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

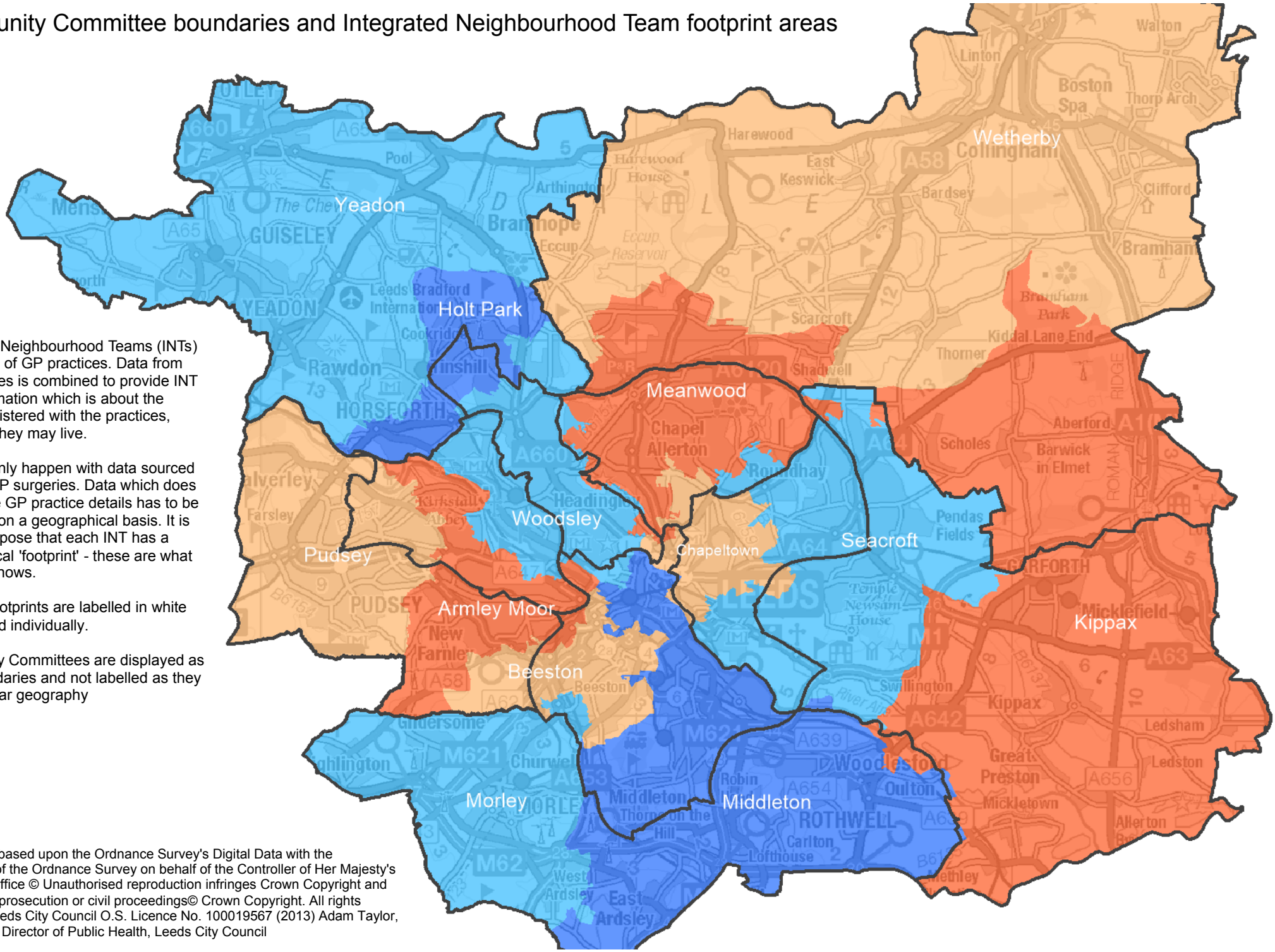
The Leeds public health intelligence team produce public health profiles at various local geographies Middle Layer Super Output Area, Ward and Community Committee.

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 East Community Committee Public Health Profile
- Draft Area overview profiles for Seacroft and Kippax 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

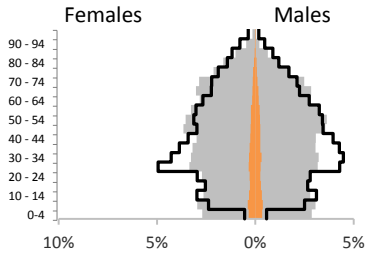
Area overview profile for Outer East Community Committee

This profile presents a high level summary of data sets for the Outer 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: 85,204 43,420 41,784



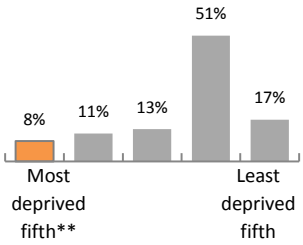
Comparison of Community Committee and Leeds age structures in April 2017. Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	12,037	92%	71%
Black - African	311	2%	5%
Any other white background	236	2%	5%
White and Black Caribbean	114	1%	1%
Any other mixed background	105	1%	2%

(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	13,076	98%	87%
Polish	85	1%	1%
Other than English	37	0%	1%
French	24	0%	0%
Lithuanian	21	0%	0%

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

GP recorded ethnicity, top 5	% Area	% Leeds
White British	78%	62%
(blank)	8%	4%
Other White Background	3%	9%
Not Recorded	3%	6%
Not Stated	2%	2%

(April 2017, top 5 in Community committee, and corresponding Leeds values)

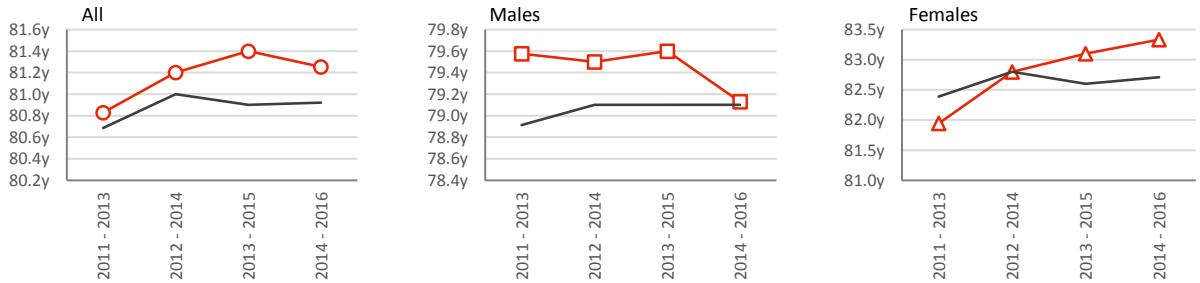
Life expectancy at birth, 2014-16 ranked Community Committees *ONS and GP registered populations*

(years)	All	Males	Females
Outer East CC	81.3	79.1	83.3
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

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

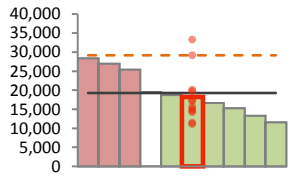
The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

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



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

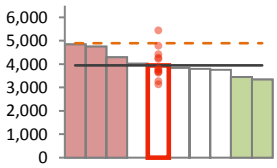
GP data



Smoking (16y+)

Outer East CC	18,182
Leeds	19,265
Deprived fifth**	29,163

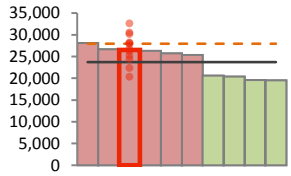
(April 2017)



CHD

Outer East CC	3,940
Leeds	3,947
Deprived fifth	4,894

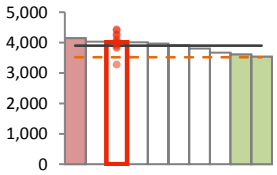
(January 2017)



Obesity (16y+ and BMI>30)

Outer East CC	26,510
Leeds	23,722
Deprived fifth	27,951

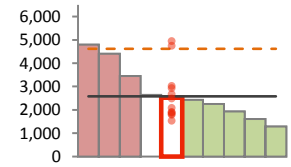
(April 2017)



Cancer

Outer East CC	4,011
Leeds	3,899
Deprived fifth	3,519

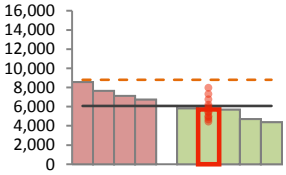
(January 2017)



COPD

Outer East CC	2,520
Leeds	2,580
Deprived fifth	4,617

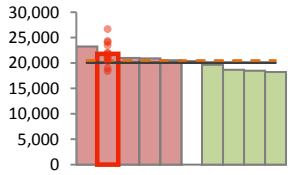
(April 2017)



Diabetes

Outer East CC	5,724
Leeds	6,076
Deprived fifth	8,802

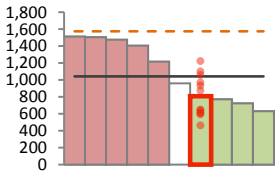
(April 2017)



Common mental health

Outer East CC	21,816
Leeds	20,060
Deprived fifth	20,496

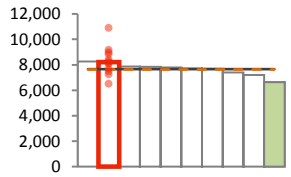
(January 2017)



Severe mental health

Outer East CC	807
Leeds	1,042
Deprived fifth	1,574

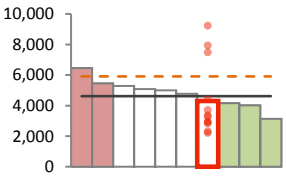
(January 2017)



