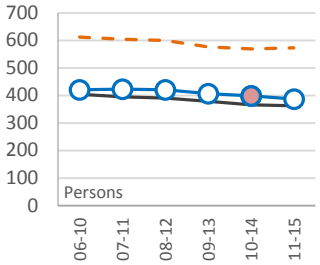
Mortality, under 75s, age standardised rates per 100,000

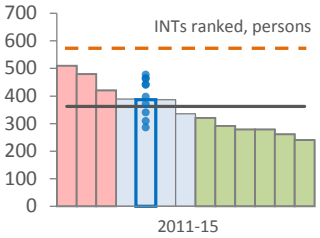
ONS and GP registered populations

"How different are the sexes in this INT"	*"How different is this INT to Leeds"*	*"Where is this INT in relation to the others, and Leeds"*
INT Males	INT persons	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.
INT Females	Leeds	
INT Persons	Deprived fifth of Leeds**	
Shaded if significantly above Persons	Shaded if significantly above Leeds	
Shaded if significantly below Persons	Shaded if significantly below Leeds	

All cause mortality

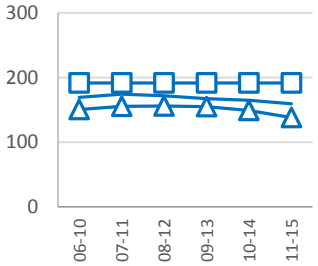


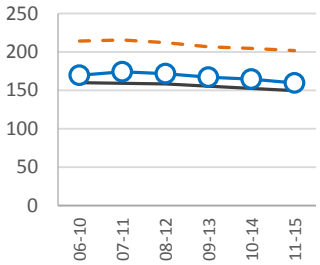


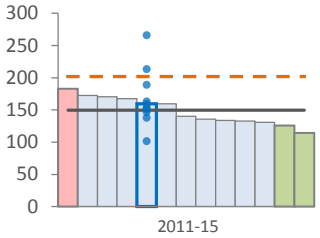


Persons (DSR per 100,000)	
INT	387
Leeds resident	363
Deprived fifth**	573
INT count	*1,191*

Cancer mortality

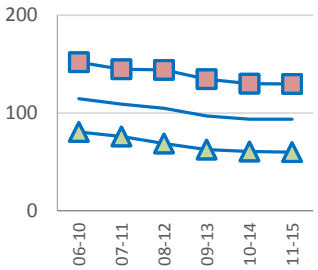


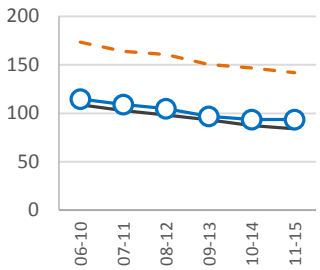


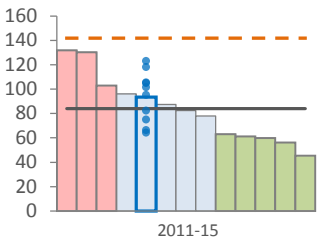


Persons (DSR per 100,000)	
INT	160
Leeds resident	150
Deprived fifth**	202
INT count	*485*

Circulatory disease mortality

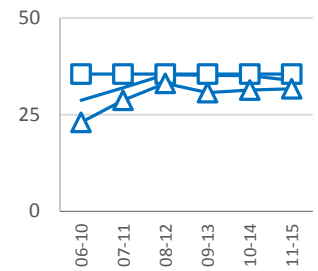


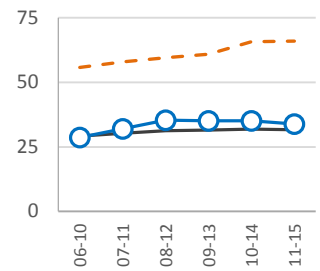


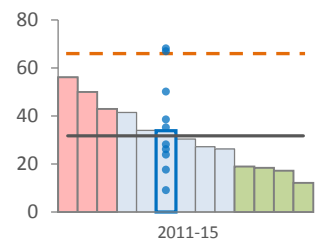


Persons (DSR per 100,000)	
INT	94
Leeds resident	84
Deprived fifth**	142
INT count	*287*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	34
Leeds resident	32
Deprived fifth**	66
INT count	*102*

