

## Burmantofts & Richmond Hill LCP Health and Wellbeing profile 2018

Over 6 in 10 of the Burmantofts & Richmond Hill (BRH) population are living in the most deprived fifth of Leeds, the age structure is quite different to Leeds with a greater proportion of young people, and fewer aged 50 or higher.

The population of BRH LCP has seen quite a large increase in the proportion of patients aged 0-9 years old, while the least deprived LCP populations have seen much lower increases. The elderly population of BRH has only grown a small amount since 2015, less than most other LCPs.

Asthma in children is the lowest rate in the city due to a constant fall over time. Child obesity rates are some of the highest in the city in Reception classes while Year 6 rates are the highest in the city. 'Looked after children' in this LCP number third highest in the city, and all are within the most deprived fifth of Leeds. Progress8 scores for school clusters in this LCP area are all below average.

In Leeds ethnicity recording by GPs has been improving steadily; fewer patients have no ethnicity record and accuracy is improving. The 'blank' category is falling steadily and all other categories are rising steadily. The 'White British' ethnic group grew the fastest in this period.

Smoking in LCP populations is very strongly linked to deprivation but the good news is the most deprived LCPs that have the highest rates are showing slightly faster declines than the least deprived – smoking cessation efforts are focussed in deprived parts of the city. Smoking rates for this LCP are almost the highest in the city, however they are falling steadily and possibly at a faster rate than less deprived LCPs. Adult obesity in BRH is climbing slowly - at about the same rate as Leeds, and there are far more female obese smokers than male.

The Leeds cancer rate is rising, likely due to improvements in treatment and survival. It is rising in all LCPs, but some of the highest rates are found in the least deprived. This is thought to be due to early presentation and treatment in less deprived populations who are perhaps more likely to seek early diagnosis. BRH follows this pattern with a low rate that is steadily increasing.

Diabetes, Coronary Heart Disease (CHD), and Chronic Obstructive Pulmonary Disease (COPD) rates are all in line with the expected pattern relating rates with population deprivation levels; diabetes is rising steadily, CHD is very high and falling more quickly than the Leeds rate, and the COPD rate is the highest in the city. Severe mental health issues such as bipolar disorders, paranoid schizophrenia, and manic episodes are rising slowly in all parts of the city and are generally higher in more deprived areas, BRH LCP has a high rate which is rising more quickly than that of Leeds.

Mortality rates generally are falling across the city, and they are clearly related to deprivation, BRH LCP is showing very high rates but steady decreases for most mortality in this report. Lastly, life expectancy. As expected, the least deprived LCPs have the longest life expectancy, there is some evidence too that the sexes are less different in life expectancy in the least deprived parts of the city. Burmantofts and Richmond Hill LCP life expectancy is significantly below most other LCPs in the city.

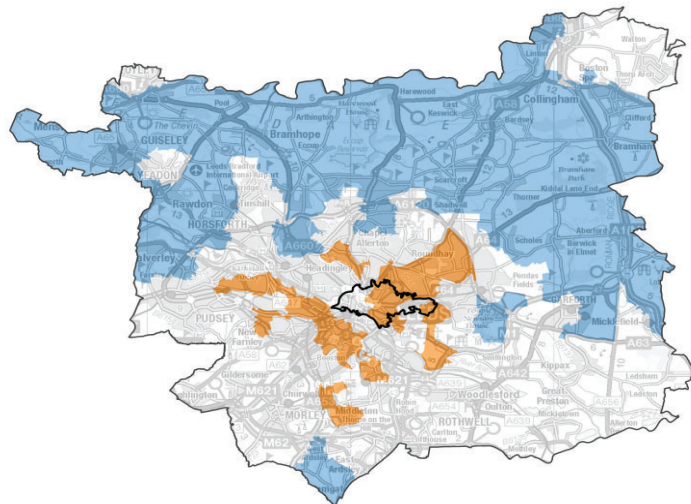
**This report focuses on health indicators for people living in the Burmantofts & Richmond Hill LCP footprint. Because Leeds contains such variation the data for all other LCPs is provided as a backdrop.**

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This map shows the most and least deprived fifths of Leeds in orange and blue. This LCP is shown as a black outline.

LCPs are geographical areas of varying sizes that are created by combining smaller areas called Lower Super Output Areas (LSOAs). LSOAs are used because most data can be accessed at this level, and because of that can be combined into larger geographies.



Much of the data in this profile is produced with the outputs of the quarterly data extraction programme run by the Public Health Intelligence Team on GP practice systems in Leeds. **Credits:** Quarterly data extraction programme data (populations, ethnicity, mental health, smoking, copd, chd, diabetes, obesity, cancer), supplied by James Womack Public Health Information Manager (Data & Systems). Life expectancy source: ONS deaths extract, GP registered populations by Richard Dixon Public Health Intelligence Manager. Mortality source: ONS and GP registered, by Richard Dixon. Child obesity source: National Child Measurement Programme. Report produced by Adam Taylor - Senior Information Analyst Adam.Taylor@leeds.gov.uk.

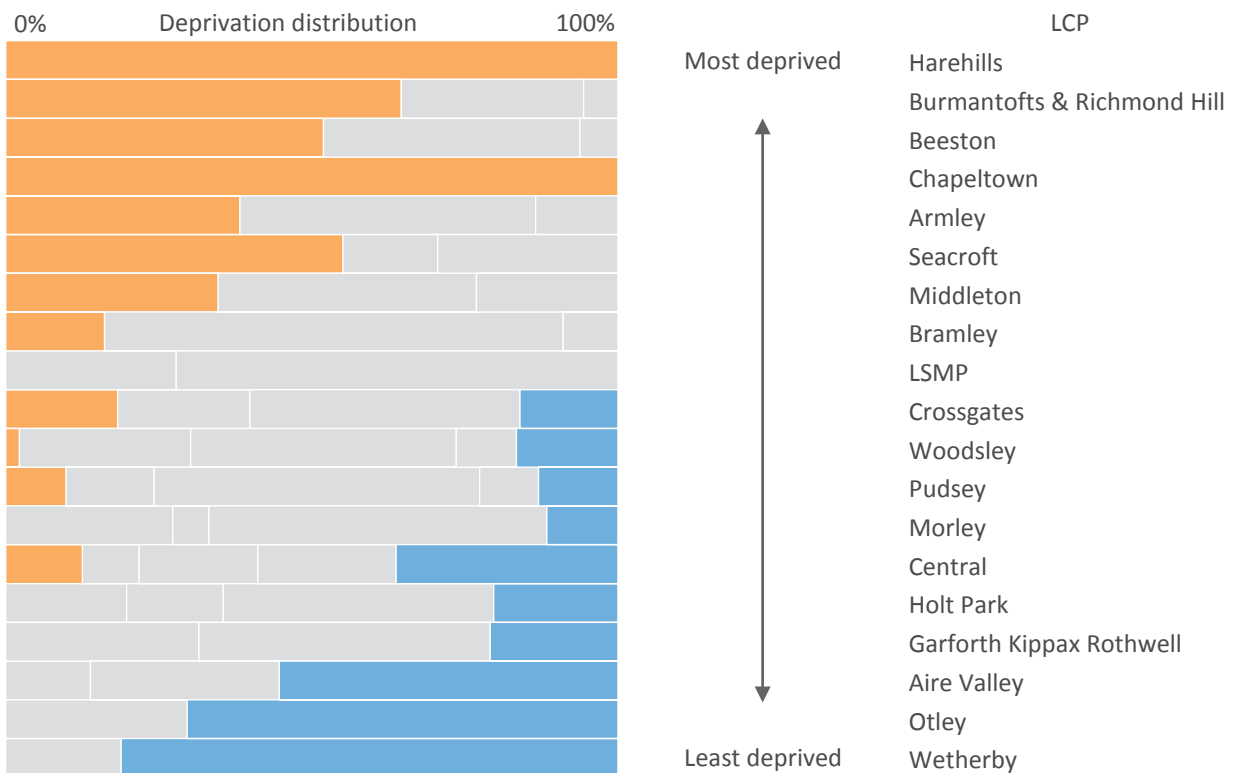
## How to read this report

The report highlights a specific LCP throughout while displaying all others for context. Leeds is always represented by a dark grey line, and the most deprived fifth of Leeds as a dotted line.



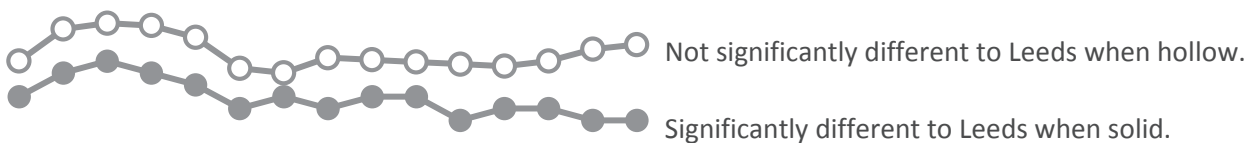
Leeds is split into five areas by deprivation, from the most deprived 5th of Leeds to the least deprived 5th using these colour codes in this report.

The proportions of each LCP population who live in these areas are shown below. The LCP classed as the most deprived is 'Harehills' with 100% of its population living in the most deprived 5th of Leeds. The least deprived LCP is 'Wetherby' where over 80% of patients live in the least deprived fifth of the city.



In this way the LCPs have been ranked in order of deprivation, and in this report always appear in that order - from most to least deprived - to illustrate any relationships with deprivation. *The ranking takes into account the number of people as well as their location.*

**Highlighting this LCP:** This LCP is highlighted with markers, they indicate when the LCP is significantly different to Leeds:



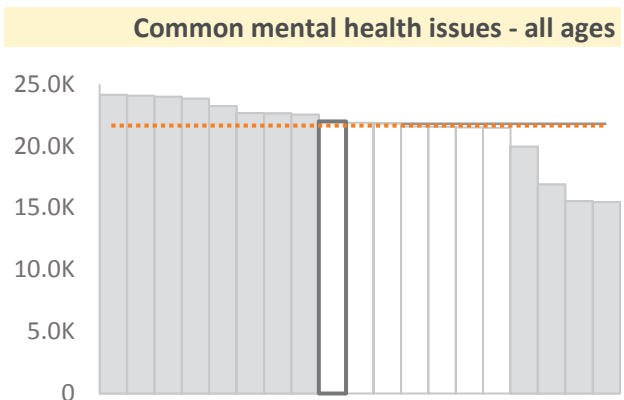
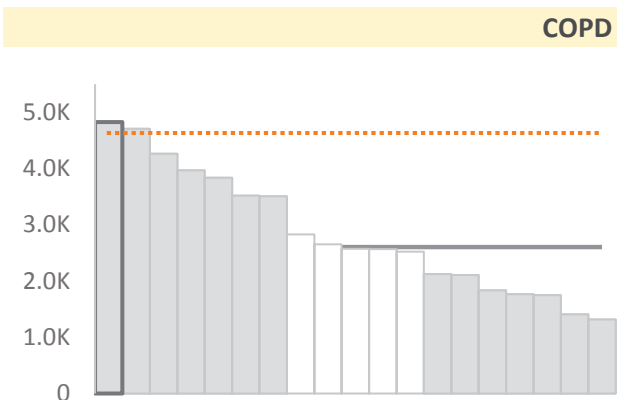
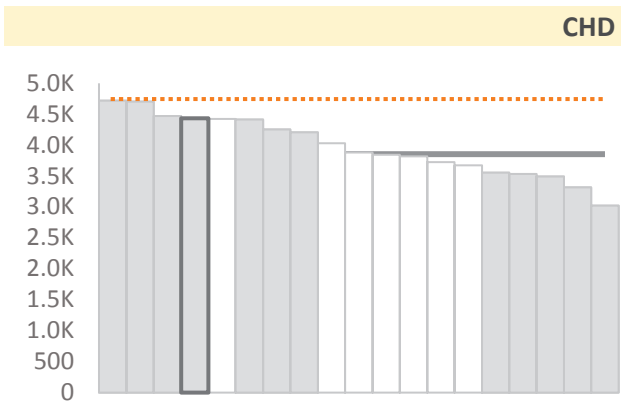
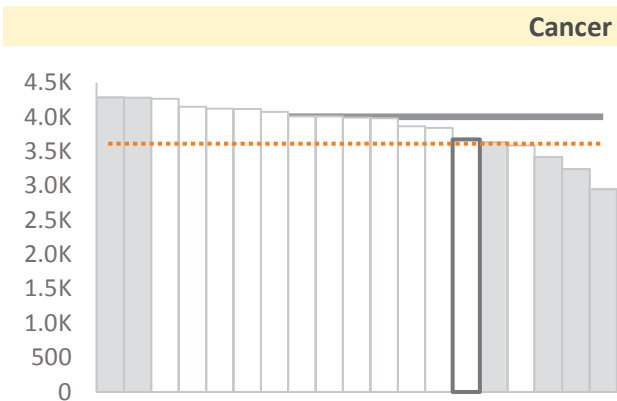
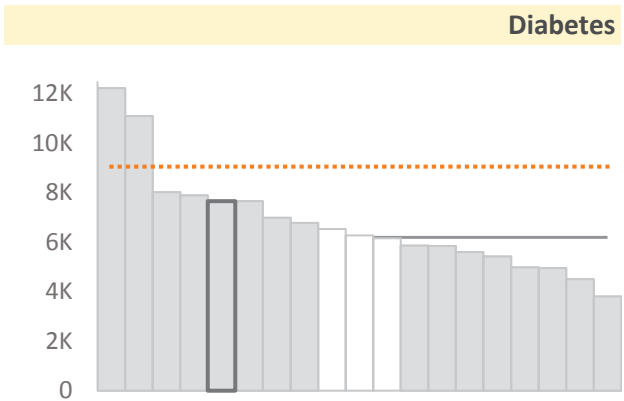
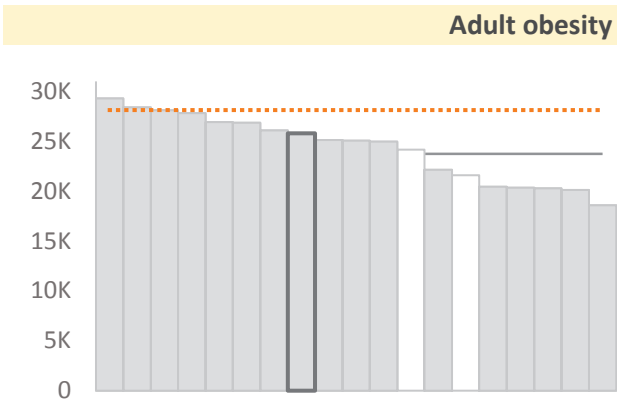
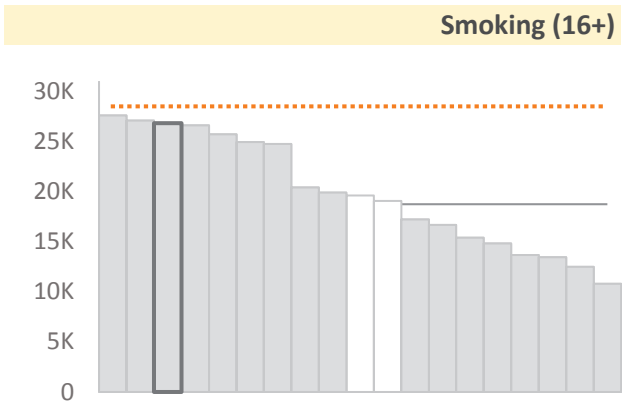
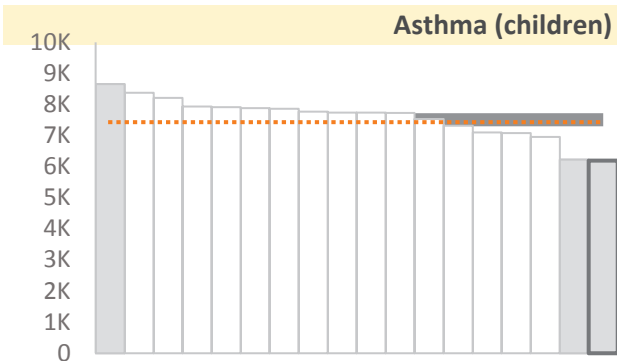
The LCP will be outlined in any bar charts, and the report text will refer to the LCP.