Asthma in children

Outer East CC	8,209
Leeds	7,659
Deprived fifth	7,633

(October 2016)



Dementia (over 65s)

Outer East CC	4,301
Leeds	4,618
Deprived fifth	5,911

(January 2017)

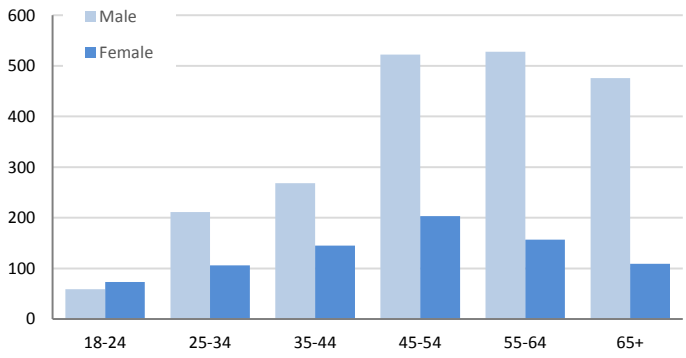
The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within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

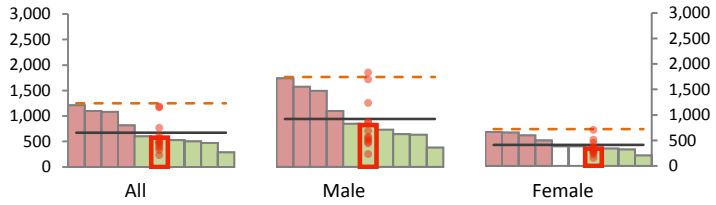
The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

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 East	574	818	340
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?"

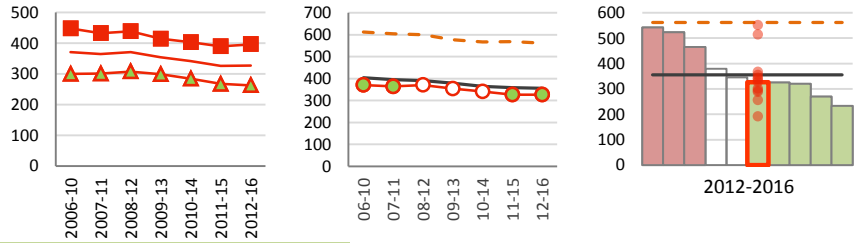
Persons
Leeds
Deprived fifth**

Shaded if significantly > Leeds
Shaded if significantly < Leeds

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

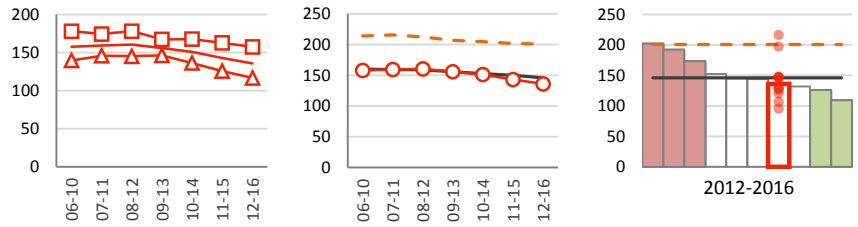
Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds. Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

All cause mortality - under 75s



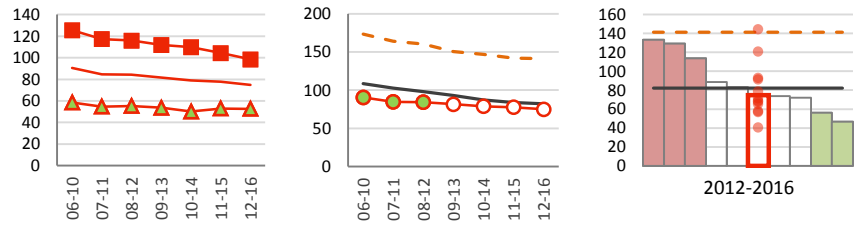
Persons (DSR per 100,000)	
Outer East CC	327
Count of deaths in 2012-16	*1,322*
Leeds resident	356
Deprived fifth**	562

Cancer mortality - under 75s



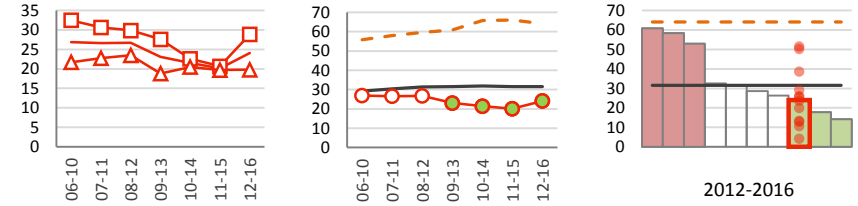
Persons (DSR per 100,000)	
Outer East CC	136
Count of deaths in 2012-16	*549*
Leeds resident	146
Deprived fifth	201

Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Outer East CC	75
Count of deaths in 2012-16	*304*
Leeds resident	82
Deprived fifth	141

Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Outer East CC	24
Count of deaths in 2012-16	*97*
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 East Community Committee

The health and wellbeing of the Outer East Community Committee contains wide variation across the full range of Leeds, overall in the mid range for the city. Only 8% of the population live in the most deprived fifth of Leeds**. Life expectancy for the Community Committee is not significantly different to Leeds overall but has been increasing until recently.

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

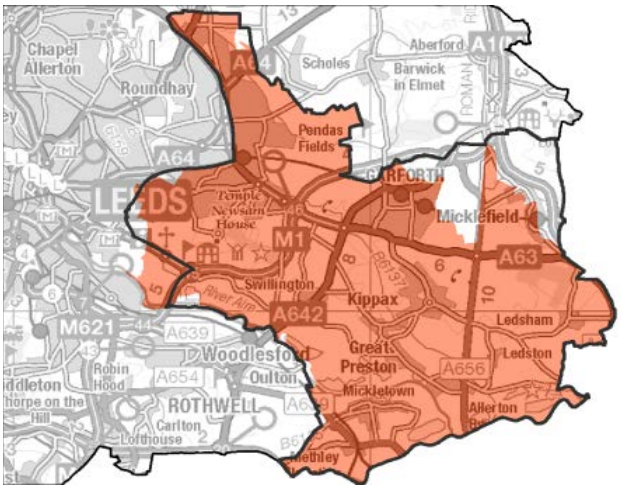
GP recorded conditions show a mixed picture. Obesity and common mental health issues are significantly higher than Leeds and in both cases the 'Swarcliffe' MSOA is highest and second highest in the city. On the other hand, smoking, diabetes, and severe mental health are all well below the Leeds figures and for these the 'Halton Moor, Wykebecks' MSOA features highly.

Alcohol specific admissions are significantly below Leeds rates for this Community Committee, with widely distributed rates at MSOA level, the 'Halton Moor, Wykebecks' and ' Swarcliffe' MSOAs are again the highest.

All-cause mortality for under 75s is significantly below the Leeds average and is following the Leeds trend downwards despite the same two MSOAs having very high rates. Both circulatory disease and cancer mortality shows a similar widely spread MSOA pattern. Respiratory disease mortality is now significantly better than the Leeds rate.

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.*



Ordnance Survey *PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved.* ***GP data*** *courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.* ***Admissions data*** *Copyright © 2016, re-used with the permission of the Health and Social Care Information Centre (HSCIC) / NHS Digital. All rights reserved.*