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

Area overview profile for Chapeltown Integrated Neighbourhood Team

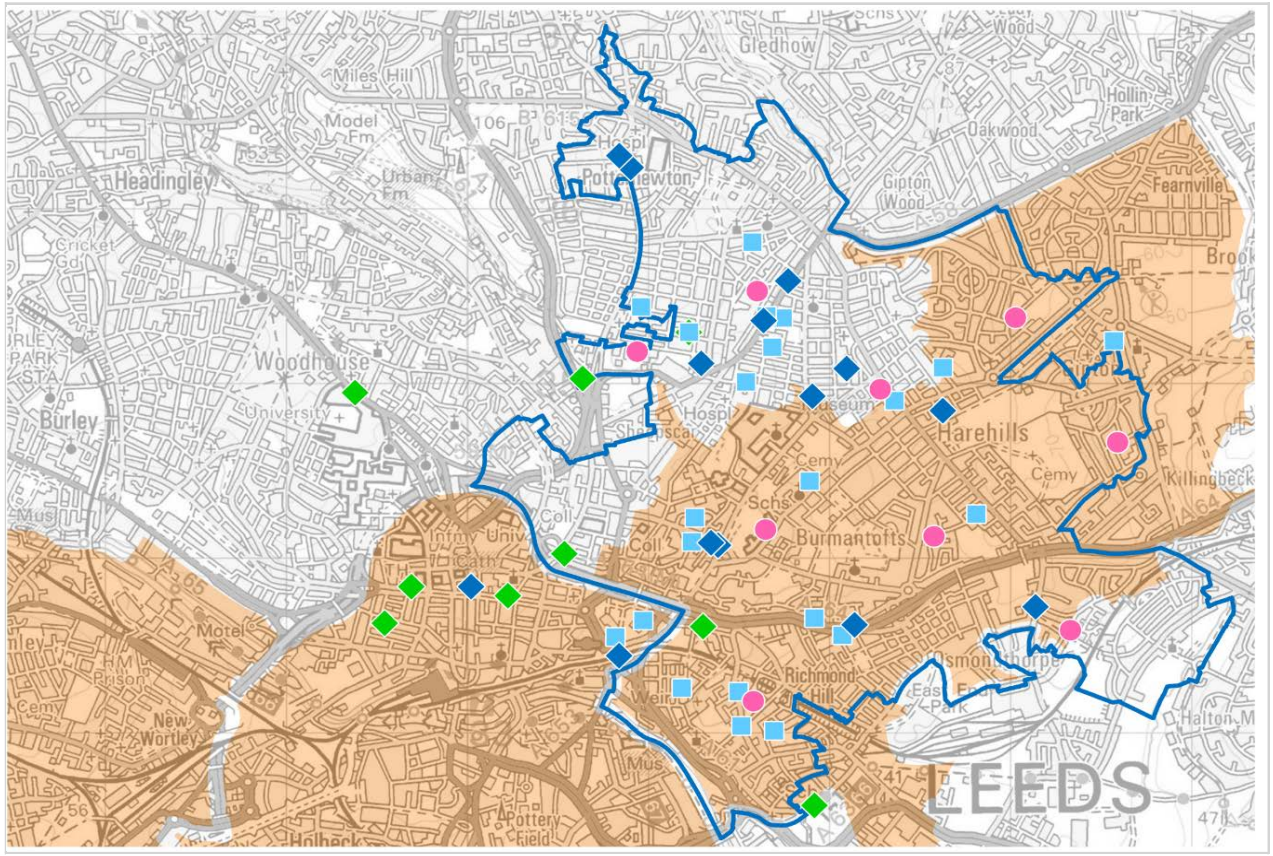
November 2017

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.

Three in four patients are living in the most deprived parts of Leeds. A much lower "White British" ethnic proportion than Leeds, and a slightly larger proportion of "Other White Background". The 2nd largest INT, with a younger population than Leeds including a larger proportion of 25-40 year olds.

Obesity in reception and year 6 is highest in the city. Very low primary school achievement rates, and very high 'looked after children' rates. Obesity and Smoking is very near the highest rates in Leeds. Diabetes and mental health show the highest rates in Leeds, but cancer the very lowest – possibly due to low screening uptake and higher mortality rates.

Despite a younger population the INT has the highest number of patients in the 'Frailty and end of life' segment. Mortality rates are highest here than any other INT despite some individual practices with reasonably low rates.



Practices with more than one branch in this INT are listed once here and appear multiple times in the map: Westfield Medical Centre. The Garden Surgery. The Practice Harehills Corner. Bellbrooke Surgery. St Martins Practice. Conway Medical Centre. Chapeltown Family Surgery. Ashton View Medical Centre. The Surgery 179 York Road. Roundhay Road Surgery. Primary Health Care For The Homeless. The Practice Lincoln Green. One Medicare - The Light. Shakespeare Medical 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.