*Deprivation notes: The Index of Multiple Deprivation 2015 was weighted with mid 2015 practice populations to generate the five deprivation areas in Leeds.*

**Summary of data in this report**

All ages unless specified

All LCPs are displayed in rank order by rates and this LCP is outlined. If an LCP is significantly different to the Leeds rate it is shaded grey, those that are not significantly different to Leeds are shown in white. All data here is age standardised rates per 100,000

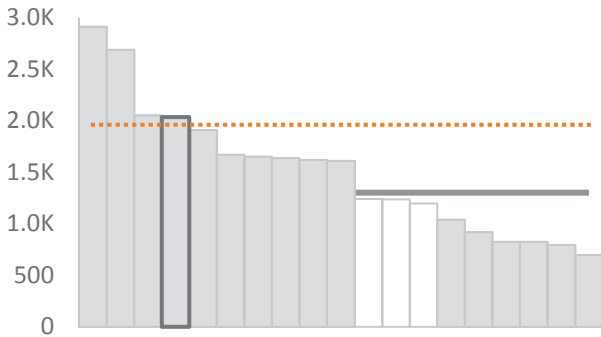


*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*

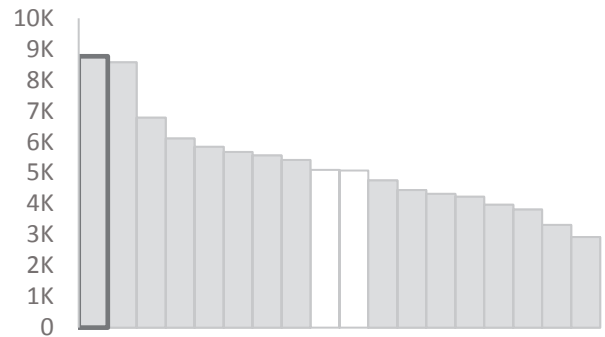
### Summary of data in this report

All LCPs are displayed in rank order by rates and this LCP is outlined. If an LCP is significantly different to the Leeds rate it is shaded grey, those that are not significantly different to Leeds are shown in white. Except life expectancy, all data here is age standardised rates per 100,000

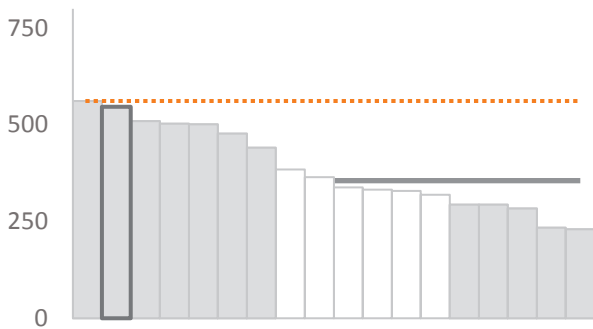
**Severe mental health issues 18+**



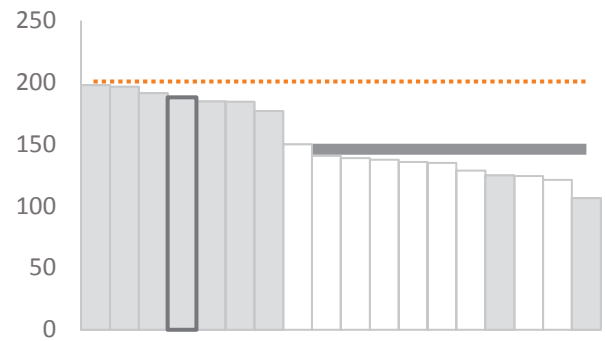
**End of life and Frailty**



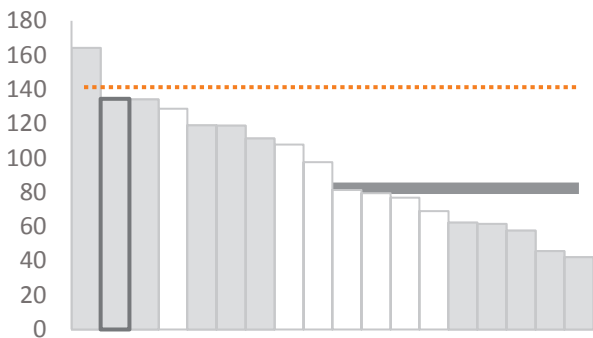
**All cause mortality under 75s**



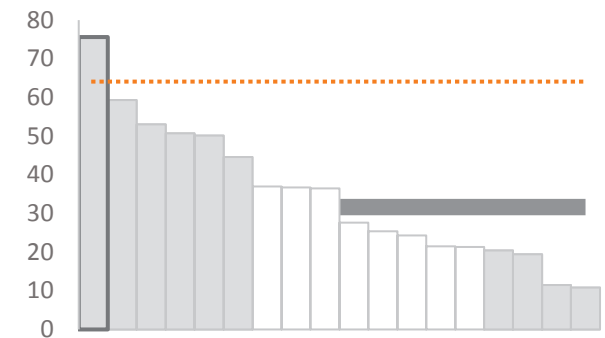
**Cancer mortality under 75s**



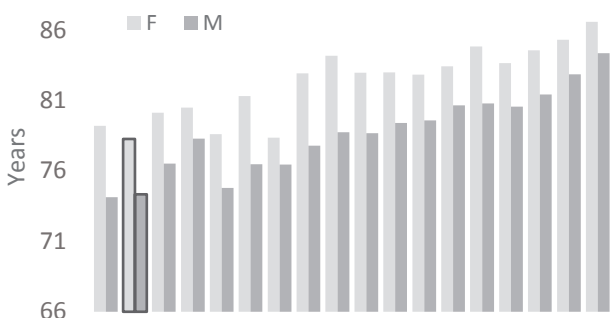
**Circulatory mortality under 75s**



**Respiratory mortality under 75s**



**Life expectancy male and female**

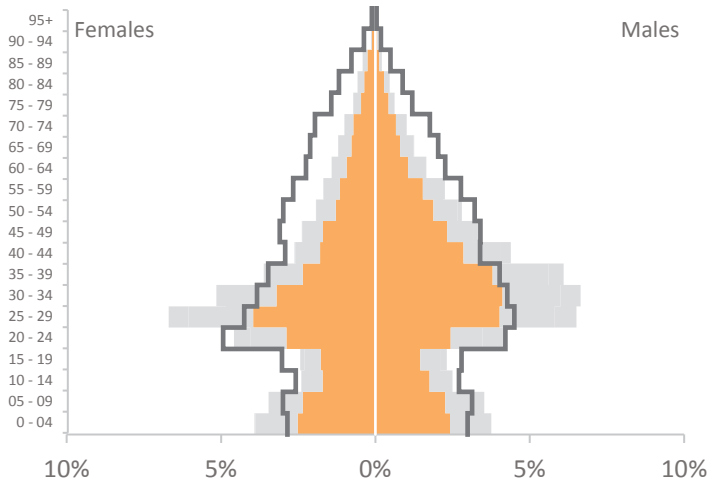


*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*

## Age structure and deprivation compared to Leeds (January 2018)

Generally speaking the most deprived LCPs have younger populations than the least deprived. This LCP has a population size of 34,373.

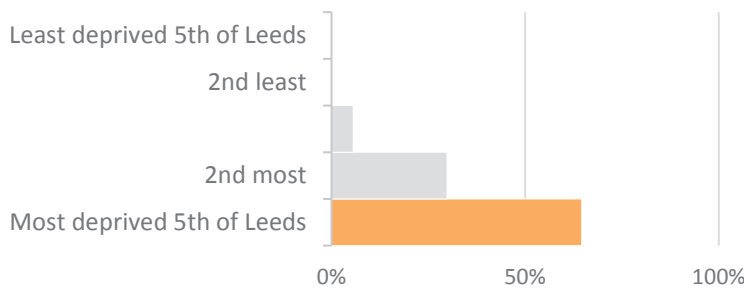
### Age structure of this LCP, compared to Leeds



The age and gender proportions of this LCP are shown as shaded areas in colours corresponding to the deprivation fifths of Leeds in the chart below. Leeds is overlaid as a black outline.

Around 65% of the population lives in the most deprived areas of Leeds (orange), and the LCP has more males than females in some age bands.

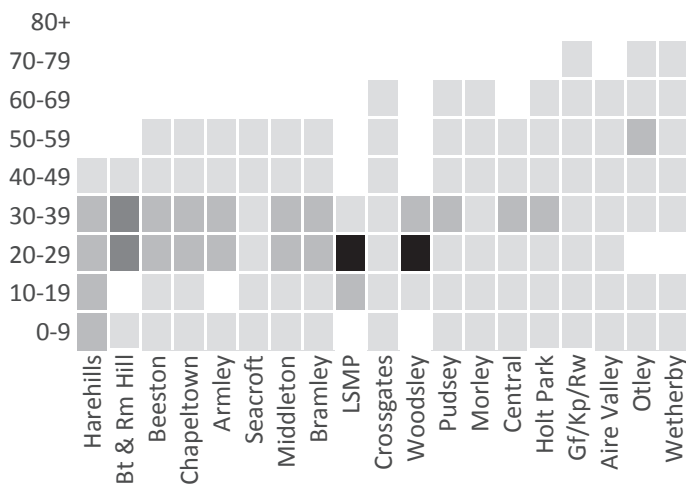
### Deprivation in this LCP population



Leeds can be divided into five groups, of most to least deprived.

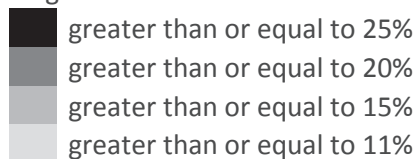
In Burmantofts & Richmond Hill LCP 65% of the population live in the most deprived fifth of Leeds.

### Age structures of each LCP compared



This table shows the agebands contributing the most to each LCP population. The most deprived LCPs have a more concentrated younger population, while less deprived LCPs have increasingly older populations.

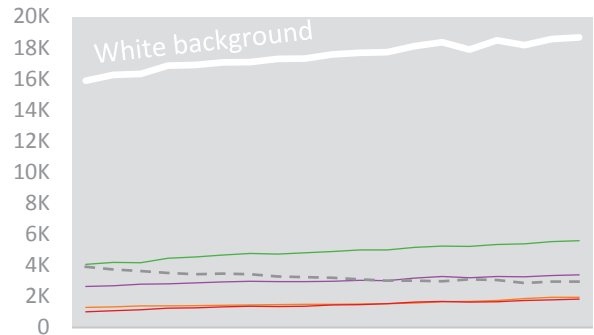
The 20-29 year ageband in Burmantofts & Richmond Hill is the largest in this LCP.



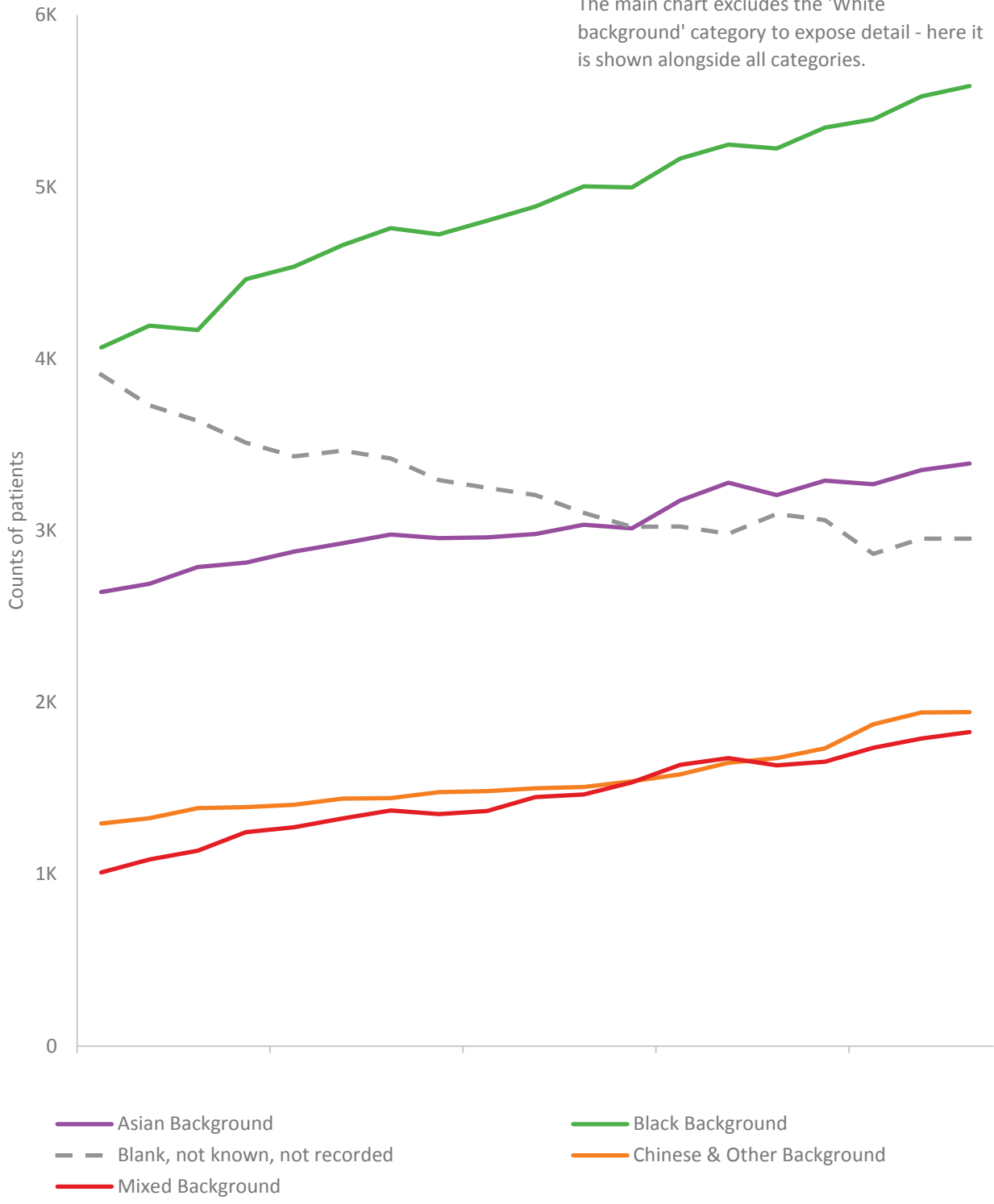
Deprivation notes: The Index of Multiple Deprivation 2015 was weighted with mid 2015 practice populations to generate the five deprivation group areas in Leeds.