Area overview profile for Seacroft Integrated Neighbourhood Team

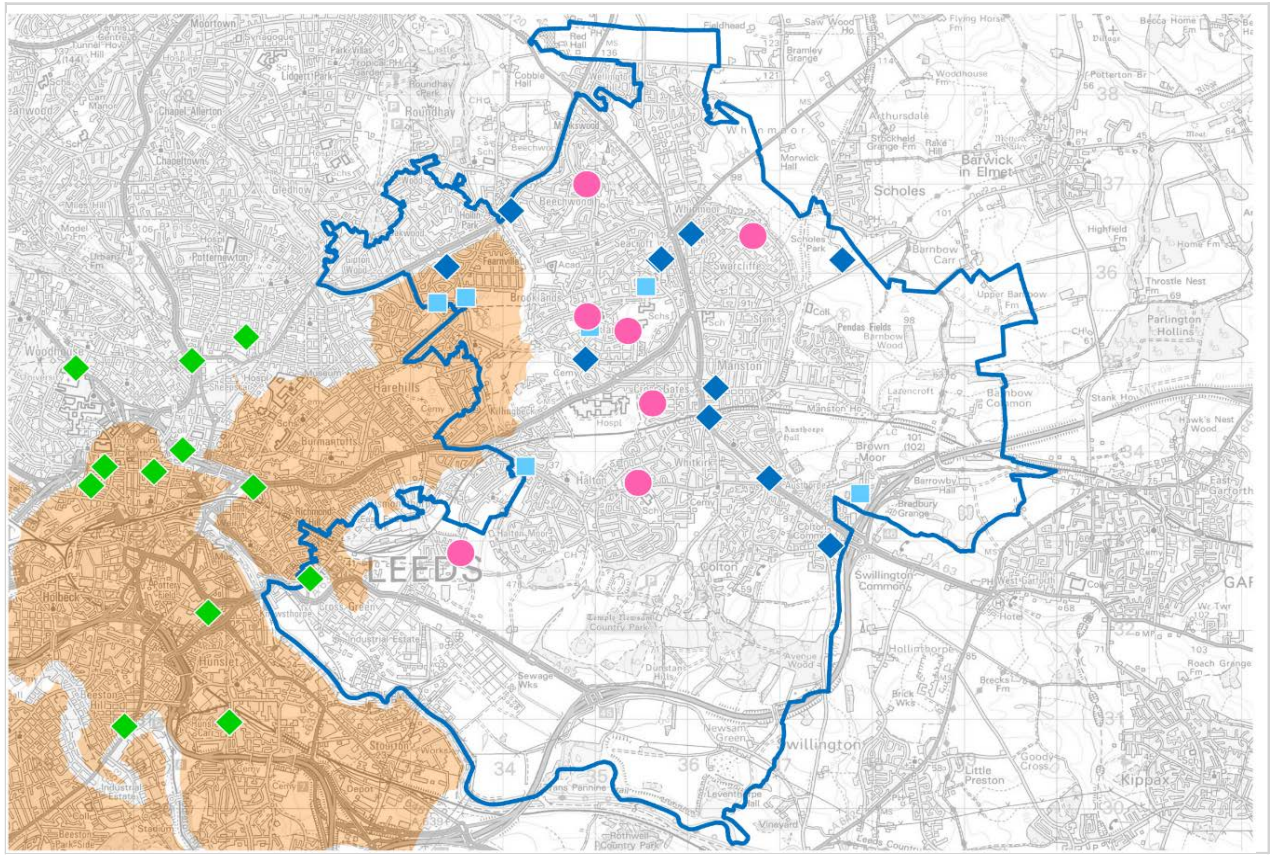
November 2017

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

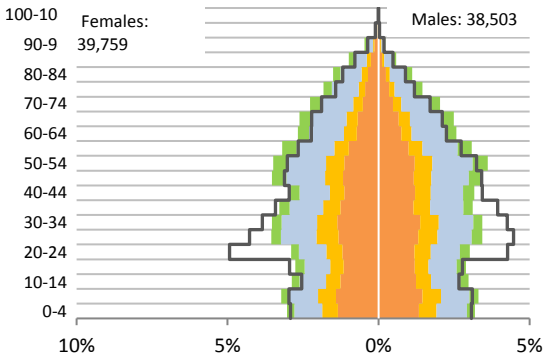
This profile presents a high level summary of data for the Seacroft Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch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

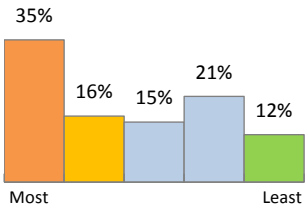


GP recorded ethnicity, top 5	% INT	% Leeds
White British	80%	62%
Other White Background	5%	9%
Pakistani or British Pakistani	2%	3%
Black African	2%	3%
Not Stated	2%	2%

(April 2017)

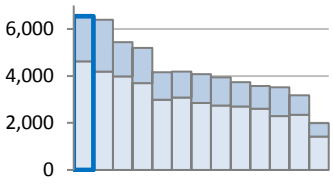
Deprivation distribution

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



Aged 74+ *(April 2017)*

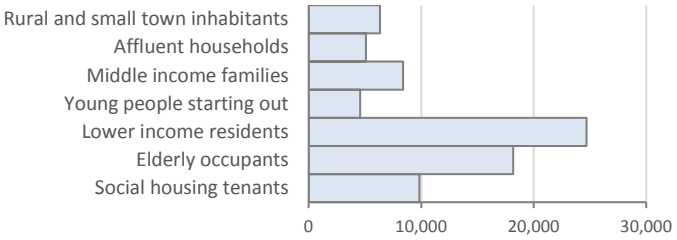
INTs ranked by number of patients aged over 74. 74y-84y in dark green, 85y and older in light green.



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)*

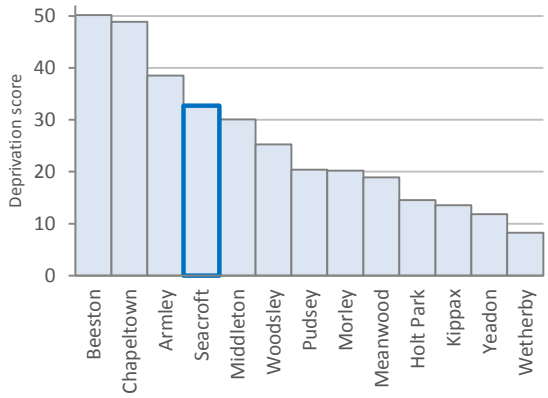
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550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

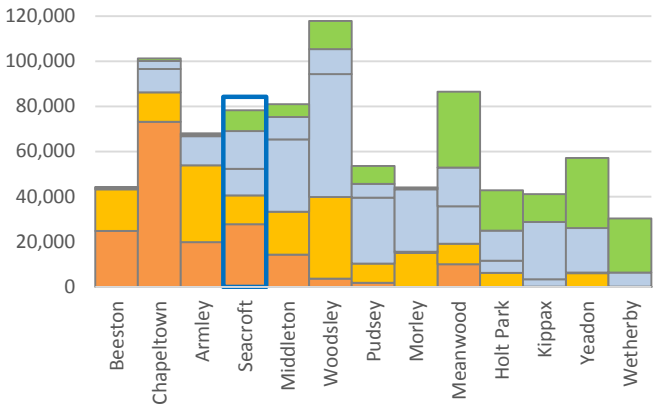
IMD2015 and GP data

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

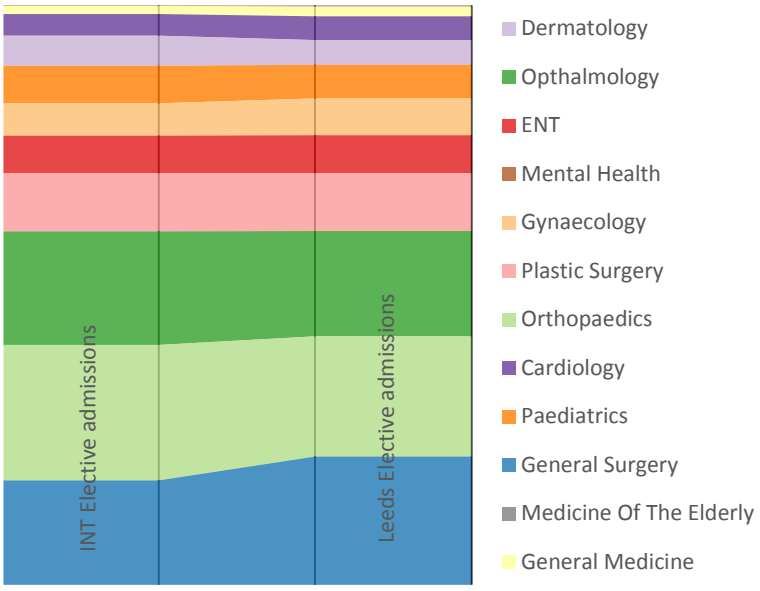


Hospital admissions for this INT by specialty (2016/17)

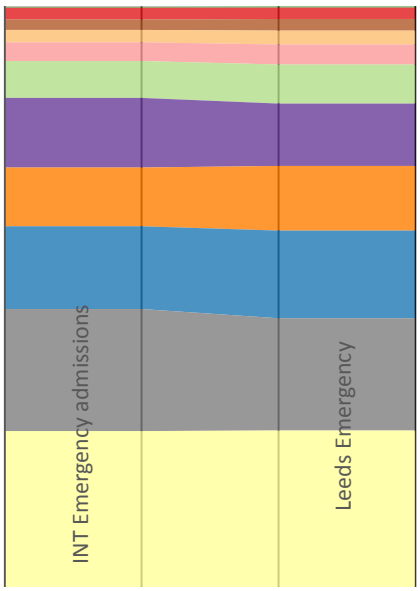
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

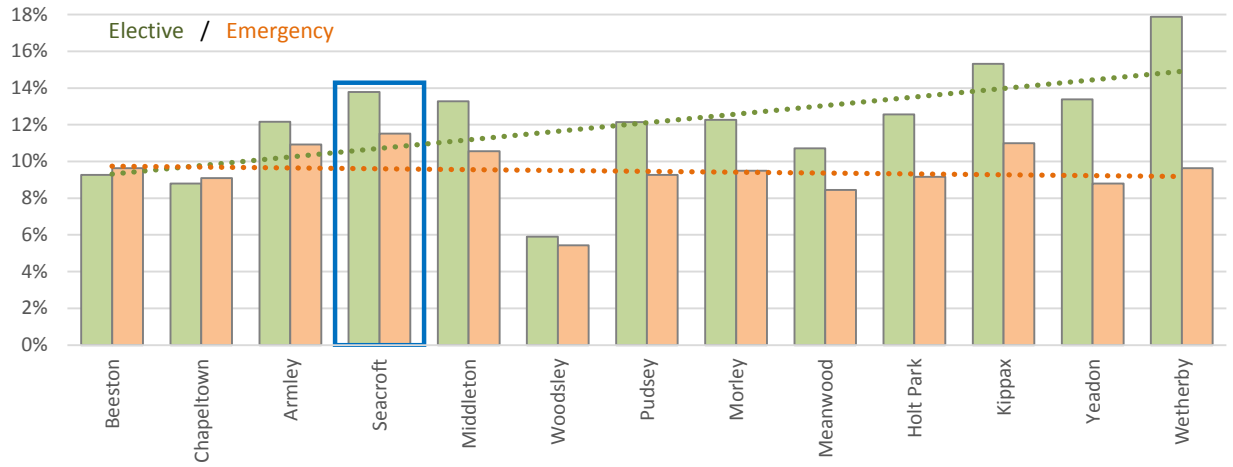


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	Orthopaedics	*13%*	11%
2nd	Opthalmology	*11%*	10%
3rd	General Surgery	*10%*	12%
4th	Plastic Surgery	*5%*	5%
5th	ENT	*3%*	4%

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

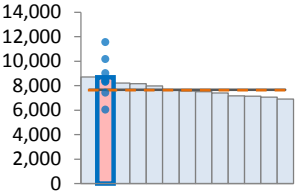
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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*

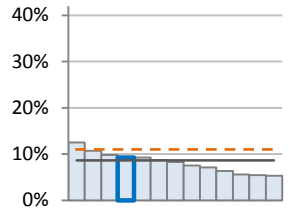


Asthma - under 16s

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

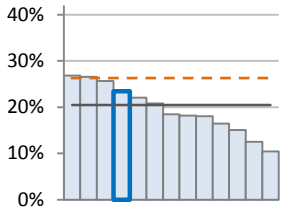
GP recorded asthma in the under 16s, age standardised rates (DSR) per 100,000. Only the Seacroft INT asthma rate is significantly different to the Leeds rate.