INT footprint boundary

Most deprived 5 Children's Clusters

GP practice - member of INT

Children's centre within INT footprint

Community Health Development venue

Voluntary Community Sector venue

Area overview profile for Chapeltown Integrated Neighbourhood Team

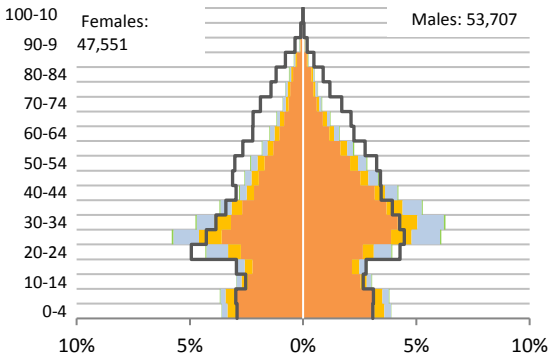
This profile presents a high level summary of data for the Chapeltown Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch 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: 101,258 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.

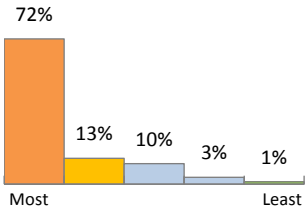


GP recorded ethnicity, top 5	% INT	% Leeds
White British	38%	62%
Other White Background	14%	9%
Black African	9%	3%
Pakistani or British Pakistani	8%	3%
Other Ethnic Background	5%	2%

(April 2017)

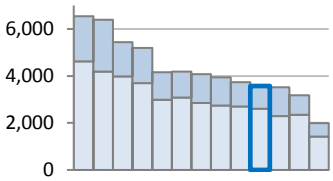
Deprivation distribution

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



Aged 74+ *(April 2017)*

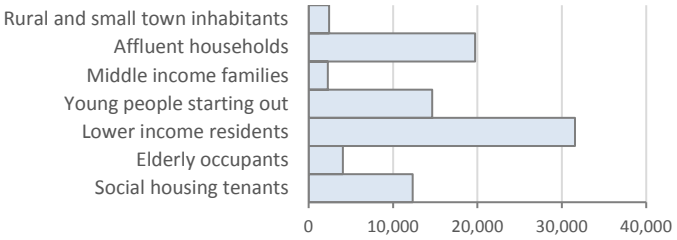
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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)*

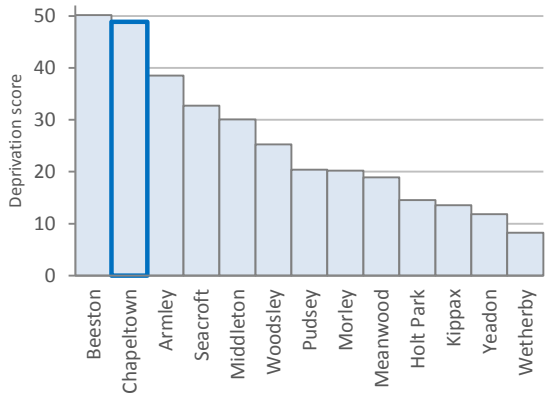
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550	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 Chapeltown INT

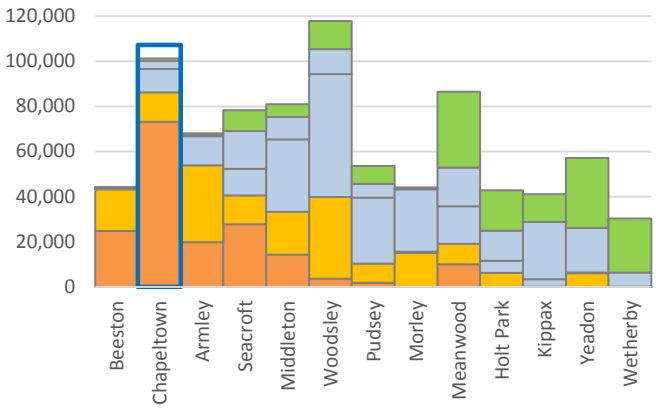
IMD2015 and GP data

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 48.9, ranked number 2 in Leeds.