LCP ethnicity change over time - categories (mid 2013 to early 2018)

*In this LCP the 'White Background' category is rising fastest while the others are making a slower rise. In Leeds only around 12% of patients are without a recorded ethnicity now.*



The main chart excludes the 'White background' category to expose detail - here it is shown alongside all categories.

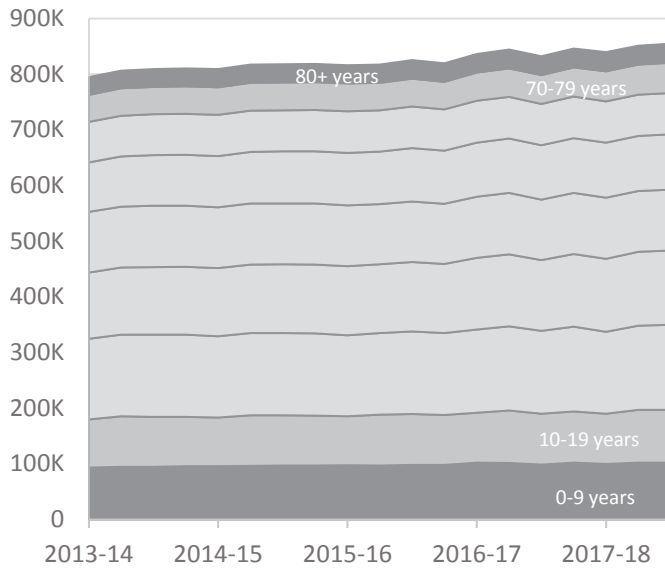


Source: Leeds GPs quarterly data extraction programme

## Population change over time

Most LCPs have a larger population than they had in 2015. Generally speaking the least deprived have seen an increase in elderly patients but barely any change in children, while the opposite is likely in more deprived LCPs.

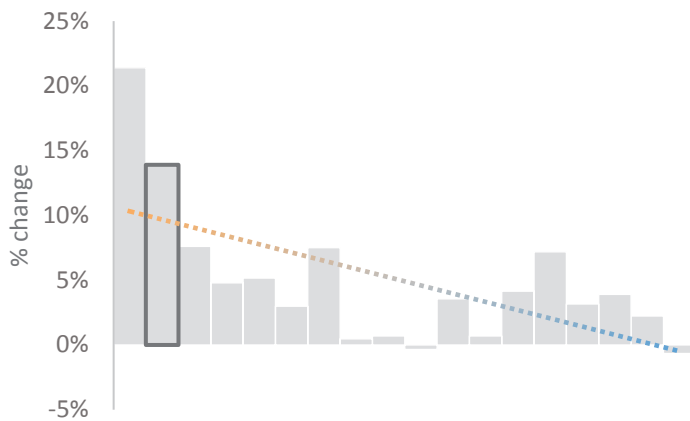
### Leeds population size change over time - in 10yr age bands



The population of Leeds (registered with a Leeds GP) over the last four years. The very oldest and youngest age bands are shaded. Overall, Leeds shows a constant increase of around 6% in the time period shown, while the age band to grow the most was the 30-39 year olds.

As usual the variations at local level tell a different story.

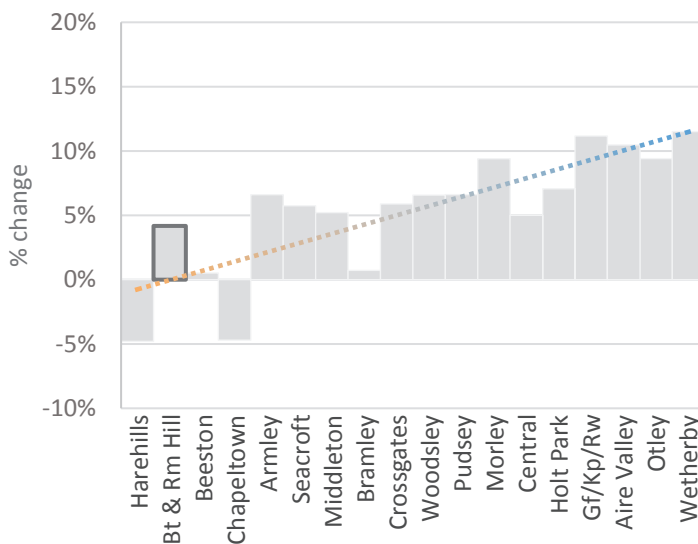
### LCP % change in 0-9 year old population between 2015 and 2018



There is a visible pattern in the increase of the proportion of young children in the more deprived LCPs, while the less deprived LCPs have seen smaller increases. 'Harehills' stands out as having by far the largest increase in the city.

The way the older population of each LCP has changed is slightly different.

### LCP % change in the over 70s



Very generally speaking (and overlooking the obvious reduction in 'Chapeltown' which is a large change in proportion but quite a small change actual numbers), the least deprived LCPs have seen a larger change in their older populations compared to the more deprived LCPs - 'Bramley' and 'Beeston' have barely changed.

The number of children in this LCP changed from 4,400 to 5,000, while the population aged 70+ has increased by around 70.

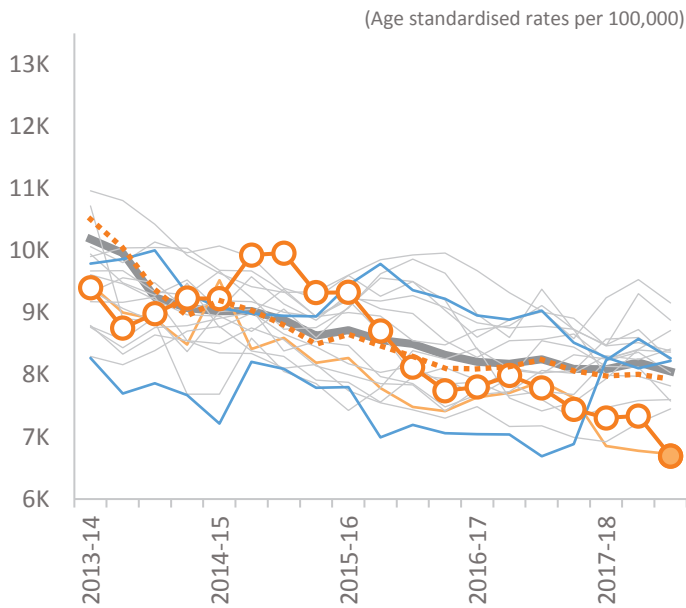
Source: Leeds GPs quarterly data extraction programme



## Asthma in children

Rates are generally falling, and change is happening slowest in the least deprived areas but LCP rates are all quite similar.

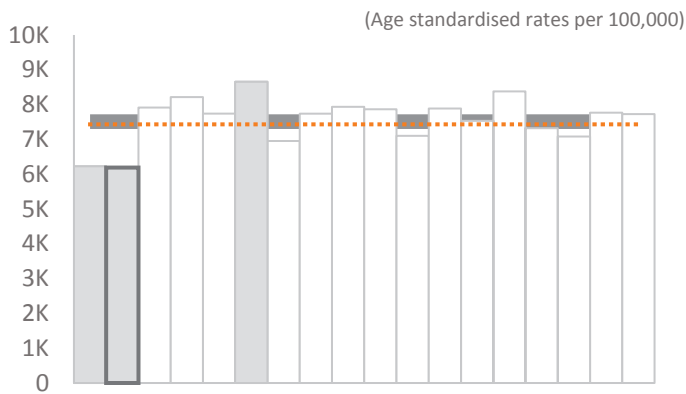
### Change of rates over time



In a time series we can see rates have been falling for many years, and the LCPs are falling at more or less the same rate - except the least deprived ones which are dropping more slowly.

Most recent data shows this LCP to be significantly below Leeds.

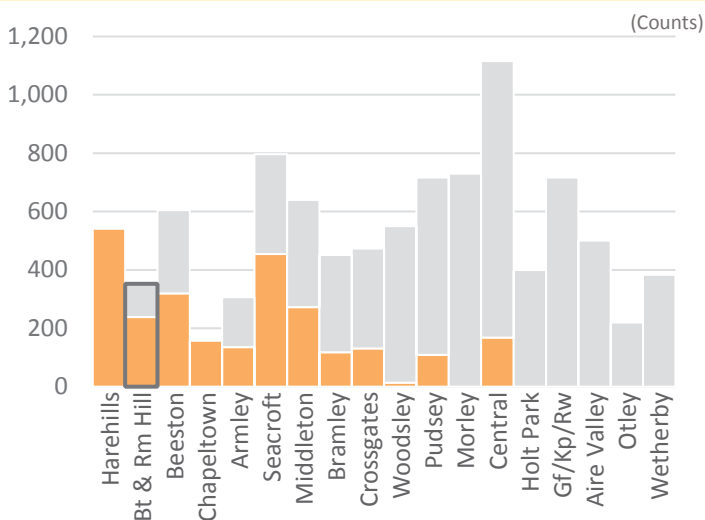
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are not really following a relationship with deprivation, most are similar to Leeds.

The LCPs are shown in descending order of deprivation and the bars show barely change in size from left to right. However the slightly low rates in the most deprived LCPs are worth investigation.

### Asthma counts per LCP



This chart shows the number of patients per LCP. If any LCP patients with this condition live within the most deprived 5th of Leeds they are shown in orange.

2,658 children living in the most deprived 5th of Leeds are shown in orange, 238 of them are within this LCP.

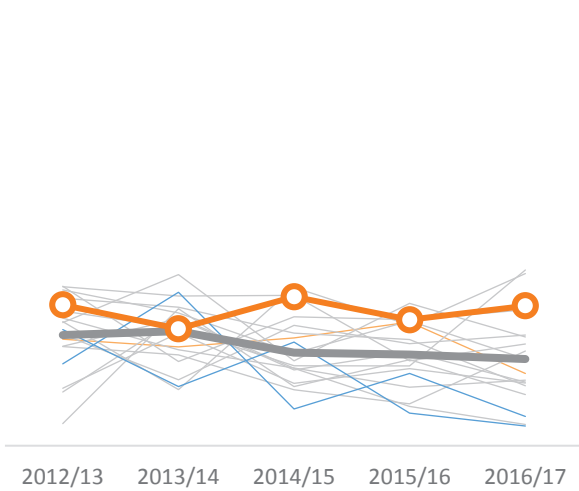
Note that the student medical practice does not contain enough data to be shown here.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

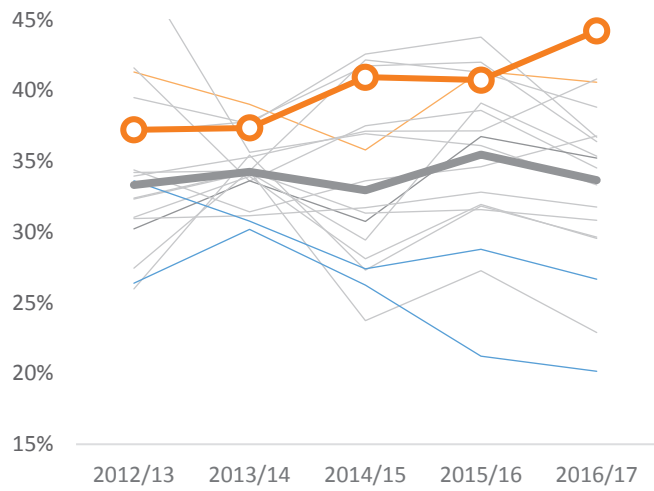
## Obesity in children

Rates are generally falling in Reception classes, but Year 6 rates are much more variable with changes related to deprivation levels.

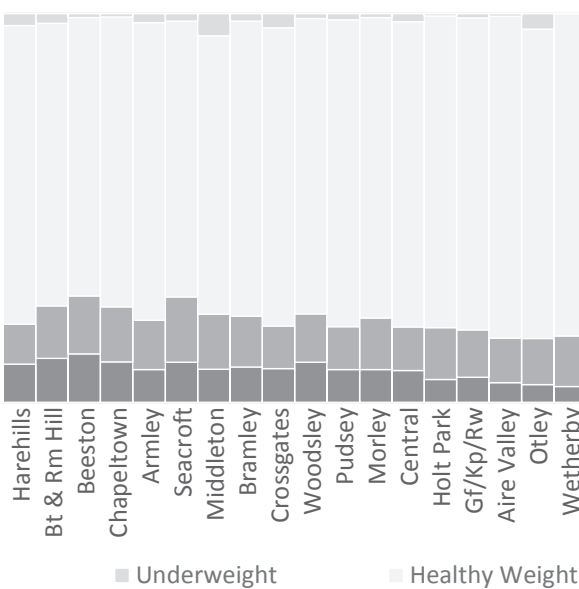
### Reception - Overweight or very overweight



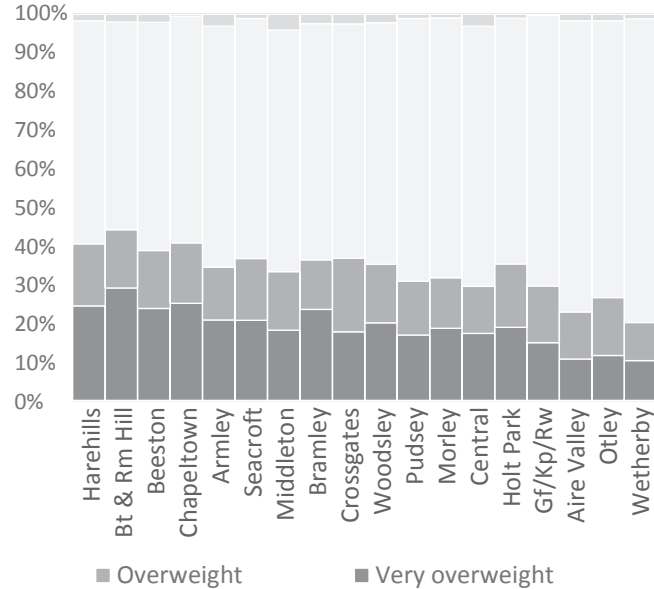
### Year 6 - Overweight or very overweight



### Reception - weight category proportions (16/17)



### Year 6 - weight category proportions (16/17)



Leeds shows a slow reduction in the proportion of Reception children who are classed as 'Overweight or Very Overweight'.

The LCPs show some variation as numbers are quite low overall. The breakdown of proportions per LCP shows a slight reduction in 'overweight or very overweight' as deprivation falls.