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



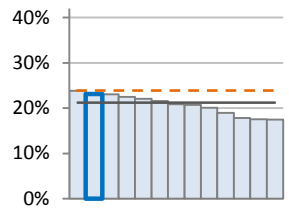
Obesity in Reception year

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



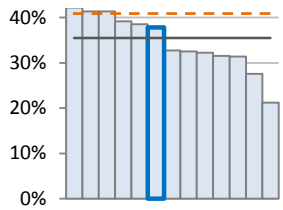
Obesity in Year 6

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	

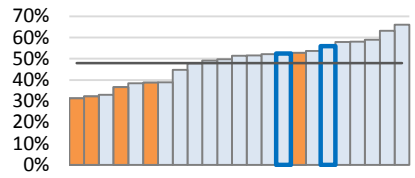


Obese *or* overweight, Year 6

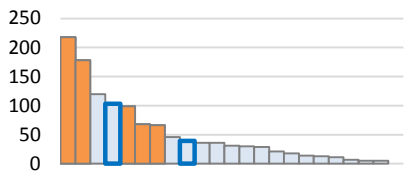
INT	37.9%
Leeds registered	35.5%
Deprived fifth**	40.9%
374 of 988 children	

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

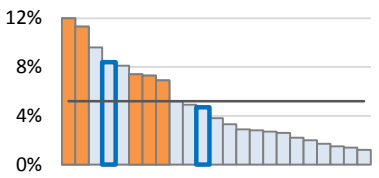
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



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



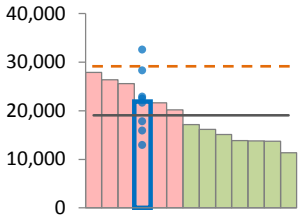
Looked after children



NEET - 'Not in education, employment or training'

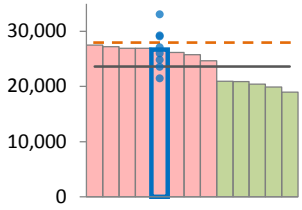
Healthy adults

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*

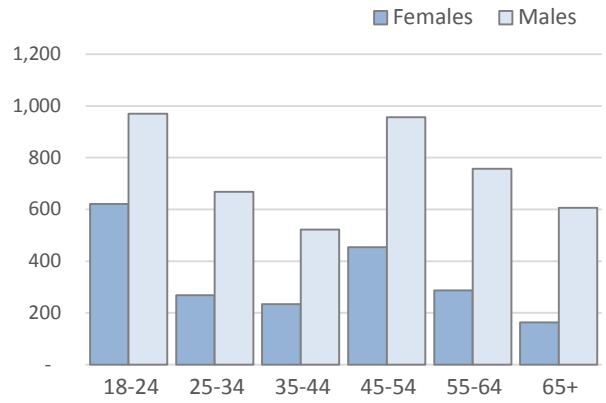
(Within the population who have a recorded BMI)

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.

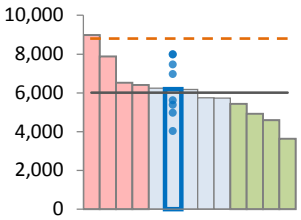


	18-24	25-34	35-44	45-54	55-64	65+
Females	620	268	234	454	287	163
Males	970	668	522	956	757	606
Persons	1,518	924	764	1,419	1,059	800

Long term conditions, adults and older people

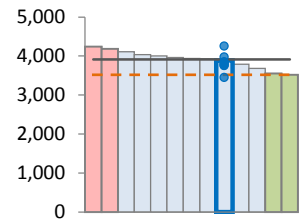
GP data

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



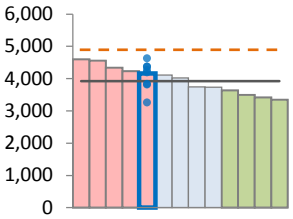
Diabetes

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



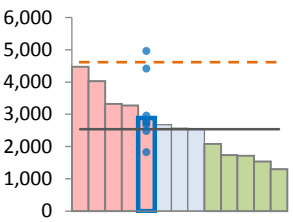
Cancer

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

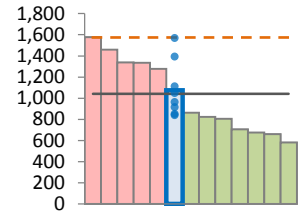
INT	2,887
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*2,069*

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

Long term conditions, adults and older people continued

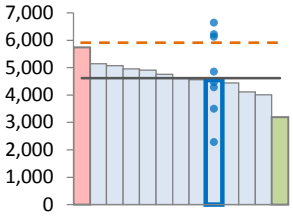
GP data (January 2017)

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



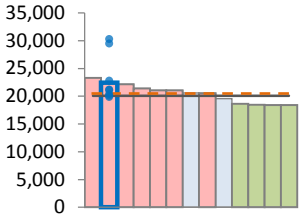
Severe mental heath

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.

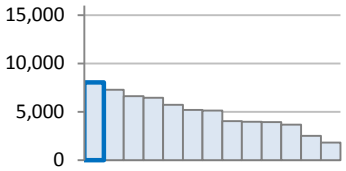
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

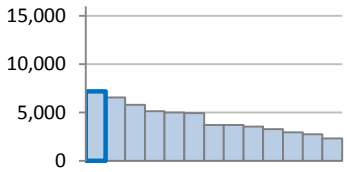
Census 2011, aggregated from MSOA to INT boundary

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

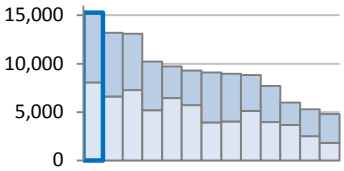
Life limiting illness, under 65



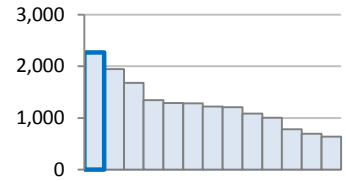
Life limiting illness, over 65



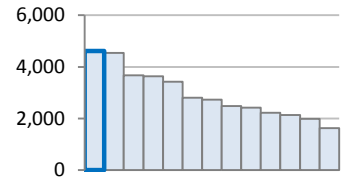
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



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.

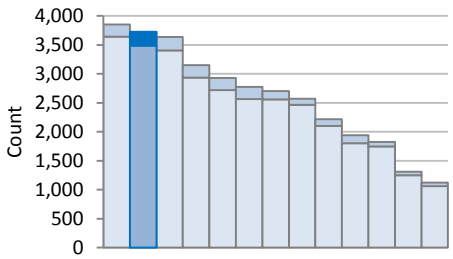
	number	rank
Limiting Long Term Illness - All Ages	*15,257*	1
Limiting Long Term Illness - under 65	*8,056*	1
Limiting Long Term Illness - 65+	*7,201*	1
Providing 50+ hours care/week	*2,268*	1
One person households aged 65+	*4,613*	1

People living with frailty and 'end of life'

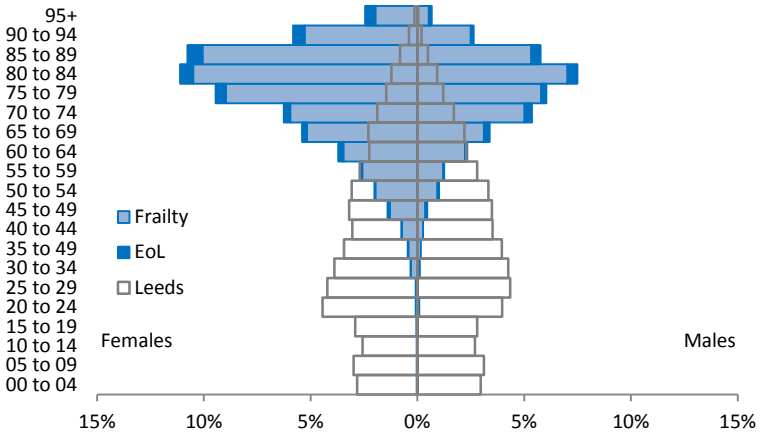
Leeds data model September 2016 cohort

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.