INTs ranked by deprivation *score*



INT population *sizes* ranked by deprivation score

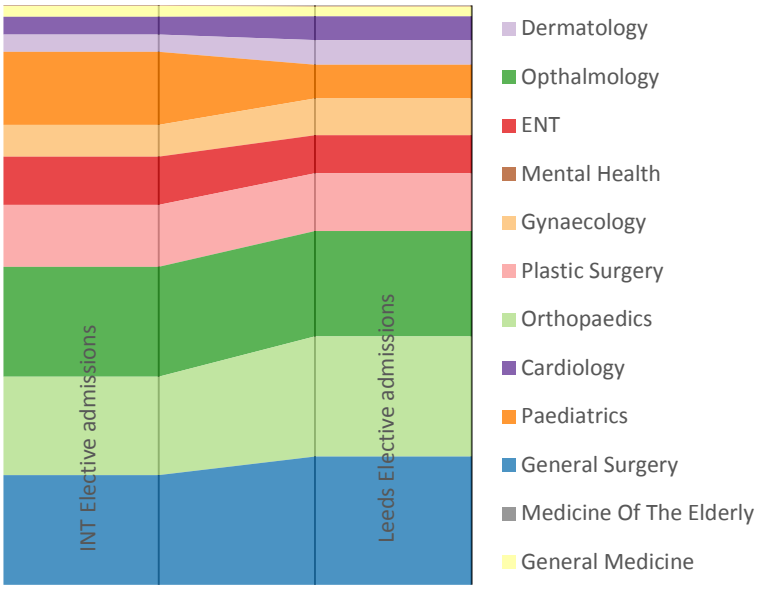


Hospital admissions for this INT by specialty (2016/17)

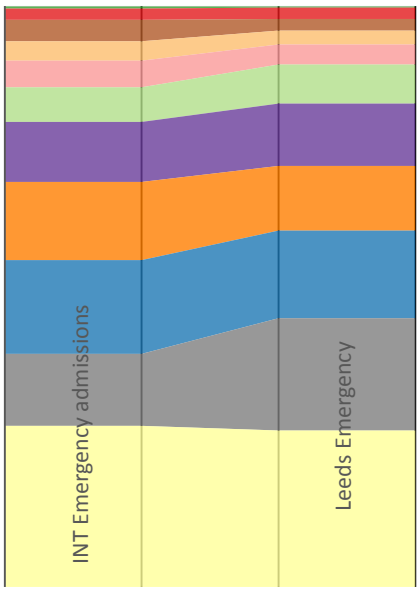
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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 us 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

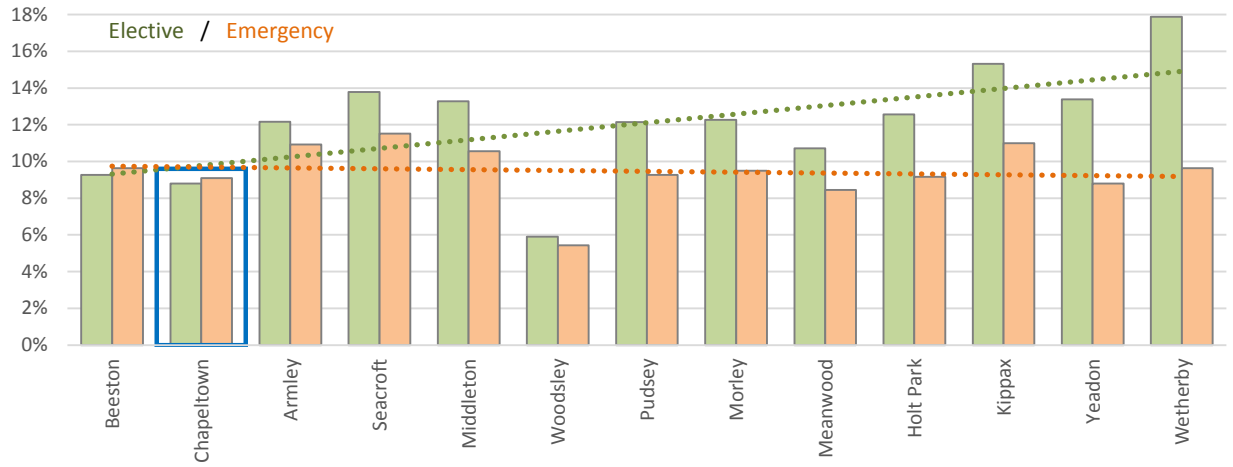


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	Opthalmology	*10%*	10%
2nd	General Surgery	*10%*	12%
3rd	Orthopaedics	*9%*	11%
4th	Paediatrics	*7%*	3%
5th	Plastic Surgery	*6%*	5%