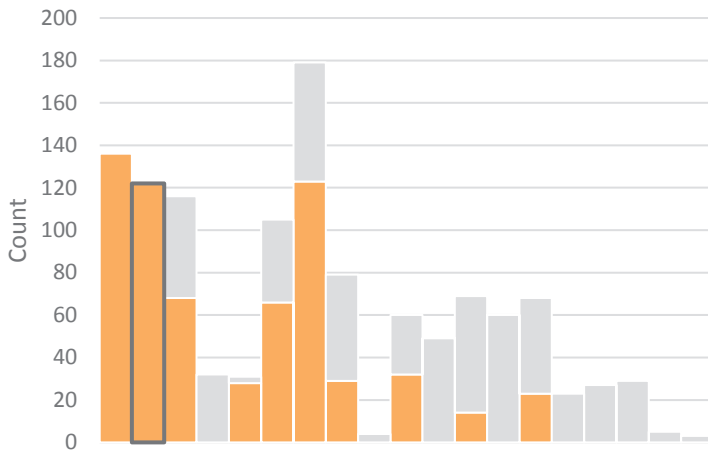
'Overweight or Very Overweight' children in year 6 are becoming slowly more prevalent in Leeds. The LCPs again show quite a lot of fluctuation. There is a strong relationship between deprivation levels and 'Overweight or Very Overweight' proportions.

Rates for this LCP are well above Leeds in Reception classes while Year 6 rates are the highest in Leeds and increasing steadily.

Source: National Child Measurement Programme. Note that LSMP is not shown here, the student medical practice does not contain enough data for NCMP. NCMP data is aggregated by LSOA to LCP footprint, not by LCP practice membership.

## Looked after children / MMR

### Looked after children



Number of looked after children (LAC) in the LCP footprint\* from 2016-17. Those living within the most deprived 5th of Leeds are shown in orange.

122 of the 641 looked after children resident inside the most deprived 5th of Leeds are within this LCP footprint.

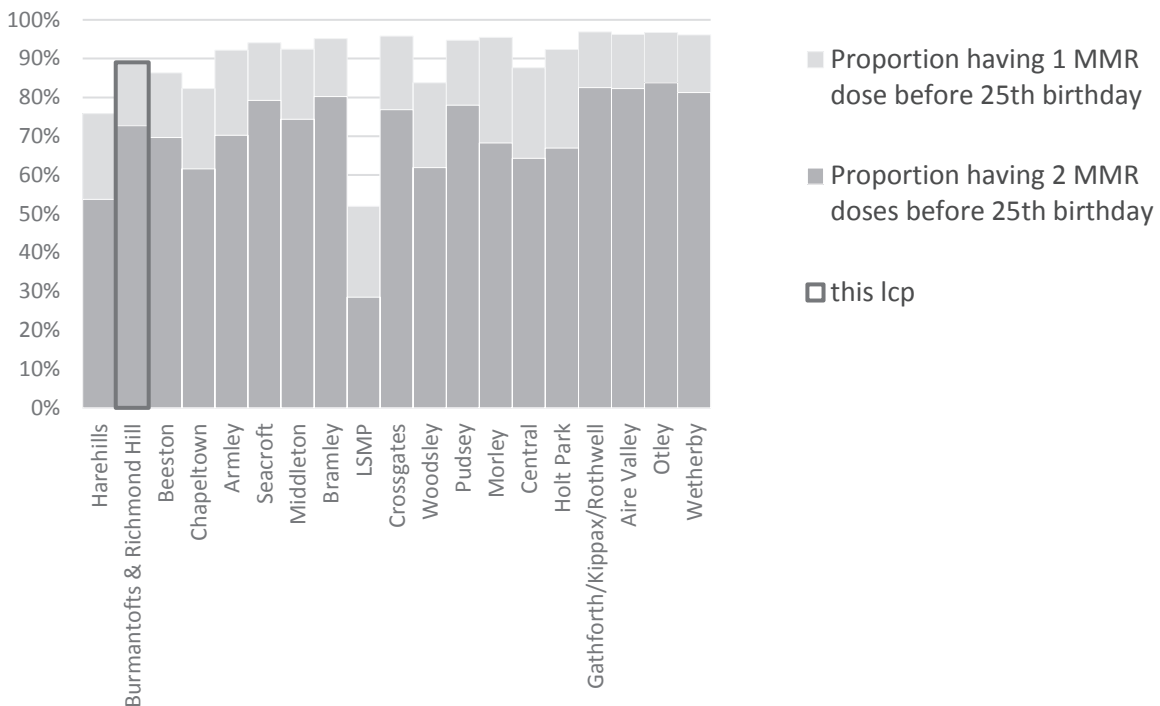
LCPs are shown ranked by deprivation and despite variations in population sizes the general picture shows larger counts in more deprived areas.

### MMR vaccinations before age 25 (June 2018)

The data for this LCP shows a gap of 2,123 patients aged under 25 who have not had the second MMR vaccination. This works out as 16% of the under 25 population.

This chart shows the proportion of patients who belong to the LCP (by practice membership) and who have had either one or both of their MMR vaccinations before the age of 25 (as of mid June 2018).

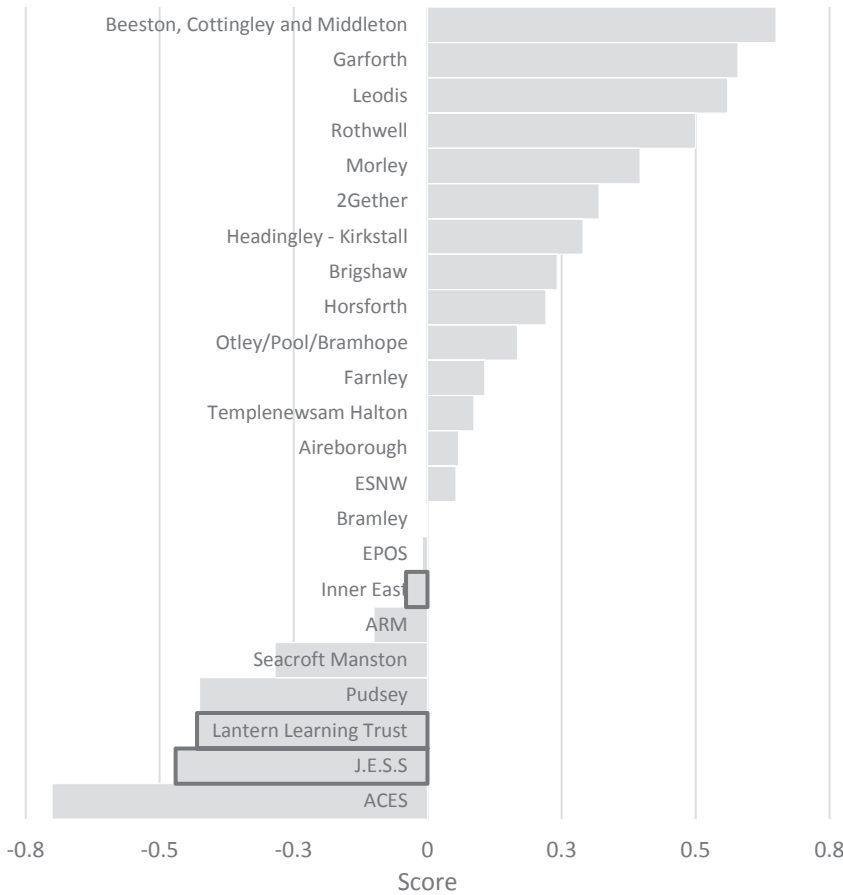
The dark bars show rates of those who have had both. The lighter bars behind them show rates achieved for giving just the one. Ranking the LCPs by deprivation shows a slight improvement in rates as deprivation falls. Overall rates for Leeds are 86% and 66% respectively.



Sources: Looked after children: Intelligence & Policy Service LCC. MMR: Leeds quarterly data extraction programme data. \* In this case the footprint is aggregated from MSOAs. Usually LSOAs are used to construct footprint data. Looked after children data uses locations recorded before entering care.

## Progress at school / job seekers

### Progress8 scores (School clusters)



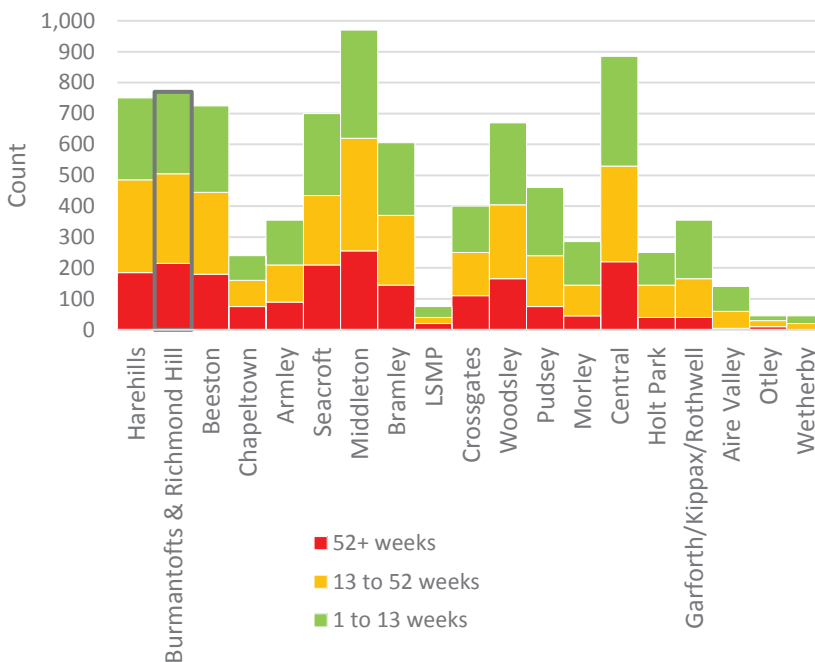
Progress8 scores for Leeds Childrens Clusters (2016-17).

Those that overlap significantly with this LCP are highlighted.

A School Cluster's Progress8 score is usually between -1 and +1. A score of +1 means that pupils attending schools in that cluster achieve one grade higher in each qualification than other similar pupils nationally.

A score of -1 means they achieve one grade lower.

### Jobseekers by duration receiving JSA benefit



Counts of adults receiving Job Seekers Allowance, by LCP footprint in August 2018.

Despite variations in population size and structure, there is a clear reduction in numbers as deprivation falls.

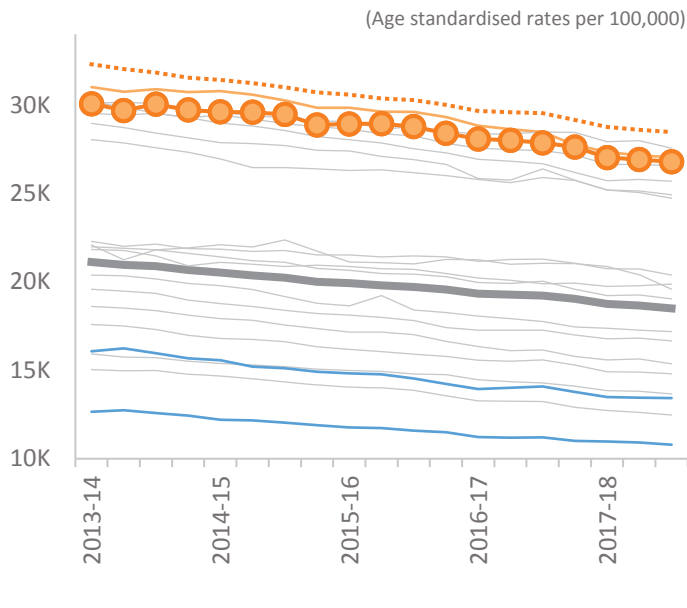
Central LCP looks out of place here, perhaps because it contains a reasonably large deprived population compared to neighbours in the chart.

Sources: Progress8 - Children and Young People's Plan Key Indicator Dashboard August. Job Seekers Allowance: LSOA level data from <https://www.nomisweb.co.uk/>

## Smoking (16+)

Rates are generally falling, and change is happening fastest in most deprived areas. Smoking rates are very strongly linked to levels of deprivation still though.

### Change of rates over time

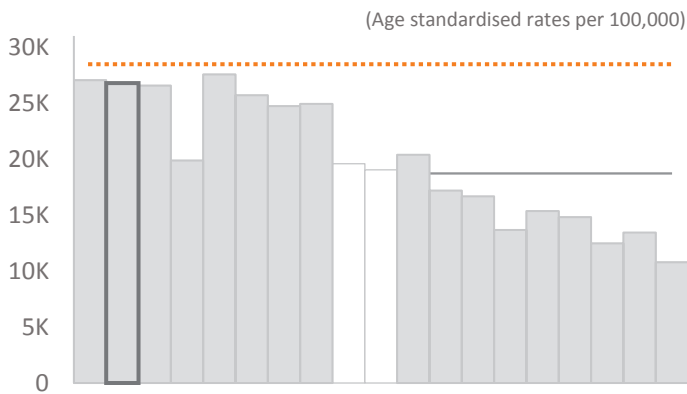


In a time series we can see rates have been falling for many years, and in general the most deprived LCPs are falling at a slightly faster rate than the least deprived ones.

Most recent data shows this LCP to be significantly above Leeds.



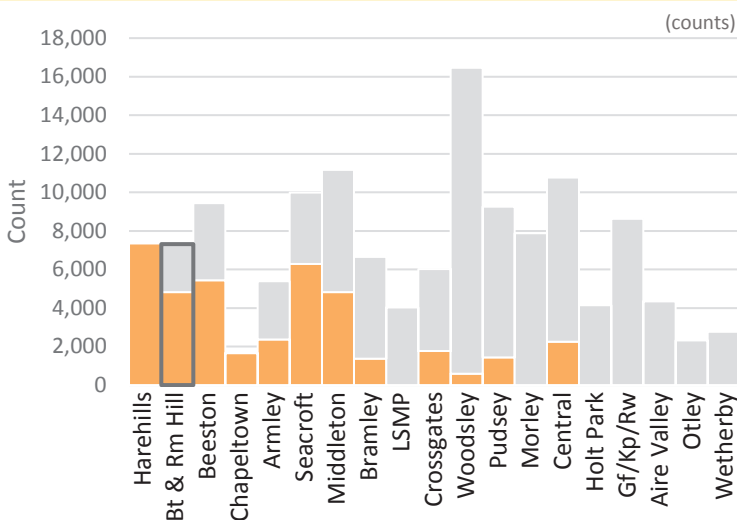
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

### Smoker counts per LCP



This chart shows the number of patients per LCP. If any LCP patients who smoke live within the most deprived 5th of Leeds they are shown in orange.

40,162 smokers living in the most deprived 5th of Leeds are shown in orange, 4,824 of them are within this LCP.

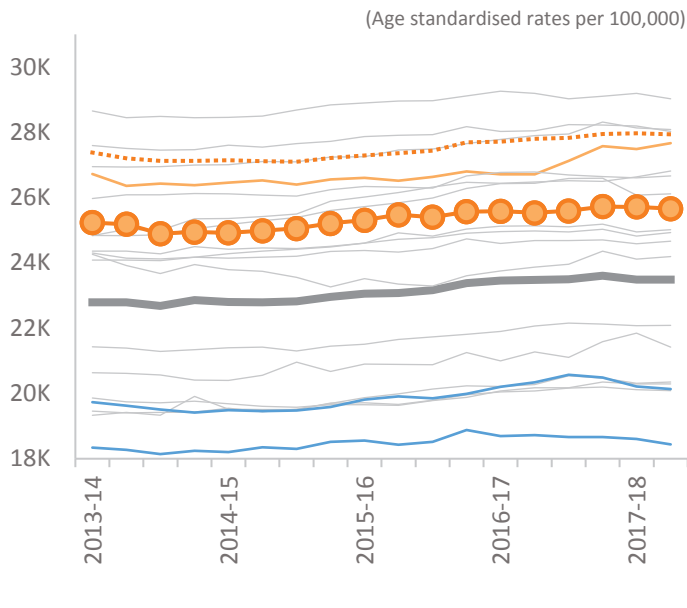
Generally speaking the less deprived LCPs have fewer smokers.