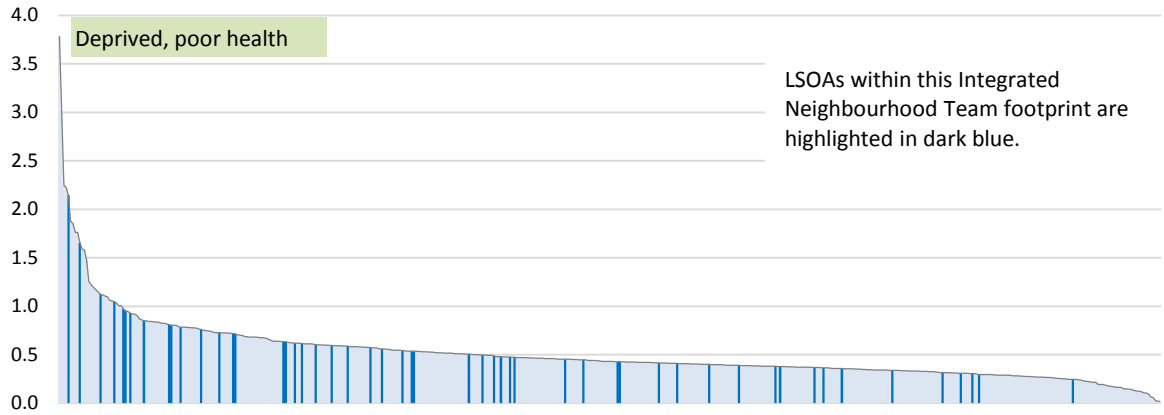


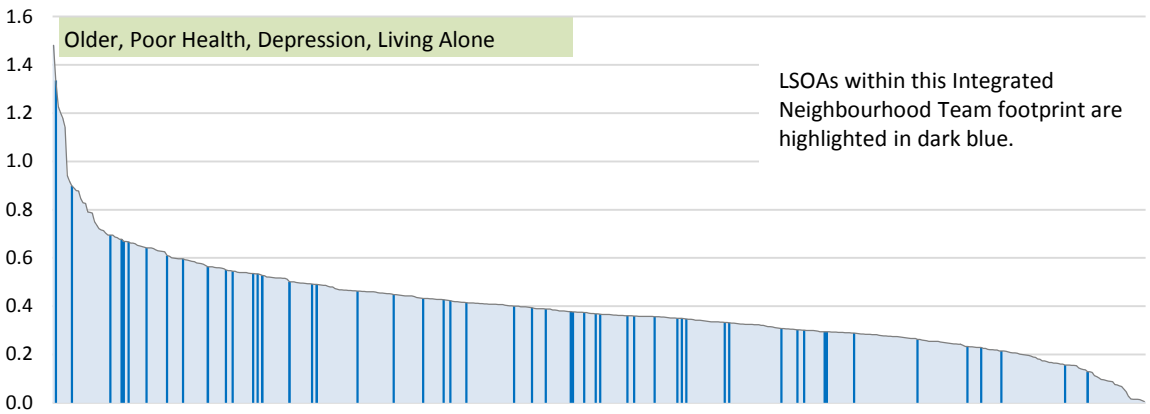
Social Isolation Index ⊀

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.





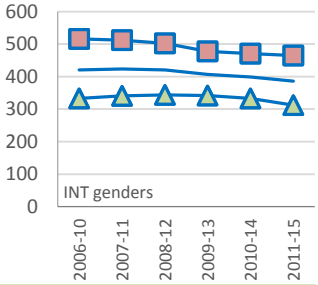
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

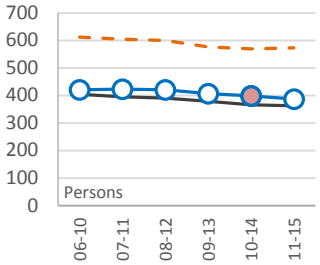
Mortality, under 75s, age standardised rates per 100,000

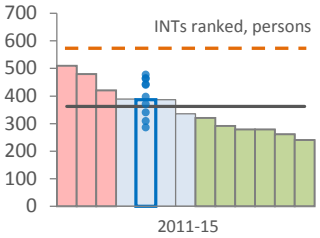
ONS and GP registered populations

"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

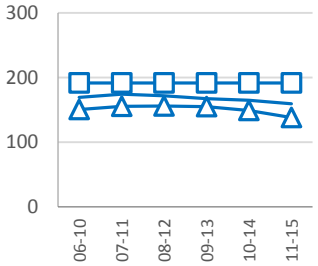


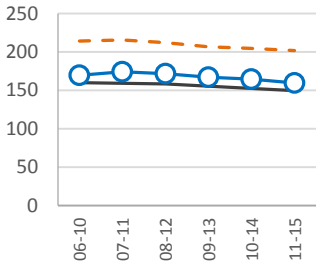


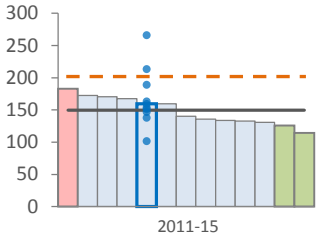


Persons (DSR per 100,000)	
INT	387
Leeds resident	363
Deprived fifth**	573
INT count	*1,191*

Cancer mortality

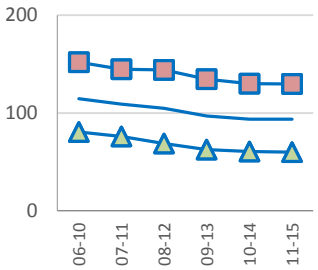


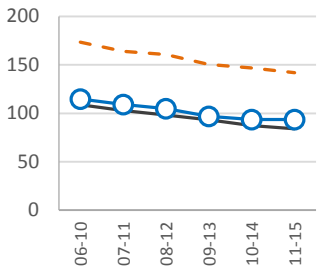


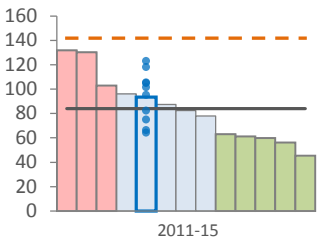


Persons (DSR per 100,000)	
INT	160
Leeds resident	150
Deprived fifth**	202
INT count	*485*

Circulatory disease mortality

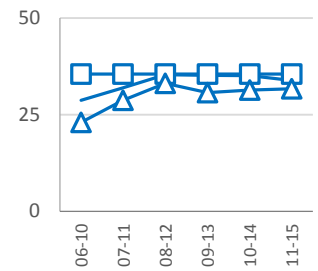


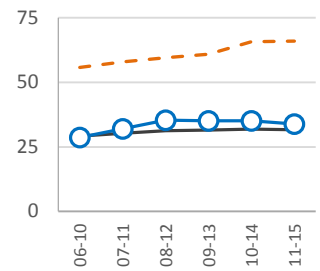


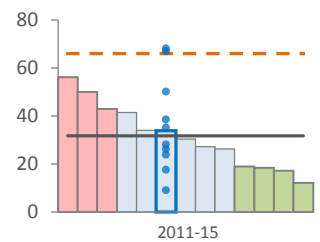


Persons (DSR per 100,000)	
INT	94
Leeds resident	84
Deprived fifth**	142
INT count	*287*

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.

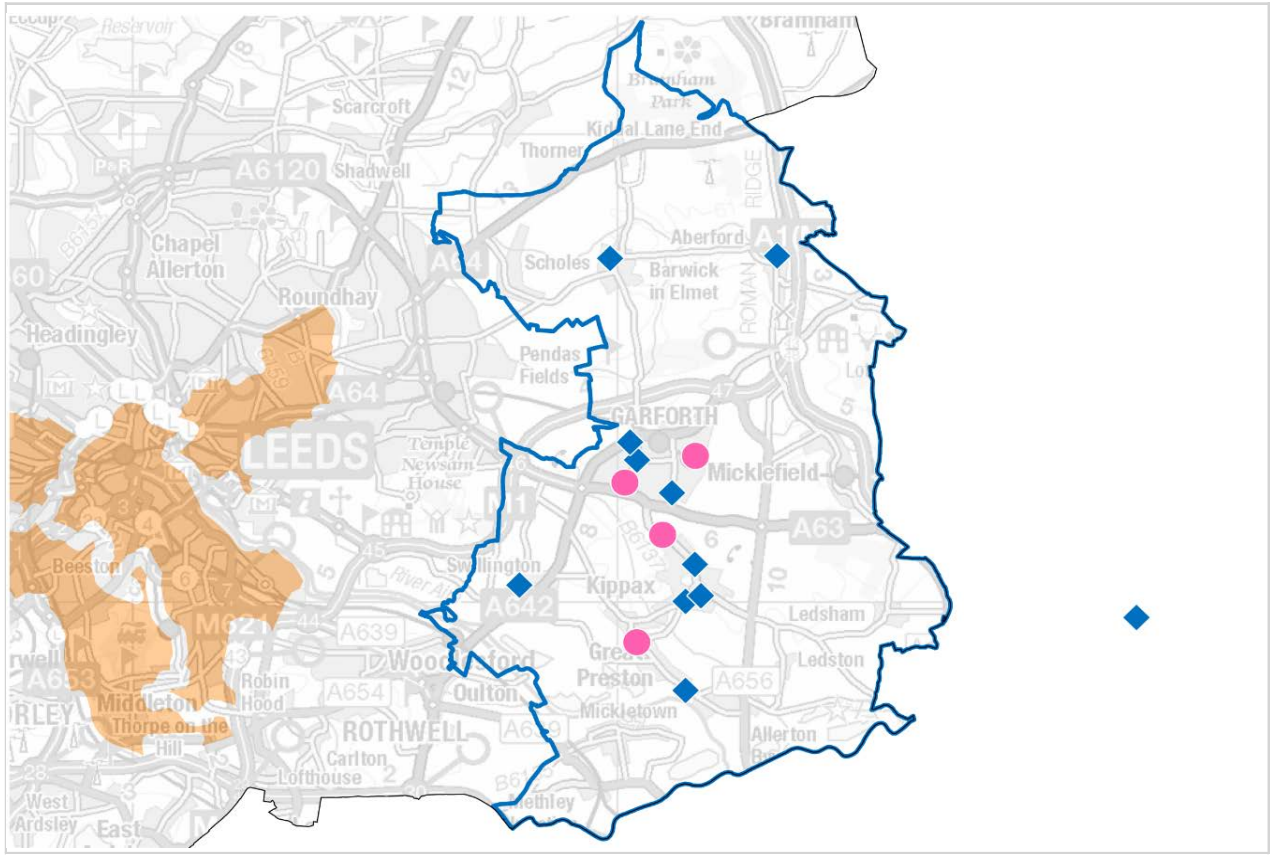
Area overview profile for Kippax Integrated Neighbourhood Team

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.