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

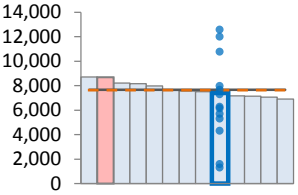


Numerator: Count of all admissions. Denominator: Oct 2016 Leeds resident and registered population

Healthy children

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

GP data



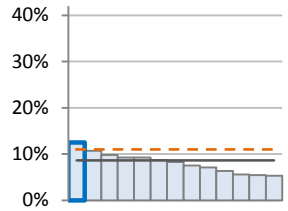
Asthma - under 16s

INT	7,405
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*1,300*

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 ⚡

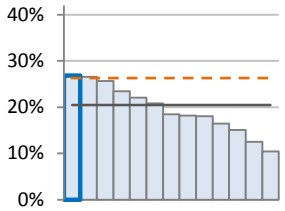
NCMP, aggregated from LSOA to INT boundary



Obesity in Reception year

INT	12.5%
Leeds registered	8.6%
Deprived fifth**	11.0%

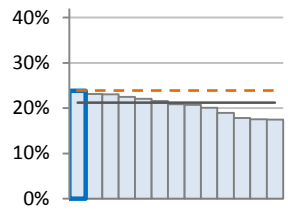
120 of 957 children in INT



Obesity in Year 6

INT	26.8%
Leeds registered	20.5%
Deprived fifth**	26.3%

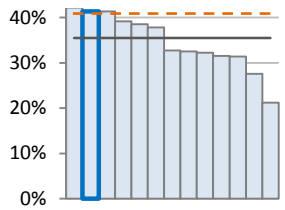
204 of 761 children in INT



Obese *or* overweight, Reception year

INT	23.8%
Leeds registered	21.2%
Deprived fifth**	23.9%

228 of 957 children



Obese *or* overweight, Year 6

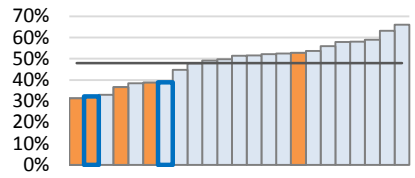
INT	41.4%
Leeds registered	35.5%
Deprived fifth**	40.9%

315 of 761 children

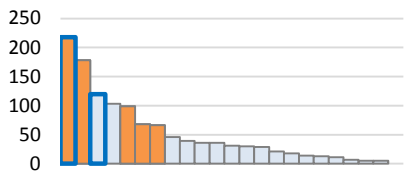
Children's cluster data ⚡

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

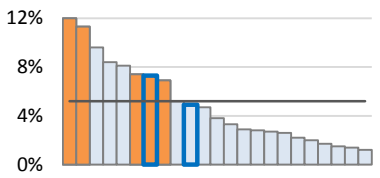
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



% with good achievement at the end of primary school (schools)



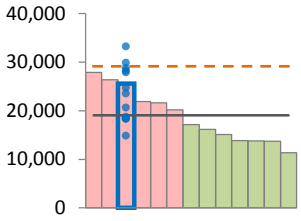
Looked after children



NEET - 'Not in education, employment or training'

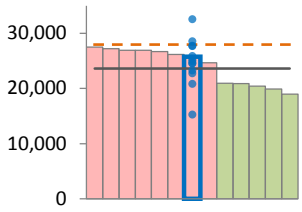
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	25,579
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*20,806*



Obesity (BMI>30)

INT	25,741
Leeds registered	23,606
Deprived fifth**	27,951
INT count	*14,850*

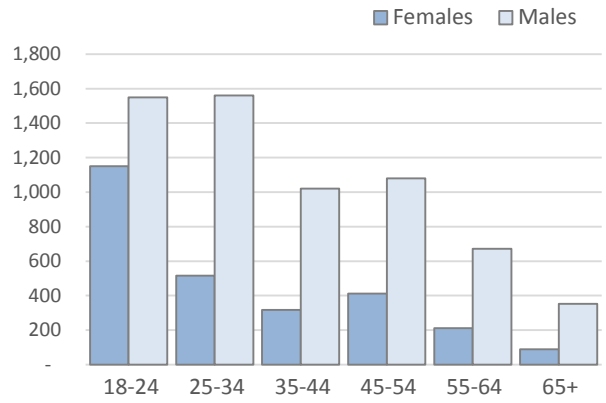
(Within the population who have a recorded BMI)

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.