*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*

## Obesity (adults)

Rates are generally climbing, although some areas are showing a levelling off and perhaps a decline in recent quarters.

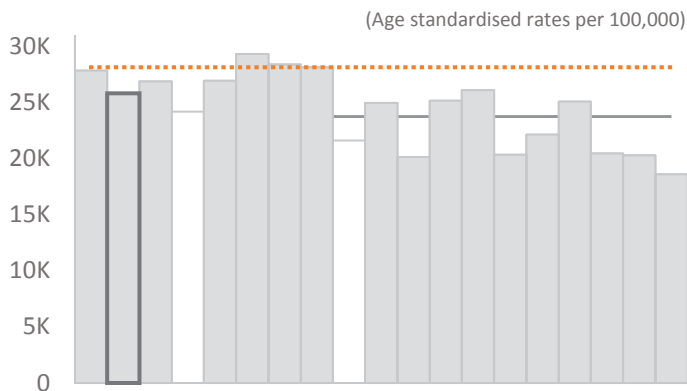
### Change of rates over time



In a time series we can see there doesn't seem to be a relationship between rate of change and levels of deprivation for this indicator. All LCPs have been slowly rising, perhaps the least deprived are showing more decline recently than others.

Most recent data shows this LCP to be significantly above Leeds.

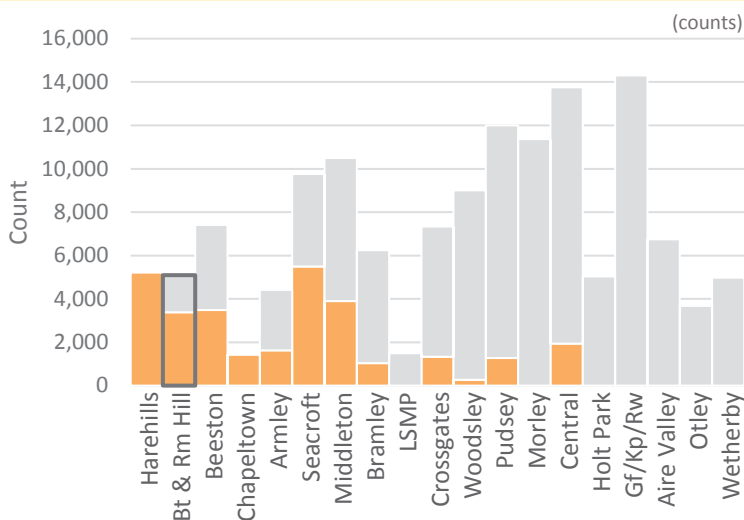
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

### Obesity counts per LCP



This chart shows the number of obese patients per LCP. If any obese patients live within the most deprived 5th of Leeds they are shown in orange.

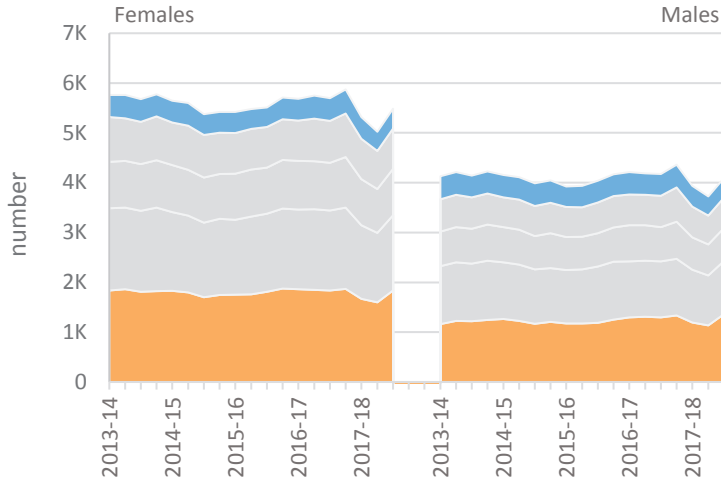
30,367 obese patients living in the most deprived 5th of Leeds are shown in orange, 3,387 of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

### Obese smokers (adults for whom both records were updated within 12 months)

There are more women than men who have a BMI above 30 and are current smokers. The gender difference is seen in most LCPs and is slightly more pronounced in the most deprived. (recent large changes in the data are due to data collection issues)

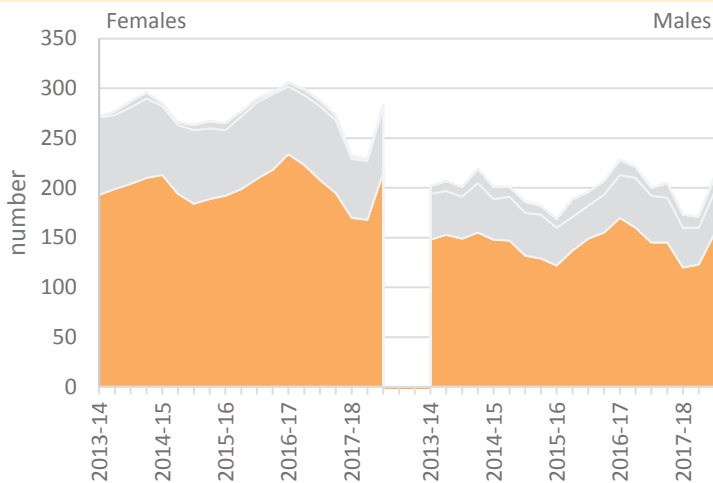
#### Obese smokers in Leeds, by gender and deprivation



In January 2018 there were 9,573 patients inside Leeds who smoked and were classified as obese.

These charts show the number fluctuating over time, and that there have always been large numbers from more deprived areas (orange layer). Women (who are more likely to be clinically obese) outnumber men in this group.

#### Obese smokers in this LCP, by gender and deprivation

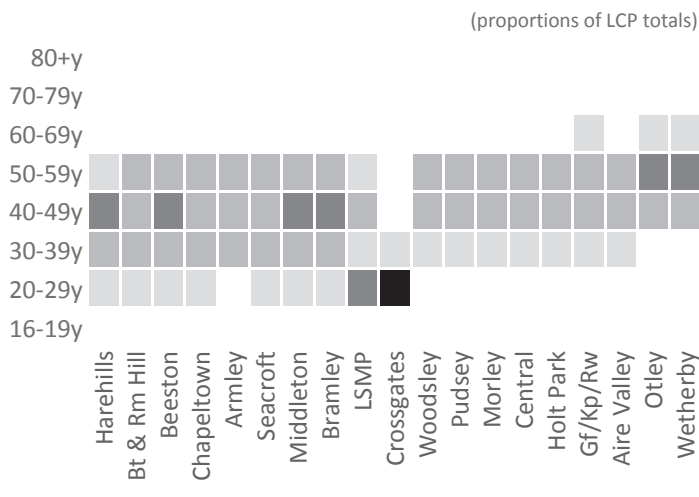


#### Burmantofts & Richmond Hill LCP

These charts show the number of obese smokers in this LCP, by gender and deprivation.

Burmantofts & Richmond Hill LCP has more women than men in this category, numbers are fluctuating but could be said to be falling slowly overall.

#### LCP Obese smokers by age band



This table shows the agebands within each LCP that contribute the most to each LCP total.

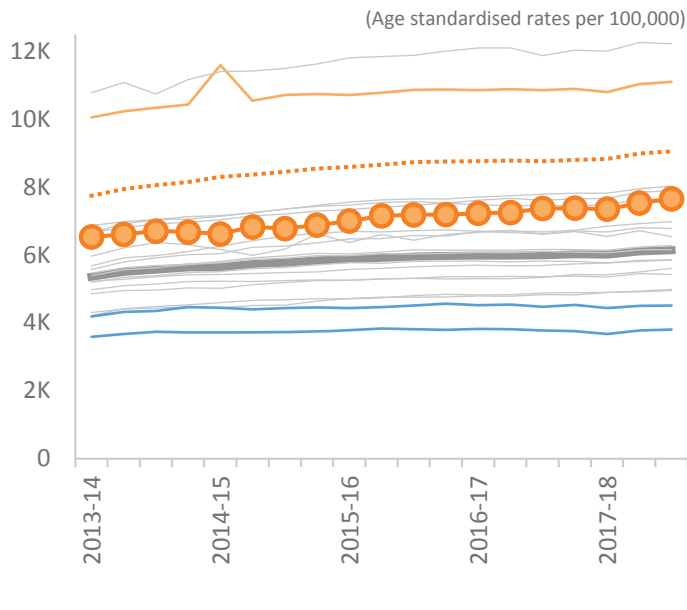
The largest group in Burmantofts & Richmond Hill LCP is the 40-49y ageband with 23.4% of the LCP total.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

## Diabetes (all ages)

Diabetes in Leeds is very strongly linked to deprivation with the highest rates and fastest rises in the most deprived LCPs, while rates are almost static in Wetherby.

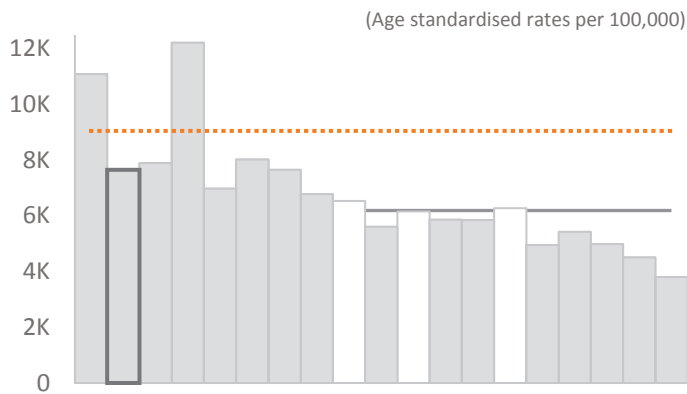
### Change of rates over time



In a time series we can see in general the most deprived LCPs are rising at a much faster rate than the least deprived ones. In Wetherby LCP the rate is virtually static and perhaps now showing a downward trend.

Most recent data shows this LCP to be significantly above Leeds.

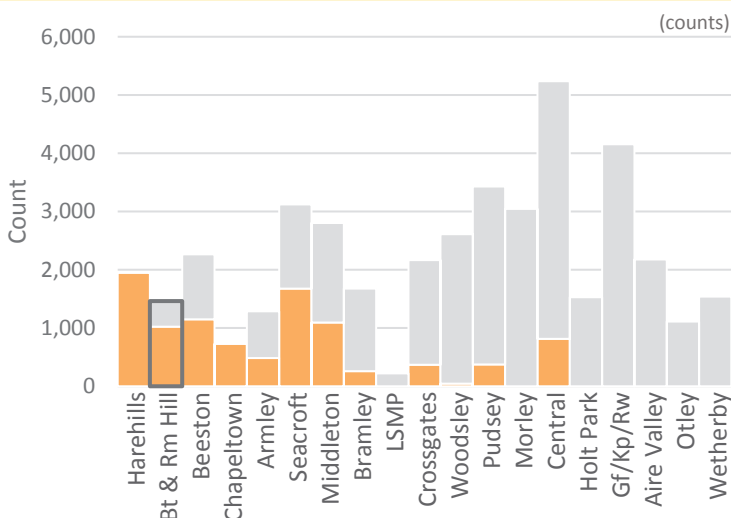
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a very strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

### Diabetic patients per LCP



This chart shows the number of diabetic patients per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

9,963 diabetic patients living in the most deprived 5th of Leeds are shown in orange, 1,024 of them are within this LCP.

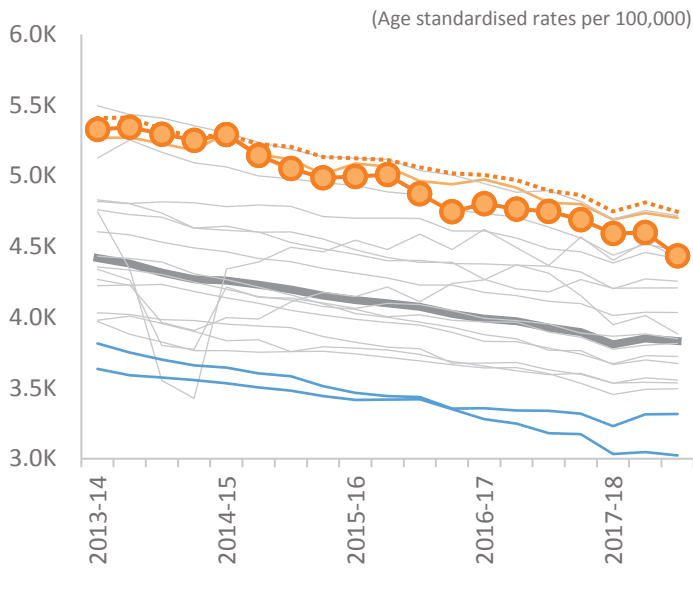
This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.



## CHD (all ages)

CHD rates in Leeds are all falling steadily and at the same speed, except for Burmantofts and Richmond Hill which is falling faster than most other LCPs. Rates are generally higher in more deprived areas.

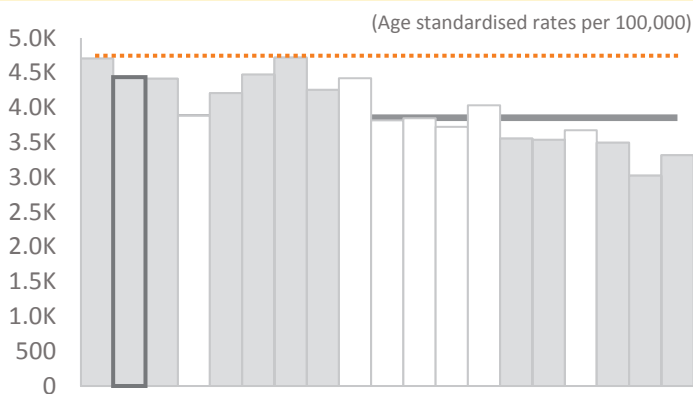
### Change of rates over time



In a time series we can see that almost all LCPs are falling at an equal rate.

Most recent data shows this LCP to be significantly above Leeds.

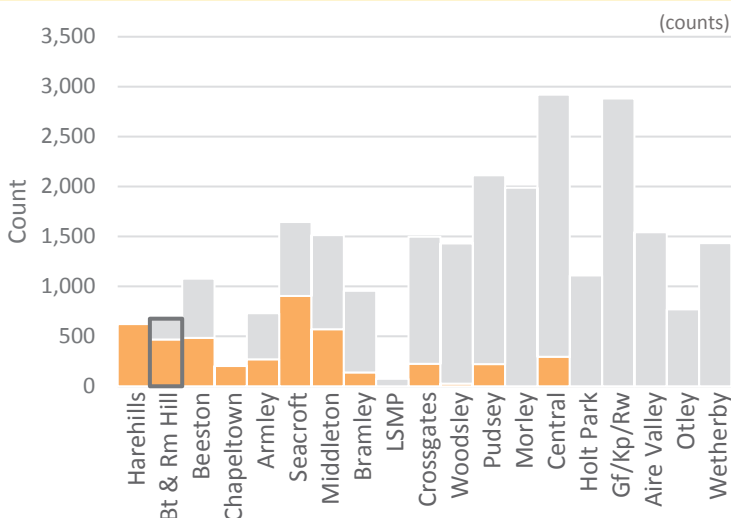
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large decrease from left to right.