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 Kippax Integrated Neighbourhood Team

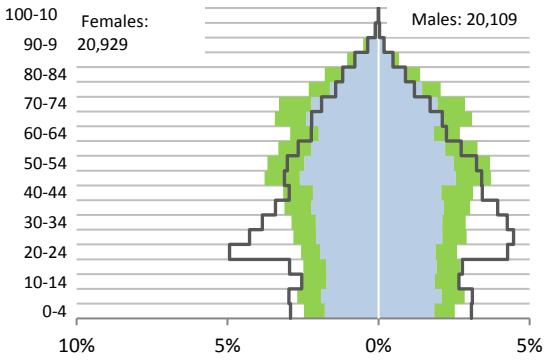
This profile presents a high level summary of data for the Kippax Integrated Neighbourhood Team (INT), using practice membership data. In a small number of cases, practices and branches are members of different INTs, to account for this, their patient data is allocated to the INT their nearest branch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

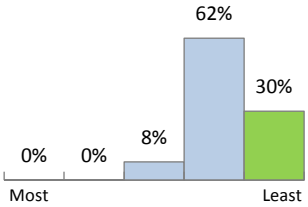


GP recorded ethnicity, top 5	% INT	% Leeds
White British	88%	62%
Not Recorded	6%	6%
Other White Background	2%	9%
Not Stated	1%	2%
Unknown	0%	1%

(April 2017)

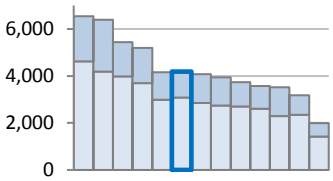
Deprivation distribution

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



Aged 74+ *(April 2017)*

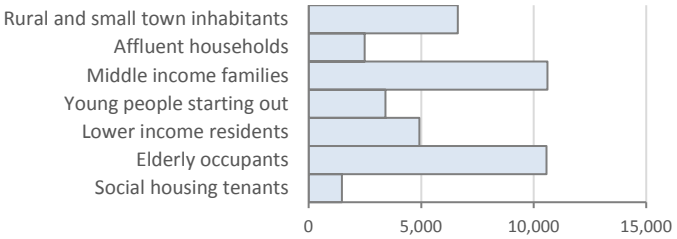
INTs ranked by number of patients aged over 74.
74y-84y in dark green,
85y and older in light green.



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)*

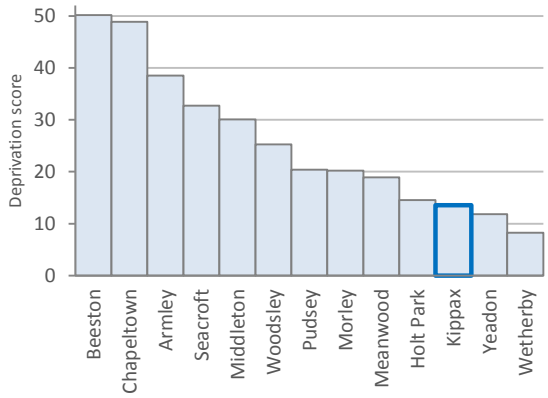
	Woodsley	Chapeltown	Meanwood	Middleton	Seacroft	Armley	Yeadon	Pudsey	Beeston	Morley	Holt Park	Kippax	Wetherby
80+	2,266	2,103	4,224	3,185	3,976	2,521	3,119	2,465	1,198	1,804	2,455	2,392	2,220
70-79	3,066	3,249	5,265	5,341	5,933	3,907	5,111	3,778	1,830	3,438	3,431	4,320	3,754
60-69	5,028	5,569	8,194	7,550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

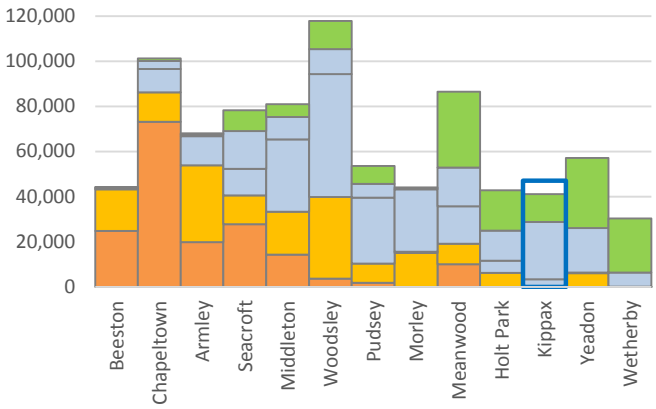
IMD2015 and GP data

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

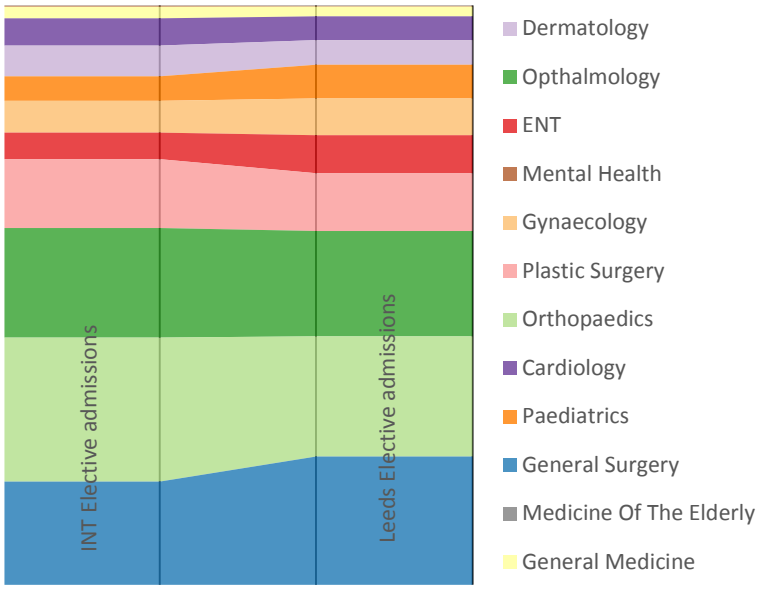


Hospital admissions for this INT by specialty (2016/17)

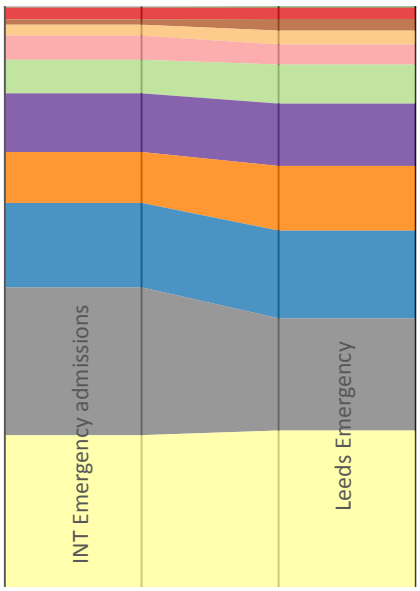
Elective (non-emergency) and emergency admission proportions for this INT are compared to Leeds below. Admissions data is divided between twelve hospital specialties and the additional group of 'others' which is where an admission does not have a recognised specialty assigned to it.