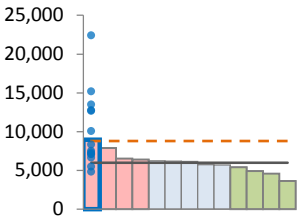


	18-24	25-34	35-44	45-54	55-64	65+
Females	1,150	516	317	411	211	89
Males	1,550	1,561	1,020	1,081	671	351
Persons	2,616	1,966	1,264	1,446	857	447

Long term conditions, adults and older people

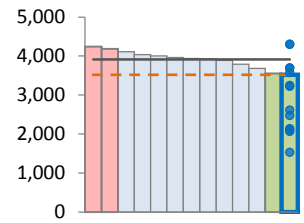
GP data

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



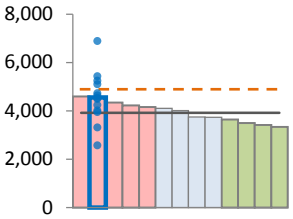
Diabetes

INT	8,982
Leeds registered	6,021
Deprived fifth**	8,802
INT count	*5,062*



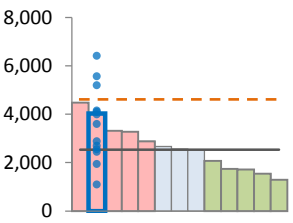
Cancer

INT	3,522
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,743*



CHD

INT	4,556
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*2,084*



COPD

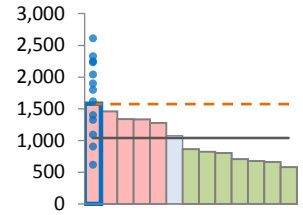
INT	4,027
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*1,941*

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

Long term conditions, adults and older people continued

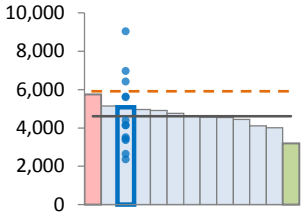
GP data (January 2017)

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



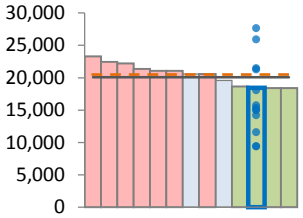
Severe mental heath

INT	1,578
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*1,223*



Dementia (65+)

INT	5,069
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*391*



Common mental health

INT	18,458
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*15,618*

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.

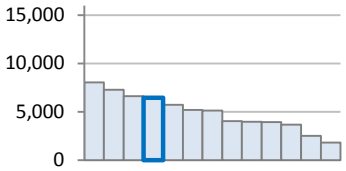
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

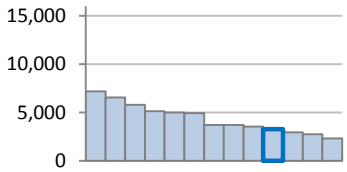
Census 2011, aggregated from MSOA to INT boundary

INTs ranked by *number* of people reporting life limiting illness

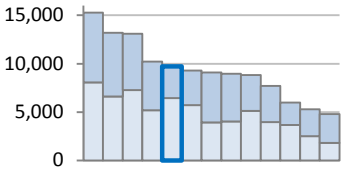
Life limiting illness, under 65



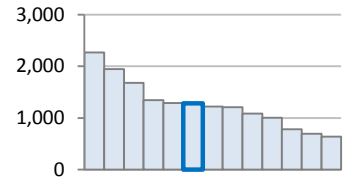
Life limiting illness, over 65



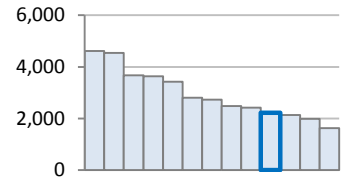
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



Carers providing 50+ hours care/week ⊁



One person households aged 65+ ⊁



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.