### CHD patients per LCP



This chart shows the number of patients with CHD per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

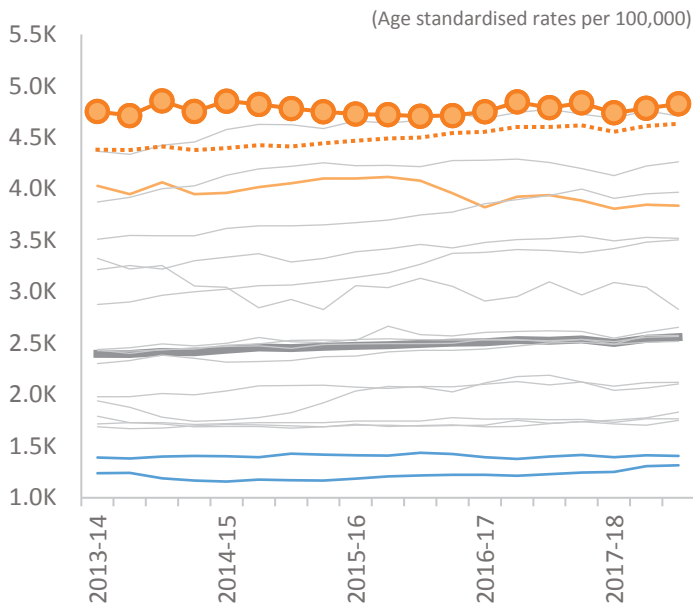
4,425 patients with CHD living in the most deprived 5th of Leeds are shown in orange, 469 of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

## COPD (all ages)

COPD rates in Leeds are very strongly linked to deprivation with large differences from most to least deprived. Most LCPs have rates which are increasing slowly.

### Change of rates over time

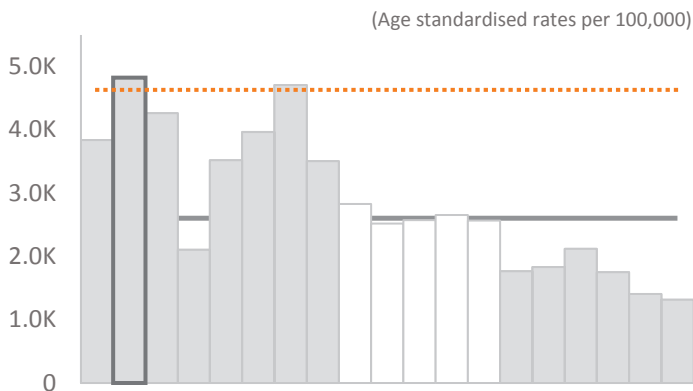


In a time series we can see in general the least deprived LCPs are rising more slowly than others. 'Harehills' LCP stands out for falling in recent years.

Most recent data shows this LCP to be significantly above Leeds.



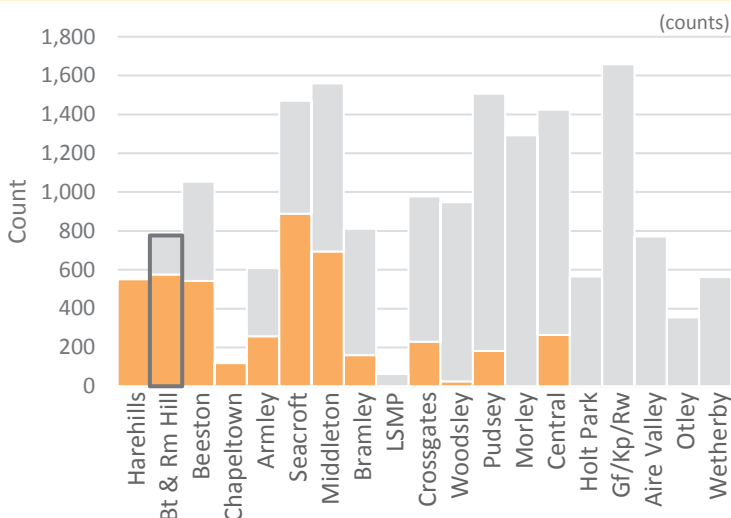
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following a very strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large fall from left to right.

### COPD patients per LCP



This chart shows the number of patients with COPD per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

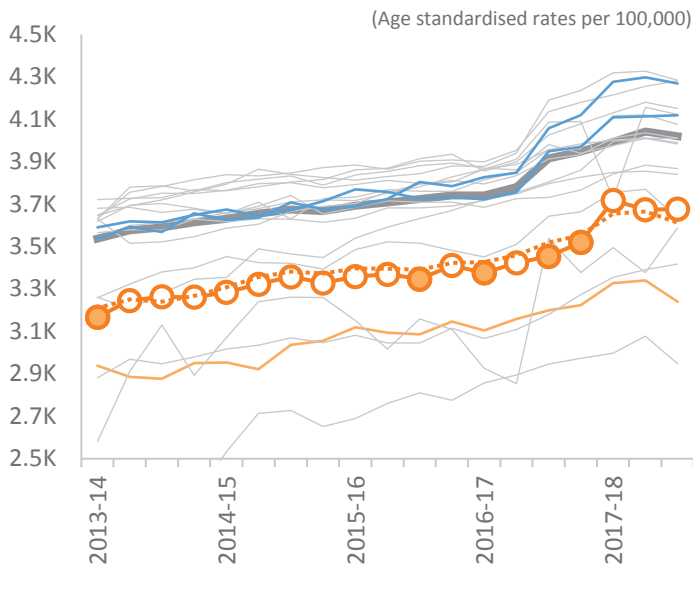
4,490 patients with COPD living in the most deprived 5th of Leeds are shown in orange, 576 of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

## Cancer (all ages)

Cancer rates in Leeds are linked to deprivation but not in the usual way: the least deprived LCPs have some of the highest rates. This is thought to be due to late diagnosis leading to higher mortality rates in more deprived areas.

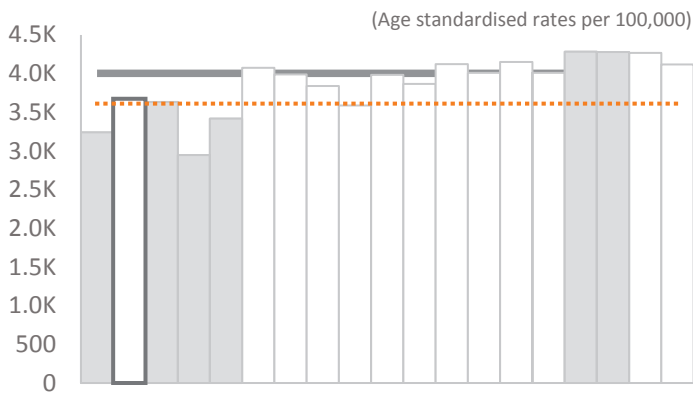
### Change of rates over time



In a time series we can see in general all LCPs are growing at about the same rate.

Most recent data shows this LCP not to be significantly different to Leeds.

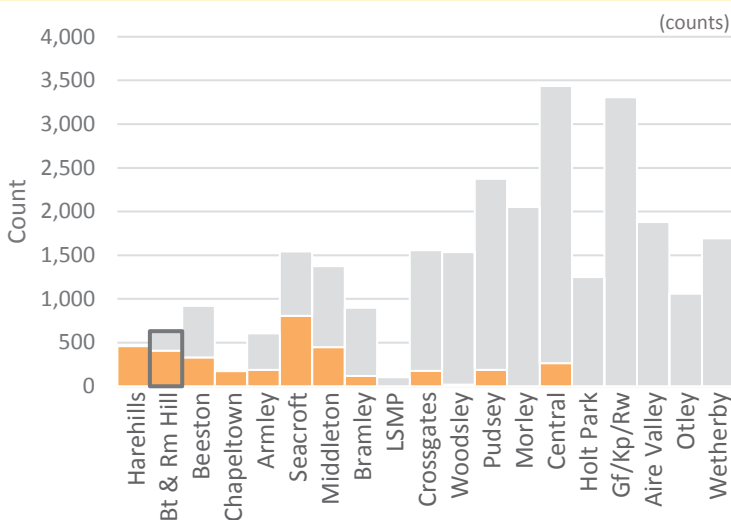
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are following an inverse relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a slight increase in size from left to right.

### Cancer patients per LCP



This chart shows the number of patients recorded with cancer per LCP. Those resident within the most deprived 5th of Leeds are shown in orange.

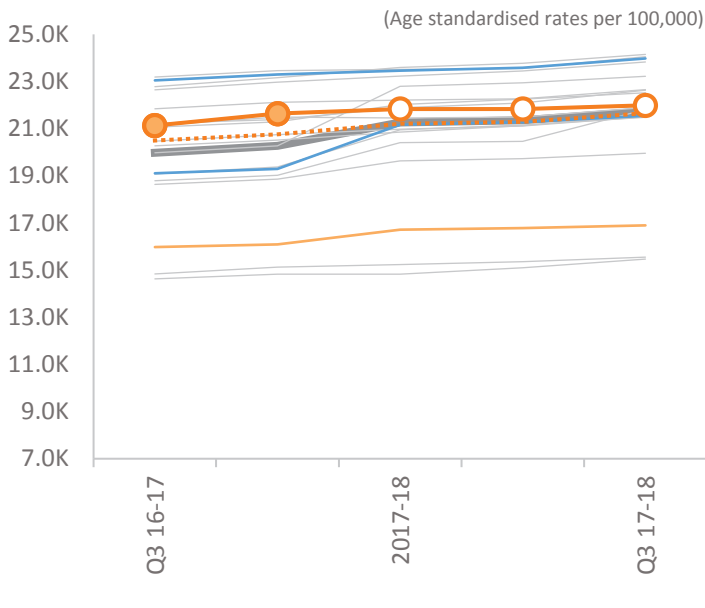
3,577 patients with cancer, in the most deprived 5th of Leeds are shown in orange, 407 of them are within this LCP. The least deprived LCPs have the greatest cancer counts, an inverted relationship to deprivation.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

## Common mental health issues (all ages)

The Leeds rate is slowly rising, but the time series is too short to draw many other conclusions.

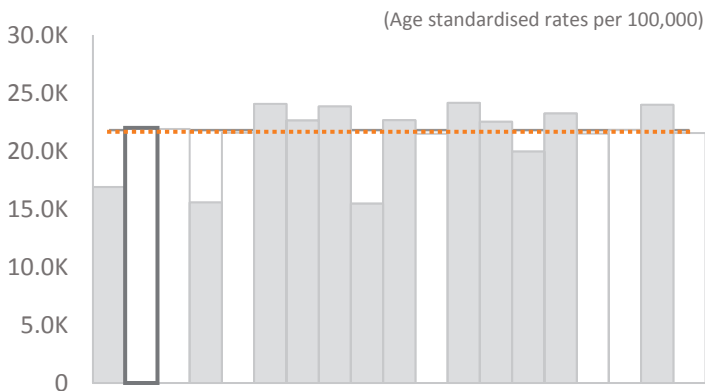
### Change of rates over time



Due to changes in processes, this is a short time series but we can see that most LCPs are rising slowly.

Most recent data shows this LCP not to be significantly different to Leeds.

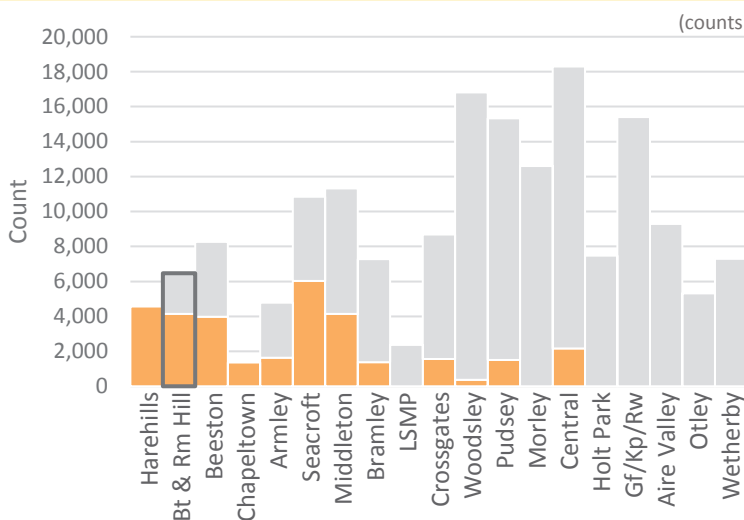
### Most recent rates compared



Looking at the most recent data from January 2018 we can see that rates are not varying in a manner related to deprivation.

The LCPs are shown in descending order of deprivation and the bars are not really varying consistently.

### Common mental health issues, counts by LCP



This chart shows the number of patients recorded with common mental health conditions per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

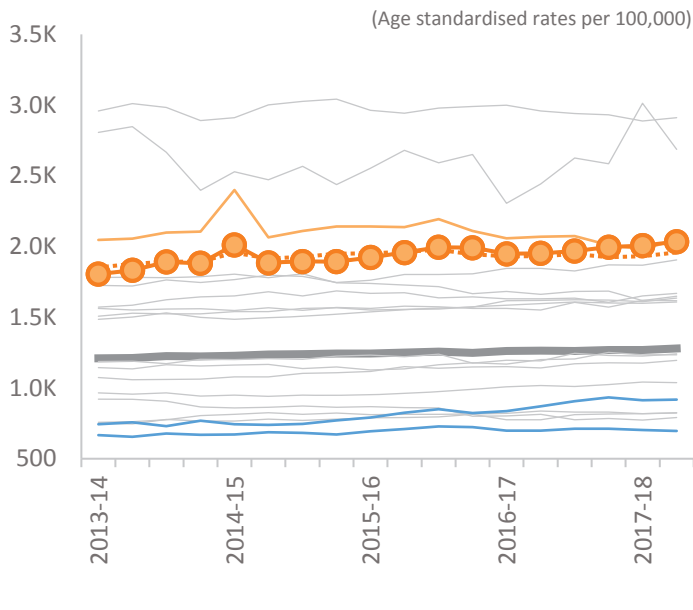
28,271 patients with common mental health conditions living in the most deprived 5th of Leeds are shown in orange, 4,148 of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

## Severe mental health issues (18+)

Severe mental health rates show a strong link to deprivation except for 'Chapeltown' LCP that has quite a high rate for its position in the deprivation rank.