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

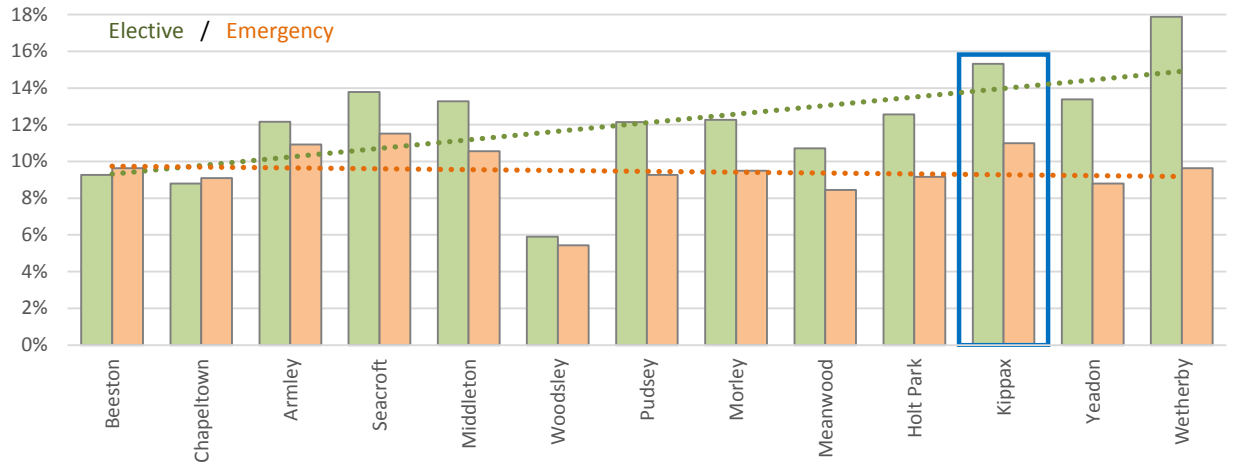


INT Elective admissions top 5		*% of INT admissions*	*Leeds proportion*
1st	Orthopaedics	*13%*	11%
2nd	Opthalmology	*10%*	10%
3rd	General Surgery	*10%*	12%
4th	Plastic Surgery	*6%*	5%
5th	Gynaecology	*3%*	3%

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

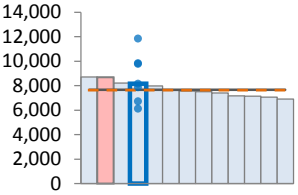
Hospital admission rates as percentage of whole INT populations. The INTs are *ordered by deprivation score* and there is a clear increase in proportion of elective admissions (green) as INTs become less deprived. Emergency admissions show a slightly inverted relationship with deprivation at INT level.



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*

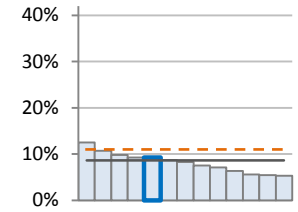


Asthma - under 16s

INT	8,162
Leeds registered	7,659
Deprived fifth**	7,633
INT count	*437*

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.

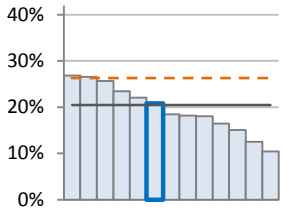
Child obesity 2015-16 ⚡ — *NCMP, aggregated from LSOA to INT boundary*



Obesity in Reception year

INT	9.2%
Leeds registered	8.6%
Deprived fifth**	11.0%

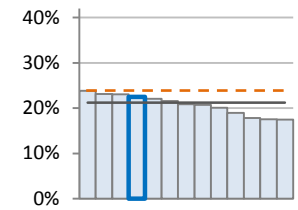
52 of 564 children in INT



Obesity in Year 6

INT	20.8%
Leeds registered	20.5%
Deprived fifth**	26.3%

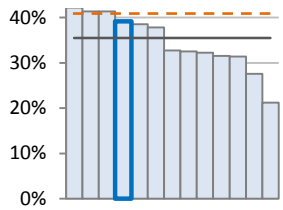
105 of 505 children in INT



Obese *or* overweight, Reception year

INT	22.5%
Leeds registered	21.2%
Deprived fifth**	23.9%

127 of 564 children



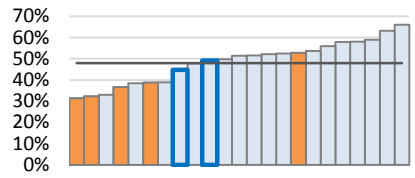
Obese *or* overweight, Year 6

INT	39.2%
Leeds registered	35.5%
Deprived fifth**	40.9%

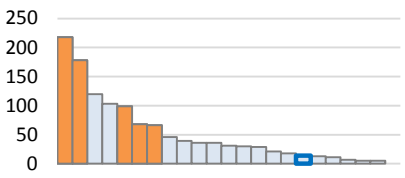
198 of 505 children

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

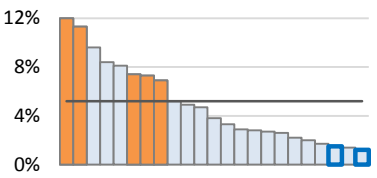
All 23 **Children's clusters** in Leeds, ranked below. Each INT footprint may be *overlapped* by one or more clusters and those having significant overlap with this INT are outlined in blue below. The five most deprived clusters in the city are shown in orange.



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



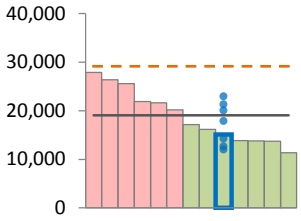
Looked after children



NEET - 'Not in education, employment or training'

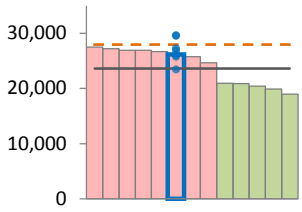
Healthy adults

GP data (April 2017)



Smoking (16y+)

INT	15,122
Leeds registered	19,045
Deprived fifth**	29,163
INT count	*5,045*



Obesity (BMI>30)

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

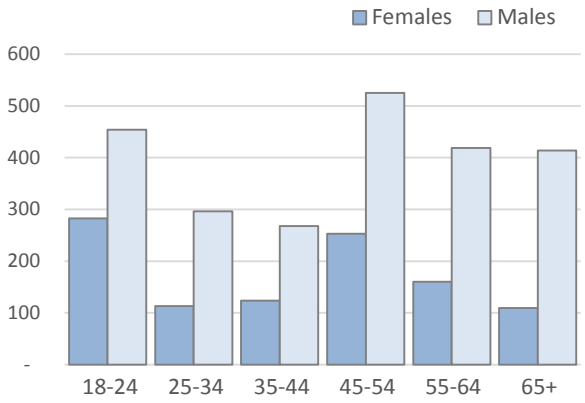
(Within the population who have a recorded BMI)

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.

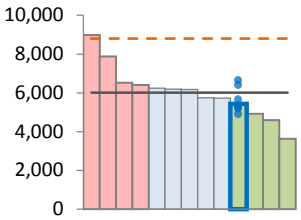


	18-24	25-34	35-44	45-54	55-64	65+
Females	282	113	124	253	160	109
Males	454	296	268	525	418	413
Persons	701	399	397	785	588	540

Long term conditions, adults and older people

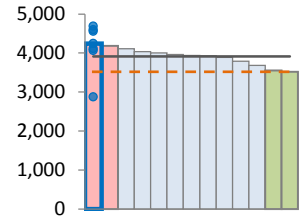
GP data

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



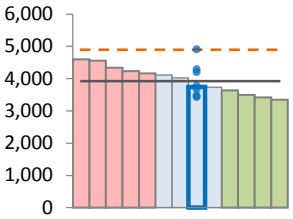
Diabetes

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



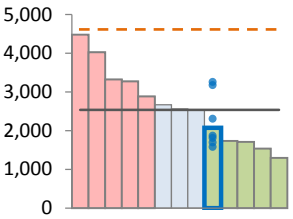
Cancer

INT	4,241
Leeds registered	3,915
Deprived fifth**	3,519
INT count	*1,919*



CHD

INT	3,742
Leeds registered	3,926
Deprived fifth**	4,894
INT count	*1,721*



COPD

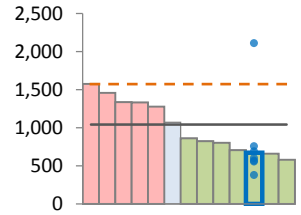
INT	2,077
Leeds registered	2,537
Deprived fifth**	4,617
INT count	*958*

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

Long term conditions, adults and older people continued

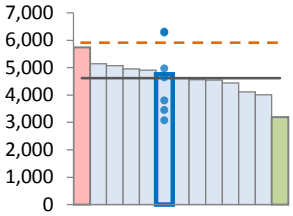
GP data (January 2017)

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



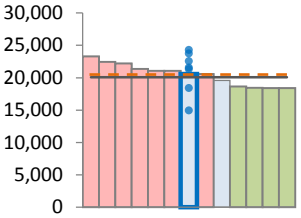
Severe mental heath

INT	676
Leeds registered	1,042
Deprived fifth**	1,574
INT count	*278*



Dementia (65+)

INT	4,753
Leeds registered	4,618
Deprived fifth**	5,911
INT count	*423*



Common mental health

INT	20,581
Leeds registered	20,060
Deprived fifth**	20,496
INT count	*8,335*

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.

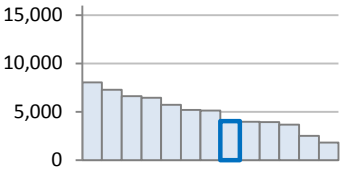
***Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. GP data only reflects those patients who visit their doctor, certain groups are known to present late, or not at all, therefore it is important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

Life limiting illness ⊁

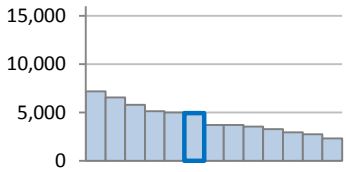
Census 2011, aggregated from MSOA to INT boundary

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

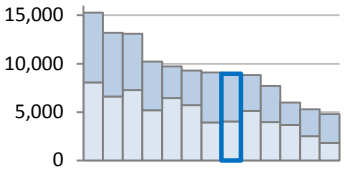
Life limiting illness, under 65



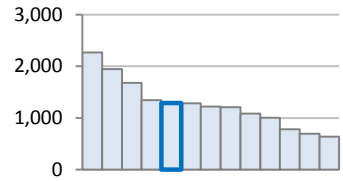
Life limiting illness, over 65



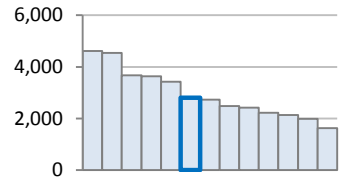
Life limiting illness all ages.
Under 65 years old in dark green. 65y and older in light green



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.