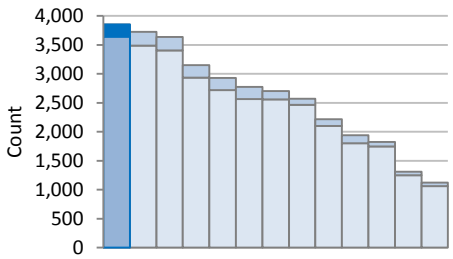
	number	rank
Limiting Long Term Illness - All Ages	*9,718*	5
Limiting Long Term Illness - under 65	*6,437*	4
Limiting Long Term Illness - 65+	*3,281*	10
Providing 50+ hours care/week	*1,285*	6
One person households aged 65+	*2,218*	10

People living with frailty and 'end of life'

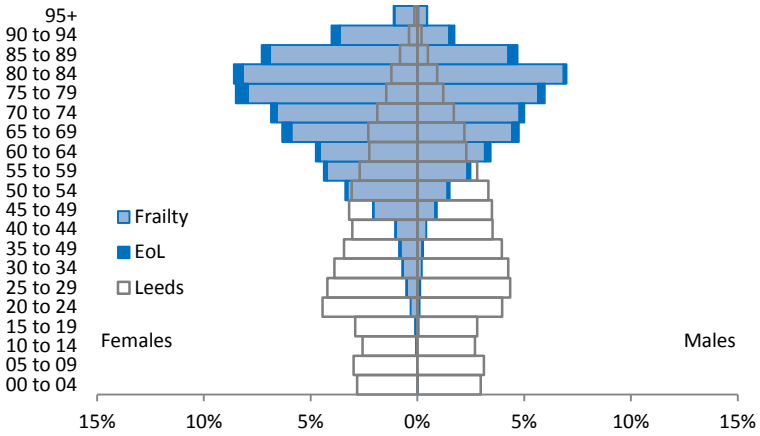
Leeds data model September 2016 cohort

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

Total: 3,854. Frailty 3,641. End of life 213



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

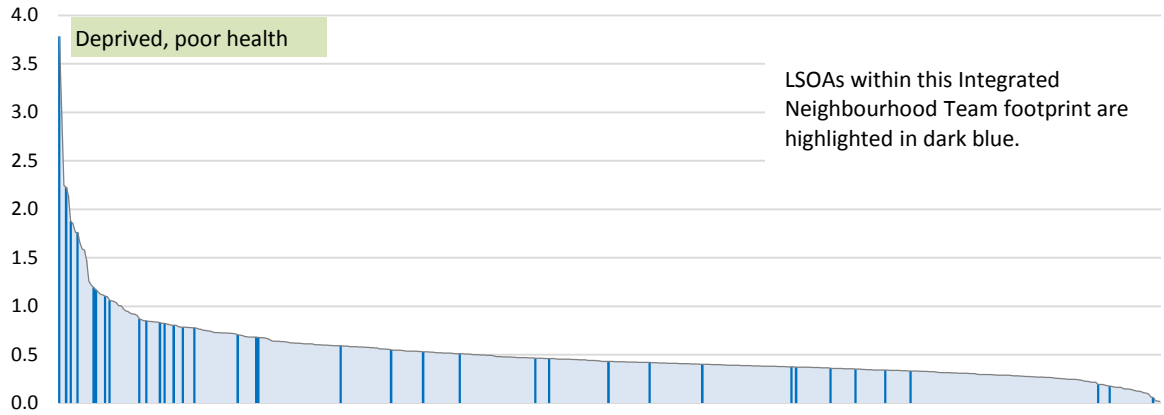


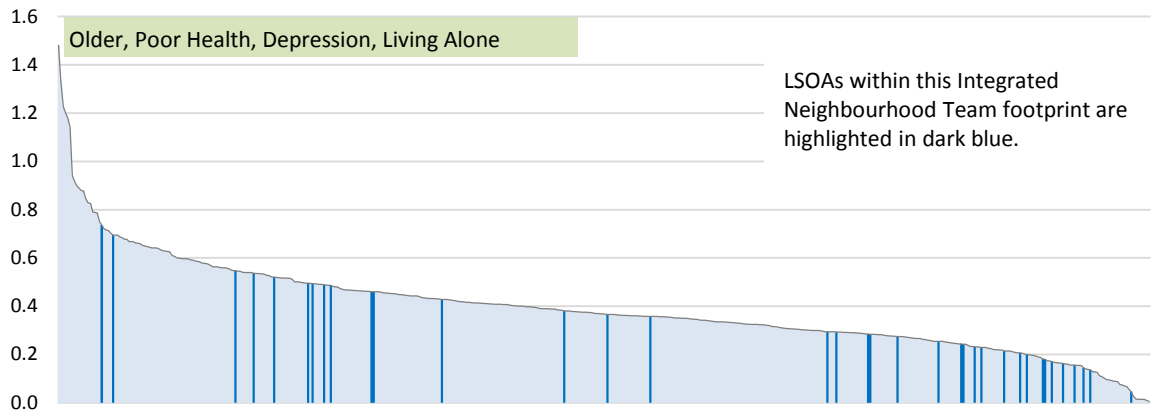
Social Isolation Index ⊀

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**

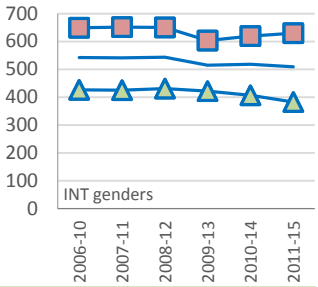
Shaded if significantly above Leeds

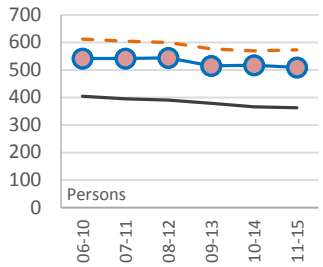
Shaded if significantly below Leeds

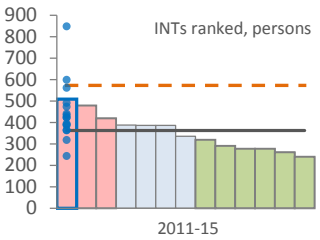
"Where is this INT in relation to the others, and Leeds"