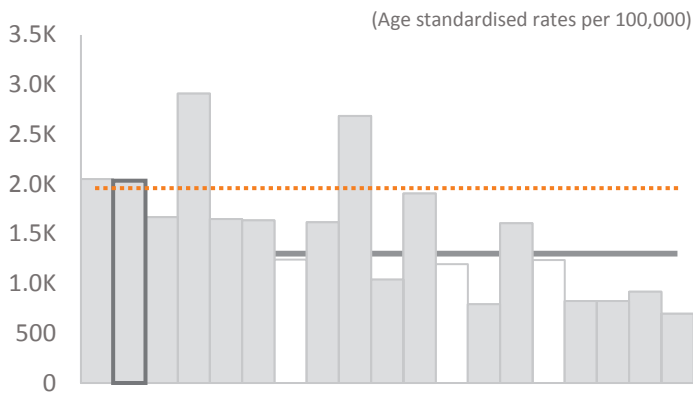
### Change of rates over time



In a time series we can see that all LCPs are following a similar very slow rate of increase, 'Harehills' though is actually falling over time.

Most recent data shows this LCP to be significantly above Leeds.

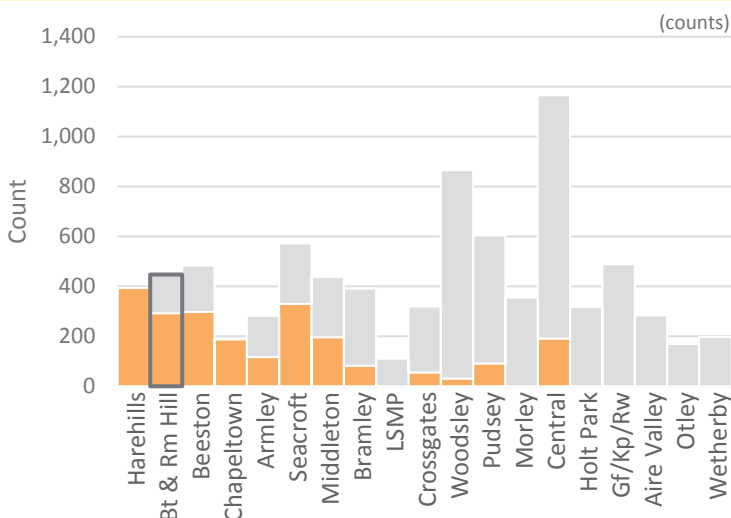
### Most recent rates compared



Looking at the most recent data from October 2017 we can see that rates are actually quite strongly related to deprivation, with some exceptions notably 'LSMP' LCP.

The LCPs are shown in descending order of deprivation and the bars descend clearly.

### Severe mental health issues, counts by LCP



This chart shows the number of patients recorded with severe mental health conditions per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

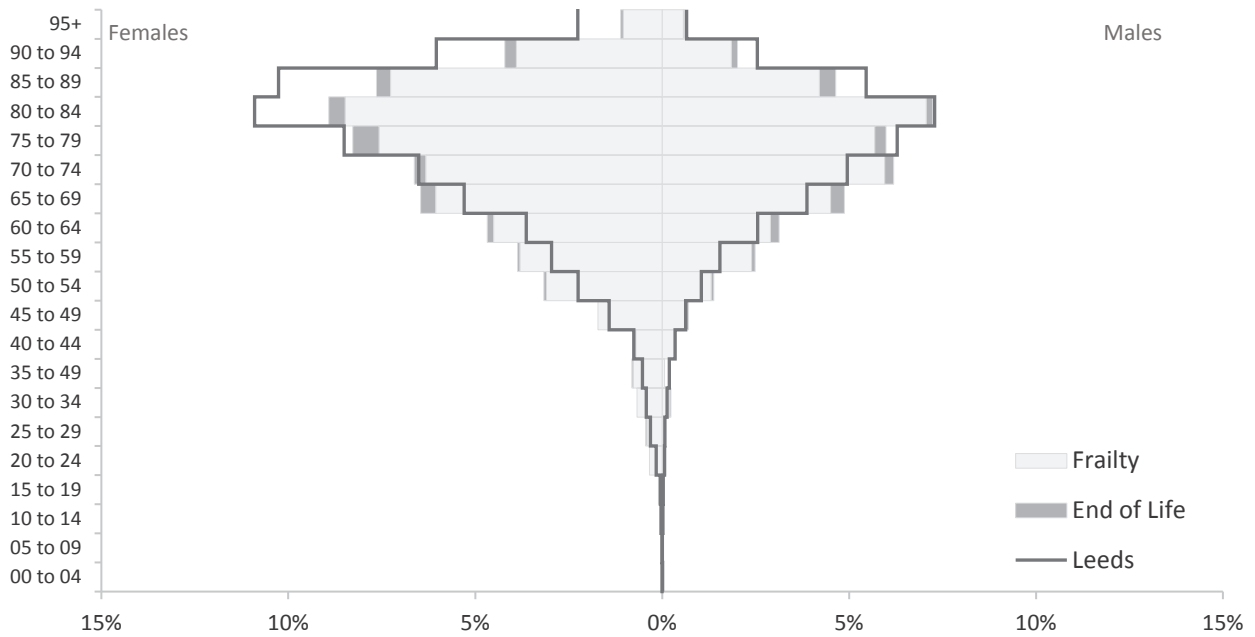
1,873 patients with severe mental health conditions living in the most deprived 5th of Leeds are shown in orange, 293 of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

### People living with Frailty and at the 'End of Life' \*

People living with Frailty and at the End of Life (PLwF&EoL), this group is defined as anyone on a palliative care register or with a high number health and social problems

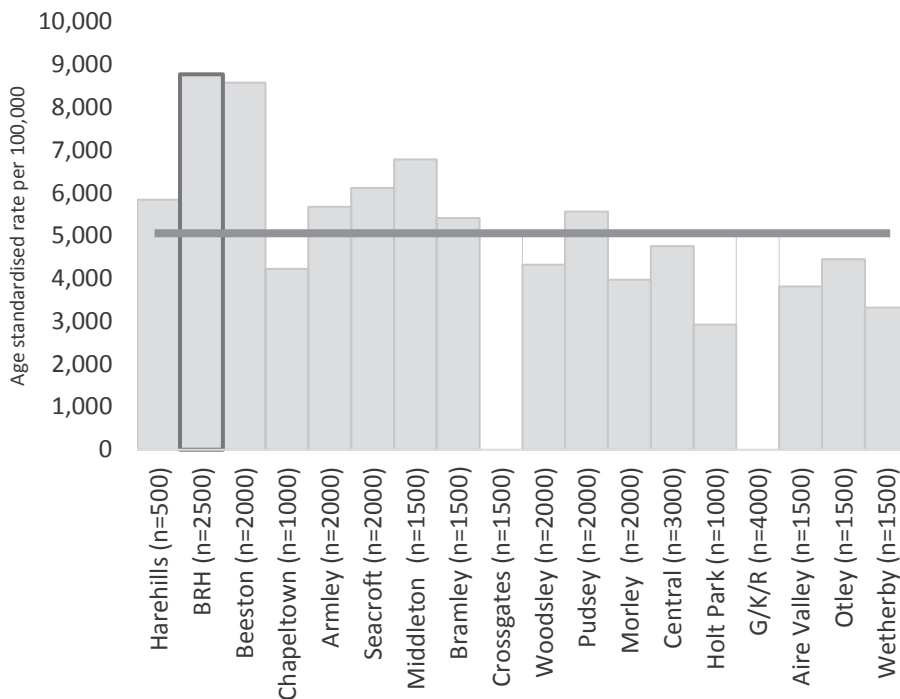
#### EOL / frailty populations in this LCP compared to those of Leeds



Frailty and End of Life (EOL) data is commonly seen in older agebands. The data for this LCP is shown above for women and men overlaid (shaded areas) with the full EOL and frailty profile for Leeds (black outline).

The Frailty and EOL data for this LCP has an age profile similar to Leeds but slightly younger.

#### LCPs compared by rates (deprivation ranked order)



Frailty and EOL combined rates are shown here for all LCPs. There is a reasonably strong relationship between the deprivation level of an LCP and the rate.

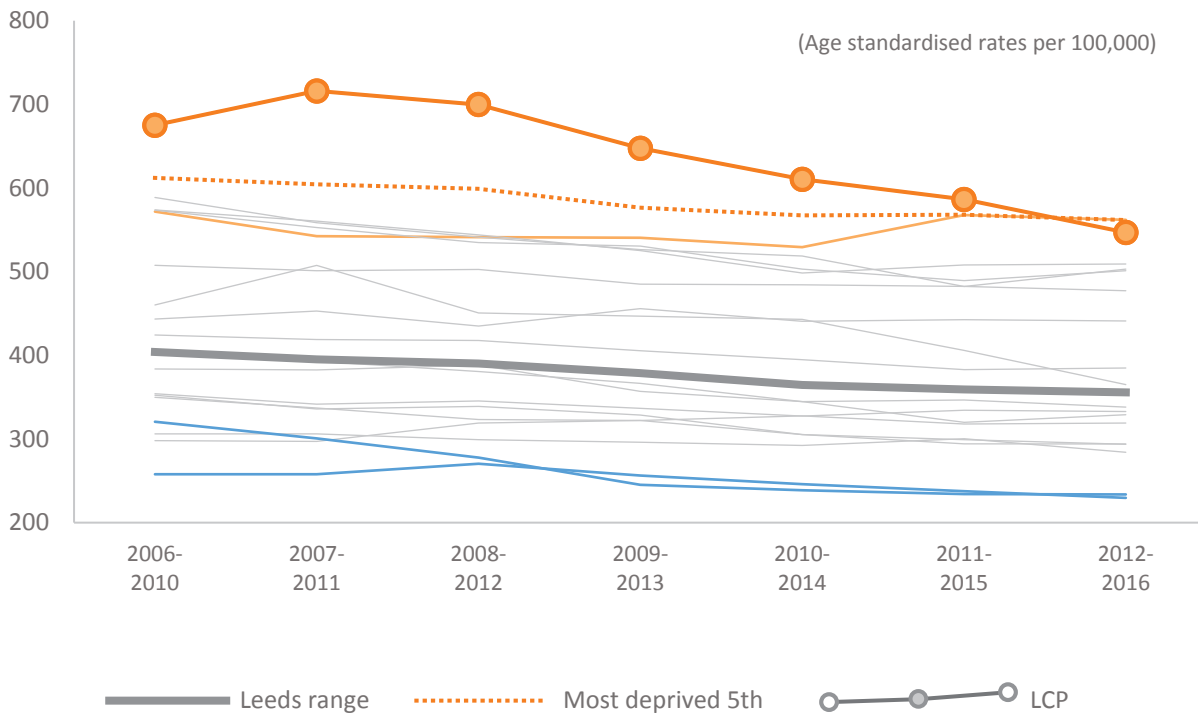
A rounded count is included in the horizontal axis labels.

\* 'Frailty' and 'End of Life' data from September 2016 is only available by practice, this data has been aggregated from practice level to LCP practice membership (as opposed to the more usual LCP footprint). Source: Leeds Data Model

## All cause mortality (under 75s)

Mortality rates show a very strong link to deprivation. Most LCPs are falling steadily, and some of those with the highest rates appear to be dropping slightly faster.

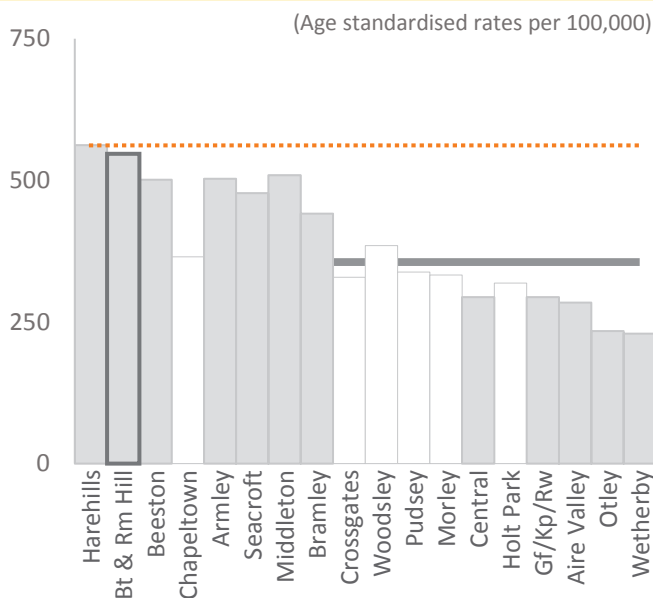
### Change of mortality rates over time



In a time series we can see that almost all LCPs are decreasing, with slightly faster drops in those with the highest rates.

Most recent data shows the mortality rate at this LCP to be significantly above Leeds.

### Most recent mortality rates compared



Looking at the most recent mortality data, we can see that rates are very strongly related to deprivation.

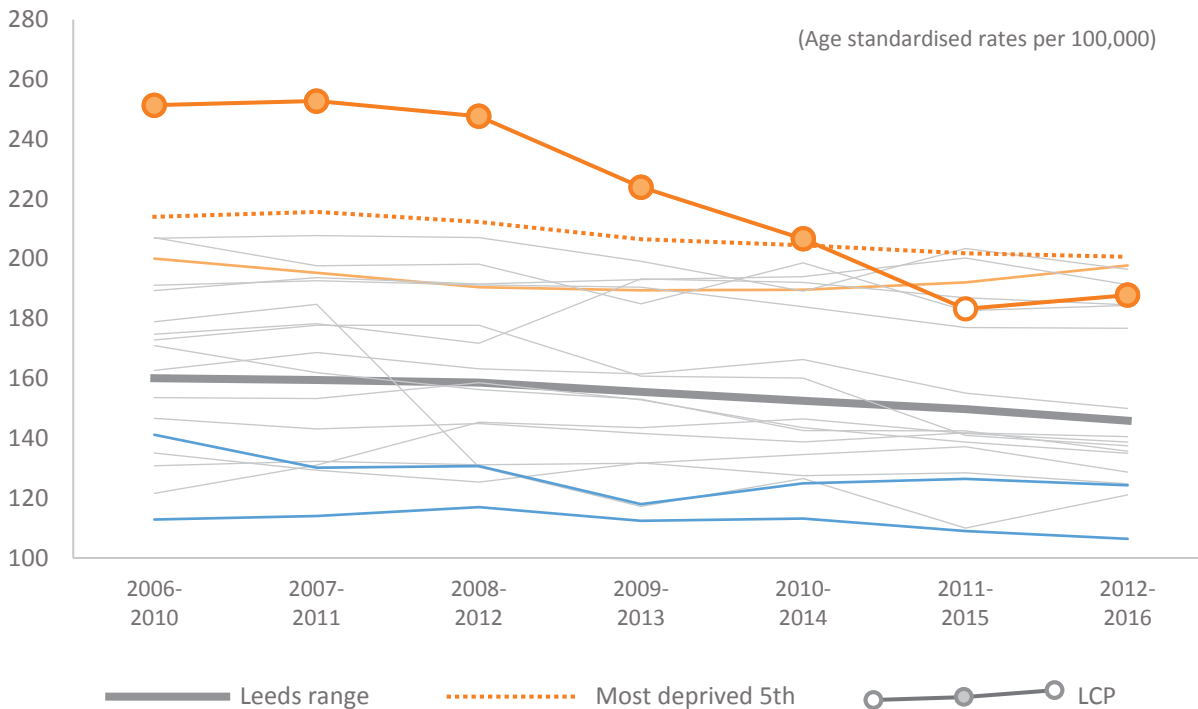
(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

## Cancer mortality (under 75s)

Cancer mortality rates show a very strong link to deprivation. LCPs show some variation in change, some rising and some falling.