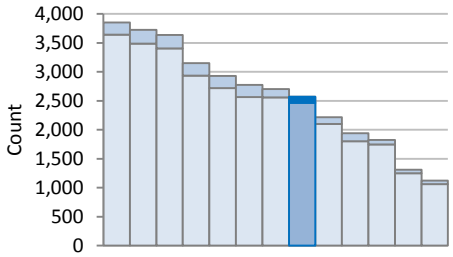
	number	rank
Limiting Long Term Illness - All Ages	*8,965*	8
Limiting Long Term Illness - under 65	*4,033*	8
Limiting Long Term Illness - 65+	*4,932*	6
Providing 50+ hours care/week	*1,290*	5
One person households aged 65+	*2,808*	6

People living with frailty and 'end of life'

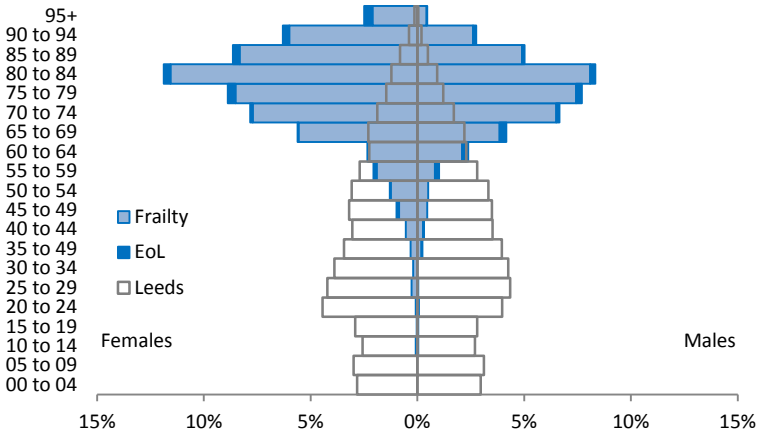
Leeds data model September 2016 cohort

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.

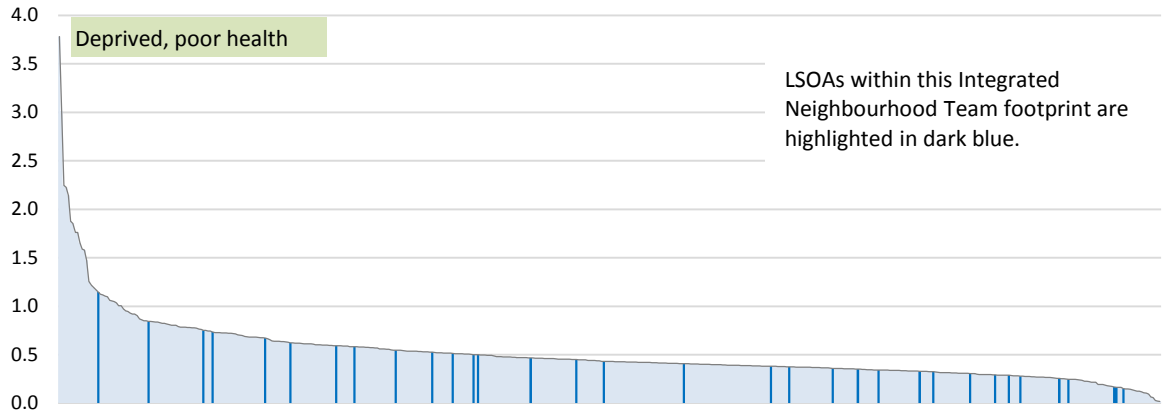


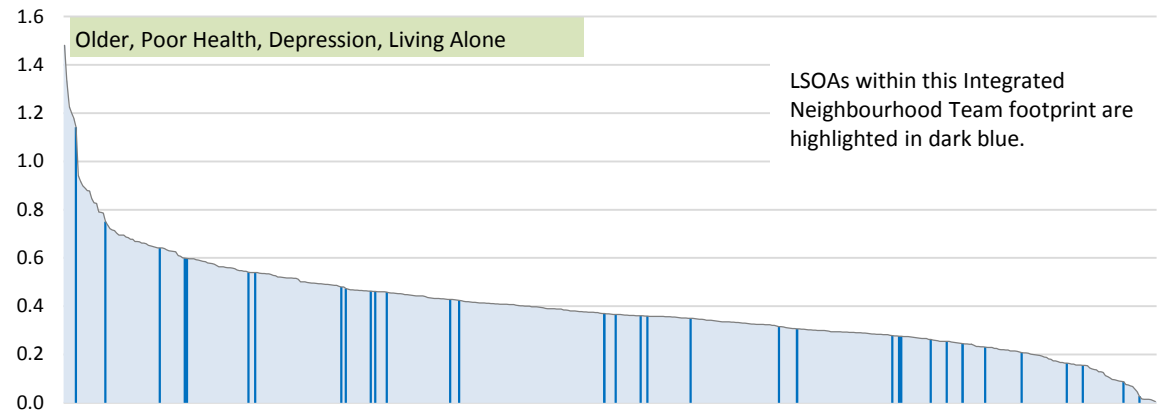
Social Isolation Index ⚡

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.





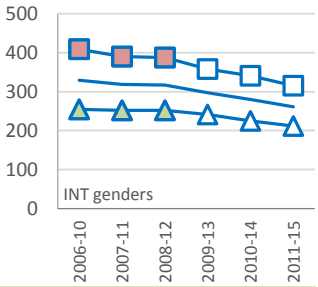
To find out more about the construction of the index, please contact James.Lodge@leeds.gov.uk

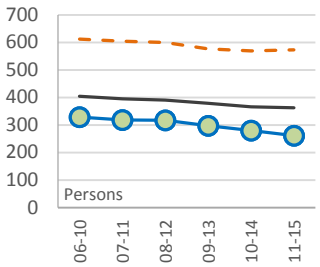
Mortality, under 75s, age standardised rates per 100,000

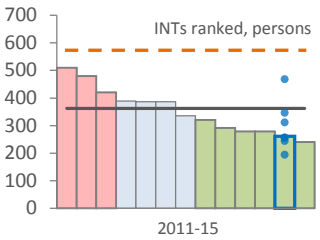
ONS and GP registered populations

"How different are the sexes in this INT"	*"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

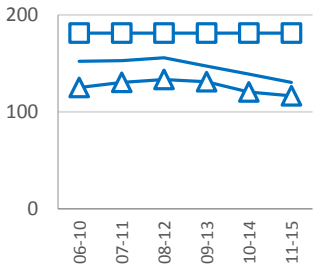


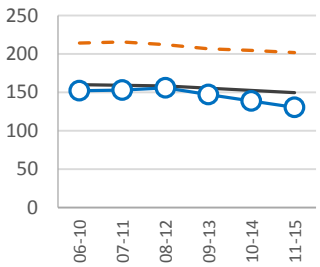


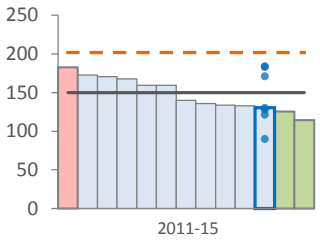


Persons (DSR per 100,000)	
INT	261
Leeds resident	363
Deprived fifth**	573
INT count	*512*

Cancer mortality

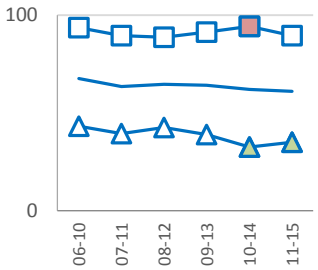


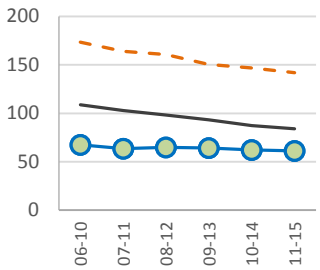


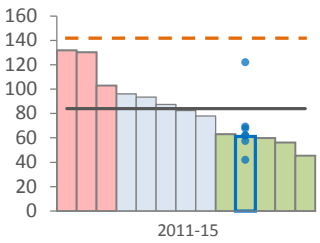


Persons (DSR per 100,000)	
INT	131
Leeds resident	150
Deprived fifth**	202
INT count	*257*

Circulatory disease mortality

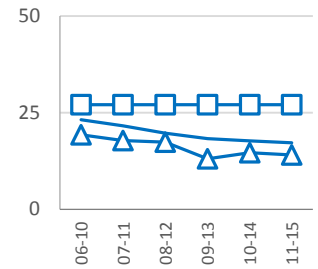


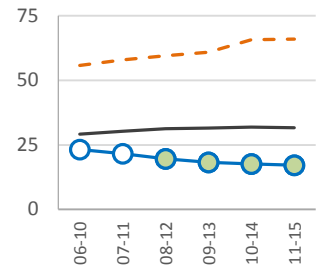


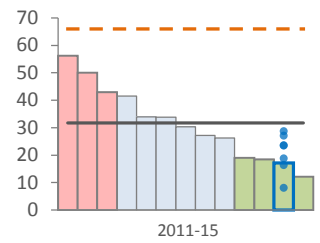


Persons (DSR per 100,000)	
INT	61
Leeds resident	84
Deprived fifth**	142
INT count	*121*

Respiratory disease mortality







Persons (DSR per 100,000)	
INT	17
Leeds resident	32
Deprived fifth**	66
INT count	*35*

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