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

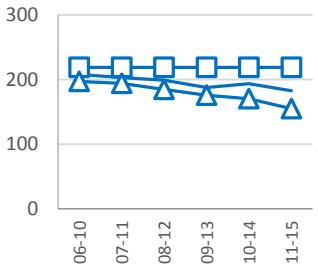


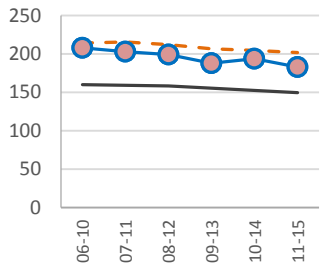


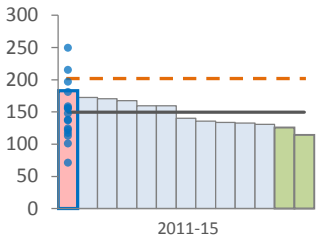


Persons (DSR per 100,000)	
INT	510
Leeds resident	363
Deprived fifth**	573
INT count	*1,192*

Cancer mortality

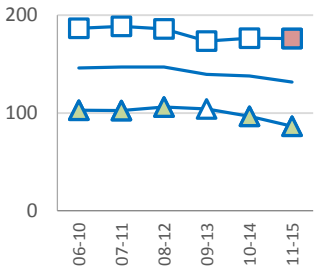


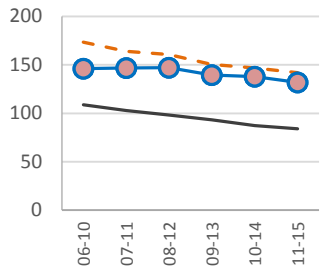


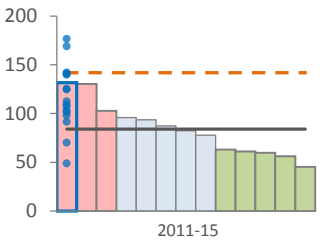


Persons (DSR per 100,000)	
INT	183
Leeds resident	150
Deprived fifth**	202
INT count	*395*

Circulatory disease mortality

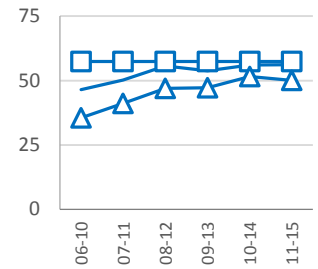


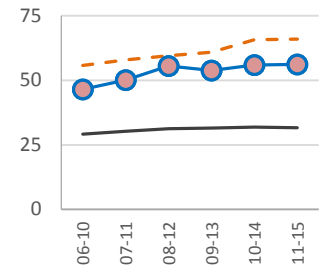


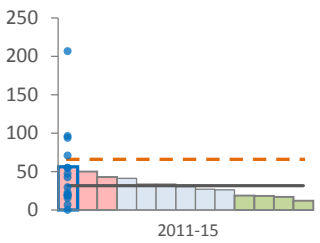


Persons (DSR per 100,000)	
INT	132
Leeds resident	84
Deprived fifth**	142
INT count	*288*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	56
Leeds resident	32
Deprived fifth**	66
INT count	*112*

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