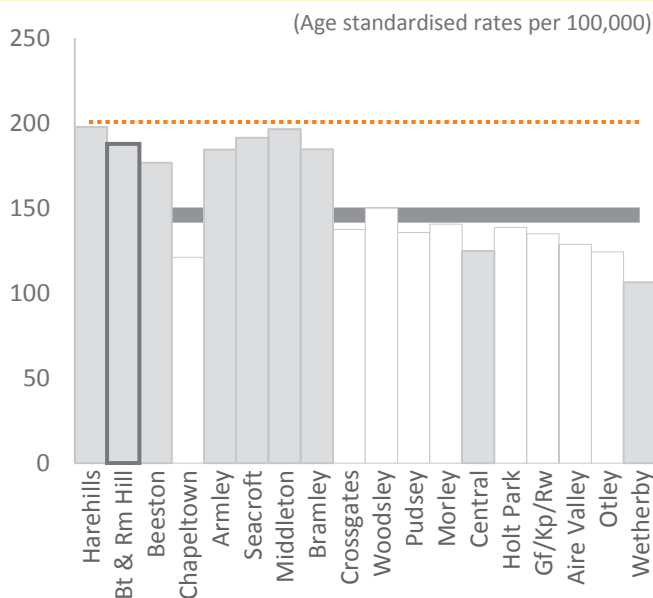
### Change of mortality rates over time



In a time series we can see that almost all LCPs are fluctuating, with slightly faster drops in those with the highest rates. However the 'Chapeltown' and 'Burmantofts and Richmond Hill' LCPs stand out for large decreases.

Most recent data shows the mortality rate at this LCP to be significantly above Leeds.

### Most recent mortality rates compared



Looking at the most recent mortality data, we can see that rates are strongly related to deprivation.

(The LCPs are shown in descending order of deprivation)

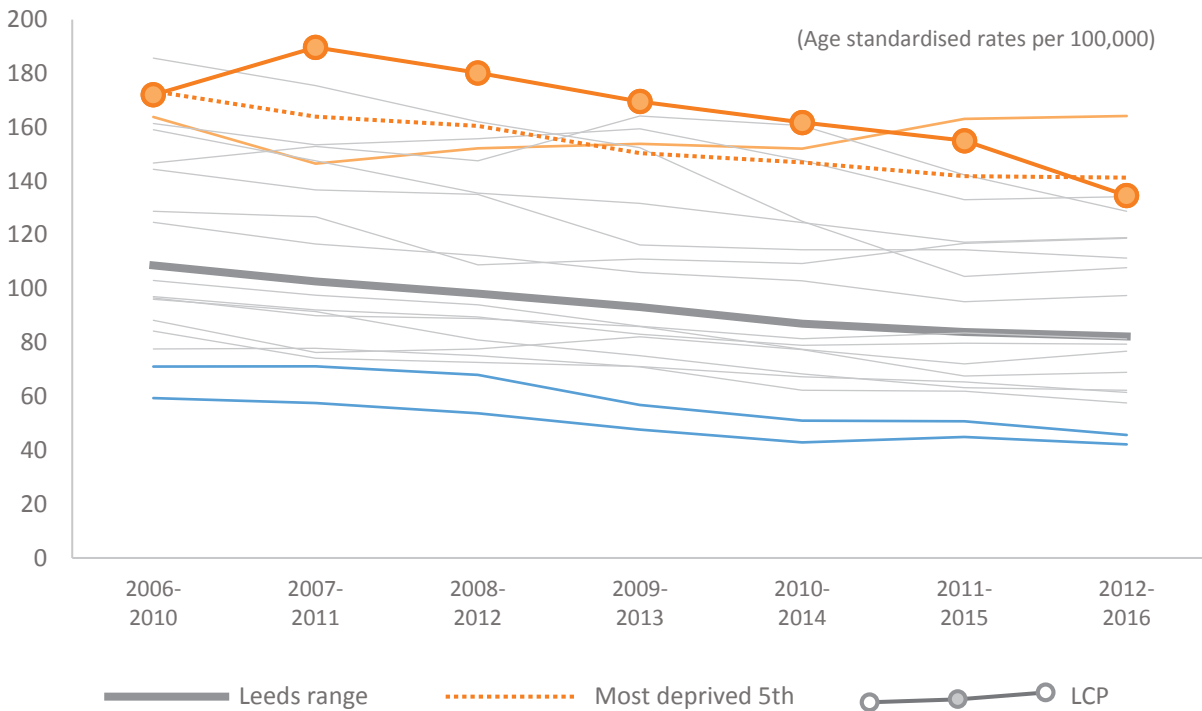
Source: ONS, GP registered



### Circulatory disease mortality (under 75s)

Circulatory mortality rates show an extremely strong link to deprivation. LCPs show some variation in change, some rising and some falling with the most deprived falling slightly faster overall except for the growing Harehills.

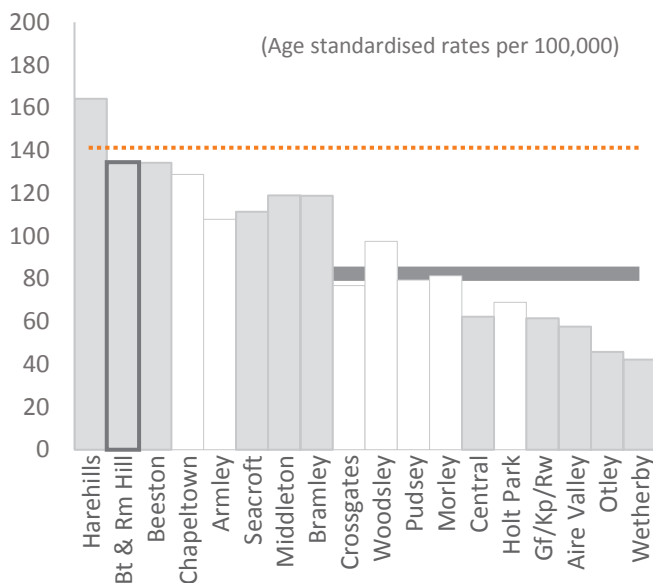
#### Change of mortality rates over time



In a time series we can see that almost all LCPs are falling slowly, with some recent increases especially 'Harehills' LCP.

Most recent data shows the mortality rate at this LCP to be significantly above Leeds.

#### Most recent mortality rates compared



Looking at the most recent mortality data, we can see that rates are extremely strongly related to deprivation.

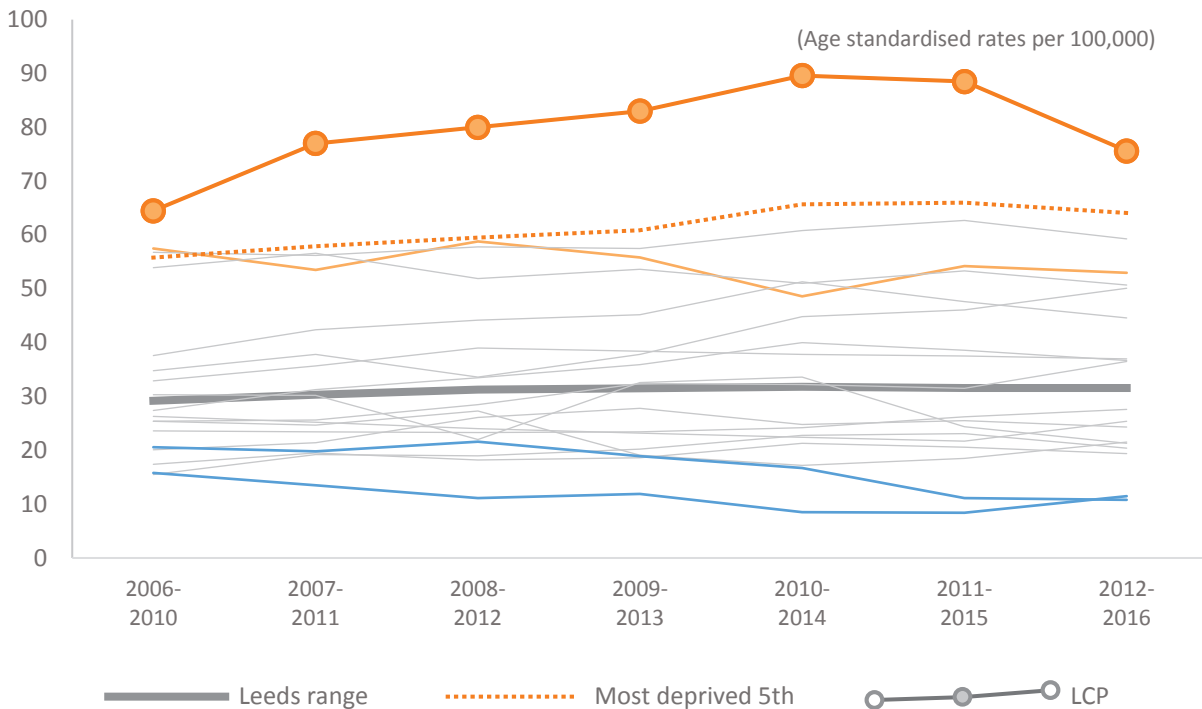
(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

## Respiratory disease mortality (under 75s)

Respiratory disease mortality rates show a very strong link to deprivation. There are some stark differences between the most and least deprived LCPs.

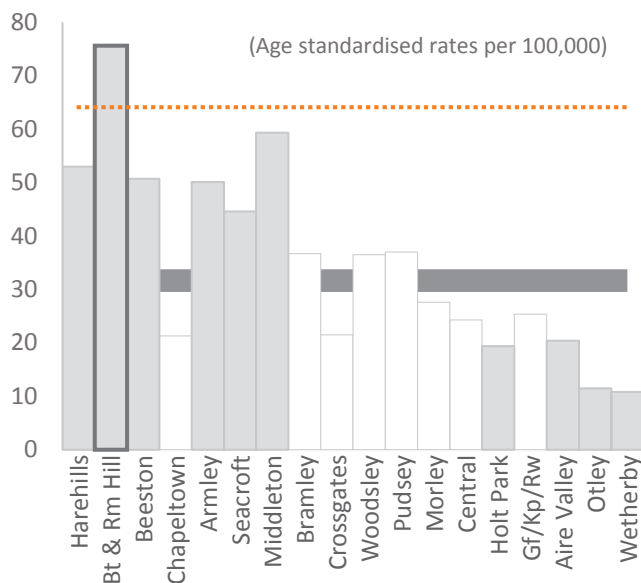
### Change of mortality rates over time



In a time series we can see that almost all LCPs are changing steadily, those with the highest rates are climbing, while some of the lowest rates are falling.

Most recent data shows the mortality rate at this LCP to be significantly above Leeds.

### Most recent mortality rates compared



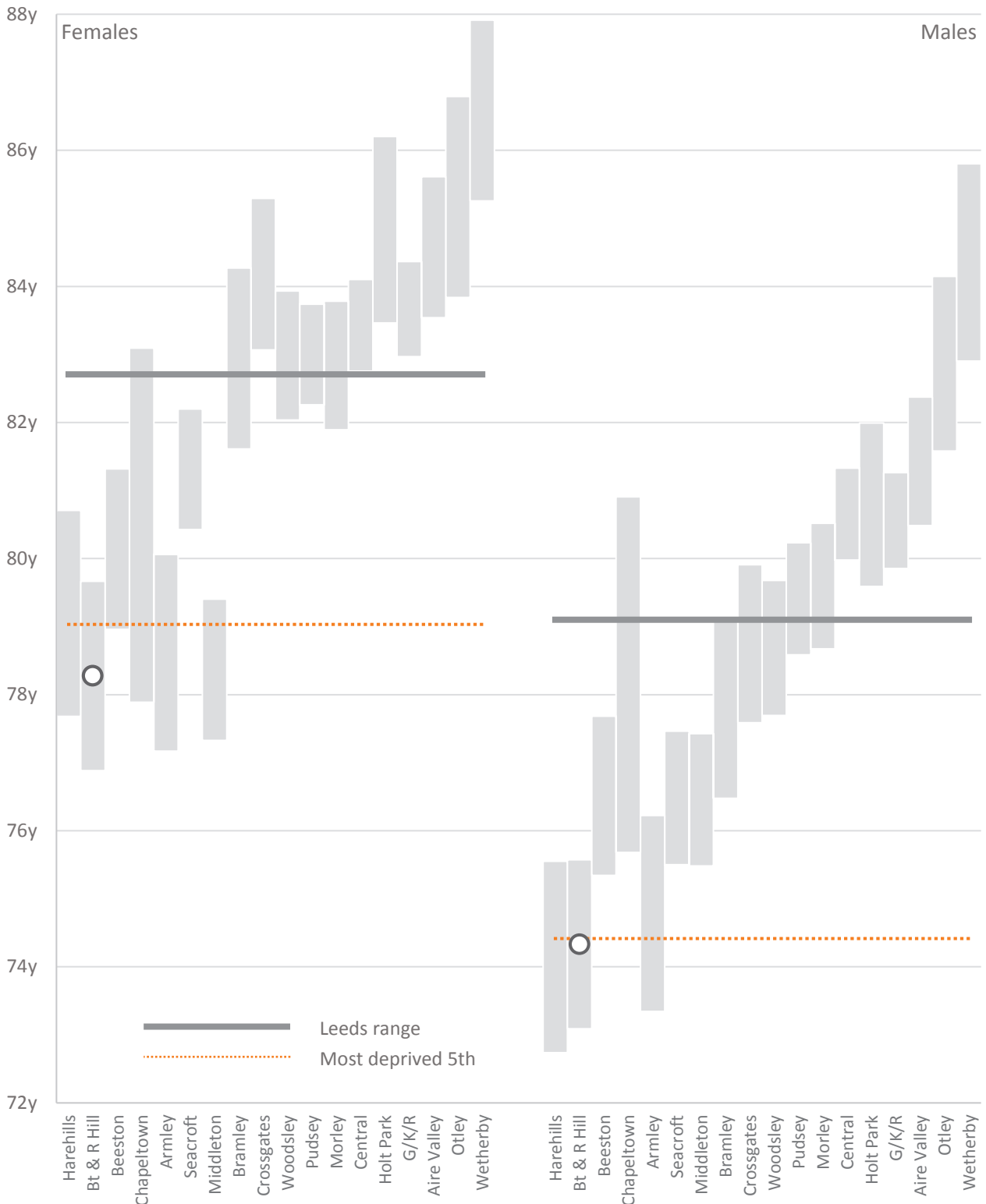
Looking at the most recent mortality data, we can see that rates are generally very strongly related to deprivation.

(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

## Life expectancy for women and men, 2014-2016

For both genders there is a clear relationship between deprivation and life expectancy. Male life expectancy is poorer overall and the difference between the sexes is slightly more pronounced in the most deprived LCPs. There is a difference of 3.9 years between the sexes in this LCP.



Bars in this chart encompass 95% confidence intervals, Leeds and deprived Leeds have very narrow confidence intervals and can be illustrated with a line. Source: ONS deaths extract, GP registered populations.